Female Genital Mutilation: A hope for its end. An Overview

Maria A Grácio* and António J Santos Grácio

Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Portugal

*Corresponding Author: Maria A Grácio, Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Rua da Junqueira 100, 1348-008 Lisboa, Portugal, Email: mameliahelm@ihmt.unl.pt

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During human history we found several procedures which can be considered as strong attacks on the physical and psychological integrity of human communities. Amongst these procedures are male and female genital mutilation. We have selected for this manuscript female genital mutilation (FGM) because we have personal knowledge of this practice in Africa and as there is today a growing perception on the necessity of to stop FGM, we want to share our experience of the knowledge of FGM. Effectively, some years ago, when we were working in research projects in Angola (West Africa) we were present at ceremonies (not the act) of female genital mutilation (FGM, whose popular name in Angola is “fanado”) by invitation of the community where the FGM was carried out, and we can transmit the following: (i) the images then seen remain in our memory -men, women and the young had vestments with many colors and adornments of metal, straw etc, were singing and dancing with strong energy; (ii) the girls were stressed and fearful, thinking of their future suffering. Then, in this context, here we have as: 1) general objective: to give our modest contribution to reinforce the necessity to end with the FGM practice, in that the dignity and rights of all girls are not respected; 2) particular objectives: (i) to show the negative repercussion of the FGM on girls concerning their physical and psychological health, since we are convinced that a genuine awareness of the gravity of the problems is an essential precondition for the implementation of any tangible measures for its end; (ii) to transmit the actual hope for the end of this procedure, considering, principally, that on 6 February 2019, WHO joins individuals, organizations, and UN partners worldwide in marking the International Day of Zero Tolerance for FGM [1]. To reach our objectives, we have selected information that we have considered as more relevant in the context of an edital.

The first mention of female and male mutilation appears in writings by a Greek geographer who visited Egypt around 25 BC [2]. FGM [3,4] has been demonstrated in 30 countries, mainly in Africa as well as in the Middle East and Asia.
Some forms of FGM have also been reported in other countries including among certain ethnic groups in South America. Moreover, growing migration increased the number of girls and women living outside their countries of origin who have undergone FGM or who may be at risk of being subjected to the practice in Europe, Australia and North America. The prevalence of FGM has been estimated from large scale, national surveys involving women aged 15-49 years if they have themselves or their daughters have been cut. Considerable variation has been found between the countries with prevalence rates over 80% in eight countries. Moreover, the prevalence varies among regions within countries, with ethnicity being the most influential factor.

In [5] we have, in our opinion, an excellent manuscript on FGM where are considered: (i) Procedure; (ii) No health benefits for girls and women, only harm; (iii) Who is at risk?; (iv) International response; (v) WHO response. Of the key facts that are indicated in this manuscript we emphasise: (i) “Female genital mutilation (FGM) includes procedures that intentionally alter and cause injury to the female genital organs for non-medical reasons; (ii) the procedure has no health benefits for girls and women; (iii) Procedures can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths; (iv) More than 200 million girls and women alive today have been cut in 30 countries in Africa, The Middle East and Asia where FGM is concentrated; (v) FGM is mostly carried out on young girls between infancy and age 15; (vi) FGM is a violation of the human rights of girls and women. On the other hand, this manuscript includes chapters on: (I) International response to FGM, where it is shown that (1) “Building on work from previous decades, in 1997, WHO issued a joint statement against the practice of FGM together with the United Nations Children's Fund (UNICEF) and of the United Nations Population Fund (UNFPA)”; (2) “Since 1997, great efforts have been made to counteract FGM, through research, work within communities, and changes in public policy. Progress at international, national and sub-national levels includes: (i) wider international involvement to stop FGM; (ii) international monitoring bodies and resolutions that condemn the practice; (iii) revised legal frameworks and growing political support to end FGM (this includes a law against FGM in 26 countries in Africa and the Middle East, as well as in 33 other countries with migrant populations from FGM practicing countries; (iv) the prevalence of FGM has decreased in most countries and an increasing number of women and men in practicing countries support ending its practices; (3) “In 2017 UNFPA and UNICEF initiated that Program on Female Genital Mutilation/cutting to accelerate the abandonment of the practice; (4)” In 2008 WHO together with 9 other United Nations partners issued a statement on the elimination of FGM to support increased advocacy for its abandonment called: “Eliminating female genital mutilation: an interagency statement”. This statement providers evidence collected over the previous decade about of practice of FGM; (5) In 2010, WHO published a “Global strategy to stop health care providers from performing female genital mutilation” in collaboration with other key UN agencies and international organization; (6) In December 2012, the UN General Assembly adopted a resolution on the elimination of female genital mutilation; (7) Building on a previous report from 2013, in 2016 UNICEF launched an updated report documenting the prevalence of FGM in 30 countries as well as beliefs, attitudes, trends, and policy reforms to the practice globally; (8) In May 2016, WHO in collaboration with the UNFPA-UNICEF joint program on FGM launched the first evidence-based guidelines on the management of health complications from FGM. The guidelines were developed based on a systematic review of the best available evidence on health interventions for women living with FGM; (9) To ensure the effective implementation of the guidelines, WHO is developing tools for frontline health-care workers to improve knowledge, attitudes, and skills of health care providers in preventing and managing the complications of FGM. (II) the WHO response was that: (1) “In 2008, the
World Health Assembly passed resolution WHA61.16 on the elimination of FGM, emphasizing the need for concerted actions in all sectors-health, education, finances, justice and women’s affairs.

Of the WHO efforts to eliminate female genital mutilation we empathized “increasing advocacy developing publications and advocacy tools for international regional and local efforts to end FGM within a generation”. As a final conclusion we hope that: (i) the example of the Sudan, where they are working towards zero tolerance for FGM [6] is adopted by all countries where FGM is practiced; (ii) the end of FGM can be a reality within a generation.

References