



# The Practice of Female Genital Mutilation (FGM) and its relation to sexuality

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# Structure of the presentation

- ◇ Briefing on the practice of FGM
- ◇ Methodological issues
- ◇ Case Study (exercise) (15 min)
- ◇ Discussions of the case study (15 min)



## Definition of FGM

According to the joint 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.



# TYPES OF FGM

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

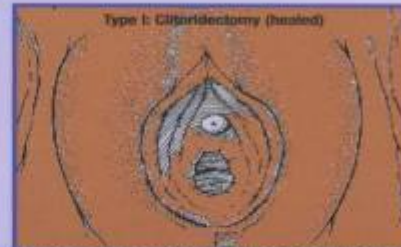
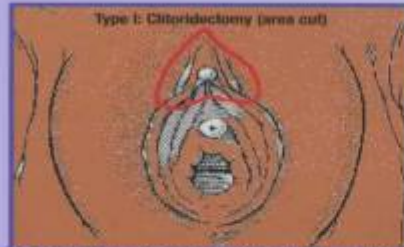
**Type II** Excision of the clitoris with partial or total excision of the labia minora

**Type III** Excision of part or all the external genitalia and stitching /narrowing of the vaginal Opening (infibulation)

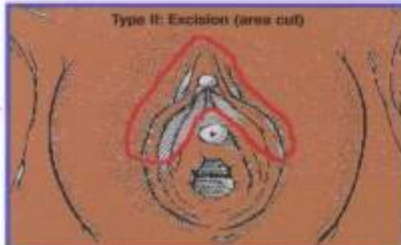
**Type IV** Unclassified: includes pricking, piercing or incising of the clitoris and/or labia...



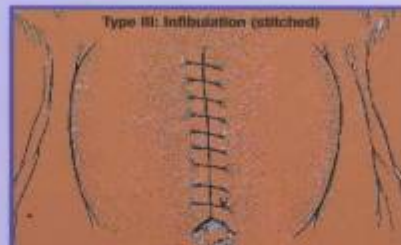
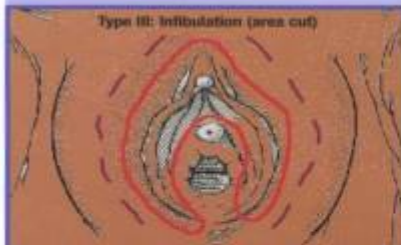
### 3 Most Common Types



**TYPE I: EXCISION OF PART OR ALL OF THE CLITORIS (THIS TYPE MAY NOT BE NOTICED IN A HASTY EXAMINATION)**



**TYPE II: EXCISION OF THE PREPUCE & CLITORIS TOGETHER WITH PARTIAL OR TOTAL EXCISION OF THE LABIA MINORA**



**TYPE III: EXCISION OF PART OR ALL OF THE EXTERNAL GENITALIA & STITCHING/NARROWING OF THE VAGINAL OPENING (INFIBULATION)**

### Recording Types of FC/FGM

- The extent of cutting or damage to the genitals and surrounding area may vary within each type
- Clinical examination is necessary to establish type and extent of cutting
- Do not record type on basis of patient knowledge. Patient may be unaware of the exact degree of cutting

- Conditions under which the procedures are done are usually not conducive to accurate cutting. The end result on one woman may have features of different types of FC/FGM

#### **LABIA MINORA INFIBULATION**

The labia minora and not the labia majora, were used to create an infibulation hood of skin over the vulva (see photo on right)





## 6 Steps of Defibulation Technique

**Anaesthesia:** Local, regional or spinal depending on patient's tolerance and assessment of her psychological state • "Flashbacks" to original cutting may be traumatic and necessitate general anaesthesia



1. Apply anaesthesia



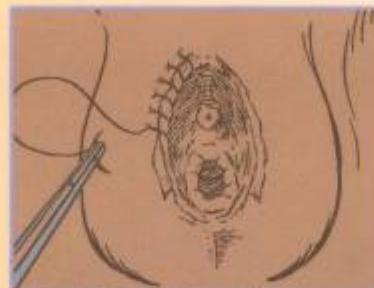
2. Insert 1-2 fingers



3. Cut with bandage-like scissors avoiding injury to a buried clitoris



4. Inspect cut edges for bleeding points



5. Apply hemostatic running absorbable sutures



6. Defibulation complete

### Counseling Around Defibulation

- Discuss technique and counsel against re-infibulation in a session prior to that of the procedure unless it is an emergency
- Obtain informed consent, allowing time for consultation with family members
- Post-op care: Includes sitz baths and local creams
- Prepare patient for emotional reactions to new physical state

### Counseling Against Re-infibulation

- Explain the medical problems resulting from the obstruction of infibulation
- Allow time for emotional processing and family consultation unless it is an emergency
- Re-infibulation is illegal in some countries (e.g., United Kingdom) but not in the United States; if patient insists on re-infibulation, provide alternatives (such as partial stitching, referral, or denial of service) depending on your own ethical choice



## MOST PREVALENT TYPES

The most common type of FGM is type II (excision of the clitoris and the labia minora), up to 80% of all cases.

The most extreme form is infibulation, which constitutes about 15% of all procedures.



## PREVALENCE AND DISTRIBUTION

Most of the girls and women who have undergone genital mutilation live in 28 African countries, although some live in Asia, Europe, and North America and Australia (migrants communities)

About *100 million* females have already been circumcised and it is estimated that *2 million girls* are at risk of genital mutilation every year.





## % OF FGM PRACTICE IN SOME COUNTRIES

<i>Country</i>	<i>Study</i>	<i>Sample Size</i>	<i>Prevalence %</i>
<i>Central African Republic</i>	DHS 1994-5	5,884	43
<i>Cote d' Ivoire</i>	DHS 1994	8,099	43
<i>Egypt</i>	DHS 1995	14,779	97
	EFCS 1996	1,339	93
<i>Mali</i>	DHS 1995-6	9,704	94
<i>Somalia</i>	MOH 1983	3,016	100
<i>Sudan</i>	WFS 1979	3,114	96
	El Dareer 1982	3,210	99
	DHS 19989-90	3,210 mothers 5,860	89



## % OF FGM PRACTICE IN SOME COUNTRIES

<i>Country</i>	<i>Study</i>	<i>Sample Size</i>	<i>Prevalence %</i>
<i>Eritrea</i>	DHS 1995	5,054	95
	DHS2002	8,754	89
<i>Ethiopia</i>	DHS 2000	15,367	80
<i>Burkina Faso</i>	DHS 1998-99	6,445	72
<i>Kenya</i>	DHS 1998	7,881	38
<i>Nigeria</i>	DHS 2000	3,3,365	25
<i>Yemen</i>	DHS 1997	10,414	23



# WHY FGM is practiced , some responses from different studies ,

- ◇ To facilitate childbirth
- ◇ To remove the extra parts
- ◇ To help girl to grow up
- ◇ To maintain cleanliness and to avoid contact with underwear
- ◇ To obey to religion (it is mentioned in the religion)
- ◇ To avoid irregular sexual behaviours among girls
- ◇ To avoid enlargement of sexual organs.



# Questions for discussions

- ◇ Is FGM a context specific practice ?
- ◇ Cultural relativism
- ◇ Why FGM unlike some cultural traditions, foot binding in China or face scaring in Africa ? Did not stop ?
- ◇ Why the Medical message was not effective in abandoning the practice ?
- ◇ Why Cultures are so resistant to change?



# Research on Sexuality and FGM

## Previous studies

- ◇ There is a Gap in the FGM literature in understanding the relationship between FGM and sexuality
- ◇ Existing evidence on the effects of FGM on sexuality is extremely scarce. (Stewart et al., 2002, Elchalal et. al, 1997, Obermeyer, 1999). While researchers like Abdalla (1982), Zwang (1979) and Verin (1975) concluded that most circumcised women had difficulty/or did not experience pleasure and/or orgasm in their sexual relations, others like Lighfoot (1989), Badawi (1989), and Giroris (1981) have found that pleasure and/orgasm was experienced by circumcised women.
- ◇ There is not enough evidence to support the view that FGM leads to the abolition of women's sexual pleasure or extremely damaging to sexuality (Morison, 2001). Yet, The clitoris's sole function is to assist women to reach orgasm, thus if it is cut, then the chances of women reaching orgasm could be reduced.



# Research on Sexuality and FGM

There are multiple socio-cultural, political, and economic factors that affect women's sexuality, so it is quite complex to conduct a study to assess the relationship between FGM and sexuality

Quantitative methods are not considered the best way to understand the effect of FGM on women's sexuality

Qualitative methods or a combination of both are considered the most effective methods to be used



# Research on Sexuality and FGM

## Methodological challenges

- ◇ The practice is not homogeneous
- ◇ How can we define sexual pleasure (Global definition of sexuality Vs local definition)
- ◇ Understanding and controlling for various social, cultural and economic determinants that affect women conceptualizing and experiencing sexuality in relation to FGM
- ◇ Addressing and understanding the role of men
- ◇ Understanding the dynamic of women's peer convention
- ◇ Understanding the ambiguous messages related to sexuality



# Study Case

You are going to conduct a research on the relationship between FGM and sexuality in a village in the of Djibouti called Gallamo .

## Geographical and demographical facts

Gallamo is a rural village 200Km from the city of Djibouti.

Total population is 400 around 60 families.

The population is composed of two ethnic groups: Afar and Somalian, but mainly Afar

## Socio-cultural facts

The spoken language is Afar, but the taught language is Arabic

The entire population is Muslim

Men are considered the main bread winner

There is no source of income generation in the village except shepherding

Men have to work outside the village to bring money

FGM is practised among 100% of the population





## Study Case continued

### Available services

There is a primary school in the village, it host 130 student, 28 of them are females,  
There is a humble primary care service unit in the village and it is ran by 2 TBAs  
There is no electricity, but running water is available

### Assignment

Develop a one page research protocol to study the relation ship between FGM and sexuality in Gallamo. The protocol should include

- ◇ Research Questions
- ◇ Hypothesis
- ◇ Target groups
- ◇ Sample of the questions for one of the selected target groups