

Female genital mutilation

Christina Pallitto, PhD

Scientist, Department of Reproductive Health and Research

Twitter [@HRPresearch](#)



Outline of the presentation

1. Background

- a. What is FGM?
- b. Magnitude of the problem
- c. Drivers of the practice

2. WHO's role in addressing FGM

- a. WHO guidelines and tools for treatment and care
- b. Medicalization and WHO response
- c. Generating evidence

Female genital mutilation (FGM)

- Definition:

A harmful traditional practice that includes 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

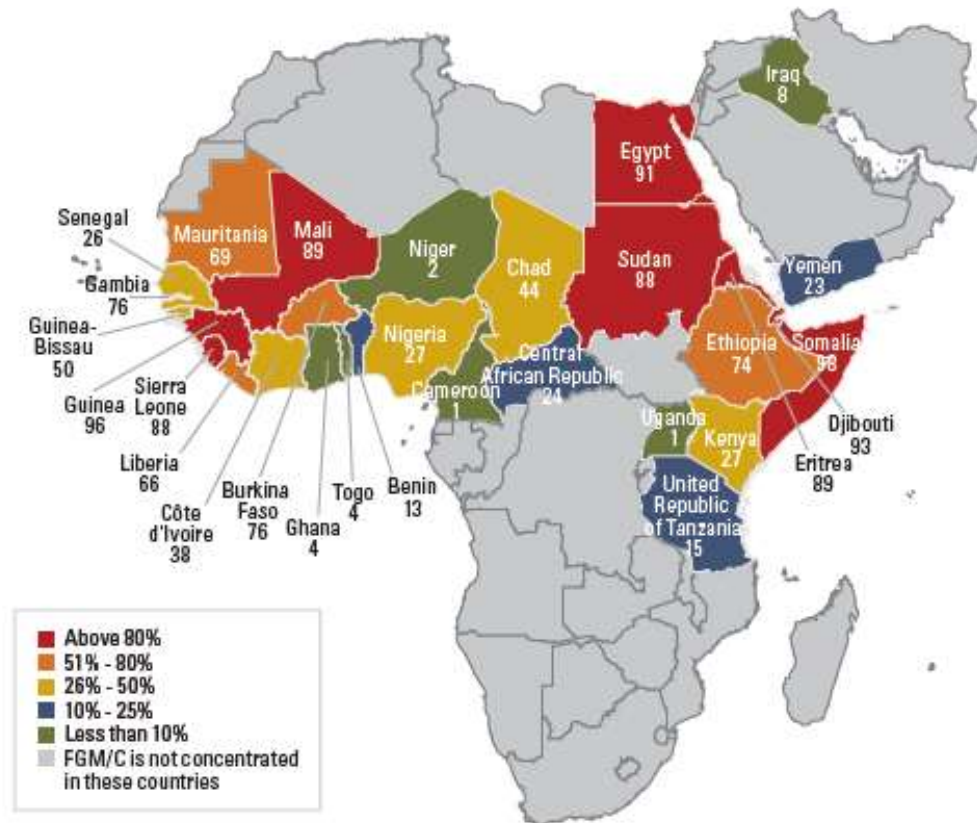


Magnitude of the problem

- ❑ Practiced in more than **30 countries**
- ❑ 200 million girls and women affected
- ❑ 8000 girls subjected to FGM each day
- ❑ Numbers of girls at risk increasing due to population growth trends
- ❑ Most often performed on girls aged 5 to 14
- ❑ Girls are subjected without consent
- ❑ No medical justification for FGM
- ❑ Perpetuated by deep-rooted cultural norms about women's sexuality and gender roles

FGM prevalence by country

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country



Introduction

Risks of FGM for health

➤ *No health benefits*

Short term:

- Severe pain
- Excessive bleeding
- Infection
- Shock
- Death

Obstetric complications

- excessive bleeding
- Stillbirth
- Obstructed labor

Psychological

- Anxiety
- Depression
- PTSD

Sexual problems

- Pain during intercourse
- Sexual dysfunction

Urological and gynecological complications

- Recurrent UTIs
- Menstrual complications
- Genital infections
- Genital tissue damage

Reasons why FGM is performed

- Social norm
- If mother was cut, daughters more likely to be cut
- To ensure virginity before and fidelity after marriage
- Belief of increased "marriageability"
- Rite of passage to adulthood in some settings

ROLE OF WHO IN ADDRESSING FGM

The role of WHO in a health sector response to FGM

- ❑ Develop evidence based guidance and tools
 - Clinical guidelines on FGM
 - Clinical handbook
- ❑ Supporting countries
 - Training providers
 - Preventing medicalization
 - Strengthen health sector
- ❑ Generating evidence
 - Epidemiological
 - Implementation research
 - Health and economic costs



Milestones on FGM within the UN



1997: WHO, UNICEF, UNFPA joint statement on FGM describing public health and human rights implications and called for abandonment

2008: interagency statement on elimination of FGM

2008: World Health Assembly resolution passed (WHA61.16)

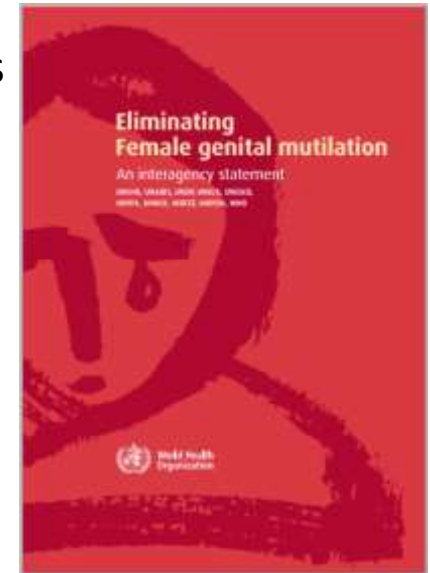
2010: interagency global strategy to end medicalization of FGM

2012: UN General Assembly resolution on FGM

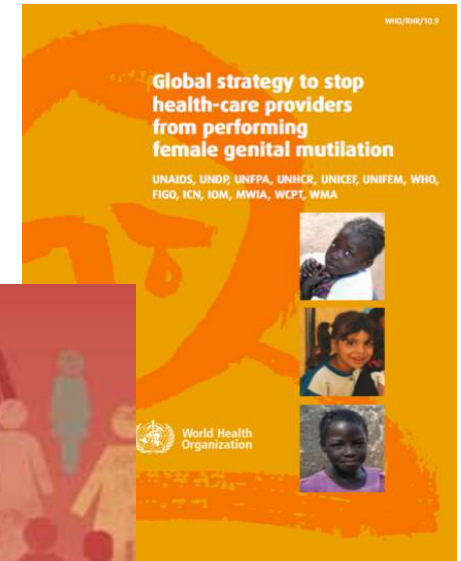
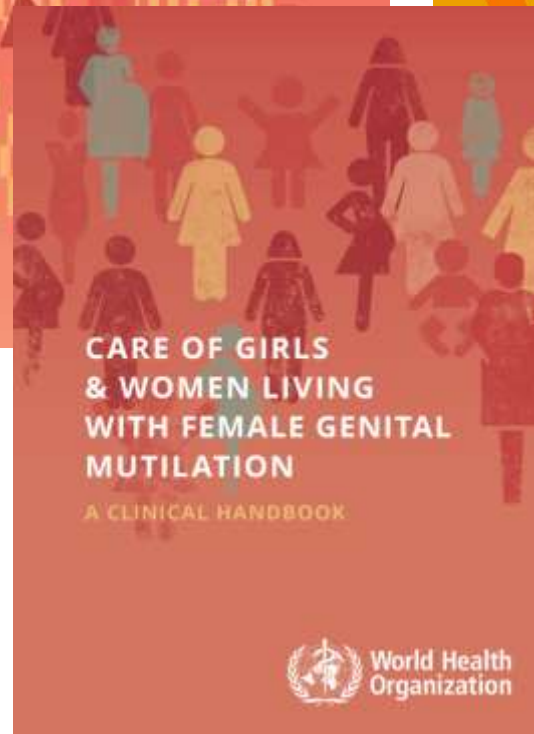
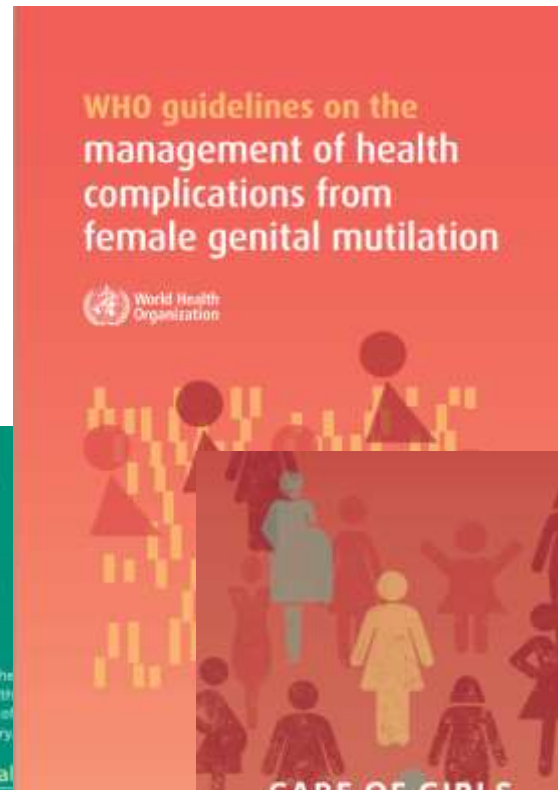
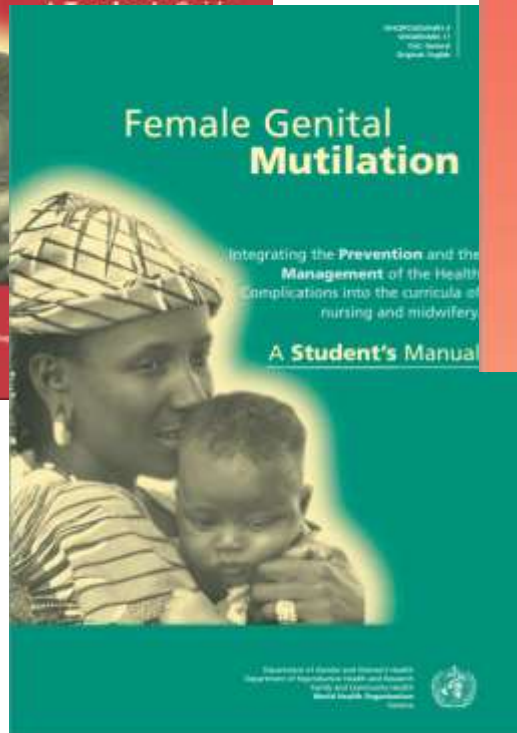
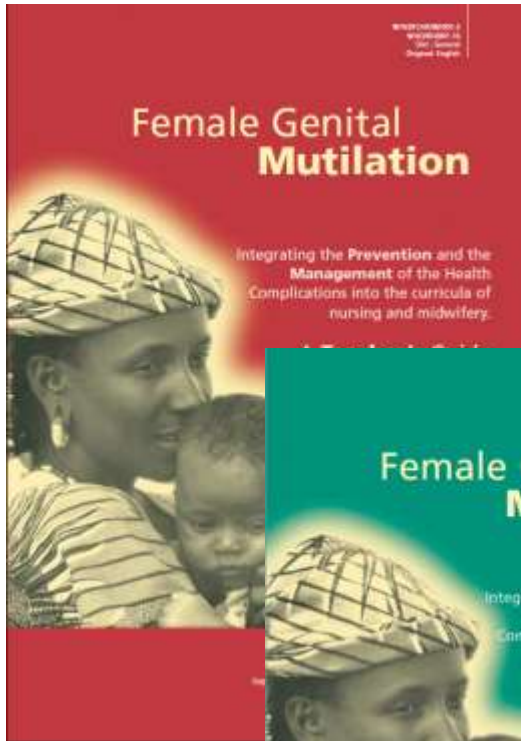
2016: Sustainable Development Goal target 5.3 on abandonment of FGM

2016: WHO Guidelines on clinical management of FGM

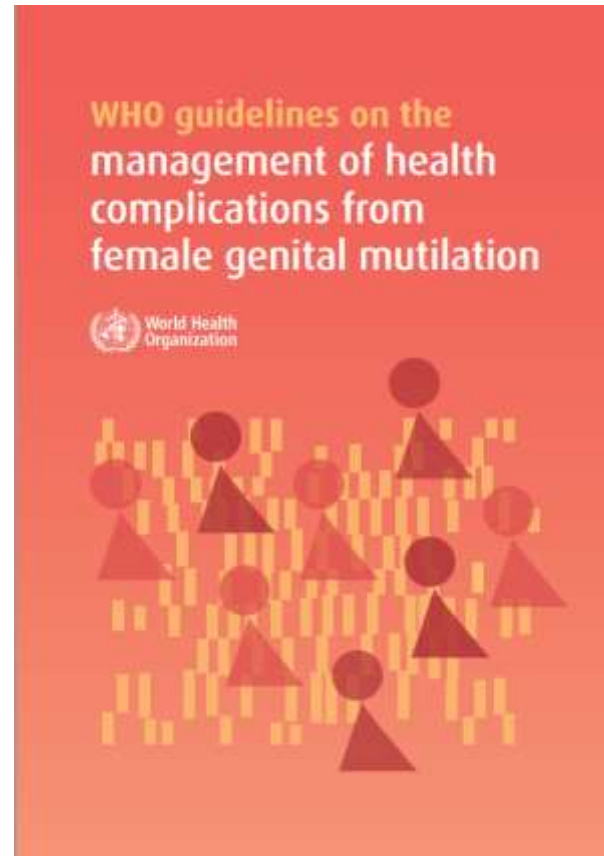
2018: Clinical handbook on FGM



WHO materials for training health care providers

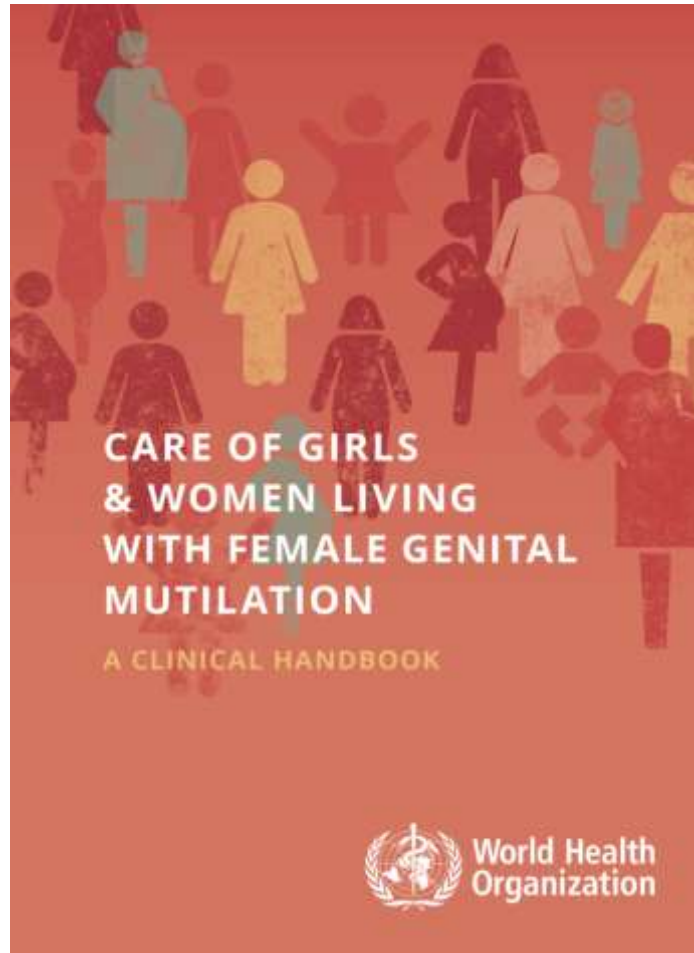


WHO clinical guidelines on management of complications of FGM



Publication year: 2016

Care of Girls & Women Living with FGM: A Clinical Handbook



www.who.int/reproductivehealth/topics/fgm/en

A new tool to help providers:

1. **Communicate** effectively and sensitively with girls and women (and their husbands or partners and family members) who have developed health complications due to FGM
2. **Provide quality health care** to girls and women who have health issues due to FGM
3. **Encourage** patients and communities to **abandon the practice** of FGM

Contents of handbook

**9 Chapters
&
5 Job aids**



WHO Director General endorses FGM clinical handbook



WHO Director-General Dr Tedros statement on Female Genital Mutilation

https://www.youtube.com/watch?time_continue=3&v=bgYEIxoI2M

STOPPING THE MEDICALIZATION OF FGM

What is medicalization of FGM

Refers to situations in which FGM is practised by any category of health-care provider

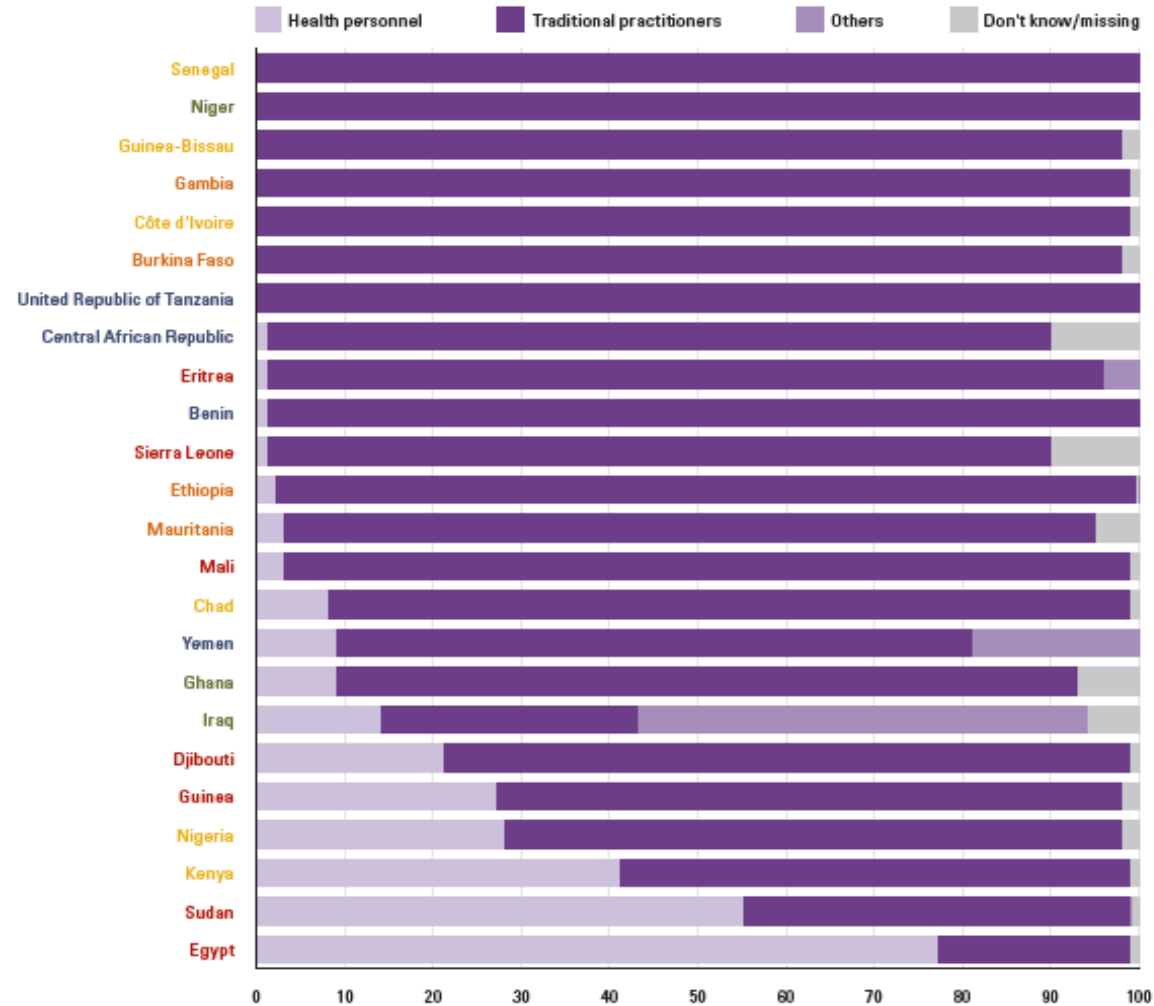
- whether in a public or a private clinic, at home or elsewhere
- also includes the procedure of reinfibulation

WHO strongly opposes the medicalization of FGM!



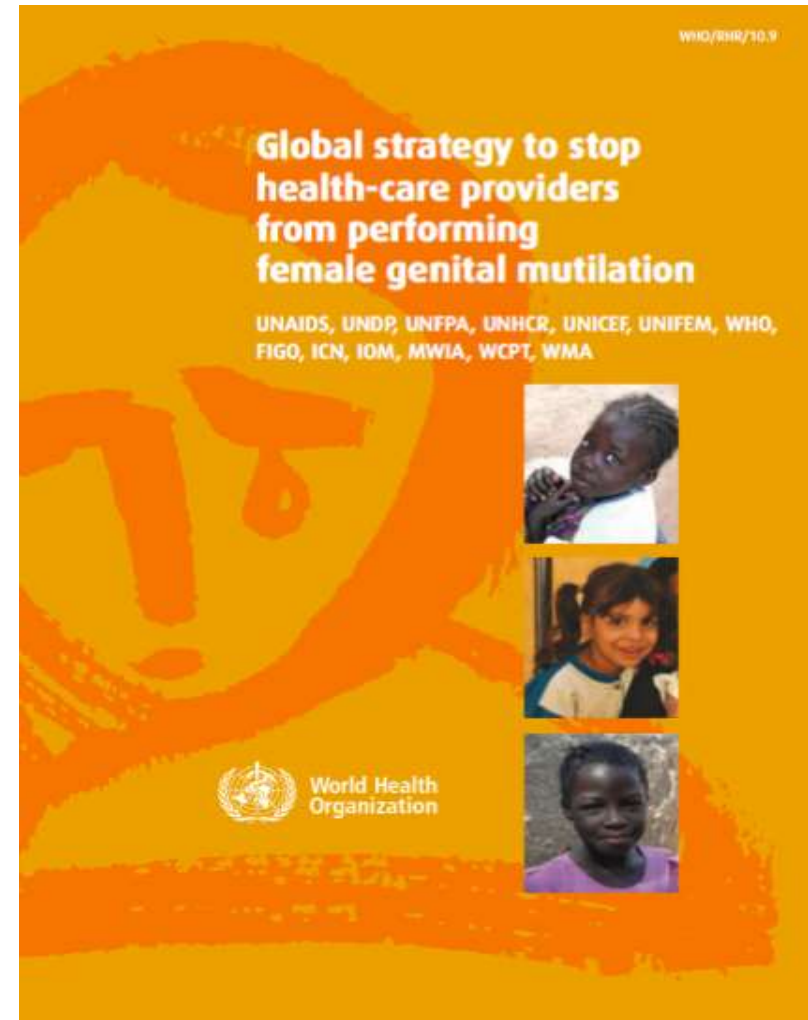
Rates of medicalization

Percentage distribution of girls who have undergone FGM/C (as reported by their mothers), according to the type of person/practitioner performing the procedure



The Global Strategy to stop medicalization

1. Mobilize political will and funding
2. Strengthen the understanding and knowledge of health-care providers
3. Create supportive legislative and regulatory frameworks
4. Strengthen monitoring, evaluation and accountability



REVIEW

Open Access



Understanding the motivations of health-care providers in performing female genital mutilation: an integrative review of the literature

Marie-Hélène Doucet^{1*}, Christina Pallitto² and Danielle Groleau^{1,3}

Abstract

Background: Female genital mutilation (FGM) is a traditional harmful practice that can cause severe physical and psychological damages to girls and women. Increasingly, trained health-care providers carry out the practice at the request of families. It is important to understand the motivations of providers in order to reduce the medicalization of FGM. This integrative review identifies, appraises and summarizes qualitative and quantitative literature exploring the factors that are associated with the medicalization of FGM and/or re-infibulation.

Methods: Literature searches were conducted in PubMed, CINAHL and grey literature databases. Hand searches of identified studies were also examined. The "CASP Qualitative Research Checklist" and the "STROBE Statement" were used to assess the methodological quality of the qualitative and quantitative studies respectively. A total of 354 articles were reviewed for inclusion.

Results: Fourteen (14) studies, conducted in countries where FGM is largely practiced as well as in countries hosting migrants from these regions, were included. The main findings about the motivations of health-care providers to practice FGM were: (1) the belief that performing FGM would be less harmful for girls or women than the procedure being performed by a traditional practitioner (the so-called "harm reduction" perspective); (2) the belief that the practice was justified for cultural reasons; (3) the financial gains of performing the procedure; (4) responding to requests of the community or feeling pressured by the community to perform FGM. The main reasons given by health-care providers for not performing FGM were that they (1) are concerned about the risks that FGM can cause for girls' and women's health; (2) are preoccupied by the legal sanctions that might result from performing FGM; and (3) consider FGM to be a "bad practice".

Conclusion: The findings of this review can inform public health program planners, policy makers and researchers to adapt or create strategies to end medicalization of FGM in countries with high prevalence of this practice, as well as in countries hosting immigrants from these regions. Given the methodological limitations in the included studies, it is clear that more robust in-depth qualitative studies are needed, in order to better tackle the complexity of this phenomenon and contribute to eradicating FGM throughout the world.

Keywords: Female genital mutilations (FGM), Re-infibulation, Health-care providers, Medicalization, Motivating factors

Why do healthcare providers perform FGM?

- Health care providers are often members of societies in which FGM is part of the cultural norm
- Some believe there are benefits of FGM
- To satisfy the demands of the community
- For financial benefits
- For harm reduction (vs FGM done by traditional circumciser)
- Not forbidden by the law (in some countries)

Activities to address medicalization

- ❑ Operationalize global strategy with support to countries. Sudan example
- ❑ Understand motivations of health care providers in carrying out FGM
 - Review of existing literature on motivations of providers published
 - Conduct formative research
- ❑ Develop intervention targeting health sector and health providers
- ❑ Test intervention through research





Maison Elamin/WHO Sudan

GENERATING EVIDENCE

Generating evidence

- ❑ Implementation research to strengthen the health system
 - Formative research in Guinea
 - Cluster RCT in 3 countries (Somalia, Guinea, Kenya)
- ❑ Epidemiological research
 - Health burden of FGM
 - Surveillance systems on FGM
- ❑ Health and economic cost study
 - Estimating cost savings of preventing FGM (2019)
- ❑ Monitoring and evaluation of health systems programmes
 - Development of a KAP instrument to assess trainings (2019)
 - M&E framework for health sector action plans on FGM

Formative research on how to strengthen health system in prevention and care of FGM (Guinea 2018)

METHODS

Mixed methods in 3 regions of country:

- In-depth interviews
 - 20 health care providers
nurses, midwives, doctors and ATS
 - 8 patients
 - 6 Health systems managers
 - 4 Heads of faculties of medicine,
schools of midwifery
 - 3 professional associations
- Focus group discussions
 - 5 FGDs with male community members
 - 6 FGDs with female community
members
- KAP questionnaires
 - 150 health care providers
nurses, midwives, doctors and ATS



Training workshop

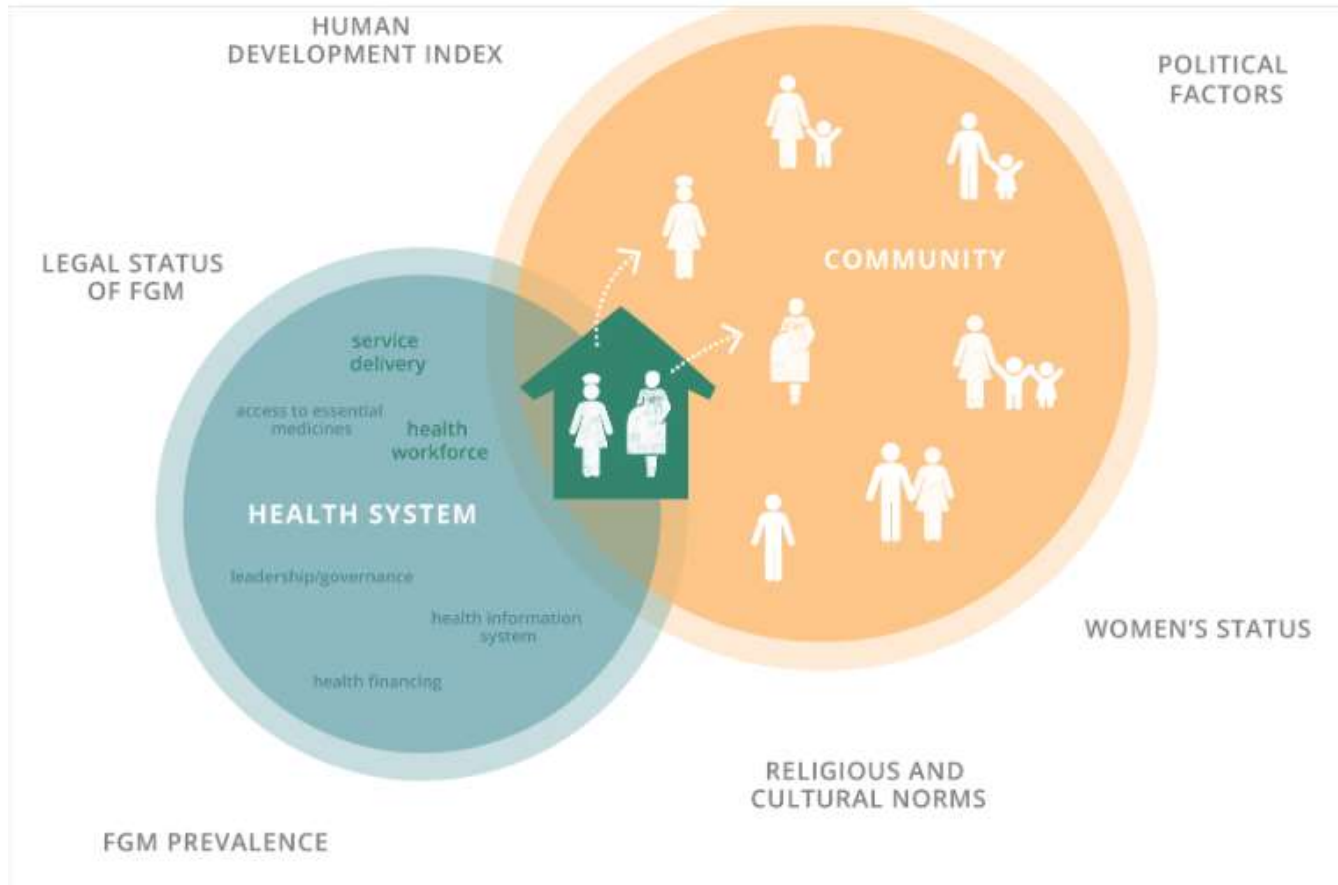


Data collection

RESULTS

- Low coverage of training
- Low knowledge on FGM
- Lack of skills in communication
- Attitudes supportive of FGM and its medicalization by community members
- Most health care providers and health systems managers opposed to FGM and medicalization
- Demand for integrated training by health care providers

Conceptual framework of WHO implementation research on FGM



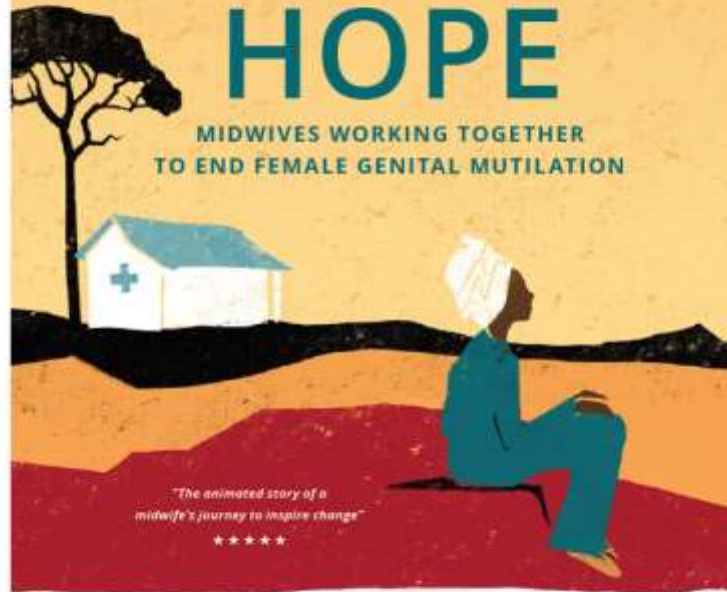


World Health
Organization

PRESENTS

THE SEED OF HOPE

MIDWIVES WORKING TOGETHER
TO END FEMALE GENITAL MUTILATION



*"The animated story of a
midwife's journey to inspire change"*

WORLD HEALTH ORGANIZATION PRESENTS A WHO PRODUCTION IN ASSOCIATION WITH HRP
FOR MORE INFORMATION AND TRAINING RESOURCES VISIT OUR WEBSITE: WWW.WHO.INT/REPRODUCTIVEHEALTH/TOPICS/FGM

COMING SOON SEPTEMBER 2019

Conclusions

- ❑ Need to prevent FGM but also provide quality health care to the millions of women and girls who are living with FGM
- ❑ WHO guidelines and handbook provide an important foundation for building evidence-based training materials for health care providers
- ❑ Professional associations can play an important role in prevention and care
- ❑ Need for evidence-based programmes and policies across sectors to achieve SDG 5.3



For more information:

<http://www.who.int/reproductivehealth/topics/fgm/en/>