

MEDICAL PHILATELY

Female Genital Mutilation

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Campaign to stop FGM practice, Senegal, 2006



WHO defines genital mutilation (FGM) as procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.

The procedure has no health benefits for girls or women. It involves removing and damaging healthy female genital tissue and interferes with natural functions of women's bodies.

More than 200 million girls and women alive today have been cut in 30 countries in Africa, Middle East and Asia and also migrants from these countries. FGM is therefore a global concern. WHO has created more detailed Types I-IV and subtypes in classification which varies depending upon how much tissue is removed:

Type-I FGM includes removal of the clitoral hood and glans (clitoridectomy).

Type-II is removal of inner and outer labia.

Type-III FGM includes closure of vulva (infibulation). This "sewn and closed" is known among Arabs as "Pharaonic" (infibulation) and *Sunna circumcision* and refer to the tradition

of Muhammad. It should be noted that FGM practice in North Eastern Africa are pre-Islamic. Practice became associated with Islam because of its focus on female chastity and seclusion. It is not mentioned in Quran or in other religious scripts. In infabulation a small hole is left for the passage of urine and menstrual flow. Defibulation needs to cut open later to allow sexual intercourse and childbirth. Sometimes the women goes through repeated opening and closing procedures. Increasing immediate and long-term risks.

Type IV FGM is other harmful procedures like piercing, incising and cauterization.

Immediate complications include, bleeding, infection, shock and death and at times tetanus. Long term consequences include UTI, bladder cysts, vaginal and menstruation problems, keloids, sexual problem, increased risk of child birth complications. There are scores of psychological problems resulting from FGM.

FGM is internationally recognized

as violation of human rights of women. It reflects deep-rooted sexual inequality, and constitutes an extreme form of discrimination against women, attempting to control her sexuality. WHO strongly urges medical professionals not to perform FGM.

The reasons for genital mutilation vary from one region to another as well as over the time. Most commonly cited reasons for FGM are where it is a social norm; the pressure to conform to what others do and have been doing, as well as fear of being rejected by the community, are strong motivations to perpetuate the practice.

FGM aims to ensure premarital virginity and marital fidelity, and help her resist extramarital sexual acts. It is associated with cultural ideals of femininity and modesty. Practitioners may not distinguish between religion, tradition and chastity making it difficult to interpret the data.

Since 1997, great efforts have been made to counteract FGM, through research, work within communities, and changes in public policy. WHO/ UNICEF launched the first evidence based guidelines for management of health complications (May, 2016). Guidelines were developed based on systematic review of best available evidence on health interventions for women living with FGM.

Thankfully prevalence of FGM has now decreased in most countries. Research showed that if practicing communities themselves decide to abandon FGM, the practice can be eliminated very rapidly.

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