

Female Genital Mutilation

An overview and research methods

Sexual and reproductive health
course – 2006

By: R. Elise B. Johansen



World Health Organization



Reproductive Health and Research



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

Definition of Female Genital Mutilation (FGM) WHO/UNICEF/UNFPA

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons.



World Health Organization

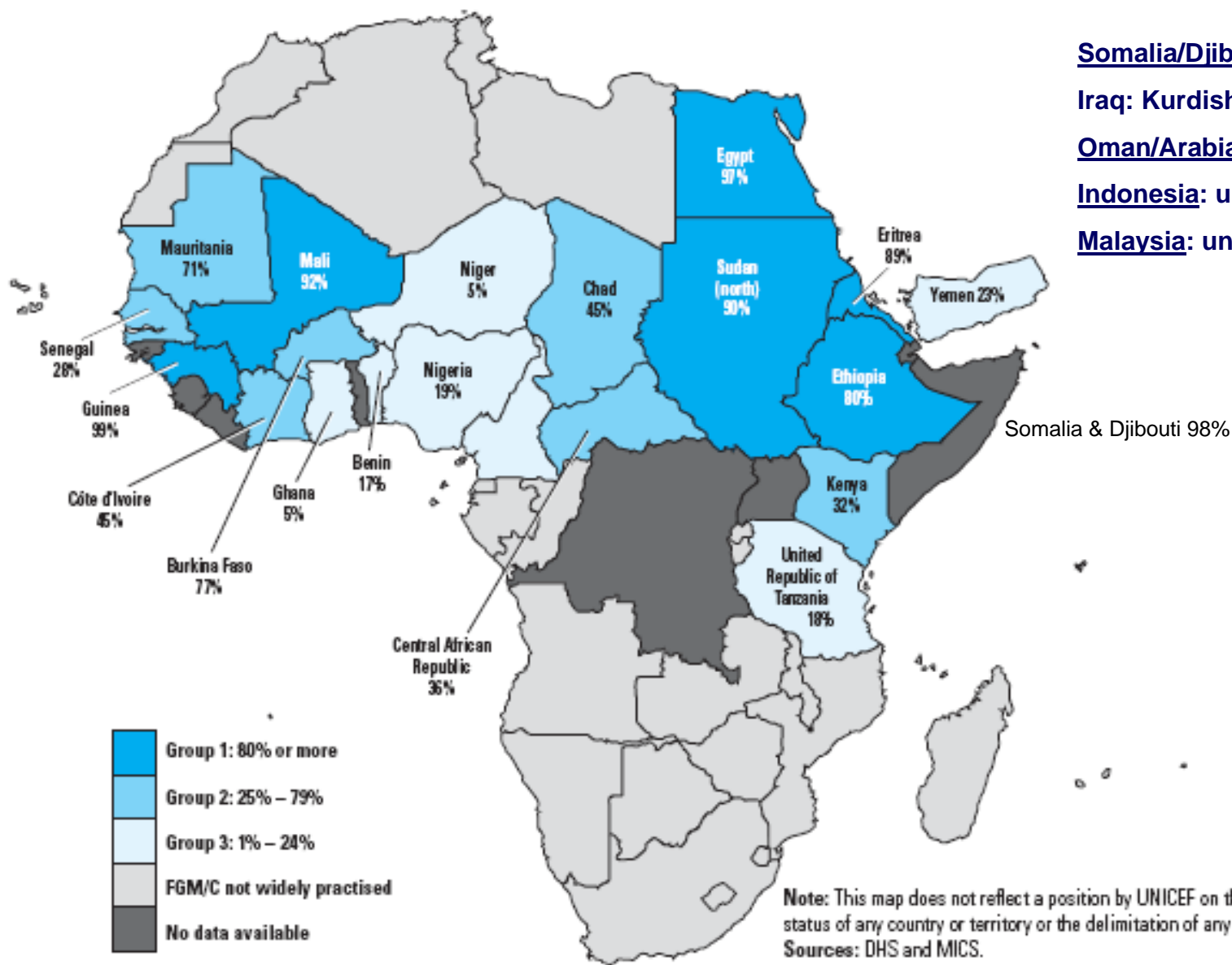


Reproductive Health and Research



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

FIGURE 1: FGM/C prevalence among women aged 15–49



Somalia/Djibouti: 98%
Iraq: Kurdish Sorani: high
Oman/Arabian Emirates:
Indonesia: unknown
Malaysia: unknown

Note: This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.
Sources: DHS and MICS.

World Estimate

Already cut women:
120-140 million

Girls at risk a year:
2 million



World Health Organization



Reproductive Health and Research



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

Emic/cultural reasons

- Gendering
- Coming of age and initiation
- Religion
- Sexual moral
- Fertility and birth
- Social convention





Major types of FGM

Natural genitals



Type I Excision of the prepuce, with or without excision of part or all of the clitoris

Type II Excision of the clitoris with partial or total excision of the labia minora

} 85%



Type III

Excision of part or all the external genitalia and stitching /narrowing of the vaginal opening (infibulation).

15%

Type IV

Unclassified



Reproductive Health and Research



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction



World Health Organization

Practitioners and methods

Traditional practitioners: TBA, Circumcisers, ritual leaders, barbers.

Modern practitioners: Medical doctors, midwives and nurses



World Health Organization



Reproductive Health and Research



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

Health consequences

- Immediate consequences

Haemorrhage, extreme pain, fracture, infections, shock, urinary retention, death.

- Long term consequences

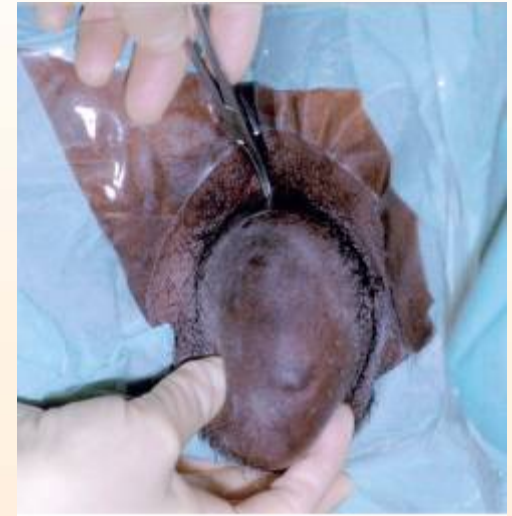
- Repeated cutting, repeated risks
- Infections
- Cysts & Scarring, keloid
- Menarche, periods
- Urinary problems, kidney
- Sexuality
- Childbirth
- Infertility



Complications from FGM



External cyst



Internal cyst



Keloid / scarification



Reproductive Health and Research



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

Type III: Infibulation



Illustration: Siv Lakou



Picture: Harry Gordon



World Health Organization



Reproductive Health and Research



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

Figure 1. Relative risk of adverse maternal outcomes in women with various types of FGM compared to women without FGM.

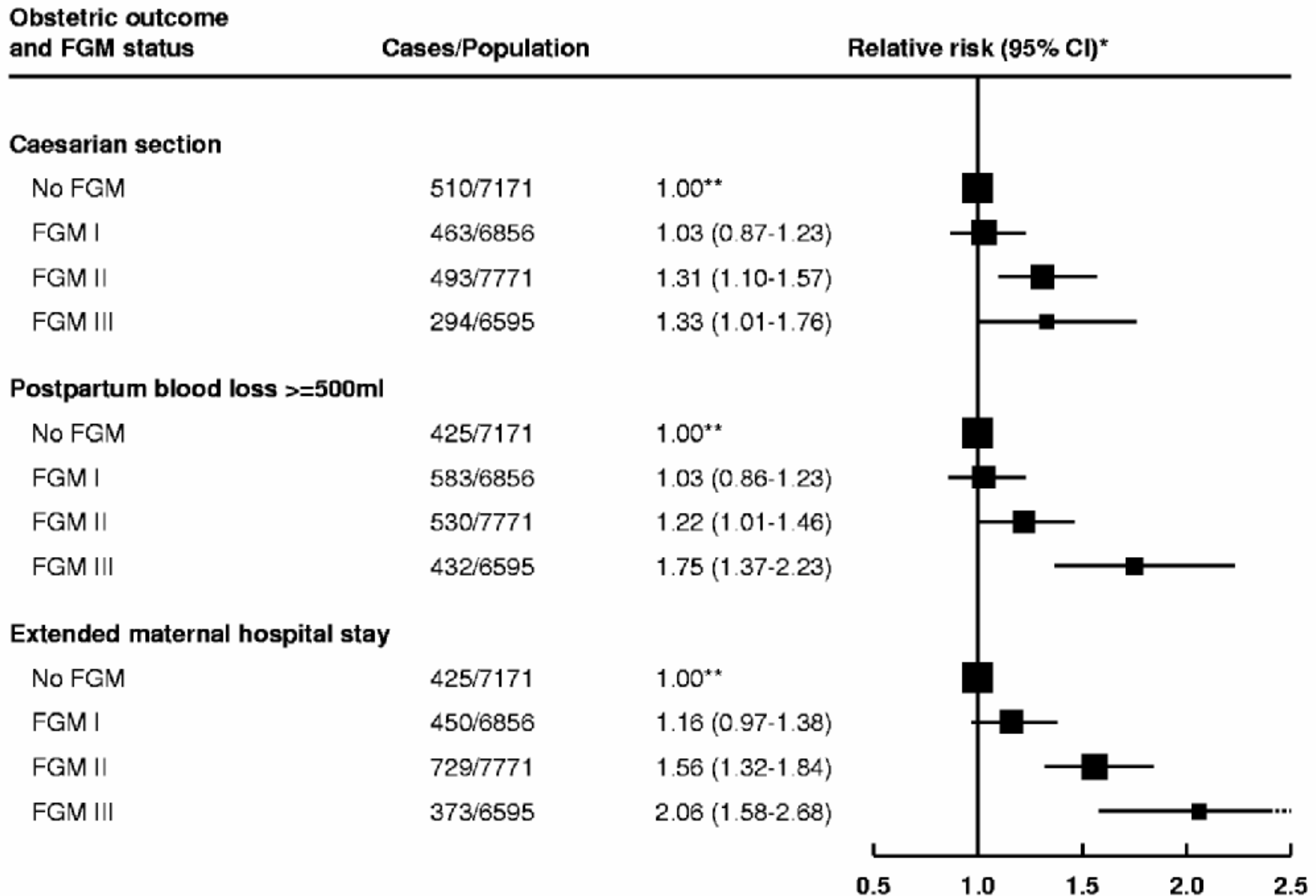
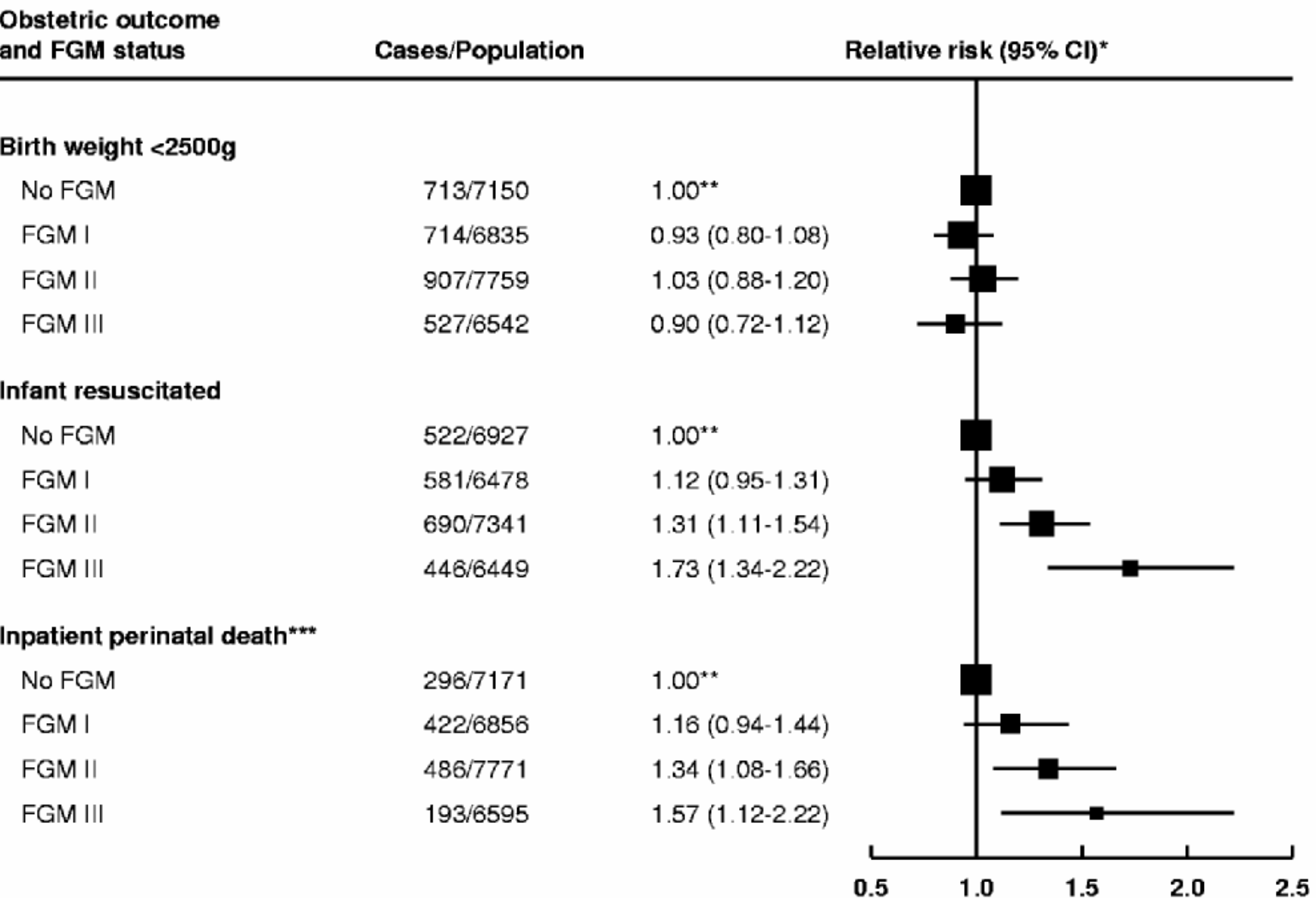


Figure 2. Relative risk of adverse infant outcomes in deliveries to women with various types of FGM compared to women without FGM.



Research question on FGM

- **Anthropology**
- **Demography**
- **Medicine**
- **Qualitative**
- **Quantitative**
 - **Focus group**
 - **Gender and age distribution**
 - **Interview**
 - **In-depth, key interview**
- **Prevalence**
- **Medical complications**
- **Reasons for practice**
- **Types**
- **Age**
- **Patterns of change**
- **Reasons for change**
- **Methods that work**
- **Who performs?**
- **Who decides?**

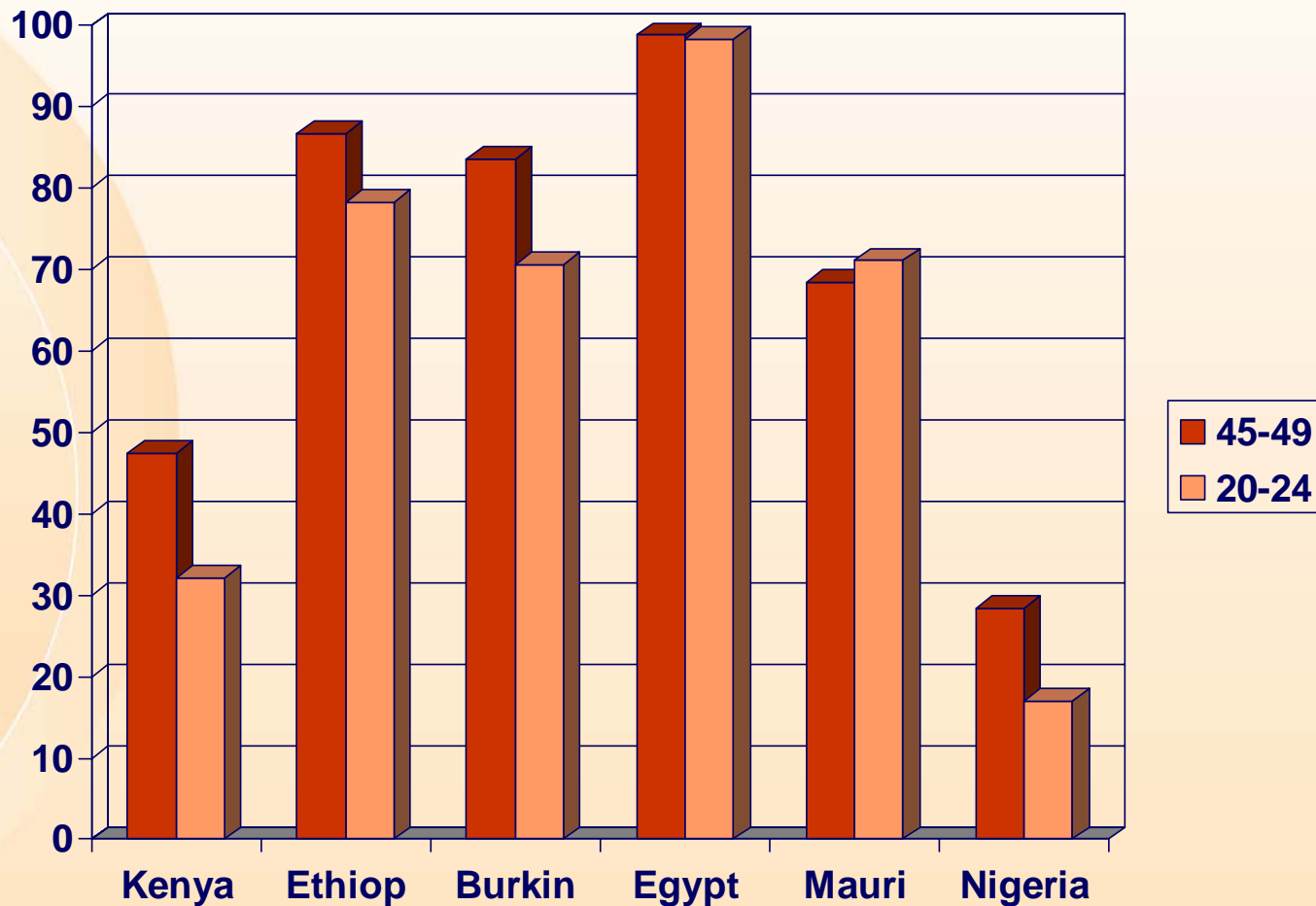


Prevalence

- Overall prevalence
 - minor changes
- Urban - Rural
 - minor difference
- Education
 - minor differences
- Typology
 - Standardised definitions



Change of prevalence in last 20-30 years



World Health Organization



Reproductive Health and Research



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

Example: FGM prevalence and typology

- We no longer do FGM!

- All girls found FGM.

- Why?

- We only do "sunna" now!

- All girls found infibulated.

- Why?



World Health Organization



Reproductive Health and Research



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

Measure of prevalence

- How to measure?
 - Overall prevalence
 - Mothers and daughters
 - Mothers intention
- Self declaration
 - Do they know? Type? Anatomical knowledge? Childhood memory?
- Medical examination
- Change of type



Polarization of debate

Circumcision

Mutilation

Cutting

Loving parent

Oppressive parent

**Sexual pleasure
culturally construed**

**Cut clitoris
= no pleasure**

**FGM cause birth
complications**

**Birth problems =
insufficient care**

**Culture
=
Good
=
Continue**

**Painful,
harmful
=
barbaric
=
Stop Now**



World Health Organization



Reproductive Health and Research



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

Political challenges to studies

- Terminology
 - Circumcision
 - Genital Mutilation
 - Genital Cutting
 - Focus of study
 - Health risks
 - Human rights
 - Reasons for continuing.
 - Interpretative framework
- Neo-colonialism
 - Cultural tradition
 - Sexual morality
 - Parents authority
 - Religion
-
- Human rights
 - Religion
 - Rights of the child



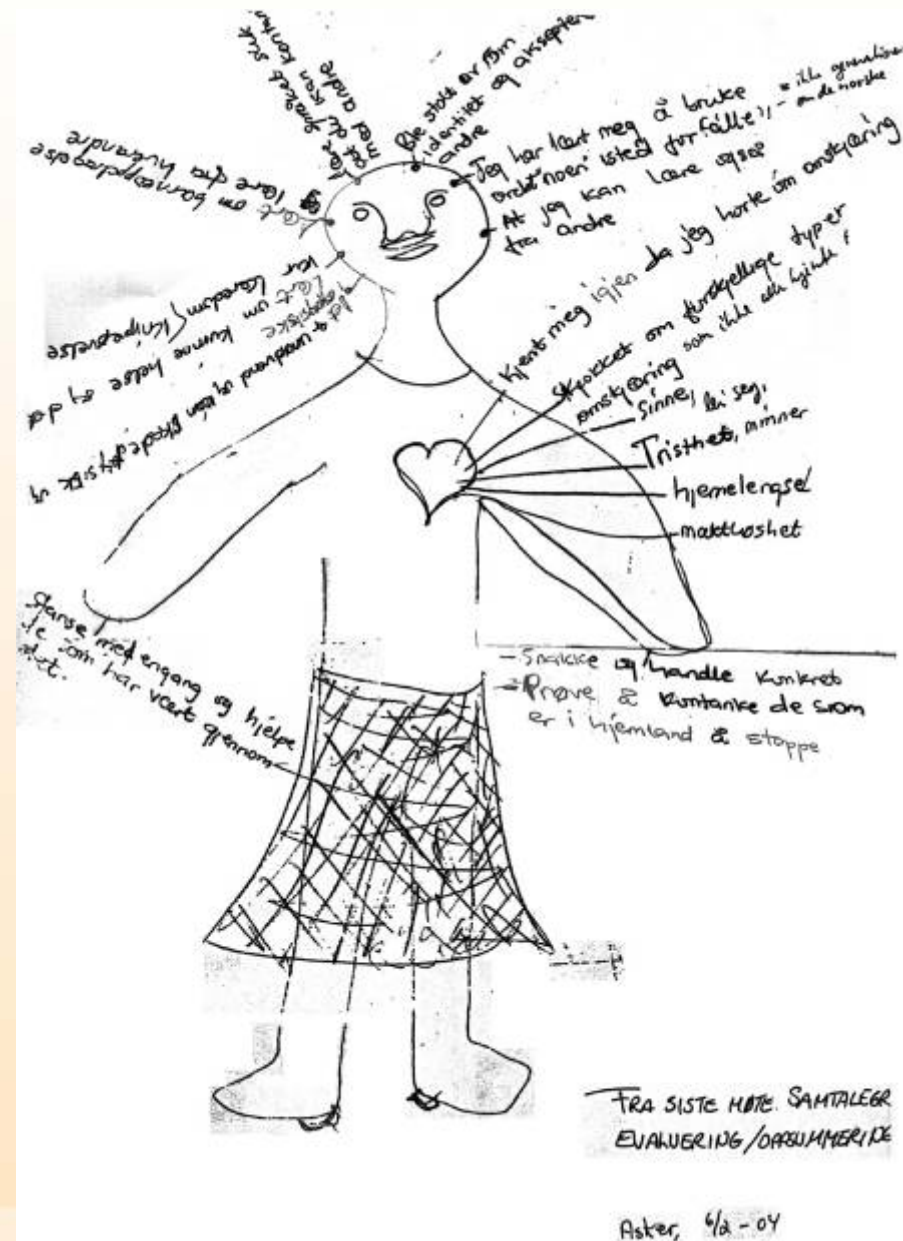
Evaluation of learning in discussion groups

Head: What is the new knowledge?

Hart: What feelings have this given rise to?

Abdomen: What do you wish to happen?

Feet: What will you do?



World Health Organization



Reproductive Health and Research



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction