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Female Genital Mutilation (FGM) - THE FACTS

By

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What is Female Genital Mutilation?

Female genital mutilation (FGM) refers to a number of practices which involve harming or cutting away parts or all of a female's external genitalia. Infants, girls and women who have been mutilated face irreversible lifelong physical, emotional, psychological and psycho-sexual health risks. FGM is often referred to as female circumcision or female genital cutting by those who practice it.

The Origin of FGM is unknown, and it is practiced by:

- Moslems
- Christians
- Jews
- Animists

Who is affected by female genital mutilation?

The World Health Organization (WHO) estimates that between 100-140 million girls and women worldwide have been genitally mutilated and about 3 million more girls in Africa are at risk each year. Most of the girls who have been mutilated are from one of 28 practicing countries in Africa; however, FGM is also practiced throughout the world, including Asia and the Middle East.

FGM has become an important issue in the UK, Europe, Australia, Canada, and the United States due to the continuation of the practice by immigrants from countries where FGM is common.

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In 2007, the Foundation for Women's Health, Research and Development (FORWARD) estimated that around 66,000 women who have undergone FGM are living in England and Wales, and that over 20,000 girls under the age of 16 are at risk of FGM.

Women and girls of all ages from practicing communities are at risk of being genitally mutilated. However, the procedure is most often practiced on girls aged 0-15 years.

Types of female genital mutilation

The procedure often takes different forms and varies between countries, ethnic groups, urban and rural areas, and people of different socio-economic status. The procedure is often carried out by a designated older woman, excisor families or a trained medical personnel including midwives or doctors. The World Health Organisation forbids health personnel from carrying out this practice. Those who do the practice go against the medical ethic to 'Do no Harm'.

The United Nations Children's Fund (UNICEF), reports that FGM is "normally performed by traditional practitioners with crude instruments, such as knives, razor blades and broken glass, usually without anaesthetics."

There are many different variations of FGM. The WHO has categorised these practices into four major types, the procedures employed in each type of FGM are described below:

Type 1

Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type 2

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

Type 3

Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type 4 (unclassified)

All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, incising, scraping and cauterization.

What are the short –term health complications?

The immediate consequences of FGM include the risk of:

- Extreme pain and shock (neurogenic shock)
- Severe blood loss, possible haemorrhage (bleeding)
- Damage to adjacent tissue (from unskilled operation and/or use of blunt instruments)
- Wound infection, including tetanus and HIV infection
- Death

What are the long term health consequences?

FGM has very severe health costs including death. The process is extremely painful. There is a high risk of developing infections and spreading diseases including HIV/AIDS and hepatitis. There are many significant lifelong physical, emotional, psychological and psycho-sexual consequences for victims. In June 2006 the World Health Organization (WHO) estimated that in the African context 10 – 20 babies die per 1000 deliveries as a result of this practice.

Long-term health effects of FGM include:

- Blood borne infections, such as risk of HIV/AIDS and hepatitis
- Spreading of infection, causing problems with the uterus, fallopian tubes, and ovaries
- Worsening or development of anaemia
- Recurrent urinary tract infections
- Overgrowth of scar tissue, causing keloid or dermoid cysts (hard ridges/ bumps)
- Abscesses
- Painful or blocked menses (period)
- Retention of urine and menstrual products
- Difficult / impossible gynaecological exams and limited contraceptive choices
- Reduced sexual fulfilment due to partial or total destruction of vulva nerve endings
- Painful sexual intercourse
- Infertility (unable to have children)
- Obstructed labour, increasing risk of illness or death to mother and child
- Obstetric fistula (unnatural opening between vagina and rectum or vagina and bladder)
- Strain on marriage
- Post-traumatic stress disorder
- Low self-esteem
- Severe depression and anxiety
- Psychosomatic illness

Female genital mutilation has no basis in any religion

FGM is neither a Muslim tradition nor required by the Islamic faith – the practice predates Islam. FGM is not practiced by the majority of Muslims, however, it is often associated with Islam as the Muslim societies that practice FGM cite religious teachings to support their actions. FGM is also practiced by some Christians, Jews and Animists.

Many who practice FGM do so because they mistakenly believe it to be a Muslim requirement. It has become a "law by custom" in many Muslim countries. However, neither of the two main sources of the Islamic Shariah law – the Quran and the Sunnah – specifically mention female circumcision, and most Islamic scholars agree that it is not an Islamic religious rite.

It is important to point out, however, that FGM has also been practiced in the West, and that "the practice of clitoridectomy was actually promoted in the United States and Britain during the 19th and early 20th centuries as a cure for lesbian practices or suspected inclinations, masturbation, hysteria, epilepsy, and nervousness." This fact brings up interesting issues about the cultural relativity of this practice. (Female Genital Mutilation: __An Issue of Cultural Relativism or Human Rights?_ By Jacqueline Castledine, Mount Holyoke [College](http://www.mtholyoke.edu/acad/intrel/jc.htm)) <http://www.mtholyoke.edu/acad/intrel/jc.htm>
Accessed 30 April 2008.

Female genital mutilation is a violation of human rights

FGM is a clear violation of the human rights of the women. It is discriminatory and violates the rights to equal opportunities, freedom from violence, health, injury, abuse, torture and cruel or inhuman and undignified treatment. These rights are protected in international law.

FGM is prohibited by many international and regional human rights conventions that protect women and children from cruelty and violence and ensure them "bodily integrity" and access to health care, education, self-realization and protection from harmful traditional practices.

Why does female genital mutilation occur in Britain?

For a variety of reasons, the number of girls and women at risk and those living with FGM in the UK has increased in the past decade due to migration.

The issue of FGM in Britain is compounded by complex barriers that refugees and immigrants may face. This may include difficulties with cultural adaptation and

identity, poverty, immigration status, isolation, lack of health awareness and access to education. Additionally affected women and girls may not be able to access specialist healthcare services while many fear the risk of their children being taken away by social services if they come into contact with local authorities.

FGM is illegal in the UK. Therefore, if FGM is performed, it is extremely unlikely that the girl would be brought to a health care facility for the treatment of complications due to the fear of criminal repercussions thus adding further to the misery and suffering.

Some adults from FGM practicing communities take their young daughters and girls under their care for 'summer holidays' abroad with the intention of subjecting them to FGM. Since the 2003 Female Genital Mutilation Act, it is also illegal to practice FGM on British nationals or permanent residents abroad.

What laws against female genital mutilation exist in Britain?

In Britain "The Female Genital Mutilation Act 2003" makes it illegal to participate in any sort of arrangement for FGM to be performed on another, inside or outside of the UK.

The penalty for aiding, abetting, counselling, procuring or carrying out FGM either inside or outside of the UK is 14 years of imprisonment or a fine or both.

References:

1. Eliminating female genital mutilation: an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO. World Health Organization. ISBN 978 92 4 159644 2 (NLM classification: WP 660) World Health Organization 2008
2. Gordon H et al (2005) Experience of the last five years of a west London clinic for women with FGM . Journal of Obstetrics and Gynaecology
3. World Health Organization (WHO). Female genital mutilation. The prevention and the management of the health complications. Policy guidelines for nurses and midwives. Geneva: Department of Gender and Women's Health, Family and Community Health, World Health Organization; 2001

For references used and more information about Female Genital Mutilation you can visit the following websites:

World Health Organization

http://www.who.int/topics/female_genital_mutilation/en/

The Foundation for Women's Health, Research and Development (FORWARD)

<http://www.forwarduk.org.uk/>

The London Central Mosque Trust & the Islamic Cultural Centre

http://www.iccservices.org.uk/news_and_events/updates/female_genital_mutilation.htm

Islam On-line:

http://www.islamonline.net/servlet/Satellite?cid=1119503548446&pagename=IslamOnline-English-Ask_Scholar%2FFatwaE%2FFatwaEAskTheScholar

http://www.islamonline.net/servlet/Satellite?cid=1119503545826&pagename=IslamOnline-English-Ask_Scholar%2FFatwaE%2FFatwaEAskTheScholar

Accessed: 28th April 2008

http://www.islamonline.net/servlet/Satellite?pagename=IslamOnline-English-Ask_Scholar/FatwaE/FatwaE&cid=1119503543886 Accessed: 28th April 2008

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