



The **Prevention** and the  
**Management** of the Health  
Complications

Policy **Guidelines**  
for nurses and  
midwives

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Geneva



# Female Genital Mutilation

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“Tradition! Tradition!” © Efua Dorkenoo, FORWARD (1992)

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# FOREWORD

An estimated 100 to 140 million girls and women in the world today have undergone some form of female genital mutilation, and 2 million girls are at risk from the practice each year. The great majority of affected women live in sub-Saharan Africa, but the practice is also known in parts of the Middle East and Asia. Today, women with FGM are increasingly found in Europe, Australia, New Zealand, Canada and the United States of America, largely as a result of migration from countries where FGM is a cultural tradition.

FGM covers a range of procedures, but in the great majority of cases it involves the excision of the clitoris and the labia minora. At its most extreme, the procedure entails the excision of almost all the external genitalia and the stitching up of the vulva to leave only a tiny opening. Whatever form it takes, FGM is a violation of the human rights of girls and women; and it is a grave threat to their health.

The complications of FGM – physical, psychological, and sexual – require skilled and sensitive management by health care workers, yet FGM is rarely mentioned, let

alone covered in detail, in the training curricula of nurses, midwives and other health professionals. WHO is committed to filling these gaps in professional education by producing a range of training materials to build the capacity of health personnel to prevent and to manage the health complications of FGM.

These materials are dedicated to all the girls and women who suffer – very often in silence – the personal violation and pain of FGM, and to those committed to their care and the relief of their suffering. Though much has been achieved over the past two decades in lifting the veil of secrecy surrounding FGM, there is still an enormous amount to be done to provide quality services to those affected, and to prevent other little girls and women from adding to their numbers. It is hoped that bringing FGM into mainstream education for health professionals will increase the pressure for elimination of the practice, while at the same time throwing out a lifeline to those who have felt isolated with their problems for so long.



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# INTRODUCTION

It is estimated that between 100-140 million girls and women worldwide have undergone female genital mutilation. At the current rates of population increase and with the slow decline in these procedures, it is estimated that each year a further 2 million girls are at risk from the practice. Most of the women and girls affected live in 28 African countries, and a few in the Middle East and Asia. They are also increasingly found in Europe, Australia, New Zealand, Canada and the United States of America, mostly among immigrants from countries where FGM is the tradition.<sup>1</sup> The age at which girls undergo FGM varies enormously according to the ethnic group practising it. The procedure may be carried out when the girl is a newborn, during childhood, adolescence, at the time of marriage or during the first pregnancy. In some cultures, where FGM is the accepted norm, a woman is re-infibulated (re-stitched) following childbirth as a matter of routine. About 80 % of the cases of FGM involve excision of the clitoris and the labia minora. The more extreme type of FGM, infibulation, comprises around 15% of all procedures. The highest rates for infibulation are found in Djibouti, Somalia and northern Sudan.<sup>2</sup>

FGM is usually performed by an elderly woman of the village specially designated this task, by village barbers or by a traditional birth attendant (TBA). In some countries, more affluent families seek the services of medical personnel, in an attempt to avoid the dangers of unskilled operations performed in unsanitary conditions. However, the “medicalization” of FGM – which is willful damage to healthy organs for non-therapeutic reasons – is unethical and has been consistently condemned by WHO.<sup>3</sup> A major effort is needed to prevent the “medicalization” of the practice. The World Health

Organization, the International Council of Nurses (ICN), the International Confederation of Midwives (ICM) and the Federation of Gynecologist and Obstetrician (FIGO) have all declared their opposition to the “medicalization” of FGM, and have advised that it should not be performed by health professionals or in health establishments under any circumstances.

FGM violates the basic human rights of girls and women. Various international and regional instruments have been drawn up to protect these rights.<sup>4</sup> Moreover, the performance of FGM by a health professional is a violation of the ethical code governing health practice, which specifically requires that nurses and midwives “do no harm”.

These guidelines are intended for use primarily by those responsible for developing policies and directing the working practices of nurses, midwives and other frontline health care providers. They are also intended to complement the training materials for nurses and midwives in the management of girls and women with FGM.

The purpose of the policy guidelines is:

- to promote and strengthen the case against the medicalization of FGM;
- to support and protect nurses, midwives and other health personnel in adhering to WHO guidelines not to close an opened up infibulation;
- to empower nurses and midwives to carry out functions in relation to FGM which are outside their current legal scope of practice; and
- to encourage appropriate documentation of FGM in clinical records and health information system (HIS).

<sup>1</sup> *Female Genital Mutilation: An overview*, World Health Organization Geneva, 1998

<sup>2</sup> *Female Genital Mutilation: Report of a WHO Technical Working Group*. Geneva, 17–19 July 1995. Geneva, World Health Organization, 1996.

<sup>3</sup> *Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement*. Geneva, World Health Organization, 1997.

<sup>4</sup> *Summary of international and regional human rights texts relevant to the prevention and redress of violence against women*. Geneva, World Health Organization, 1999. (WHO/GCWH/WMH/99.3)

# INTERNATIONAL RESOLUTIONS AND CONVENTIONS AGAINST FEMALE GENITAL MUTILATION

In 1948, the Universal Declaration of Human Rights<sup>5</sup> was adopted by the United Nations General Assembly. The Declaration was translated into human rights law by two general covenants, both adopted by the General Assembly in 1966. These are the International Covenant on Civil and Political Rights (the Political Covenant)<sup>6</sup> and the International Covenant on Economic, Social and Cultural Rights (the Economic Covenant)<sup>7</sup>

Regional human rights conventions, also based on principles derived from the Universal Declaration, include the African Charter on Human and People's Rights (the African Charter).<sup>8</sup> This Convention prohibits discrimination on the grounds of sex and emphasizes the need for the respect of the rights of persons and for the promotion and protection of health.

Other conventions that protect girls' and women's right to health include the Convention on the Elimination of All Forms of Discrimination against Women (1979).<sup>9</sup> The Convention against Torture, and other Cruel, Inhuman or Degrading Treatment or Punishment, prohibits the infliction of physical, or mental pain or suffering on women.<sup>10</sup> The Convention on the Rights of the Child protects the rights of girl-children (1989).<sup>11</sup> These Conventions, which form part

of binding international law, oblige member states that are signatories to protect their own nationals from harmful practices such as FGM.

Internationally, there is a shift away from thinking about female genital mutilation as primarily as a health issue and towards considering it as an issue of women's health and human rights. The 1994 Declaration and Programme of Action of the International Conference on Population and Development (ICPD)<sup>12</sup> strongly advocates for gender equity and equality and directly addresses reproductive health and rights issues. The Programme of Action specifically mentions female genital mutilation and calls for its prohibition. It urges governments to give vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate the practice. The Declaration and Platform for Action of the Fourth World Conference on Women, held in Beijing in 1995,<sup>13</sup> calls for an end to the practice of female genital mutilation. Paragraph 39 of the Beijing Platform for Action, refers to the rights of girls and lists genital mutilation as one of the various sexual and economic exploitation to which girls are often subjected.

<sup>5</sup> Universal Declaration of Human Rights. In: *Human Rights – a compilation of international documents*. Geneva, United Nations, 1993:1

<sup>6</sup> International Covenant on Civil and Political Rights. In: *Human Rights – a compilation of international documents*. Geneva, United Nations, 1993:20

<sup>7</sup> The International Covenant on Economic, Social and Cultural Rights. In: *Human Rights- a compilation of international documents*. Geneva, United Nations, 1993:8

<sup>8</sup> *African Charter on the Rights and Welfare of the Child*. Addis Ababa, Organization of African Unity, (OAU), DOC. CAB/LEG/24.9/49 (1990)

<sup>9</sup> The Convention on the Elimination of All Forms of Discrimination against Women. In: *Human Rights - a compilation of international documents*. Geneva, United Nations, 1993:150

<sup>10</sup> The Convention against Torture, and other Cruel, Inhuman or Degrading Treatment or Punishment. In: *Human Rights - a compilation of international documents*. Geneva, United Nations, 1993:293

<sup>11</sup> *The Convention on the Rights of the Child: United Nations General Assembly Resolution 44/25.44*. United Nations General Assembly, 1989.

<sup>12</sup> *Programme of Action*. Cairo, United Nations International Conference on Population and Development, 1994.

<sup>13</sup> *Beijing Platform for Action*. Fourth World Conference on Women, Beijing, 1995.

<sup>14</sup> *The Convention on the Elimination of All Forms of Discrimination against Women*. New York, United Nations, 1979. (United Nations General Assembly Resolution 34/180)

The Convention on the Elimination of All Forms of Discrimination against Women<sup>14</sup> is legally binding on State Parties. It strongly promotes the rights of women and specifically addresses discriminatory traditional practices. For example, article 2(f) of the Convention urges States Parties to take appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women. The 1994 World Health Assembly adopted Resolution 47.10<sup>15</sup>, recognizing that traditional practices such as female genital mutilation, early sexual relations and reproduction “causes problems in pregnancy and child birth and have profound effect on the health and development of children.” The resolution urges member states “to assess the extent to which harmful traditional practices affecting the health of women and children constitute a social and public health problem in any local community or subgroup. The Convention on the Rights of the Child protects the child’s right to equality irrespective of sex (article 2), to the highest attainable standard of health (article 24.1); to freedom from all forms of mental and physical violence (article 19.1); and freedom from torture, or cruel, inhuman or degrading treatment (article 37.a).<sup>16</sup>

Female genital mutilation has recognized implications for the human rights of women and children. It is also considered to be a form of violence against children and women.<sup>17</sup> The Universal Declaration and

- the right to be free of cruel and degrading practices
- the right to sexual and corporal integrity, and
- the right to reproduce.

All these rights are clearly set out in the United Nations Conventions created to supplement the Charter.

## The Right to Health

Because female genital mutilation threatens the health and lives of women and children, the failure of the state to protect them from the practice may be seen as a violation of several United Nations (UN) agreements. The Universal Declaration of Human Rights (1948) proclaims the right for all human beings to live in conditions that enable them to enjoy good health and health care. Article 3 of this declaration guarantees the right to life, liberty and security of person. This principle has been articulated as providing the basis for mental and physical integrity.<sup>18</sup> The Convention on the Rights of the Child (1989) can be interpreted as offering children protection from female genital mutilation. Article 24(1)(f) of the Convention on the Rights of the Child requires States Parties to “develop preventive health care, guidance for parents, and family planning education and services”. Article 12(1) of the Convention on the Elimination of All Forms of Discrimination Against Women requires that States Parties “eliminate discrimination against

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