Opinion article

Female genital mutilation: Tradition versus human rights

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‘All procedures that involve partial or complete removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons’

This is the definition the WHO has given to a widespread practice that is known to many but discussed by few. Its terminology has developed from ‘female circumcision’ and ‘female genital cutting’ to ‘female genital mutilation’. The term ‘mutilation’ differentiates the procedure from male circumcision and stresses its severity.

In this issue of the African Journal of Urology most aspects of the practice known as Female Genital Mutilation (FGM) are reviewed in depth by several outstanding authors. Since FGM is ‘genital surgery’ without medical indication or benefit, many urologists may only be familiar with its complications. The editor in chief is to be congratulated on the initiative to devote this issue to a practice that is widely condemned because of the suffering it causes, yet continues to have its fervent defenders. In this editorial the most prominent aspects of FGM are summarized.

Cultural and social background

Female Genital Mutilation (FGM) is associated with cultural ideas of femininity and modesty which include the notion that girls are ‘clean’ and ‘beautiful’ only after the removal of body parts that are considered ‘male’ or ‘unclean’. It guarantees premarital virginity and, since it is supposed to reduce a woman’s libido, helps her resist ‘illicit’ sex. The pressure of social convention tends to perpetuate the practice.

Where is it done, to whom is it done and who does it?

Although FGM is reported to take place in some countries in Asia and the Middle East, it is most common in the western, eastern and north eastern regions of Africa. It is done on young girls from infancy up to 15 years of age and occasionally on adult women. The practice is mostly carried out by people who also play other central roles in the community, such as birth attendants and traditional circumcisers. WHO estimates that, worldwide, 100-140 million women and girls are living with FGM, 92 million of whom live in Africa.

The four types of FGM

The practice of FGM has been categorized into four types. Type 1: Partial or total removal of the clitoris. Type 2: Partial or total removal of the clitoris and partial or total removal of the labia minora. Type 3: Infibulation. After removal of the minor and major labia, with or without the clitoris, the introitus is closed with agave or acacia thorns, by sewing or by just binding the legs together for up to 40 days. A small opening is preserved to allow for urine and menstrual blood to pass. Type 4: Any other harmful procedure to
the female genitalia such as pricking, piercing, incising, scraping or cauterizing.

**Complications of FGM**

In the typical traditional setting FGM is done with unsterile knives, razor blades, scissors, cut glass, sharpened rock or human fingernails. Since the cutting is done without anaesthesia, usually without proper knowledge of the local anatomy and on a person who is kicking and screaming, the procedure must be very fast and is bound to be crude.

**Immediate complications** are severe pain and haemorrhage. The victim is left with open wounds, likely to get contaminated with tetanus, HIV and other pathogens. Acute urinary retention is not uncommon.

**Late complications** include persistent pain and restriction of movement. Inaccurate cutting also leads to damage to the urethra, the vagina, the perineum and the anus, which may cause voiding problems and incontinence. Vesicovaginal fistula, urinary tract infections and haematocolpos have been described. Women who had their introitus sewn up (type 3) will have to be cut open later to allow for sexual intercourse and childbirth. Some are forced to go through repeated opening and closing procedures.

**Human rights aspects**

FGM reflects a deeprooted inequality between the sexes and can be seen as extreme discrimination against women and girls. Against this background and because of the fact that bodily harm is caused without medical indication or benefit, FGM represents a violation of a person’s right to health, security and physical integrity and the right to be free from torture and cruel, inhumane or degrading treatment. In June 1993 the Vienna World Conference on Human Rights agreed that FGM was a violation of human rights.