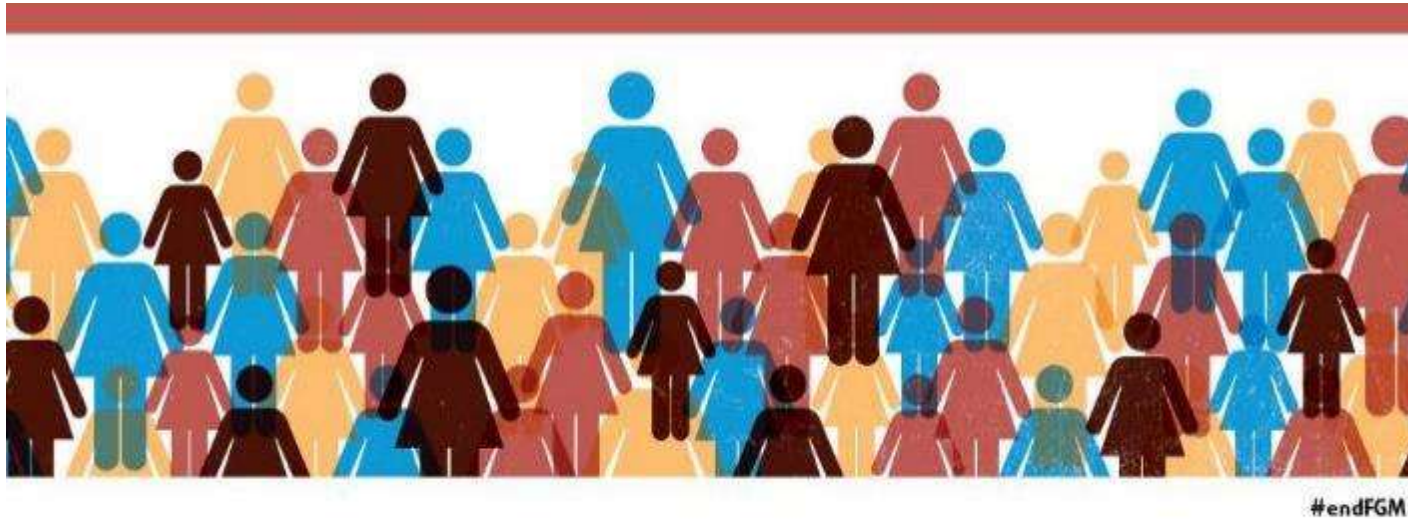


E- learning course on a public health approach to addressing female genital mutilation 2023

Module 1 – Session 1



Overview of FGM and FGM medicalization
(Epidemiology)



Module Objectives

- To know how to define FGM and its medicalization
- To learn about FGM types
- To learn about the epidemiology of FGM and the medicalization of FGM
- To learn how FGM violates several human rights principles and code of professional conduct
- To understand why FGM is a public health issue



Presentation Outline

- Definition of Female Genital Mutilation (FGM) and its medicalization
- FGM types
- Epidemiology of FGM and medicalization
- FGM being harmful and a violation of human rights and ethics
- FGM is a public health issue to be addressed



Female Genital Mutilation Definition

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.



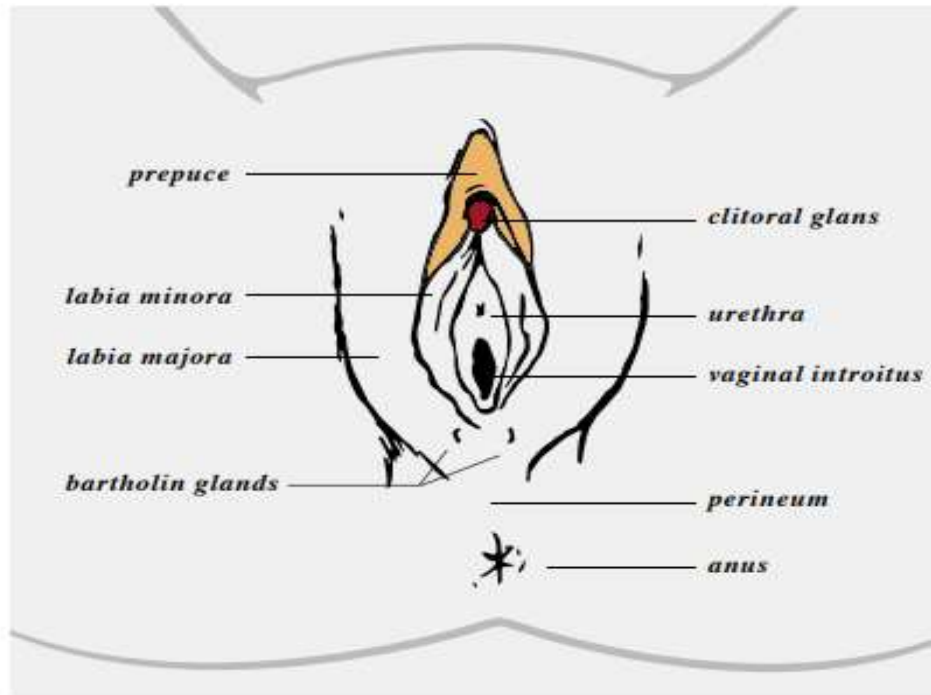
Female Genital Mutilation Types

The World Health Organization (WHO) classifies female genital mutilation into four different types with subcategories according to severity of tissue removed



TYPE I

Partial or total removal of the clitoral glans (clitoridectomy) and/or the prepuce



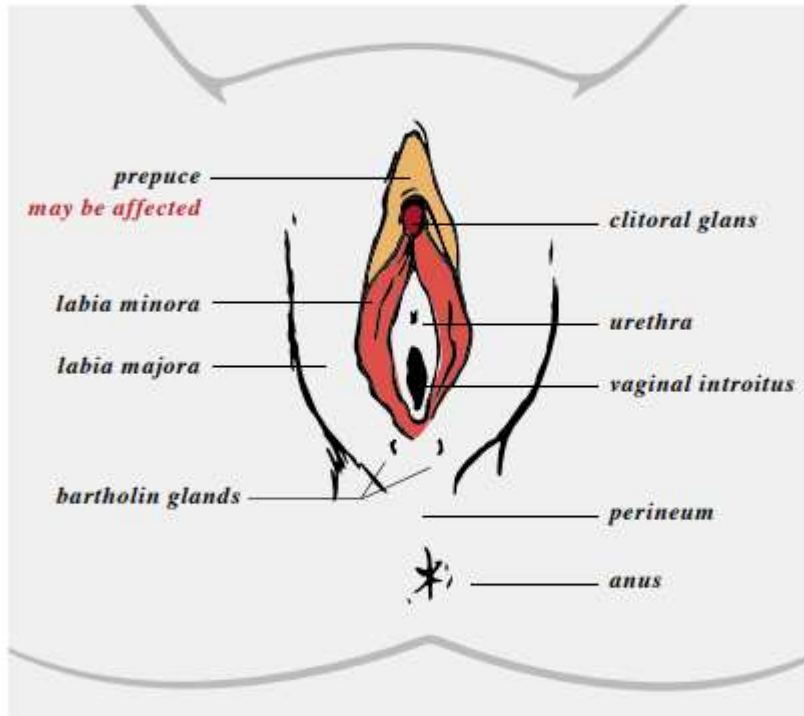
Type Ia: removal of the prepuce/clitoral hood (circumcision)

Type Ib: removal of the clitoral glans with the prepuce (clitoridectomy)

Source: Care of women and girls living with female genital mutilation: a clinical handbook. Geneva: World Health Organization; 2018.

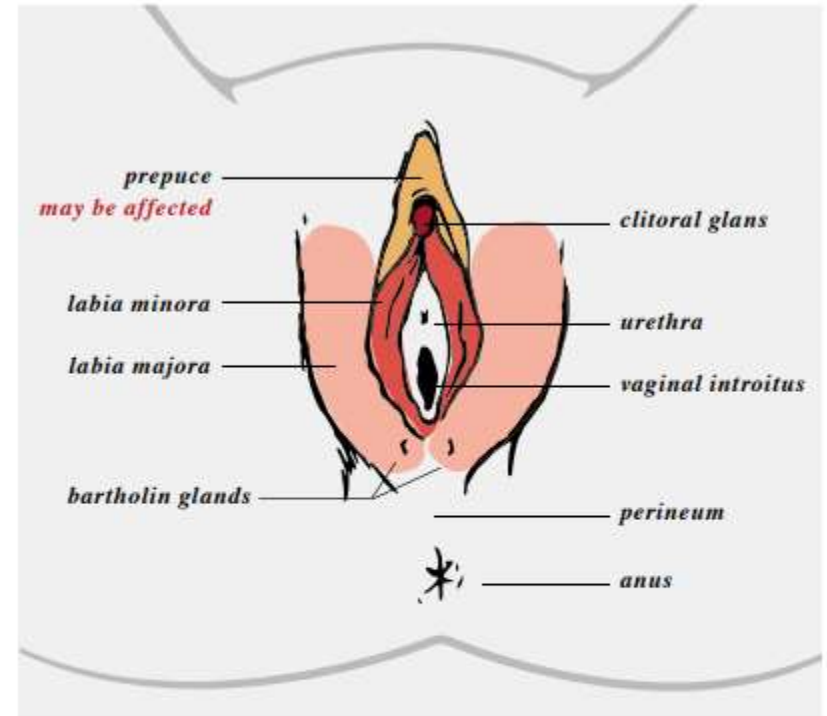
TYPE II

Partial or total removal of the clitoral glans and the labia minora, with or without excision of the labia majora (excision)



Type IIa: removal of the labia minora only

Type IIb: partial or total removal of the clitoral glans and the labia minora (*prepuce may be affected*)

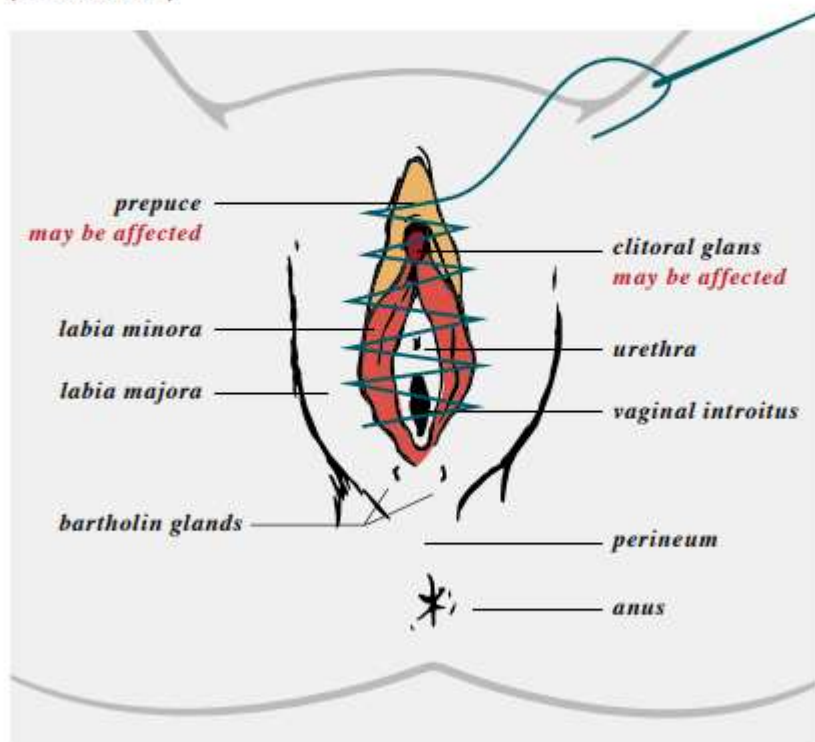


Type IIc: partial or total removal of the clitoral glans, the labia minora and the labia majora (*prepuce may be affected*)



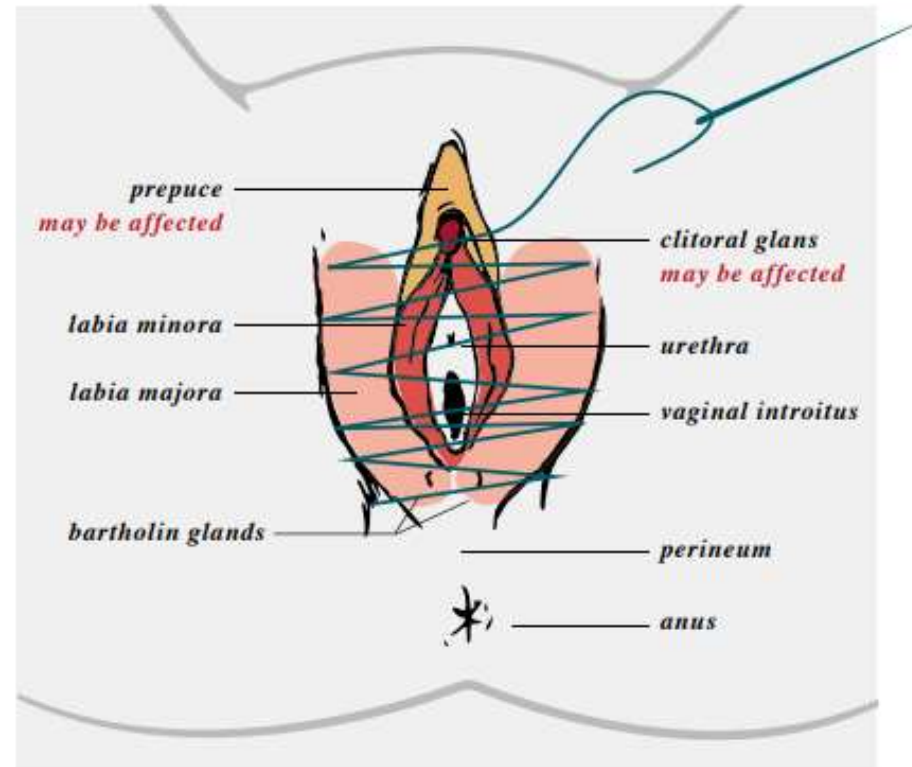
TYPE III

Narrowing of the vaginal opening with the creation of a covering seal by cutting and appositioning the labia minora or labia majora with or without excision of the clitoral prepuce and glans (infibulation)



Type IIIa:

■ + ■ + ■ + appositioning of the labia minora



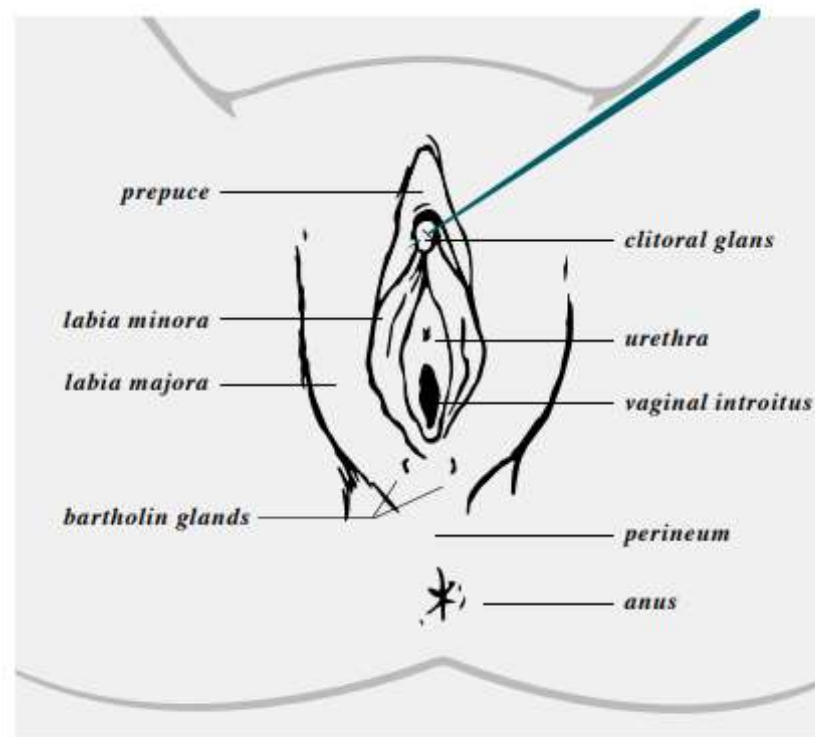
Type IIIb:

■ + ■ + ■ + ■ + appositioning of the labia majora



TYPE IV

All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization



Female Genital Mutilation Epidemiology

- More than 200 million girls and women are estimated to live with FGM
- An estimated 3 million girls/year are at risk of undergoing it
- It is mostly performed on girls between the ages of 0 and 15 years

Source: Female Genital Mutilation Fact Sheets. World Health Organization; 2022.



FGM Drivers

It is a social norm that aims to:

- Prepare girls for adulthood (rite of passage)
- Maintain family honor to reduce premarital sex and increase marital fidelity
- Increase marriageability prospects
- Promote femininity, modesty and cleanliness
- Follow a religious custom

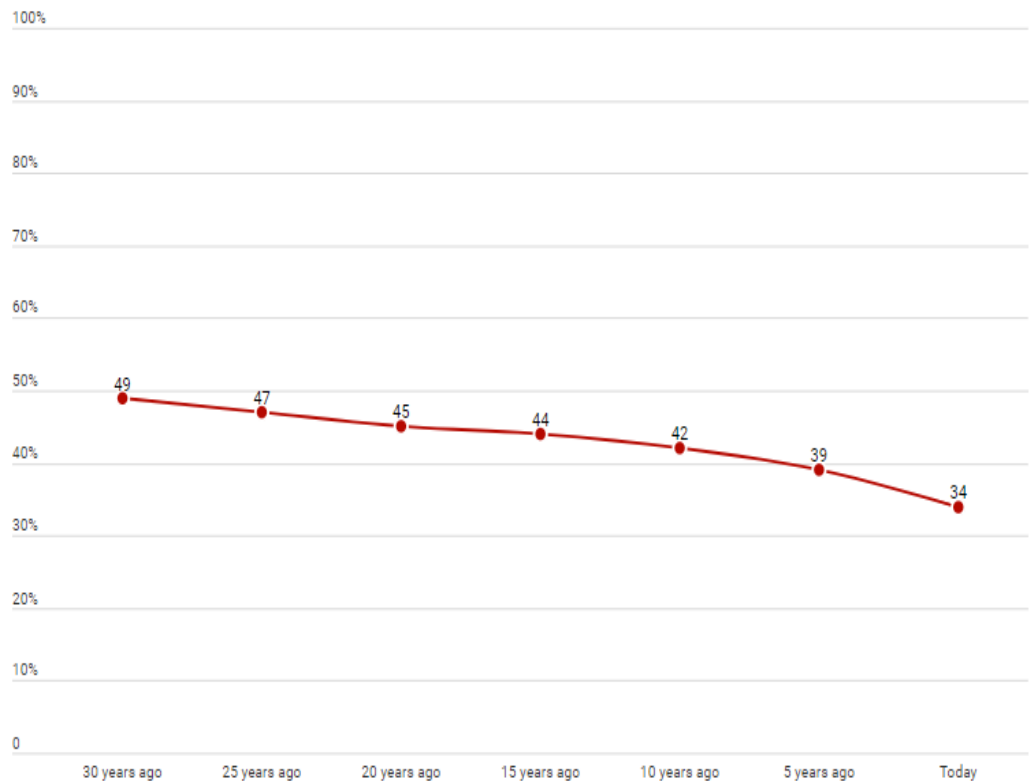


Female Genital Mutilation Trend is on a decline

In the last three decades, a steady FGM decline among girls (15-19 years)

From about one half (49%) down to one third (34%)

Percentage of girls aged 15 to 19 who have undergone female genital mutilation



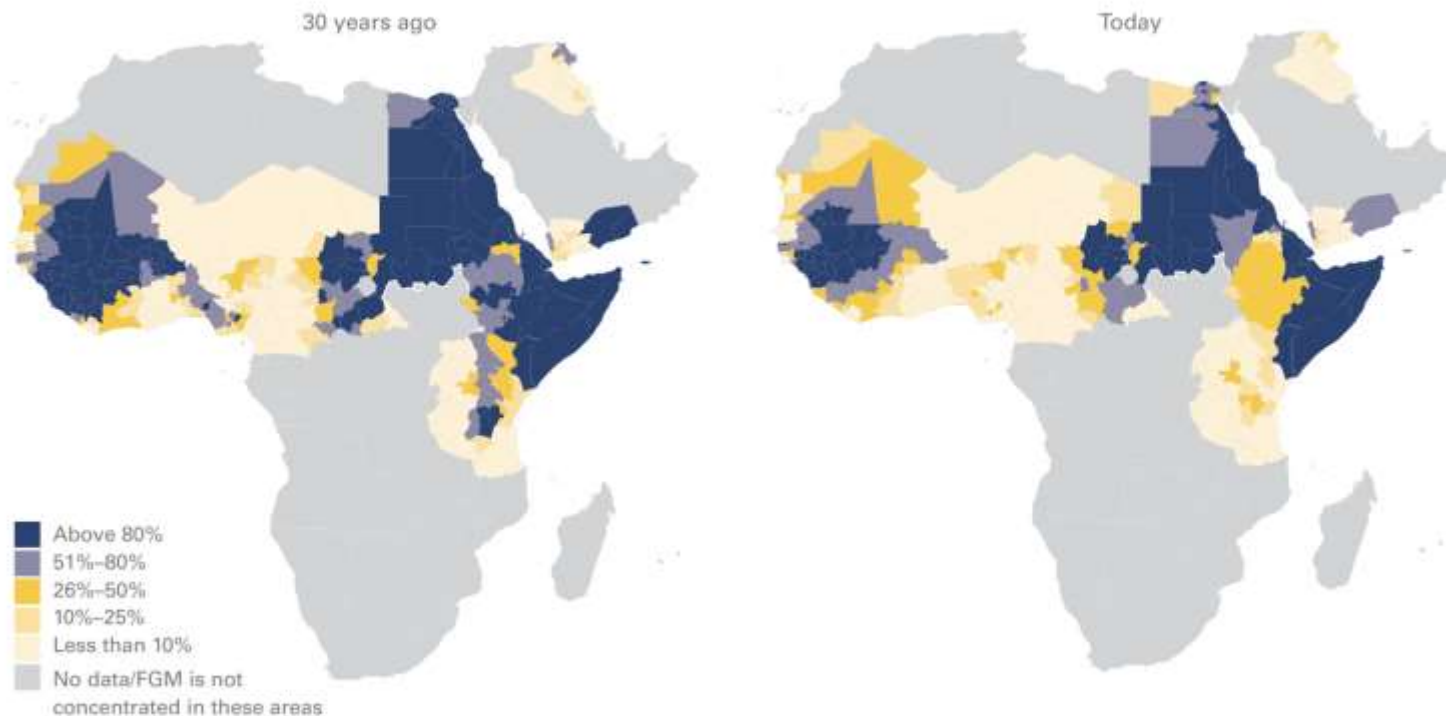
Notes: This is a weighted average based on comparable data.

Source: UNICEF global databases, 2020, based on DHS, MICS and other national surveys, 2004-2018.



Areas where FGM is concentrated are shrinking

Percentage of adolescent girls aged 15 to 19 years who have undergone FGM



Notes: Geographical boundaries, names and designations used on these maps do not imply official endorsement or acceptance by the United Nations. Trend data are not available for Indonesia. The geography of the Maldives does not allow subnational trends to be visualized at this scale. For some subnational regions which would otherwise not have sufficient sample size to produce reliable estimates, data have been merged to show an age group larger than the standard five-year cohort.

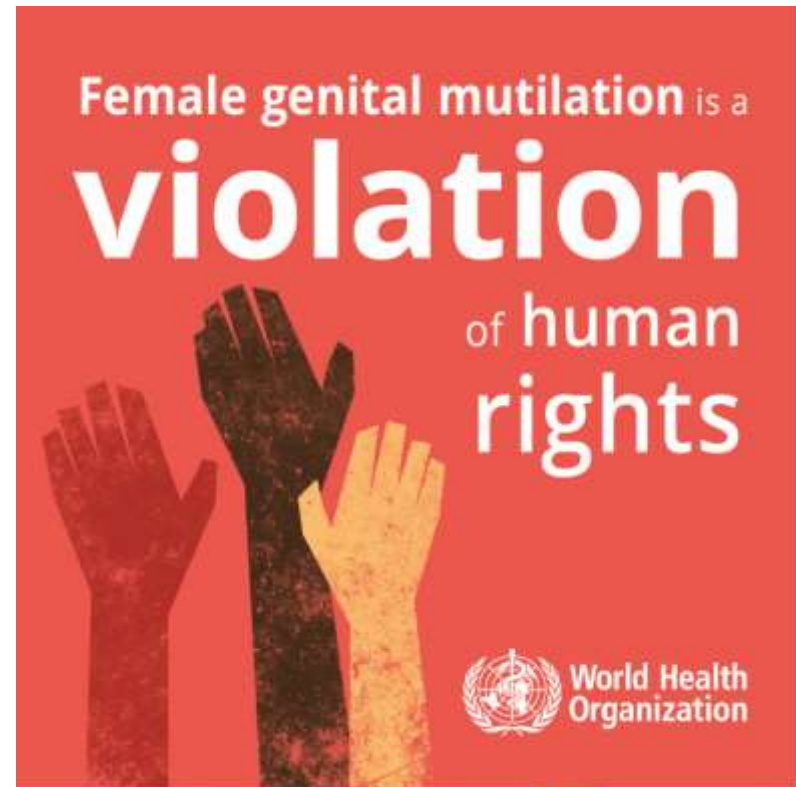
United Nations Children's Fund, Female Genital Mutilation: A New Generation Calls for Ending an Old Practice, UNICEF, New York, 2020



Female Genital Mutilation Medicalization

“Situations in which FGM (including re-infibulation) is practised by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere, at any point in time in a woman’s life”

**WHO opposes all forms of
FGM**

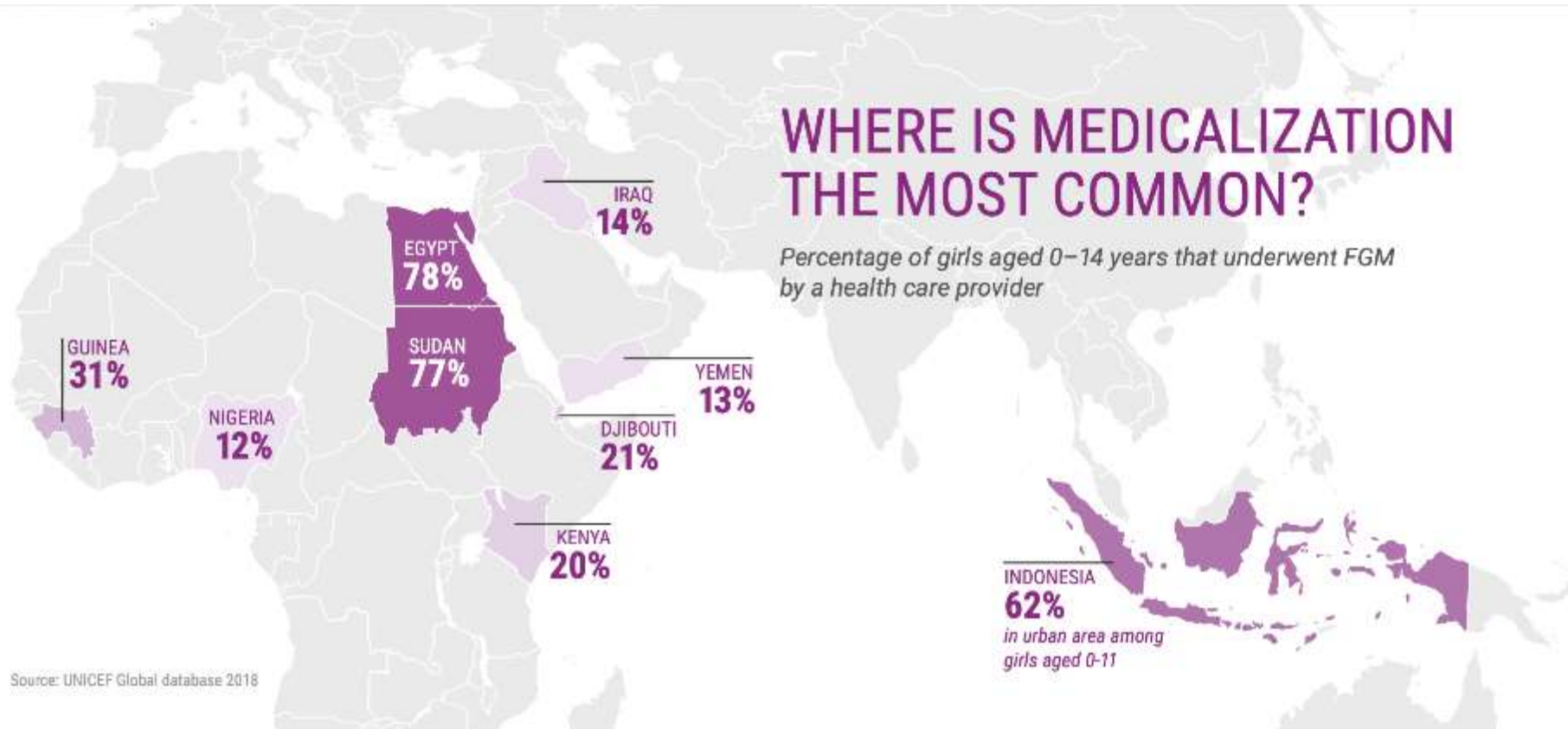


Motivations for FGM Medicalization

- 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)



Prevalence of FGM Medicalization

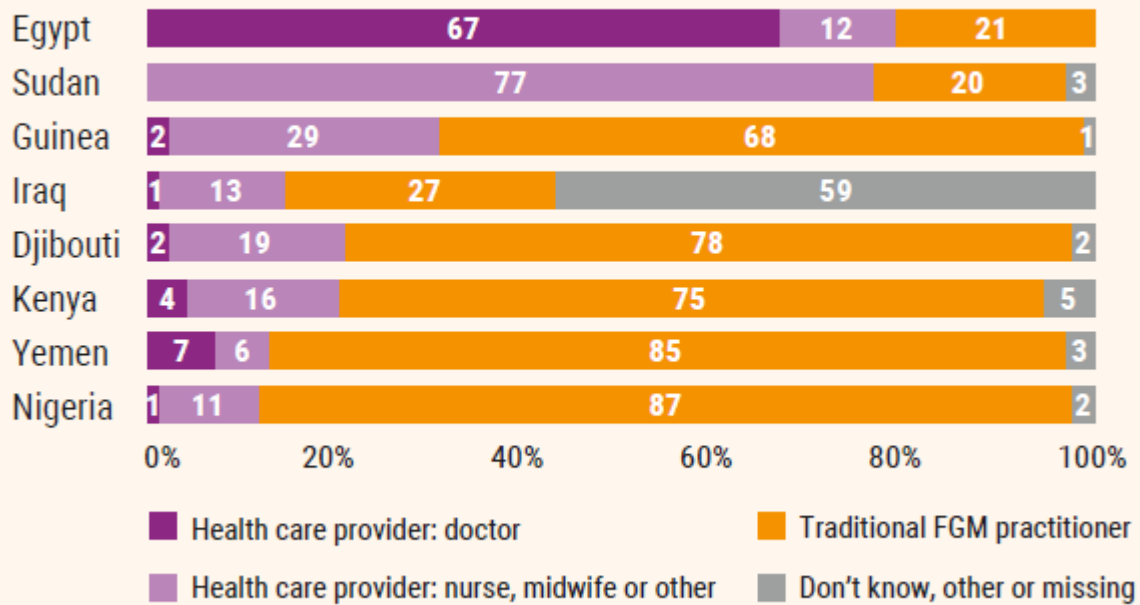


Source: Calling for the End of the Medicalization of Female Genital Mutilation. United Nations International Children Emergency Fund; 2018.



Country Case Examples

WHO PERFORMS FGM?



Source: Calling for the End of the Medicalization of Female Genital Mutilation. United Nations International Children Emergency Fund; 2018.



FGM and its medicalization have no benefits

- It only causes harm and has no medical benefits
- It is costly to the health system
- It violates professional codes of conduct
- It violates human rights



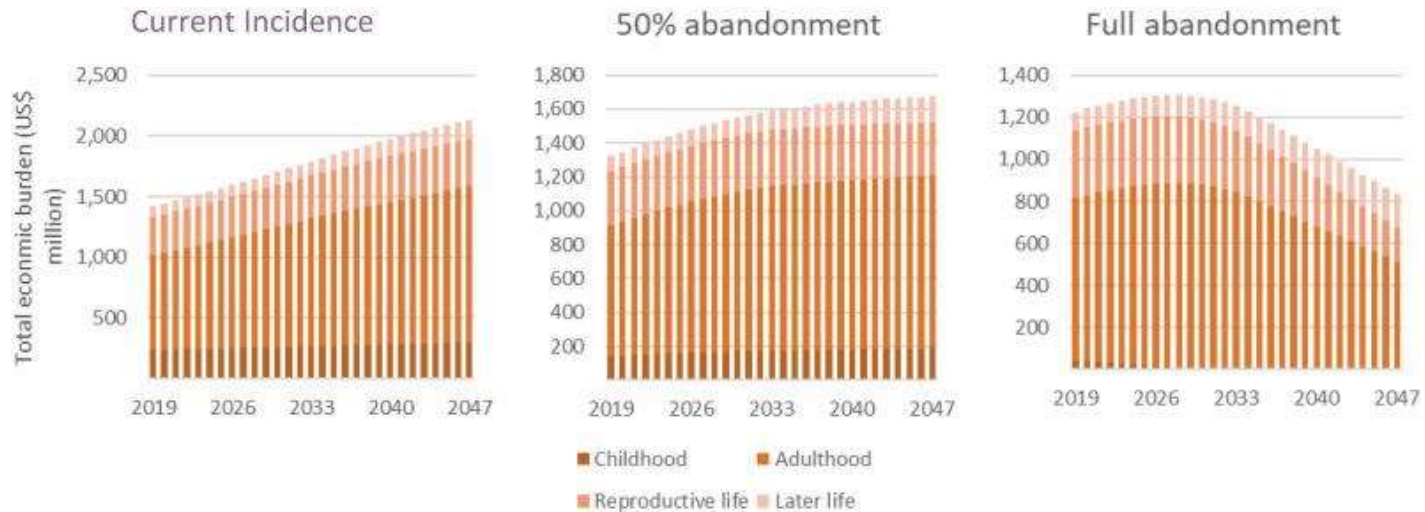
FGM Health Risks

- Gynecological
- Obstetric
- Urological
- Mental health
- Sexual health
- Immediate health risks



FGM is costly and its abandonment comes with health care costs saving

The estimate of the current economic burden of FGM is **USD 1.4 billion, per year**



Current incidence –
Expected to **rise** to over
US\$2.1 billion per year in 2047

Full abandonment –
decrease to US\$0.8 billion in
2047



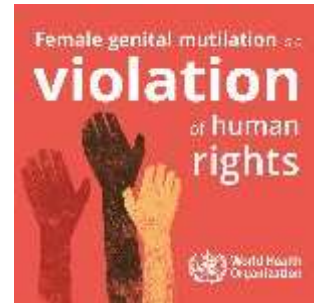


FGM Medicalization violates professional code of conduct and the principle of “Do no harm”



FGM is a violation of several human rights principles

- right to health
- right to be free from violence
- right to life and physical integrity
- right to non-discrimination
- right to be free from cruel, inhuman, and degrading treatment



FGM is a public health issue that requires action

- Affects millions of girls and women
- FGM is associated with health complications
- High costs to the health system to manage its complications
- There is an increasing trend of involvement of health care providers in the practice
- FGM violates several human rights for women and girls



Medicalization of female genital mutilation must be stopped



- FGM has no health benefit
- Against code of professional ethics of “do no harm”
- Involvement of health care providers endorses the practice and supports its continuation
- Misinterpreted as harmless or “safe” procedure

References

Farouki L, El-Dirani Z, Abdulrahim S, Akl C, Akik C, McCall SJ. The global prevalence of female genital mutilation/cutting: A systematic review and meta-analysis of national, regional, facility, and school-based studies. PLoS Med. 2022 September; 119(9): e1004061.

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004061>

United Nations Population Fund. Brief on the medicalization of female genital mutilation. New York: UNFPA; 2018. Available from: https://www.unfpa.org/sites/default/files/resource-pdf/FGM_Policy_Brief_On_Medicalization_Brochure_-_PDF_June_18.pdf

United Nations Population Fund. FGM Dashboard. Available from: <https://www.unfpa.org/data/dashboard/fgm>

United Nations Children Emergency Fund. Female Genital Mutilation/Cutting: A Global Concern. New York: UNICEF; 2016. Available from: <https://data.unicef.org/resources/female-genital-mutilationcutting-global-concern/>

United Nations Children's Emergency Fund. Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. New York: United Nations Children's Emergency Fund; 2013. Available from: <https://data.unicef.org/resources/fgm-statistical-overview-and-dynamics-of-change/>



References

United Nations International Children Emergency Fund. Calling for the End of the Medicalization of Female Genital Mutilation. New york: UNICEF. Available from: <https://www.unicef.org/sites/default/files/2019-02/Factsheet%20FGM-Medicalization-2018-06-15.pdf>

United Nations International Children’s Emergency Fund, The United Nations Population Fund. FGM Elimination and COVID-19: Sustaining the Momentum Country Case Studies. New york: UNICEF. Available from: <https://www.unicef.org/media/107636/file/FGM%20case%20studies%202020.pdf>

World Health Organization. Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS. Geneva: WHO; 2008. Available from <https://apps.who.int/iris/handle/10665/43839>

World Health Organization. WHO guidelines on the management of health complications from female genital mutilation. Geneva: World Health Organization; 2016. Available from: <https://www.who.int/publications/i/item/9789241549646>

World Health Organization. Care of girls and women living with female genital mutilation: a clinical handbook. Geneva: World Health Organization; 2018. Available from: <https://www.who.int/publications/i/item/9789241513913>



References

World Health Organization. Female Genital Mutilation Fact Sheets. Geneva: World Health Organization; 2022. Available from: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

World Health Organization. Health risks of female genital mutilation (FGM). Geneva: WHO; c2023. Available from: [https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation)

World Health Organization. Prevalence of Female Genital Mutilation. Geneva: WHO; c2023. Available from: [https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/prevalence-of-female-genital-mutilation](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/prevalence-of-female-genital-mutilation)

World Health Organization. Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting (FMG/C) (%). World Health Organization; c2023. Available from: [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/proportion-of-girls-and-women-aged-15-49-years-who-have-undergone-female-genital-mutilation-cutting-\(fmg-c\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/proportion-of-girls-and-women-aged-15-49-years-who-have-undergone-female-genital-mutilation-cutting-(fmg-c)-(-))

