

Female Genital Mutilation (FGM)



Key issues

- FGM is a global problem and an issue in the European Union, with tens of thousands of cases among immigrant communities.
- Penalization of such practices, without community sensitization, does not change behaviour.
- Research shows that, if communities decide to abandon FGM, the practice can stop very rapidly.

What is female genital mutilation?

FGM constitutes all procedures that involve partial or total removal of the external female genitalia or injury to the female genital organs for non-therapeutic reasons. It has no health benefits and can cause heavy bleeding, cysts, infections and infertility, as well as complications in childbirth and an increased risk of newborn deaths. It can also have a severe psychological impact and diminish sexual pleasure for both the woman and her partner.

Who—When—Why

Traditional birth attendants and healers, barbers, midwives and doctors perform the procedure, which may be carried out at any age, from infancy to just before death, depending on the ethnic group. The causes of female genital mutilation include a mix of cultural, religious and social factors within families and communities, such as:

- cultural tradition, social pressure;
- belief that the practice has religious support;
- it is considered a necessary part of raising a girl properly;
- beliefs about what is considered proper sexual behaviour and that FGM helps a woman resist “illicit” sexual urges and reduces her libido;
- cultural ideals of femininity and modesty, including the notion that girls are “clean” and “beautiful” after removal of body parts that are considered “male” or “unclean”.

Situation in the world and in Europe

FGM is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Eastern Mediterranean, and among migrants from these areas. More than 125 million girls and women alive today have undergone FGM in the 29 countries where it is concentrated.

There are no reliable and comparable data on the prevalence of FGM in the European Union (EU). In the vast majority of EU countries,

FGM is illegal. In addition, in some countries, the principle of extra-territoriality makes possible the prosecution of practitioners, even when the act itself is performed outside the country.

What can the EU do?

Legal and political measures, advocacy, research on the best approaches and surveillance are much more effective if carried out at EU level. Areas for action could be:

- common protective legislation and position, for example on asylum for women or families with girls at risk of FGM;
- the standardization of data collection on women who have undergone, or are at risk of, FGM;
- the facilitation of links between countries where FGM is common and emigrants from those countries living in the EU, in order to communicate the initiatives taken against FGM,;
- the incorporation of a position on FGM in development work with countries where FGM exists and the sensitization of counterparts about this position.

International response

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. The practice also violates a person’s right to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and – when the procedure results in death – the right to life. Since 1997, great efforts have been made to counteract FGM, through research, work within communities, and changes in public policy.

Progress at both international and local levels includes:

- wider international involvement to stop FGM;
 - international monitoring bodies and resolutions that condemn the practice;
 - revised legal frameworks and growing political support to end FGM
- The fight against FGM cannot be separated from other efforts to defend the sexual and reproductive rights of women.

WHO’s response

WHO’s efforts to eliminate female genital mutilation focus on:

- strengthening the health sector response: through guidelines, training and policy, to ensure that health professionals can provide medical care and counselling to girls and women who have undergone FGM;
- building evidence: generating knowledge about the causes and consequences of the practice, how to eliminate it, and how to care for those who have experienced FGM;
- increasing advocacy: developing publications and advocacy tools for international, regional and local efforts to end FGM within a generation.

WHO is particularly concerned that more medically trained personnel are performing FGM.

WHO strongly urges health professionals not to perform such procedures.

Useful links

http://www.who.int/topics/female_genital_mutilation/en/



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