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Editorial

International efforts on abandoning female genital mutilation

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Abstract
Female genital mutilation (FGM), sometimes referred to as female circumcision or female genital cutting, is a harmful cultural practice without any known health benefit. Its short-term and long-term health risks have led to numerous initiatives toward its eradication at international and local levels, over the last two decades. While major challenges remain and millions of girls and women are still at risk of being subjected to FGM, there is growing evidence that interventions that take into account the social dynamics that perpetuate FGM are yielding positive results toward its reduction. Well-recognized as a human rights violation in international treaties, the elimination of female genital mutilation requires ongoing interventions through cross-sectoral approaches that address attitudinal, cultural and behavioral change.

Introduction

Around 130 million women and girls in the world are estimated to have undergone female genital mutilation (FGM) and each year, about 3 million girls and women are at risk of undergoing the procedure. FGM is more prevalent in certain ethnic groups specially in Africa and the Middle East but also in some countries in Asia and lately, it has been reported in countries such as Colombia and Peru in Latin America [1]. In the age group of 15–49 years, its prevalence is more than 85% in Djibouti, Egypt, Eritrea, Guinea, Mali, Sierra Leone and Somalia. With migration, it has become an issue in Europe and North America as well as Australia and New Zealand [1].

The practice of FGM is not affiliated with any particular religion and specifically, it is not mentioned in either the Koran or the Bible. Female genital cutting is an alternative term that is viewed as being

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more neutral by replacing the word mutilation by cutting. As it was previously known as female circumcision, FGM has unfortunately been compared to male circumcision, which is a quite different procedure that is well recognized as a most valuable intervention for reducing the risk of acquiring HIV [2].

Gender and rights

Whereas FGM might have originated as a way to control women, its continuing practice reflects the coercive persuasive role of society in maintaining gender inequality. By reducing the sexual pleasure of a woman, and therefore prolonging her virginity, FGM is seen as a mechanism to ensure marital fidelity. Its current practice, entrenched in social norms, reinforces inequality of women in practicing communities. It has become a prerequisite for marriage in some communities, rendering the practice difficult to abandon without detrimentally affecting the social capital of a girl. Peer pressure from the community and fear of reducing a girl's opportunities perpetuate its practice [3].

The practice of FGM is a clear violation of numerous human rights, namely freedom from gender discrimination and the rights to health, life and to physical integrity. The World Health Organization has been at the forefront of international initiatives for the elimination of FGM since 1979 when it hosted a seminar on "Harmful Traditional Practices Affecting the Health of Women and Children" in Khartoum. The issue has been given much importance at other intergovernmental forums such as the World Conference on Human Rights held in Vienna in 1993, the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995.

The need to eliminate FGM was well addressed in international treaties such as the Convention on the Elimination of all Forms of Discrimination against Women of 1979 and the Convention on the Rights of the Child of 1989. Besides, the practice of FGM violates regional treaties such as the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa that was adopted by the Assembly of the African Union in 2003. At its last session in 2012, the General Assembly of the United Nations adopted unanimously on 20 December 2012, a resolution for a global ban on FGM that will give more support at a local level for interventions [4]. Whereas national governments have the duty to pass legislation for ending the practice of FGM, challenges continue regarding to the implementation of these laws and treaties. Monitoring bodies of international human rights treaties have repeatedly pointed out the lack of effective actions at the local level.

Health implications

Risks from FGM are higher when the procedure is more extensive. Nevertheless, it usually leads to pain and hemorrhage immediately and long-term risks include psychological trauma, infection and pelvic complications. The severity of the resulting infections or hemorrhage can be life threatening specially in poor sanitary conditions without antibiotics or clinical skills to manage complications. However, such risk does not justify the practice of FGM by a qualified health practitioner.

A WHO study at 28 obstetric facilities in six different African countries demonstrated an association with postpartum hemorrhage, cesarean section and perinatal mortality besides an extended hospital stay [5]. With poorer care outside of hospitals, the extent and severity of those complications are likely to be much more substantial for non-institutional deliveries with implications for increased cost for the provision of resulting services.

With local swelling and pain, there can be some difficulty in passing urine or feces whereas damage to the urethra may lead to pain during urination. Infibulation can lead to dyspareunia besides dribbling of urine possibly caused from interference to bladder functions and the presence of surrounding scar tissue [1,6,7]. There is clearly a role for reconstructive surgery after FGM that aims at restoring clitoral pleasure and reducing local pain [8].

Challenges and progress

Major challenges continue to exist for obtaining statistics on progress made toward the reduction and eradication of FGM due to the lack of reliable survey data. While millions of girls and women are still at risk of being subjected to FGM, there is growing evidence that progress is being made toward ending this harmful practice [9]. An EU funded multi-country study shows that interventions taking into account the social dynamics that perpetuate FGM, have triggered positive results [10]. However, it is likely that the practice of FGM is decreasing because it is discernible that its prevalence is lower in the 15–19 age group as opposed to those who are much older. Whereas progress has been minimal in most countries, there has been some success stories as exemplified by Ethiopia where the prevalence of FGM in the 35–39 age group is 81.2% but only 62.1% in the 15–19 age group (9,10). Similarly in Kenya between 2003 and 2009, the prevalence of FGM declined from 80% to 74% [11]. In Egypt, data from the Reduction of Female Genital Mutilation Project started in 2006 and sponsored by Plan Egypt in collaboration with government, regional and local levels shows that the practice of FGM has become less common among the youngest age groups. A human rights based approach underpins an effective strategy that would successfully reduce and ultimately eliminate FGM by tackling harmful attitudes and beliefs in communities through partnerships between governmental NGOs and local community-based programs and gender committees.

Role of medical practitioners

Although the practice of FGM by medical practitioners violates the medical ethical principle to "Do no harm", about 18% of FGM are performed by medical practitioners [12]. Even when governments have enacted laws prohibiting the practice of FGM by a medical professional, the practice has continued because medical practitioners obtain an additional source of income besides giving way to pressure from community members, especially if they themselves come from a community group that practices FGM. Given the illegal nature of the procedure, providers of FGM receive attractive financial compensation for the service and there have been reports of mass campaigns with temporary clinics during holiday months for up to 50 girls a day [12].

The World Medical Association and the International Federation of Gynecology and Obstetrics as well as the World Health Organization and other agencies of the United Nations have condemned the medicalization of FGM [1]. Initiatives by professional associations are necessary to promote action at the grass-root level. These