

Female genital mutilation (FGM)

Mini review

FGM is defined by the WHO as “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”. It is recognized as a violation of the human rights of women and girls. The practice is indulged in gender inequality, attempts to control women’s sexuality, under intentions of purity, modesty and beauty. It is usually initiated and carried out by women, who see it as a source of honor, and who fear that failing to have their girls cut will expose them to social isolation. Female genital cutting and less precisely called female circumcision (as it is not similar to male circumcision), is a ritual removal of some or most of the external female genitalia. The practice is found in Africa, Asia and the Middle East, and within communities from countries in which FGM is common. UNICEF¹ estimated in 2016 that 200 million women today in 30 countries (27 African countries, Indonesia, Kurdistan’s region of Iraq and Yemen) had undergone these procedures, by away or another. Majority of FGM is performed on girl’s days after birth to 16 years old, particularly between the ages of 4 and 10 years, however, some communities perform the procedure in adulthood, such as at the time of marriage.

It reflects deep-seated inequality between the genders, and constitutes a form of discrimination against females. It is nearly always carried out on minors, hence is a violation of the childhood’s rights. The practice also violates a person’s rights to health, security and physical integrity, the right to be free from torture and cruel treatment, and the right to live when the procedures might result in extreme cases to death. In some societies, FGM is a ritual that indicates transition of the girl to womanhood and ultimately making her ready to undertake marriage. It is also motivated by ancient customs and beliefs about sexual behavior and virginity and chastity and approved by some religious mis beliefs and misconceptions! FGM is in many communities believed to reduce a woman’s libido and therefore believed to help her resist sexual excitation. When a vaginal opening is covered or narrowed, the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage ‘illicit’ sexual act among those women. There is also a belief in some cultures that women’s genitalia are un-feminine (mimic males’), ugly or unclean! Quran (Holy book of Islam) devoid of any text includes a reference from near or from far for female genital mutilation, and there is no consensus on the legal judgment by absolute majority of clerical thinkers. The issue had been enormously come onto light after recent political and economic crises, wars’ disasters in those regions where FGM practice is commonly performed, therefore have increased the numbers of students and refugees to the United States and other western countries. Consequently, health professionals are facing victims and treating number of mutilated patients.^{2,3}

Procedures of FGM

Female genital mutilation is comprised 4 common types:

- a. **Type 1:** This is done partial or total removal of the clitoris, and in some only the prepuce removed (clitoridectomy).
- b. **Type 2:** Partial or total removal of the clitoris and the labia minor with or without excision of the labia major.
- c. **Type 3:** Narrowing of the vaginal opening by covering seal,

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which is formed by cutting and repositioning the labia minor, or labia major, sometimes through stitching, with or without removal of the clitoris, usually called infibulations.

- d. **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing.

In 2016 UNICEF published most comprehensive report of data and analysis on the prevalence of FGM in Africa and the Middle East. The article depends on more than 70 national surveys, produced over a period of more than 20 years, the report focused on the 29 countries where the practice is concentrated most. In eight countries, almost all young girls are cut. In Somalia, the prevalence is 98%, in Guinea 96%, in Djibouti 93% and in Egypt, Eritrea and Mali the figure is 89% and a prevalence of 88% was reported in both Sierra Leone and Sudan. There might be 3 million girls at risk of having this procedure done annually. In some countries, FGM has been lexicalized. In Egypt, most of the cutting is undertaken by trained healthcare professionals, which reduces the risk of infection, pain and bleeding, but serves to make the procedure appear acceptable within the country, in the face of the UN resolution and the increasing number of opponents indoor. FGM is considered all around the globe as a violation of the human rights of girls and women, there is growing opposition around the world that urged the World Health Assembly passed resolution WHA61.16, 2008 on the elimination of FGM and calling for collaborative actions in all sectors; health, education, finance, justice and women’s affairs.⁴⁻⁸

WHO call efforts to eliminate female genital mutilation focus on:

- i. Strengthening the health sector response: guidelines, tools, training and policy to ensure that health professionals can provide medical care and counseling to girls and women living with FGM;
- ii. Building evidence: generating knowledge about the causes and consequences of the practice, including why health care professionals carry out procedures, how to eliminate it, and how to care for those who have experienced FGM;
- iii. Increasing advocacy: developing publications and advocacy tools for international, regional and local efforts to end FGM within a generation.

FGM procedures’ complications

Risks increase with increasing severity of the procedure; there are immediate or acute complications:

- a. Severe pain,
- b. Excessive bleeding (hemorrhage),
- c. Genital tissue swelling,
- d. Infections e.g., sepsis, abscesses, hepatitis (B & C) tetanus,
- e. Urinary problems (retention , dysuria),
- f. Wound healing problems,
- g. Injury to surrounding genital tissues,
- h. Shock or death

and long-term consequences can lead to:

- i. Urinary problems (dysuria, urinary tract infections, incontinence);
- ii. Vaginal problems (discharge, itching, infections);
- iii. Menstrual problems (dysmenorrhea, menstrual flow problems etc.);
- iv. Disfigurement , scars and keloid (especially in Africans);
- v. Sexual problems (Dyspareunia, loss of gratification, anorgasmia etc.
- vi. Infertility problems due recurrent infection and anatomical derangement
- vii. Increased risk of childbirth complications (difficult and protracted delivery, excessive bleeding, caesarean section, newborn resuscitation);
- viii. Surgical procedures for repair, reconstruction: for example, the FGM procedure that seals or narrows a vaginal opening, needs to be cut open later to allow for sexual intercourse and childbirth (deinfibulation);
- ix. Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, therefore increasing both immediate and long-term risks;
- x. Psychological problems (depression, anxiety, post-traumatic stress disorder, loss of self-esteem, etc.).

Cultural and social factors for performing FGM

The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a combination of social and cultural factors within groups and communities. The most commonly cited reasons are:

- a. Where FGM is considered as a social norm, the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected and excluded by the community, are strong motivations to upholding and maintaining the practice. In some communities, FGM is performed and unquestioned generally for all.
- b. FGM is often considered a necessary aspect of raising up the girl, and a way to prepare her (transition) for womanhood and marriage.

- c. FGM is often motivated by beliefs about what is considered acceptable sexual behavior. It aims to ensure premarital virginity and marital fidelity and purity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual involvement. By the procedure, vaginal opening is concealed, that will make opening or finding it difficult in addition to fear and caution, therefore is expected to further discourage extramarital sexual involvement.
- d. FGM is more likely to be carried out in communities which believe that cut girls have more chance of marriage than uncut!
- e. FGM is associated with cultural ideals of femininity and chastity, which include the notions that those girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male-shaped
- f. Despite there are no religious quotations supporting the practice, health professional soften believe the practice has been supported by religion.
- g. Clerical leaders have been taking variable perspectives regarding FGM; some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- h. Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
- i. In most societies, where FGM is practiced, it is considered a cultural tradition, which is often used as an argument for its continuation; some areas utilize the national ceremonies to launch mass FMG!

International community's response

In 1997, WHO issued a joint statement against the practice of FGM together with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) and great efforts have been made to counteract FGM, through research, work within communities, and changes in public policy and through international monitoring bodies and resolutions that condemn the practice There have been international efforts since the 1970s to persuade practitioners to abandon FGM, with positive outcome as it has been considered outlawed and consequently restricted in most of the countries in which it its heavily practiced, although the laws are still not stringent enough or rather poorly implemented yet this restriction had resulted the prevalence of FGM has decreased in most countries and eruption of increasing number of women and men in practicing communities support eliminating its practice The opposition to the practice is not without its critics, particularly among anthropologists, who have raised difficult questions about relativity of cultural customs and the universality of human rights.

Conclusion

- i. Clitoris is most sensitive and erogenous part of female genitalia due the abundance of nerve endings in the organ, the majority of which exist specifically for sexual enjoyment and maintain erection, generally it's the primary anatomical source of human female sexual pleasure although it's not involved immediately in penetration during sexual act but sexual stimulation of the clitoris can produce female sexual arousal and orgasm and facilitates penetration , therefore loss partial or total of this organ will

definitely deprive the female this biologic characteristic besides the acute and long-term complications that might herald after cutting or mutilation.

- ii. There are no approved or predicted medical or health benefits from this procedure.
- iii. There are no religious scripts to approve or support this practice.
- iv. If we consider nations' culture and heritage, and we trace the practice in ancient history, it had been practiced in some ancient civilizations like Egypt, it was paranoiac habits or in others, cutting part of the body represented the victim code in temples.

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None.

Conflict of interest

The author declares no conflict of interest.

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