FIGO
INTERNATIONAL FEDERATION OF GYNECOLOGY & OBSTETRICS

FIGO supports 2012's International Day of Zero Tolerance to Female Genital Mutilation (6 February 2012)

The International Day of Zero Tolerance to Female Genital Mutilation (FGM) is held each 6 February to encourage global awareness of FGM (also called 'cutting') and to promote its eradication. The International Federation of Gynecology and Obstetrics (FIGO) views FGM of any type as a violation of the human rights of girls and women, and works actively with other global organisations to help to eliminate it.

What is FGM? FGM refers to the removal of all or part of the external female genitalia, or other injury to the female genital organs, for cultural or other non-medical reasons (the World Health Organization has identified several major types).

Origins and social norms While its origins are unclear, FGM has been practiced by many different peoples and societies throughout the ages. It is prevalent in about 30 countries, including parts of West, East and Central Africa, some parts of the Middle East and South Asia.

It is often seen as part of a girl's initiation into womanhood, as part of a community's heritage and as a means to control women's sexuality. External female genitalia are considered dirty and/or ugly in some communities, and their removal linked to hygiene and aesthetic appeal. In some communities a woman will need to undergo FGM in order to get married ie out of economic necessity.

No major religion prescribes FGM, but it is often wrongly linked to religious doctrine.

The age issue Most girls undergo FGM between the ages of 7-10, but it can occur earlier if parents want to avoid government interference, or resistance from children as they get older and begin to form their own opinions. Some women undergo FGM in early adulthood, when marrying into a community that practices it or just before or after the birth of a first child.

Who performs it? It is usually performed by designated elderly people within the local community (usually women), by traditional birth attendants, by members of secret societies, or a female relative, and by some healthcare professionals.

A global problem In Africa an estimated 92 million girls from 10 years of age and above have undergone FGM; an estimated 100 to 140 million girls and women worldwide are currently living with the consequences; and it is estimated that at least three million girls are at risk of undergoing the practice each year. While most prevalent in Africa and some countries in Asia and the Middle East, as a result of migration, a growing number of girls in Europe, North America, Australia and New Zealand are being affected.

Risks and consequences These include severe pain, shock, haemorrhage, wound infection, abscess formation, septicaemia, tetanus, hepatitis and/or HIV, urine retention, genital ulceration and urinary tract infection. Long-term gynecological complications include anaemia, cyst formation, urinary incontinence, sexual dysfunction, including apareunia, severe scar formation, difficulty in micturition, menstrual disorders, recurrent bladder and urinary tract infections, fistulae and infertility. Obstetric complications for subsequent pregnancy and childbirth include increased relative risks for caesarean delivery (RR 1.31), post-partum haemorrhage (RR 1.69), extended maternal hospital stay (RR 1.98), infant resuscitation (RR 1.66), and stillbirth or early neonatal death (RR 1.55). Serious adverse psychological and sexual effects commonly afflict victims.

The world responds The United Nations released a 2008 statement - 'Eliminating Female Genital Mutilation' - and called for its eradication within a generation. OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM and WHO supported this announcement, as did numerous NGOs and professional health and rights associations.

Following on, there was a resolution by the 61st World Health Assembly denouncing FGM as a violation of human rights and a barrier in the achievement of the Millennium Development Goals. It called on member states to accelerate actions towards its elimination, including the enactment and enforcement of legislation to protect women and girls from FGM and all forms of violence; the development of social and psychological support services; and greater research, guideline development and community-based action.

FIGO responds The 1994 Montreal FIGO General Assembly Resolution on FGM encourages FIGO's societies to urge national governments to sign up to international human rights agreements condemning the practice and to support the work of national authorities, NGOs and intergovernmental organisations. The FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health has two guidelines opposing FGM, the most recent concerning medicalisation (London, 2006).

FIGO recommends that obstetricians and gynecologists explain and educate about the consequences of FGM, while supporting community members opposing its continuation.

FIGO and the special issue of medicalisation A recent WHO report stated that there was a growing tendency for FGM to be carried out by health professionals. This seems to have resulted from a need to reduce risks, with health providers agreeing to perform it for differing reasons eg financial gain, or harm reduction. Some see it as a 'stepping stone' towards full abandonment.

In 2010, FIGO joined UNFPA, UNHCR, UNICEF, UNIFEM, WHO, ICN, MWIA, WCPA and WMA in launching a 'Global strategy to stop healthcare providers from performing female genital mutilation'.

In 2011, FIGO joined forces to condemn guidelines for the medicalisation of FGM by one Asian country. FIGO's President, Professor Gamal Serour, sent a letter to its Minister of Health, reminding him that the practice has no religious basis according to Al Azhar/UNICEF publications and urging him to withdraw his decision.

FIGO believes that the performance of FGM by healthcare providers is a harmful practice and a violation of human rights; that it constitutes a break in medical professionalism and ethical responsibility; that it gives the misleading impression that it is good for health or that it is harmless; and that it may lead some to develop a professional and financial interest in its continuation. In most countries, it also constitutes a violation of the law.

FIGO recognises that the challenges to global success include a lack of protocols, manuals, guidelines, training and support for providers; a lack of involvement by the local health sector; and the lack of laws and the will to prosecute. Solutions include mobilising political will and funding; strengthening the understanding and knowledge of healthcare providers (eg training modules); creating supporting legislative and regulatory frameworks (eg states to enforce specific FGM legislation); and improving monitoring, evaluation and accountability (eg routine collection of FGM data).

Please click here for a recent statement from FIGO on the issue of medicalisation (June 2010): http://www.figo.org/news/statement-figo-president-medicalisation-fgm

FIGO's continuing education on FGM

In addition, in collaboration with filmmaker Nancy Durrell McKenna of SafeHands for Mothers, and award-winning actress Meryl Streep as narrator, FIGO has produced an FGM DVD: 'The Cutting Tradition: insights into female genital mutilation', which aims to educate health providers worldwide on the issues surrounding this highly controversial subject.

FIGO is committed to the eradication of this abuse of women's human rights, and continues to work alongside other global bodies to help eliminate it once and for all.

Sources:

World Health Organization (WHO)http://www.who.int/mediacentre/factsheets/fs241/en/index.html

United Nations Population Fund (UNFPA)http://www.unfpa.org/gender/practices2.htm

Useful links/resources:

Eliminating Female Genital Mutilation - An Interagency Statement, 2008
http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/index.html

61st World Health Assembly Resolution on Female Genital Mutilation - May 2008
http://www.who.int/gb/ebwha/pdf_files/A61/A61_R16-en.pdf

Global Strategy To Stop Health-Care Providers From Performing Female Genital Mutilation, 2010
http://www.who.int/reproductivehealth/publications/fgm/rhr_10_9/en/index.html www.safehands.org

Female Genital Mutilation (FIGO, Montreal, 1994)
http://www.figo.org/projects/general_assembly_resolution_FGM

Violence Against Women (FIGO, Copenhagen 1997)
http://www.figo.org/projects/violence_against_women

FIGO Ethical Guidelines in Obstetrics and Gynecologyhttp://www.figo.org/files/figo-corp/Ethical%20Issues%20-%20English.pdf

http://www.figo.org/news/statement-figo-president-medicalisation-fgm

Banks E, Meirik O, Farley T, Akande O, Bathija H, Ali M. WHO study group on female genital mutilation and obstetric outcome; WHO collaborative prospective study in six African countries. Lancet 2006; 367(9525):1835–41. http://www.thelancet.com/

The issue of reinfibulation. Gamal I. Serour. International Journal of Gynecology and Obstetrics 109 (2010) 93–96. http://www.ijgo.org/

Children in Islam. Their Care, Development and Protection. International Islamic Center for Population Studies and Research, Al Azhar University, in cooperation with the United Nations Children's Fund (UNICEF), Cairo, 2005