

IHPE Position Statement: Female genital mutilation (FGM)

KEY INFORMATION

Background

- Female genital mutilation 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. (World Health Organisation).
- FGM is also referred to as 'female genital cutting' (FGC) or 'female circumcision'.
- FGM is classified into 4 major types. All are seriously harmful.
- FGM is mostly carried out on young girls between infancy and adolescence, though it may be performed at any age.
- FGM is child abuse; the practice is illegal in the UK and most other parts of the world.
- Violence against women and girls is a very complex and embedded issue.

Incidence

- More than 230 million girls and women alive today have been 'cut'.
- FGM has been recorded in almost 100 countries.
- Rates of FGM globally are reducing, but increasing numbers of young people in affected locations mean that the absolute number of women and girls with FGM continues to grow.
- Within the UK there are approximately 137,000 women living with the consequences of FGM.

Health impacts

- FGM has no health benefits.
- FGM causes a variety of severe short and long term health problems, such as severe bleeding and difficulties urinating, and later cysts, infections, as well as complications in childbirth.
- Babies born to mothers with FGM are at significantly higher risk of morbidity and mortality.
- FGM also causes significant psychological illness including depression, anxiety, post-traumatic stress disorder, and low self-esteem.
- Every twelve minutes a girl dies somewhere in the world directly as a result of FGM.

Community and economic aspects

- There is a close correlation between FGM and child 'marriage'.
- FGM often signifies the end of a girl's education – with all the personal and community impacts that deprivation entails.
- FGM is an embedded part of some local economies. E.g. financial transactions prior to marriage.
- FGM can be the cause of marriage break up, with severe consequences for both the wife and her children.
- Ill-health preventing women working effectively has financial consequences for families and the community.
- FGM is often associated with significant disadvantage, such as the challenges of subsistence farming, lack of legal ownership of land and difficulties in accessing resources such as clean water.

Eradication

- FGM is a globally significant public health challenge with many complex and inter-connected aspects.
- International organisations, governments and charities have vital roles to play.
- The influence of men is critical in eradicating the abuse of FGM. This includes at the level of families and communities, and at the level of politics, wider public policy and development.
- The United Nations and associated organisations have declared their intention that FGM be eradicated by 2030 – an ambitious objective.
- Politicians and policy makers can enable many facilitating factors empowering women to lead independent lives, accorded respect for their adult status, and be free from FGM.

STATEMENT

- 1.IHPE believes that FGM is a severe human rights violation and should be a matter of public health concern wherever it occurs.
- 2.FGM is a global concern and action is needed in many countries including high-income ones.
- 3.All nations must seek urgently to eradicate FGM, working with national institutions and with international agencies such as the WHO, UNFPA and UNICEF.
- 4.Interventions intended to eliminate the practice of FGM should be based on engagement with those traditional or ethnic groups who practise it.
- 5.IHPE is committed to ensuring that public and professional awareness of issues around FGM and other violence against women and girls remain at the forefront of health policy and practice.

6. Further monitoring and research are needed including: about the reasons for and consequences of FGM; why key individuals carry out the procedures; and, how FGM can be eliminated in different contexts.
7. Men from different parts of society should be encouraged to take part and at times lead the eradication of FGM.
8. Different public health approaches are essential including educational, legal and health. It is crucial that appropriate resources are made available so that the approaches can be effective.
9. It is vital that localities and jurisdictions have a named person who carries responsibility for the eradication of FGM. This person will coordinate the delivery of services and also report on progress to those ultimately responsible for overall eradication.
10. It is also important that locations have an emergency reference point for seeking help if FGM is threatened or has occurred. This should be publicised to professionals and members of the public.
11. Interventions should be instigated to meet the physical, mental and social needs of women and girls who have undergone FGM.
12. 'Survivors' and activists who work in their communities to end FGM should be supported. They must be heard, enabled, appropriately financed, respected and personally protected.
13. FGM should be included as one important element of Personal, Social, Health and Economic Education (PSHE) programmes in all schools.
14. There is a need for increased training and education for certain professional groups including health and education staff, in identifying girls and women who are at risk and supporting those who have undergone FGM.
15. It is crucial that wider entrenched inequalities between women and men are addressed. This includes education, availability of safe clean water and issues around displacement and conflict.
16. There needs to be increasing advocacy for this important public health issue at local, national and international levels.

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