



MEDICALISATION OF FGM

WHAT ?

Medicalisation of FGM : « Situations in which FGM is practiced by any category of healthcare provider, whether in a public or a private clinic, at home or elsewhere. » (1)

WHO ?

Physicians, physician assistants, clinicians, nurses, midwives, trained traditional birth attendants and other healthcare professionals providing health care services to the population, in the private as in the public sector, as well as retired healthcare professionals continuing to perform FGM. (1)

WHERE ?

According to a Population Council's report in February 2017, this practice concerns 26% of women having suffered from an FGM (meaning a total of 16 million women and girls). 91% of these operations took place in Egypt, Sudan as well as Nigeria. Guinea and Kenya also present a substantial rise of the medicalised practice of FGM (2), as well as Indonesia, Malaysia, Mali and Yemen (3).

WHY MAY SOME INDIVIDUALS SUPPORT MEDICALIZED FGM ?

To understand why medicalisation is spreading, it is important to apprehend the arguments of individuals, including healthcare professionals, in favour of such practice.

- The solution of « **less bad** » : in places where the abandonment of FGM does not appear as immediately reachable, medicalisation may be perceived as a « harm-reduction strategy » (5) which would enable to reduce the risks and medical complications for women who, in any case, would have been subjected to FGM.
- A way to reduce the importance of the operation: The medicalisation would enable to reduce the type of FGM practiced on the girl or the women when favouring « symbolic » gestures (such as « nicking ») instead of more severe forms of operations practiced by traditional cutters (2).

WHAT ARE THE ARGUMENTS OF THE OPPONENTS TO MEDICALISATION ?

- Medicalisation of FGM violates the first and foremost principle of medical ethics : « **do no harm.** »
- Female Genital Mutilations, even medicalised, remain a **violation of women's and girl's rights** (4).
- The participation of healthcare professionals does not in any way prevent **long-term health consequences**, as well as **sexual and psychological consequences**.



On the contrary, it may even **worsen** the impact: deeper cuts as realized with the medical expertise and under anesthesia, under which it is impossible for girls / women to defend themselves ...

And medicalised mutilations may be followed by a **second mutilation** done within the community when it has not been « well done ».

- Medicalisation **legitimizes** the practice of FMG in the public sphere when creating a « tacit approval » (6), healthcare professionals possessing a respected social status within the communities (7).

It has not been proven that medicalisation would in fine led to the disparition of MGF (8) ; for example some healthcare professionals could manifest a financial interest to the continuation of FMG.

THE INTERNATIONAL OPPOSITION TO MEDICALISATION

The following organisations and institutions are opposed to any form of medicalisation of FGM:

- **International institutions** (WHO, UNICEF, UNFPA ...)
- **Medical associations** such as the International Federation of Gynaecology and Obstetrics (FIGO), the American College of Obstetricians and Gynaecologists
- Inter-African Committee on Traditional Practices Affecting the Health of Women and Girls (**IAC**)
- Numerous **organisations** fighting against FGM : 28toomany, GAMS Belgium, Equality Now ...



- Numerous **African Health ministries** took a stand against medicalisation: Egypt, Guinea, Kenya, Nigeria ... as well as European governments : Austria, Belgium, Spain, France, Sweden, Switzerland ... (3)
- The European network **End FGM**
- **Medias**, such as The Guardian led campaign « End FGM Guardian Global Media Campaign »

HOW TO TACKLE MEDICALISATION OF FGM ?

> To halt the growing medicalisation of FGM, it is necessary to understand why healthcare professionals would accept to practice such an activity ... (1,3)

- They themselves belong to a community practicing FGM and it thus corresponds to their beliefs and traditions, or they believe that it is their duty to support an MGF request from the concerned woman, motivated on sociocultural grounds.
- They consider medicalisation to be the « less bad » and that it would reduce risks and medical complications
- They consider FGM to be inoffensive or even medically indicated
- They are attracted by the financial gain from their practice



> So, what can be done ?

Better training for healthcare professionals.

The lack of knowledge on FGM and its consequences, as well as cultural and social implications behind it (control of girl's / women's sexuality and freedom), prompt healthcare professionals to easily accept their involvement in the practice. (9,10)

Provide a clear framework to healthcare professionals.

A political framework : a mobilized political will to abandon the practice and a clear position from the Ministry of Health.

A legal framework : states bringing healthcare professionals to justice when guilty of practicing FGM.

Protocols and guidelines in the health sector concerning FGM (notably the importance of the role of medical professional's organizations)

Reinforce the inclusion of healthcare professionals in prevention programs led by NGOs

NGOs should include issues related to medicalised FGM in their local programs and encourage the participation of healthcare professionals in the elaboration and implementation of such programs. Healthcare professionals must be informed of the important role they may play in preventing FGM their community (7).



What about you... ?

What is your knowledge of medicalised FGM in your country?

In your country, what arguments are used by the supporters as well as the opponents of medicalisation?

What are the solutions to such tendencies according to you?



A FEW RESSOURCES ...

1) Global strategy to stop health-care providers from performing female genital mutilation : UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, FGO, ICN, IOM, MWIA, WCPT, WMA. WHO, 2010.

Access here :

http://apps.who.int/iris/bitstream/handle/10665/70264/WHO_RHR_10.9_eng.pdf?sequence=1

2) Shell-Duncan B, Njue C, and Moore Z. « The Medicalization of Female Genital Mutilation /Cutting: What do the Data Reveal? » February 2017, Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council.

Access here : https://www.popcouncil.org/uploads/pdfs/2017RH_MedicalizationFGMC.pdf

3) The Medicalization of FGM. 28toomany, 2016.

Access here :

[https://www.28toomany.org/static/media/uploads/Thematic%20Research%20and%20Resources/Medicalisation/medicalisation_of_fgm_\(april_2016\).pdf](https://www.28toomany.org/static/media/uploads/Thematic%20Research%20and%20Resources/Medicalisation/medicalisation_of_fgm_(april_2016).pdf)

4) Richard F. and Decoster K. « Why we should be against the medicalisation of Female Genital Mutilation » on International Health Policy, 2016.

Access here : <http://www.internationalhealthpolicies.org/why-we-should-be-against-the-medicalisation-of-female-genital-mutilation/>

5) Shell-Duncan B. « The medicalization of female “circumcision”: harm reduction or promotion of a dangerous practice? » in Social Science & Medicine, 2001, 52(7):1013–28.

Access here :

<https://pdfs.semanticscholar.org/491d/47b00758ba2f9b75130ad0b3b9917d02c932.pdf>

6) Serour G. « Medicalization of female genital mutilation / cutting » in African Journal of Urology (2013), 19, 145-149

Access here : <https://www.researchgate.net/publication/259143891/download>



**BUILDING
BRIDGES**
TO END FGM

- 7) “Understanding the Impact of Medicalisation on Female Genital Mutilation/Cutting,” Evidence to End FGM/C: Research to Help Girls and Women Thrive consortium (Washington, DC: Population Reference Bureau, 2018).
Access here : <https://interactives.prb.org/medicalization/index.html>.
- 8) Kimani S, Muteshi J, Jaldesa G. « Medicalization of FGM/C among the Abagusii of Kenya ». In preparation, Population Council: Nairobi. Quoted in : Kimani S, Shell-Duncan B « Medicalized Female Genital Mutilation / Cutting : Contentious Practices and Persistent Debates », in Curr Sex Health Rep. 2018; 10(1): 25-34
Access here : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5840226/>
- 9) Refaat A. « Medicalization of female genital cutting in Egypt » in Eastern Mediterranean Health Journal, 2009, 15(6):1379.
Access here :
https://www.researchgate.net/publication/259494490_Refaat_A_2009_Medicalization_of_female_genital_cutting_in_Egypt_Eastern_Mediterranean_Health_Journal_Vol_15_No_6_2009_1379-88
- 10) Mandara, M. U. "Female Genital Cutting in Nigeria: Views of Nigerian Doctors on the Medicalization Debate. » in Female Circumcision in Africa: Culture, Controversy and Change. Eds. B. Shell-Duncan and Y. Hernlund. Boulder, CO: Lynne Rienner Publishers, Inc., 2000. 95-108.
- 11) A serie of videos realized as part of Evidence to End FGM/C : Research to Help Girls and Women Thrive, Population Council, 2018 :
- Medicalization in Nigeria : <https://www.youtube.com/watch?v=zdt7z0j6djc>
 - Medicalization in Kenya : <https://www.youtube.com/watch?v=NA-rQmM7FuY>
 - Medicalization in Egypt : <https://www.youtube.com/watch?v=zJUgugNWWLE>
 - Medicalization in Sudan : https://www.youtube.com/watch?v=mCBio9_lJmE

IF YOU HAVE ARTICLES AND PUBLICATIONS TO RECOMMEND ON THE ISSUE OF MEDICALISED FGM, DO NOT HESITATE TO SHARE THEM WITHIN THE COP!