Female genital mutilation

are all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.[1] Female Genital Mutilation (FGM) does not have any health benefit. It can cause short- and long-term health complications, including chronic pain, infections, anxiety and depression, birth complications, infertility, and, in the worst cases, death. It can also be detrimental to women's and girls' social, psychological and sexual health.

FGM is internationally recognized as an extreme violation of the rights of women and girls. A growing number of commitments reflect an unprecedented willingness to end it. In 2010, a joint inter-agency Global Strategy to Stop Health-Care Providers from Performing FGM was released. The strategy reflects consensus among international experts, United Nations entities and United Nations Member States. In 2012, the United Nations General Assembly passed resolution 67/146 on intensifying global efforts to eliminate FGM, which was reaffirmed subsequently in 2014 and 2016. The United Nations Human Rights Council in 2014 passed a similar resolution, 27/22, and shared good practices to effectively eliminate FGM. Global commitment to eliminate all forms of FGM by 2030 is clearly stated in target 5.3 of the global Sustainable Development Goals, part of the 2030 Agenda for Sustainable Development agreed in 2015.

An estimated 200 million girls and women in 30 countries with data across three continents have undergone some form of FGM. If FGM continues to be practised at current levels, 68 million more girls will be subjected to it by 2030 (Figure 1).

Demographic dynamics resulting in large youth populations and rapid population growth in some countries where FGM is practiced are a critical factor in the number of girls at risk of FGM, which mostly happens before they reach age 15. Overall progress in reducing the prevalence of FGM is insufficient to keep up with increasing population growth. All but two of the 30 countries in which the practice is concentrated are projected to have a larger population of girls in 2030 than today. In some cases the expected growth is rapid – nine of these countries will experience at least a 30% increase in the population of girls under age 18 by 2030. This means an increase in the number of girls globally at risk of FGM. Thus if trends continue, though the percentage of girls undergoing FGM would continue to decrease, the number of girls affected would rise in the coming years.

A particularly concerning development has been the increasing involvement of health-care providers in performing FGM. Known as the medicalization of FGM, this trend has recently gained significant ground in several countries.

1 There are four types of FGM: type 1 involves clitoridectomy, or partial or total removal of the clitoris; type 2 entails excision, or partial or total removal of the clitoris, with or without excision of the labia majora; type 3 involves infibulation, or narrowing of the vaginal opening through the creation of a covering seal; and type 4 comprises other, or all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping or cauterizing the genital area.

Definition of the "medicalization of FGM"

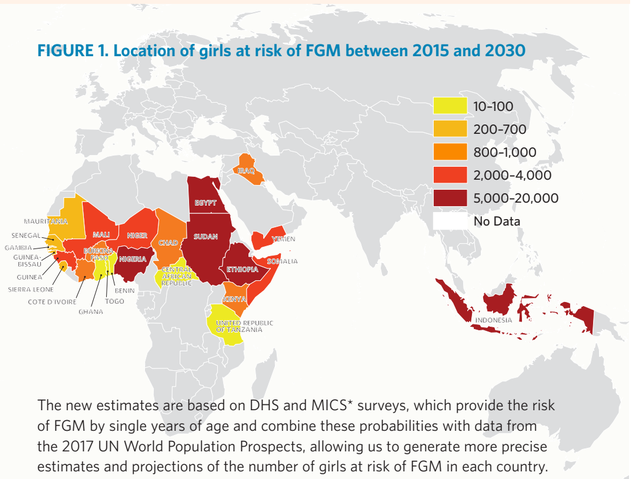
"Medicalization" of FGM refers to situations in which FGM is practised by any category of Health care Provider, whether in a public or a private clinic, at home or elsewhere. It also includes the procedure of reinfibulation at any point in time in a woman's life.[2]

FGM can never be "safe," however, and there is no medical justification for the practice. Even when the procedure is performed in a sterile environment by a Health Care Provider, there is risk of health consequences immediately and later in life. Under any circumstances, FGM violates the right to health, the right to be free from violence, the right to life and physical integrity, the right to non-discrimination, and the right to be free from cruel, inhuman or degrading treatment.

When performed in a clinical setting, FGM violates medical ethics as well and may confer a sense of legitimacy to FGM or give the impression that it is without health consequences, which can undermine efforts towards abandonment.

2 Reinfibulation refers to the practice of resuturing and thereby recreating an infibulation following a procedure in which the infibulation has been partially or fully opened, most commonly to facilitate childbirth.

FIGURE 1. Location of girls at risk of FGM between 2015 and 2030



The new estimates are based on DHS and MICS* surveys, which provide the risk of FGM by single years of age and combine these probabilities with data from the 2017 UN World Population Prospects, allowing us to generate more precise estimates and projections of the number of girls at risk of FGM in each country.

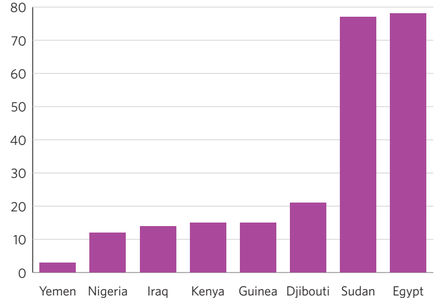
Source: Bending the curve: FGM trends we aim to change. UNFPA 2018

The boundaries, names and the designations used on this map, do not imply official endorsement or acceptance by the United Nations.

Where the medicalization of FGM occurs

A recent overview of data from 24 countries with information on the person who performed FGM found that 18 percent of girls under age 15 who had undergone FGM had the practice performed by a health care provider, as reported by their mothers.

FIGURE 2. Percent distribution of women age 15-49 who undergone FGM performed by a health care provider



DHS, MICS and HIS from 2006 - 2017

There are eight countries with representative data on FGM practitioners, in which more than 1 in 10 girls who undergo FGM are cut by health care providers – Djibouti, Egypt, Guinea, Indonesia, Iraq, Kenya, Nigeria, Sudan and Yemen. In these countries, 4.5 million girls have undergone FGM at the hand of a health care provider. Across eight countries, this represents nearly one third of all girls who have undergone the practice.

Among women exposed to medicalized FGM, 93 per cent live in just three countries: Egypt, Nigeria and Sudan. More than half reside in Egypt alone.

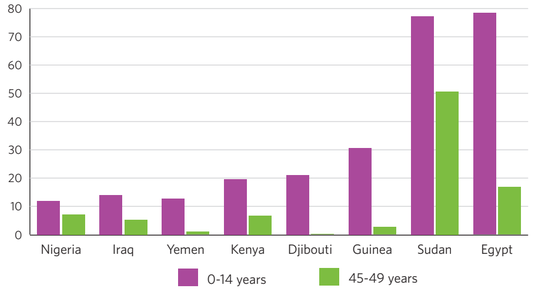
In some settings, like Indonesia where 49 per cent of girls under age 14 have had FGM, medicalized FGM is performed as part of the package of services for newborns in health facilities. Reports of FGM by Health Care Providers have also been reported in other countries among immigrant populations.

Medicalized FGM is performed for several reasons. Most health-care providers who perform FGM are themselves part of the community they serve. The reasons they agree to perform FGM are often the same as those motivating people requesting it. Some Health Care Providers, who do not themselves support FGM, still consider it their duty to support the patient's or family's requests that are socially or culturally motivated. Others see medicalization as a form of harm reduction, considering that, by performing it themselves they will perform it better than traditional practitioners. Some Health Care Providers are also motivated by financial gain.

Specific tendencies of FGM medicalization in certain countries

As seen in Figure 3, mother-daughter comparisons show that medicalization is increasing in seven of eight countries with high rates of medicalization. This trend is sharpest in Egypt, where rates have more than doubled between women and daughters (38 per cent and 82 per cent, respectively).

FIGURE 3. Percentage of girls aged 0 to 14 years and women aged 45 to 49 years who underwent FGM by health care provider

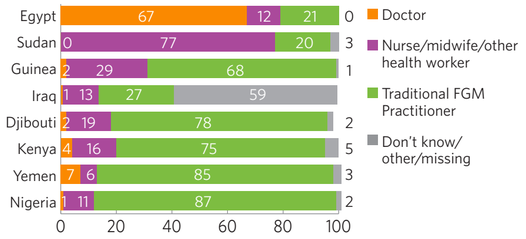


Source: UNICEF global databases, 2018, based on MICS, DHS and other nationally representative surveys, 2006-2015

Who are the main FGM practitioners

FGM performed by Health Care Providers is most common in Egypt and Sudan – in Egypt by doctors and in Sudan by midwives. Egypt alone is home to 1.5 million girls and women cut by Health Care Providers, 1.2 million of whom were cut by doctors. Figure 4 shows the percentage of girls who have undergone FGM according to type of FGM practitioner detailing types of health care providers.

FIGURE 4. Percentage distribution of girls aged 0-14 years who have undergone FGM (as reported by their mothers), according to type of health care provider performing the procedure



Source: UNICEF Global databases, 2018

FGM is a form of violence against women and a violation of human rights, under any definition

FGM of any type is a violation of the human rights of girls and women, a reason that many countries have now passed legal sanctions against it.

Communities practising FGM generally consider the practice an important part of their cultural tradition and social requirements, and also part of their religious duty. While the right to participate in cultural life and to freedom of religion are protected by international law, the law also stipulates that freedom to practise one's traditions and beliefs may not supersede the protection of fundamental rights and freedoms. Therefore, the right to practice religious beliefs and social and cultural traditions cannot be evoked to justify FGM.

Member states have recognized that female genital mutilation constitutes an irreparable, irreversible harm and an act of violence against women and girls that impairs their human rights, (GA/Res/71/168)" and have further called on States to take all necessary measures to prohibit female genital mutilation and to protect women and girls from this form of violence, and to hold perpetrators to account".

Recommendations to move forward

Governments, policy makers, health-care providers, and legal and religious authorities, at both national and regional levels, have a responsibility and an important role to play in stopping the medicalization of FGM.

The Global Strategy to Stop Health Care Providers from Performing FGM includes four pillars that comprise activities to address them as described below:

1. Mobilize political will and funding:

a. Build strong advocacy support for investment in elimination efforts

b. Mobilize and coordinate efforts to support national policy against the medicalization of FGM

c. Advocate for sustained and coordinated planning, budgeting and actions

d. Advocate for a sustainable, coordinated public and private partnership in financing FGM-elimination programs

2. Strengthen the understanding and knowledge of health care providers

a. Develop national guidelines

b. Where it is needed, strengthen Health Care Providers competencies to the level recommended by professionals medical associations

c. Integrate FGM training modules within pre- and in-service curricula and other trainings tools

d. Training content integrated within community-based activities

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3. Create supportive legislative and regulatory frameworks

a. Integrate ethical guidelines within trainings

b. The Ministry of Health and professional regulatory bodies and syndicates should issue policy statement against the medicalization of FGM

c. Trainings on how to deal with medicalization of FGM should be provided to juridical staff and law-enforcement and security personnel

d. Professional organizations should adopt and disseminate clear standards condemning the practice of any type of FGM

e. Licensed health-care practitioners must be subject to the maximum available criminal penalties that apply to anyone performing FGM

f. Health-care providers should educate/empower women and girls on their human rights and to access legal remedies to prevent FGM or when possible assist by providing evidence supporting the claims of the girl or woman who has undergone FGM.

4. Strengthen monitoring, evaluation and accountability

a. Monitor health-sector training aactivities

b. Develop mechanisms to increase accountability at facility and district levels

c. Routinely collect data on FGM prevalence (e.g. antenatal records)

d. Monitor providers of FGM, including legislative measures taken against them

e. Integrate FGM, including reinfibulation, into existing monitoring and evaluation systems in the country

f. Report to UN human rights treaty bodies and other international and regional human rights bodies

g. Engage with National Human Rights Institutions to carry out inquiries

h. Include FGM and its medicalization in the reporting to Universal Periodic Review and implement their recommendations

i. Institutionalize feedback mechanisms to the communities.

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POLICY BRIEF

Calling for the End of the Medicalization of Female Genital Mutilation