Female genital mutilation (FGM) does not have any health benefit. It can cause short- and long-term health complications, including chronic pain, infections, anxiety and depression, birth complications, infertility, and, in the worst cases, death. It can also be detrimental to women’s and girls’ social, psychological and sexual health. FGM is internationally recognized as an extreme violation of the rights of women and girls. A growing number of commitments reflect an unprecedented willingness to end it. In 2010, a joint inter-agency Global Strategy to Stop Health-Care Providers from Performing FGM was released. The strategy reflects consensus among international experts, United Nations entities and United Nations Member States. In 2012, the United Nations General Assembly passed resolution 67/146 on intensifying global efforts to eliminate FGM, which was reaffirmed subsequently in 2014 and 2016. The United Nations Human Rights Council in 2014 passed a similar resolution, 27/22, and shared good practices to effectively eliminate FGM. Global commitment to eliminate all forms of FGM by 2030 is clearly stated in target 5.3 of the global Sustainable Development Goals, part of the 2030 Agenda for Sustainable Development agreed in 2015.

An estimated 200 million girls and women in 30 countries with data across three continents have undergone some form of FGM. If FGM continues to be practised at current levels, 68 million more girls will be subjected to it by 2030 (Figure 1).

Demographic dynamics resulting in large youth populations and rapid population growth in some countries where FGM is practised are a critical factor in the number of girls at risk of FGM, which mostly happens before they reach age 15. Overall progress in reducing the prevalence of FGM is expected growth is rapid—nine of these countries will experience at least a 30% increase in the population of girls under age 18 by 2030. This means an increase in the number of girls globally at risk of FGM. Thus if trends continue, the percentage of girls undergoing FGM would continue to decrease, the number of girls affected would rise in the coming years.

A particularly concerning development has been the increasing involvement of health-care providers in performing FGM. Xkrone as the medicalization of FGM, this trend has recently gained significant ground in several countries.

Where the medicalization of FGM occurs

A recent overview of data from 24 countries with information on the person who performed FGM found that 18 percent of girls under age 15 who had undergone FGM had the practice performed by a health care provider, as reported by their mothers.

The new estimates are based on DHS and MICS surveys, which provide the risk of FGM by single years of age and combine these probabilities with data from the 2017 UN World Population Prospects, allowing us to generate more precise estimates and projections of the number of girls at risk of FGM in each country.

In some settings, like Indonesia where 49 per cent of girls under age 14 have had FGM, medicalized FGM is performed as part of the package of services for newborns in health facilities. Reports of FGM by Health-Care Providers have also been reported in other countries among immigrant populations.

Medicalized FGM is performed for several reasons. Most health-care providers who perform FGM are themselves part of the community they serve. The reasons they agree to perform FGM are often the same as those motivating people requesting it. Some Health Care Providers, who do not themselves support FGM, still consider it their duty to support the patient’s or family’s requests that are socially or culturally motivated. Others see medicalization as a form of harm reduction, considering that, by performing it themselves they will perform it better than traditional practitioners. Some Health Care Providers are also motivated by financial gain.

Specific tendencies of FGM medicalization in certain countries

As seen in Figure 3, mother-daughter comparisons show that medicalization is increasing in seven of eight countries with high rates of medicalization. This trend is sharpest in Egypt, where rates have more than doubled between women and daughters (38 per cent and 82 per cent, respectively).

There are eight countries with representative data on FGM practitioners, in which more than 1 in 10 girls who undergo FGM are cut by health care providers – Djibouti, Egypt, Gambia, Indonesia, Iraq, Kenya, Nigeria, Sudan and Yemen. In these countries, 4.5 million girls have undergone FGM at the hands of health-care providers. In the other six countries, this represents nearly one third of all girls who have undergone the practice.

Among women exposed to medicalized FGM, 93 per cent live in just three countries: Egypt, Nigeria and Sudan. More than half reside in Egypt alone.
FGM performed by Health Care Providers is most common in Egypt and Sudan – in Egypt by doctors and in Sudan by midwives. Egypt alone is home to 15 million girls and women cut by Health Care Providers, 1.2 million of whom were cut by doctors. Figure 4 shows the percentage of girls who have undergone FGM according to type of FGM practitioner detailing types of health care providers.

**FIGURE 4. Percentage distribution of girls aged 0-14 years who have undergone FGM (as reported by their mothers), according to type of health care provider performing the procedure**

<table>
<thead>
<tr>
<th>Country</th>
<th>Doctor</th>
<th>Nurse/midwife, other health worker</th>
<th>Traditional FGM Practitioner</th>
<th>Other/missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egypt</td>
<td>67</td>
<td>12</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Sudan</td>
<td>77</td>
<td>22</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Guinea</td>
<td>69</td>
<td>32</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Djibouti</td>
<td>77</td>
<td>22</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Kenya</td>
<td>19</td>
<td>78</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Yemen</td>
<td>16</td>
<td>85</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>Nigeria</td>
<td>11</td>
<td>87</td>
<td>21</td>
<td>0</td>
</tr>
</tbody>
</table>

**Who are the main FGM practitioners?**

FGM is a form of violence against women and a violation of human rights, under any definition.

FGM of any type is a violation of the human rights of girls and women, a reason that many countries have now passed legal sanctions against it.

Communities practising FGM generally consider the practice an important part of their cultural tradition and social requirements, and also part of their religious duty. While the right to participate in cultural life and to freedom of religion are protected by international law, the law also stipulates that freedom of religion is a right which may not supersede the protection of fundamental freedoms and human rights. Therefore, the right to practice religious beliefs and social and cultural traditions cannot be evoked to justify FGM.

Member states have recognized that female genital mutilation constitutes an irreparable, irreversible harm and an act of violence against women and girls that violates their human rights and to access legal remedies to prevent FGM or when possible assist by providing evidence supporting the claims of the girl or woman who has undergone FGM.

**Recommendations to move forward**

Governments, policy makers, health-care providers, and legal and religious authorities, at both national and regional levels, have a responsibility and an important role to play in stopping the medicalization of FGM.

The Global Strategy to Stop Health Care Providers from Performing FGM includes four pillars that comprise activities to address them as described below:

1. **Mobilize political will and funding:**
   a. Build strong advocacy support for investment in elimination efforts
   b. Mobilize and coordinate efforts to support national policy against the medicalization of FGM
   c. Advocate for sustained and coordinated planning, budgeting and actions
   d. Advocate for a sustainable, coordinated public and private partnership in financing FGM-elimination programs

2. **Strengthen the understanding and knowledge of health care providers:**
   a. Develop national guidelines
   b. Where it is needed, strengthen Health Care Providers competencies to the level recommended by professionals medical associations
   c. Integrate FGM training modules within pre- and in-service curricula and other trainings tools
   d. Training content integrated within community-based activities

3. **Create supportive legislative and regulatory frameworks:**
   a. Integrate ethical guidelines within trainings
   b. The Ministry of Health and professional regulatory bodies and syndicates should issue policy statement against the medicalization of FGM
   c. Training on how to deal with medicalization of FGM should be provided to judicial and law-enforcement and security personnel
   d. Professional organizations should adopt and disseminate clear standards condemning the practice of any type of FGM
   e. Licensed health-care practitioners must be subject to the maximum available criminal penalties that apply to anyone performing FGM
   f. Health-care providers should educate/empower women and girls on their human rights and to access legal remedies to prevent FGM or when possible assist by providing evidence supporting the claims of the girl or woman who has undergone FGM

4. **Strengthen monitoring, evaluation and accountability:**
   a. Monitor health-sector training activities
   b. Develop mechanisms to increase accountability at facility and district levels
   c. Routinely collect data on FGM prevalence (e.g. antenatal records)
   d. Monitor providers of FGM, including legislative measures taken against them
   e. Integrate FGM, including medicalization in the reporting to Universal Periodic Review and implement their recommendations
   f. Integrate FGM, including medicalization in the reporting to Universal Periodic Review and implement their recommendations
   g. Engage with National Human Rights Institutions to carry out inquiries
   h. Include FGM and its medicalization in the reporting to Universal Periodic Review and implement their recommendations
   i. Institutionalize feedback mechanisms to the communities.

**Calling for the End of the Medicalization of Female Genital Mutilation**

**Female genital mutilation constitutes an irreparable, irreversible harm and an act of violence against women and girls that impacts their human rights**

**Source:** UNFPA Global databases, 2018

**Publications date:** June 2018