

# Female Genital Mutilation Is a Violation of Reproductive Rights of Women: Implications for Health Workers

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Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons. This coercive practice is still prevalent in many parts of the world, in both developed and developing countries. However, FGM is more prevalent in African countries and some Asian countries. In this study, an attempt has been made to understand the prevalence and practice of FGM worldwide and its adverse effects on women's reproductive health. To fulfill the study objectives, the author collected evidence from various studies conducted by international agencies. Many studies found that FGM has no health benefits; is mostly carried out on girls before they reach the age of 15 years; can cause severe bleeding, infections, psychological illness, and infertility; and, most important, can have serious consequences during childbirth. The practice is mainly governed by the traditions and cultures of the communities without having any scientific or medical benefit. In conclusion, FGM is a practice that violates the human and reproductive rights of women.

KEY WORDS: *community health work; excision; female genital mutilation; infertility; infibulations*

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. This practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. However, more than 18 percent of all FGM is performed by health care providers, and this trend is increasing (World Health Organization [WHO], 2013). FGM is also known by other names, like "female genital cutting" and "circumcision." The practice of FGM is deeply rooted in cultures and traditional customs. In this article, I explain the long-term reproductive consequences of FGM for women and how their reproductive rights are violated by communities around the world that practice this custom. WHO, Division of Family Health (1996), estimated that in 100 to 140 million girls and women had been subjected to one of several forms of genital mutilation, and more than 125 million women and girls live with FGM today (WHO, 2013). Most of these girls and women live in 28 African countries that widely accept this practice, although some live in the Middle East and Asia (see Table 1). This practice

is also increasingly found among some immigrant population groups in Europe, the United States, Canada, Australia, and New Zealand (Dorkenoo, 2001).

FGM violates the human rights of girls when it is performed on them as infants or youths. The fundamental issue at stake here is that of child consent: A child, having no formed judgment, is unable to consent, but rather simply undergoes the mutilation while she is totally vulnerable (Dorkenoo, 1995; Plo, Asse, Sei, & Yenani, 2014). The causes for the continued practice of FGM represent a mix of cultural, religious, and social factors within families and communities. For instance, it is believed that FGM is important to maintain tradition and improve marriageability (Gibeau, 1998; Vissandjée, Kantiébo, Levine, & N'Dejuru, 2003; Yasin, Al-Tawil, Shabila, & Al-Hadithi, 2013). In certain tribes, a girl cannot be considered an adult unless she has undergone FGM.

FGM is an indicator of extreme gender discrimination among the communities practicing it. It is believed in these communities that, by performing this coercive act on children and women, they are preserving their cultural roots; many elderly women also strongly support it.

**Table 1: Estimated Prevalence of Female Genital Mutilation (FGM) in Girls and Women (Ages 15–49) Worldwide**

Country	Year	% Estimated Prevalence of FGM
Benin	2001	16.8
Burkina Faso	2005	72.5
Cameroon	2004	1.4
Central African Republic	2005	25.7
Chad	2004	44.9
Djibouti	2006	93.1
Eritrea	2002	88.6
Ethiopia	2005	74.2
Gambia	2005	78.3
Ghana	2005	3.8
Guinea	2005	95.6
Kenya	2003	32.2
Mali	2001	91.6
Nigeria	2003	19.0
Senegal	2005	28.2
Somalia	2005	97.9
Sudan	2000	90.0
Yemen	1997	22.6

Note: The estimates are derived from a variety of local and subnational studies (Yoder & Khan, 2007).

WHO classifies FGM into four major types (see Figure 1). The first, *clitoridectomy*, is the partial or total removal of the clitoris (a small, sensitive, and erectile part of the female genitals) or, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris). The second, *excision*, is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the lips that surround the vagina). The third, *infibulation*, is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris. All other harmful procedures to the female genitalia for nonmedical purposes, for example, pricking, piercing, incising, scraping, and cauterizing the genital area, fall into the fourth category, *other*.

### MEDICALIZATION OF FGM

The *medicalization of FGM* refers to situations in which FGM is practiced by health care providers in public or private clinics, at home, or in other medical settings. It also includes the procedure of reinfibulation (that is, the restitching or narrowing of the vaginal opening through the creation of a covering seal to close the vagina again after childbirth) at

any point in a woman's life. Involvement of health care providers in this practice is another major issue of concern (United Nations Population Fund [UNFPA] et al., 2010) because health care providers well know the consequences of FGM practice. By conducting this practice, they create hurdles in eradicating FGM. However, many other experts in the field have different opinions on the practice of FGM. At the same time, the medicalization of FGM may contribute to the abandonment of this practice: When the negative health consequences inherent to this procedure become more apparent because more interventions to fix the negative consequences of FGM are needed, health care providers will help to understand the negative aspects of this practice. And some argue that having trained health care providers perform FGM can reduce the pain and maternal consequences of FGM and may be a sound and compassionate approach to improving women's health in settings where abandonment of the practice of FGM is not immediately attainable (Christoffersen-Deb, 2005; Shell-Duncan, 2001).

Health care providers who carry out FGM include physicians, assistant physicians, clinical officers, nurses, midwives, trained traditional birth attendants, and other personnel providing health care to the population in both the private and the public sectors (Njue & Askew, 2004). Some providers are officially retired but continue to provide FGM, as well as other health services. Medicalization gives the misleading impression that the procedure is good for health or that it is harmless. An unfortunate consequence of FGM medicalization is that some providers may develop a professional and financial interest in continuing the practice. Medicalization of FGM is also supported by elderly health care providers who want to uphold traditional values (Ugboma, Akani, & Babatunde, 2003).

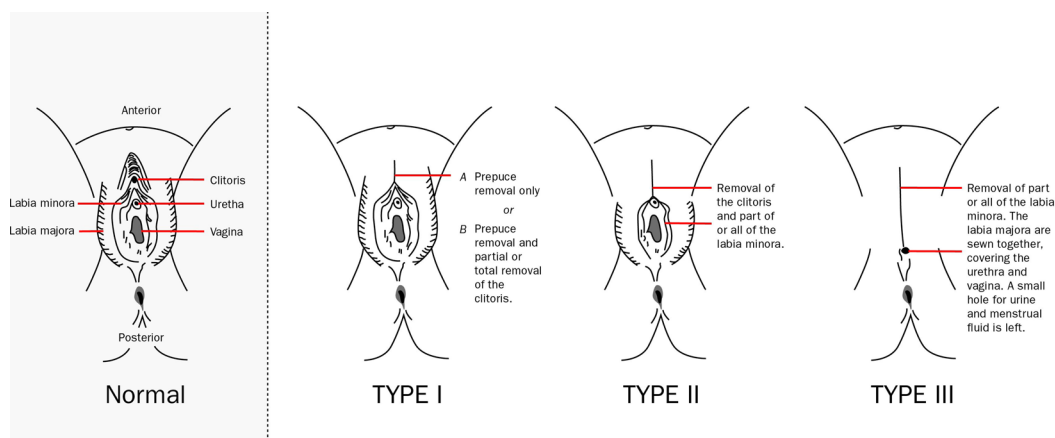
### OBJECTIVE

The objective of this review is to present the causes, prevalence, and health consequences of FGM and how women's and children's rights are being violated by this practice.

### METHOD

To fulfill the study objectives, I collected evidence from various studies conducted by international agencies, published research papers, and reports of various nongovernmental organizations. Information from these sources was examined to ascertain

**Figure 1: Types of Female Genital Mutilation**



the current impact of FGM. Various international conventions have been reviewed to understand how such conventions can be used as instruments for the eradication of FGM. Various international conference proceedings have been extensively studied to explore expert and researcher opinions about these practices. Also, I emphasize the various international organizations' work related to the eradication of FGM.

Data about FGM are not available for all of the countries where FGM is prevalent, which hampers the full understanding of the current situation and the impact of FGM. Also, every country has its own specific demographic health survey, and these surveys are conducted in different time periods; therefore, it is difficult to establish the similarities between two or more countries over a specific time. Most of the studies are undertaken from medical or hospital-based perspectives; community-based studies and studies on psychological consequences of FGM are rare.

## RESULTS AND DISCUSSION

### FGM and Violation of Human Rights

FGM does not offer any health benefits for girls and women, but it does have several short-term as well as long-term consequences on girls' and women's health. This harmful, coercive practice directly violates the human rights of girls and women. FGM has been governed by social and religious beliefs rather than health concerns. The human rights perspective reveals deep-rooted inequality between the sexes; FGM, in this light, constitutes an extreme form of discrimina-

tion against women. Apart from this, extreme violations of children's rights are another issue of concern. FGM practices also violate one's rights to health, security, and physical integrity; the right to be free from torture and cruel, inhumane, or degrading treatment; and the right to life when the procedures result in death. FGM is recognized internationally as a violation of human rights because of its coercive nature, negative health consequences, and inherent risks.

### FGM and Reproductive Health Outcomes

Many studies have shown the negative consequences of FGM on women's health in general and reproductive and sexual health in particular. The negative impact of FGM is more on maternal than neonatal outcomes during pregnancy and childbirth (Hakim, 2001; Jones, Diop, Askeew, & Kabore, 1999). FGM is associated with urinary tract infections and adverse obstetric outcomes (Banks et al., 2006; De Silva, 1989; Kaplan, Hechavarría, Martín, & Bonhoure, 2011; Morison et al., 2001; Obermeyer, 2005). Women with FGM are significantly more likely than those without FGM to have adverse obstetric outcomes, and the risk is greater with more extensive FGM (Eke & Nkanginieme, 2006). Women who are subjected to FGM are also at greater risk of getting HIV infections. FGM has been supported by women who are unaware of the negative health aspects of the practice but are aware of the relative social value granted to the positive ones (Gallo, 1985). Elderly women's support for the practice is another issue of concern and has become a strong impediment to its elimination. The lack of awareness and knowledge about its serious consequences for women

is another factor for FGM's support within the community (Yasin et al., 2013). Support from families and elderly women for FGM practice is strong in communities where FGM is more prevalent.

### FGM and Sexual Health Outcomes

The practice of FGM is intended to prevent female sexual desire, thereby protecting a girl's virginity for her future husband. Control over girls' or women's sexuality through FGM is accepted in African communities in which the practice is high. When FGM is performed on a girl or woman, full enjoyment of her rights and liberties are, in effect, taken away from her (United Nations Children's Fund, 2005). Sexual function is adversely affected by FGM: Sexual quality of life is significantly lower for those women who have undergone FGM compared with those who have not (Alsibiani & Rouzi, 2010; Andersson, Rymer, Joyce, Momoh, & Gayle, 2012). For example, women who have undergone FGM have difficulty achieving orgasm by direct stimulation of the external clitoris. Surgical defibulation releases the infibulation scar and appears to improve sexual functioning but not orgasm (Paterson, Davis, & Binik, 2012).

### FGM and Physical Health Outcomes

**Bleeding.** FGM damages arteries and veins. Primary hemorrhaging during the operation is unavoidable (secondary hemorrhaging may appear later if, for example, the wound becomes infected). Serious bleeding can lead to shock and even death.

**Shock.** Shock may arise not only from bleeding, but also from pain and fear. It can prove fatal.

**Infection and Septicaemia.** In less than optimal conditions, such as when FGM is performed in closed, poorly lit spaces with instruments that have not been sterilized, infection is a likely outcome of any operation. The practice of binding a patient's legs after FGM aggravates any infection by preventing drainage from the wound. Infection may spread inward, penetrating the vagina and passing into the uterus and ovaries, causing chronic pelvic infection and infertility. Development of tetanus may cost the patient her life. Septicaemia, also potentially fatal, is a possible complication from serious infection.

**Urine Retention.** After FGM, urination may be difficult or impossible. The urinary canal may be partially or entirely obstructed. Pain or fear of pain during urination may prevent natural flow. *Edema* (the presence of an excessive amount of fluid in or around cells, tissues, or serous cavities of the body)

or other wound reactions (for example, granulation tissue or fibrosis) may contribute to obstruction.

**Menstrual Problems.** Normal menstruation may be hindered by partial or total occlusion of the vaginal opening. This may result in *dysmenorrhea* (painful menstrual periods); painful menstruation; or, in acute cases, *hematocolpos*, the accumulation of menstrual blood in the vagina and uterus. Distension of the abdomen induced by the accumulation of menstrual blood, together with the lack of any outward evidence of menstruation, may prompt suspicion of pregnancy. In a society where men guard the honor of their families, should suspicions of extramarital relations arise, the unfortunate woman may be put to death.

**Difficult Micturition.** Obstruction of the urinary opening or damage to the urinary canal may, in time, cause several complications, including painful urination. Urinary tract infections can lead to a similar state.

**Urinary Tract Infection.** Infibulations create a bridge of skin that obscures the opening of the urinary canal. The normal flow of urine is deflected, and the area remains constantly wet and susceptible to bacterial infection. Such infection may spread throughout the urinary tract, affecting both the bladder and the kidneys.

**Calculus Formation.** Menstrual debris or urinary deposits in the vagina or behind the bridge of skin created during FGM may calcify, forming a kind of stone or stones. *Calculus*, or stone formation, is also possible, encapsulating foreign matter in the vagina. Calculus formation may cause fistulae.

**Fistulae and Incontinence.** A *fistula* is a canal or connection between the urinary tract and vagina (vesicovaginal) or between the rectum and vagina (rectovaginal), which causes incontinence.

### FGM and Psychological Outcomes

FGM has a number of negative psychological outcomes that are extremely harmful for girls and women. For example, FGM could lead to depression, anxiety, and neuroses (Baasher, 1979; Khalaf, 2013; Rushwan, 2013). Feelings of incompleteness, fear, inferiority, and suppression among women who have undergone FGM are higher compared with women who have not undergone FGM. They are also at higher risk of psychiatric and psychosomatic diseases, which are characterized by physical symptoms resulting from psychological factors, usually involving a system of the body such as the

gastrointestinal or genitourinary system (Utz-Billing & Kentenich, 2008). Comparative clinical studies found that circumcised women, compared with uncircumcised women, showed a significantly higher prevalence of posttraumatic stress disorder (PTSD) and other psychiatric disorders. PTSD was accompanied by memory problems (Behrendt & Moritz, 2005; Elnashar & Abdelhady, 2007), feelings of loss of trust, a prevailing lack of bodily well-being, post-traumatic shock, and depression among women and girls who had undergone an FGM procedure (Lax, 2000). Physical health outcomes also contribute to increases in psychological stress. More research is needed to fully understand the psychological outcomes of FGM.

### **INTERNATIONAL INSTRUMENTS FOR ERADICATION OF FGM**

The Universal Declaration of Human Rights (United Nations, 1948) proclaimed the right of all human beings to live in conditions that enable them to enjoy good health and health care (art. 25). This convention provides enough rights to every individual to prevent the FGM practice. The International Covenant on Economic, Social and Cultural Rights (United Nations, 1966) condemned discrimination on the grounds of gender and recognizes the universal right to the highest attainable standard of physical and mental health (art. 12). The Convention on the Elimination of All Forms of Discrimination against Women (United Nations, 1979) is another instrument that can be used to support the abandonment of FGM. Among its mandates are to take all appropriate measures to modify or abolish customs and practices that constitute discrimination against women (art. 2f) and to modify social and cultural patterns of conduct of men and women. The goal of this convention is to eliminate prejudices, customs, and all practices that are based on beliefs about the inferiority or the superiority of either of the sexes (art. 5a). The Convention on the Rights of the Child (United Nations, 1989) protects against all forms of mental and physical violence and maltreatment (art. 19.1); emphasizes the need for freedom from torture or cruel, inhumane, or degrading treatment (art. 37a); and requires states to take all effective and appropriate measures to abolish traditional practices prejudicial to the health of children (art. 24.3).

The Programme of Action of the International Conference on Population and Development (United Nations, 1994) calls for governments to promote

human rights of women and girls so that they can experience freedom from coercion, discrimination, violence, harmful practices, and sexual exploitation and to review national legislation and amend laws that discriminate against women and girls. It also calls for governments to ensure their health providers are knowledgeable and trained to serve clients who have been subjected to harmful practices. The report of Fourth World Conference on Women, in Beijing (United Nations, 1996), includes a section on girls and urges governments, international organizations, and nongovernmental organizations to develop policies and programs to eliminate all forms of discrimination against girls, including FGM.

Above all, conventions can be used as instruments for the elimination of the coercive practice of FGM. In fact, each and every convention named here promotes the dismissal of cultural practices that are harmful or discriminate against women on the basis of gender.

### **INTERNATIONAL EFFORTS FOR THE ELIMINATION OF FGM**

Many international agencies are working to eliminate FGM. WHO is particularly concerned about the elimination of the practice (WHO, United Nations Children's Fund [UNICEF], UNFPA, 1997). The WHO, UNICEF, and UNFPA issued a new statement that built on the original from 1997. Great efforts have been made to counteract FGM, through research, work within communities, and changes in public policy believed to encourage progress at both international and local levels, where ingrained cultural beliefs need to be combated.

In 2008, WHO and nine other United Nations partners issued a new statement on the elimination of FGM to support increased advocacy for the abandonment of FGM. In 2010, WHO, in collaboration with other key United Nations agencies, published a global strategy to stop health care provider involvement in FGM (UNFPA et al., 2010). Furthermore, in 2012, the United Nations General Assembly accepted a resolution on the elimination of FGM.

### **ROLE OF THE SOCIAL WORKER**

The practice of FGM is deeply embedded in cultures and communities. Therefore, local and international social workers play an imperative role in eradicating the practice and reducing the consequences, both physical and psychological, of FGM. They can do this by



- understanding the community beliefs about FGM and creating awareness about the negative health consequences of FGM
- educating older generations about negative health outcomes, particularly reproductive health outcomes
- conducting community-level awareness programs, in which individual and family meetings with local health workers or social workers are used to motivate and empower the community not to perform FGM on their children
- launching a large-scale campaign with local community heads and various community leaders
- counseling the girls on whom FGM has been performed to overcome the resulting psychological fear and help them to develop coping skills to deal with future consequences of FGM.

## CONCLUSION

The practice of FGM has serious short-term and long-term consequences for girls and women, and these effects are especially harmful during pregnancy and childbirth. It is also evident that FGM practice is governed by cultural and traditional customs. To eradicate FGM, strong efforts at international and community levels are needed. Creating awareness among the communities about negative outcomes of the practice is essential to accelerating its abandonment. But protecting women and girls against harmful practices remains a challenge. The results of an ongoing [International Conference on Population and Development Beyond 2014](#) (2014) global review reveal that only 46.2 percent of countries have promulgated and enforced laws protecting girls against harmful practices, including FGM; this percentage is as high as 66 percent in Africa. Discrimination against women and girls, including harmful traditional practices, is a violation of women's fundamental human rights and remains the most pervasive and persistent form of gender inequality.

Because FGM is a manifestation of gender inequality, the empowerment of women, especially economic empowerment, is key to its eradication. Gainful employment gives women confidence and influence in various spheres of their lives, influencing sexual and reproductive health choices, education, and healthy behavior (UNFPA, 2007). To that end, health and social workers can play critical roles in eradicating FGM. **HSW**

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