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Review Article

Female Genital Mutilation (FGM), A Review on Physical Consequences and Psychological Side Effects

Wala M Elfatih Mahgoub[1*], Ibrahim A Ali[2]
[1]Department of Anatomy, Faculty of Medicine, The National Ribat University, Khartoum, Sudan
[2]Department of Physiology, Faculty of Medicine, The National Ribat University, Khartoum, Sudan

***Corresponding author:** Dr. Wala M Elfatih Mahgoub A. | **Received:** 17.03.2019 | **Accepted:** 25.03.2019 | **Published:** 31.03.2019
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Abstract

Female genital mutilation (FGM) also known as female genital cutting (FGC), female circumcision, or female genital mutilation/cutting (FGM/C), is defined by the World Health Organization as all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.
Keywords: FGM, Female Circumcision.

INTRODUCTION

Female genital mutilation (FGM) also known as female genital cutting (FGC), female circumcision, or female genital mutilation/cutting (FGM/C), is defined by the World Health Organization as all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons [1]. The various terms emerged in an attempt to balance varying views and opinions on the practice and to appeal to all stakeholders in the elimination of the practice [1, 2]. The WHO divides the procedure into four major types. Type I is the partial or total removal of the clitoris and/or the prepuce which is also Known as modified sunna in some regions like Sudan, Type II is partial or total removal of the labia minora and clitoris with or without excision of the labia majora, Type III is narrowing of the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris. It is called infudibulation and is also known as pharaonic circumcision. Type IV is all other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization [1, 3]. According to the WHO, about 100- 140 million girls and women worldwide are currently living with the consequences of FGM. In Africa an estimated 91.5 million girls and women aged 9 years and above have undergone the procedure and about three million girls are at risk for it annually [4]. FGM is performed largely by traditional practitioners (traditional circumcisers and traditional birth attendants) and worrisomely and increasingly by health professionals mainly doctors and nurses/midwives [5, 6]. Involvement of health care providers is a violation of both the rights of the girls and women and also the fundamental ethical principle to 'do no harm'[7]. Proponents of medicalization of FGM argued inter alia that when trained health professionals perform the procedure, there will be a reduction at least in the immediate risks associated with it [8-10]. Other reasons why health professionals perform FGM include economic gain [10-12], personal belief in the propriety of the procedure [11, 12] and pressure to satisfy the cultural demands of the community where they practice [10-12]. Several measures have been taken internationally, regionally and at national levels to increase awareness and eliminate FGM. For example in 2003, the African Union adopted the Maputo Protocol promoting women's rights including an end to FGM [13]. This went into force in November 2005, and by July2010, 25 member countries had ratified and deposited the Maputo Protocol including Sudan in June 2008 [14].

Female External Genitalia

The female external genitalia include the mons pubis and labia majora (enclosing the pudendal cleft), labia minora (enclosing the vestibule), clitoris, bulbs of the vestibule, and greater and lesser vestibular glands. The synonymous terms vulva and pudendum include all these parts; the term pudendum is commonly used clinically [15].

Physical Consequences of FGM

Medical reports document many immediate and long term physical consequences of FGM. The

form and severity of these effects depends on several factors: the age of the girl on whom FGM is performed; the conditions in which the procedure is performed; the overall health of the girl; and the skill of the person performing the procedure.

Immediate Physical Consequences

Safe removal of only the prepuce of the clitoris demands that the individual performing the procedure have advanced medical and anatomical knowledge, good quality surgical tools, and that the girl on whom the procedure is to perform be motionless and anesthetized. These factors are almost always absent when Sunna is performed in African and Middle Eastern cultures [16]. Sudden movement by the girl can result in damage to adjacent organs, cutting of an artery or shock which would harm or even prove fatal to the girl or woman [17].

As the clitoris is rich in blood vessels, hemorrhaging may occur as a result of complete removal of the prepuce and clitoris. Infection may also be a consequence of FGM. Tetanus and septicemia may ensue from the use of unsterilized tools and from unsanitary working conditions [18]. The risk of HIV transmission is also increased due to the use of the same unsterilized tools on several girls [19].

Long-Term Physical Effects

Once the lacerations resulting from FGM have healed, a scar forms. The scar tissue narrows the genital opening making it difficult to pass urine and menstrual blood. Due to the decrease in size of the vaginal opening, menstrual blood may be retained in the body, resulting in bloating and swelling of the abdomen [20].

Due to the inelasticity of scar tissue, sexual intercourse and childbirth can also become complicated and painful. An infibulated woman's husband will sometimes use unsterilized tools such as a knife or scissors to enlarge the vaginal opening in order to facilitate intercourse. The resulting open wound leaves the woman at greater risk of HIV transmission by her husband as well as infection with other agents from the unsterile tools [21]. Similarly, an anterior episiotomy (de-infibulation) may be required during childbirth to decrease the risk of fetal asphyxia and hemorrhaging by the woman during the birthing process [22].

Psychological Side Effects of FGM

Although little research has been conducted regarding the psychological impact of FGM, there is some anecdotal evidence that psychological trauma occurs as a result of FGM. For example, Alice Muir-Leach describes the changes in behavior that she observed among young Sudanese girls as a result of genital mutilation: Before the ordeal, the infibulation, they were friendly, clear eyed normal children, and had no fear of a medical examination. But a child who had been recently infibulated, when seen some two months later or even up to two years later, showed a very different picture. She stood trembling with fear at the open door, or else bolted into the examination room and crouched in the far corner, and it was with difficulty that she was persuaded to remove even her outer garments. Others with more courage, approached trembling and stood weeping silently. They were terrified at the sight of a metal instrument such as a stethoscope or spatula. In all cases the sound of a metal spatula being lifted from the tray caused a slight trembling even if the examination had proceeded normally till then. In others, the sight of the spatula in my hand brought on a nerve storm, and it was impossible to continue. This seems to indicate an unreasoning fear of surgical instruments [23].

In February 1979 in Khartoum, Sudan the World Health Organization held aseminar entitled "Traditional Practices Affecting the Health of Women and Children", in which the main subject was female genital mutilation. This was the first time that FGM was discussed from the health point of view at an international gathering. This seminar resulted in four unanimously supported recommendations:

- The adoption of clear national policies for the abolishment of female circumcision;
- The establishment of national commissions to coordinate and follow up the activities of the bodies involved including, where appropriate, the enactment of legislation prohibiting FGM;
- Intensification of general education of the public, including health education at all levels, with special emphasis on the dangers and the undesirability of FGM; and
- Intensification of education programs for traditional birth attendants, midwives, healers, and other practitioners of traditional medicine, to demonstrate the harmful effects of female circumcision, with a view to enlisting their support along with general efforts to abolish this practice [21, 24]. Hosken suggests that despite these recommendations, WHO personnel claim they have to take a passive stand, waiting for instructions from governments. She argues that decision-makers are seldom informed by WHO officers about the health risks FGM poses to a large segment of the female population, and that FGM should be classified as a public health hazard of major proportion in terms of the numbers of people affected, and the damage sustained [25]. Girls who do not experience chronic pain, serious bleeding or blood poisoning after the procedure often suffer complications during pregnancy, experience great pain during sexual intercourse, and suffer other gynecological problems and traumas later in life. It is of course difficult for young girls to understand that their closest family allow this to be inflicted upon them. The tradition is upheld for fear that the child will not be accepted for marriage and that she will be ostracised, which can have serious social

consequences. Genital mutilation is also a manner in which men exercise control over women's sexual lives.

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