



Strengthening Midwifery Globally

## Female genital mutilation

### BACKGROUND

Female genital mutilation is defined to comprise all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons.

### *Classification*

- Type I Excision of the prepuce with or without excision of part or all of the clitoris  
Type II Excision of the clitoris with partial or total excision of the labia minora  
Type III Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation)  
Type IV Unclassified
- pricking, piercing or incising of the clitoris and/or labia
  - stretching of the clitoris and/or labia
  - cauterisation by burning of the clitoris and surrounding tissues
  - scraping of the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts)
  - introduction of corrosive substances or herbs into the vagina to cause bleeding, or for the purposes of tightening or narrowing it.
  - any other procedure that falls under the definition of female genital mutilation given above.

The health consequences of female genital mutilation vary according to the type and severity of the procedure performed. Immediate complications include severe pain, shock, haemorrhage. Short-term complications include urine retention, ulceration of the genital region and injury to adjacent tissue. Long-term consequences include cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual intercourse) and sexual dysfunction and difficulties with childbirth. As regards psychological health, genital mutilation may leave a lasting mark on the life and mind of those who have undergone it, with women suffering feelings of incompleteness, anxiety and depression.

More recently, concern has arisen about possible transmission of the human immunodeficiency virus (HIV) due to the use of one instrument in multiple operations, but this has not been the subject of detailed research.

## STATEMENT OF BELIEF

The ICM believes that practices which are harmful to the health of women or infant should be eliminated. It endorses the definition and classification of female genital mutilation set out above as adopted by WHO, UNICEF and UNFPA.

## POSITION

The ICM acknowledges there is a need for more extensive research on the physical and psychological impact on the health of girls and women who have undergone this procedure and urges all midwives to contribute to such research.

The ICM resolves to:

- advocate, on behalf of girls, women and midwives, for the elimination of female genital mutilation worldwide in the many international venues where the Confederation functions
- support Member Associations which seek to eliminate female genital mutilation in their country
- provide opportunities for midwives who attend the Confederation's international congresses or conferences to gain better knowledge of the practice and its health consequences
- join with other international and national organisations, both governmental and non-governmental, in the adoption of appropriate policies, strategies, and, where possible, in the drafting of legislation, for the elimination of female genital mutilation
- urge midwifery organisations to advise midwives not to perform female genital mutilation.

## GUIDING STATEMENT TO MEMBER ASSOCIATIONS

Member Associations are urged, if they have not already done so, to adopt a policy which is in harmony with this statement.

## RELATED ICM DOCUMENTS

- ICM International Code of Ethics for Midwives (1993)

## OTHER RELEVANT DOCUMENTS

- Female Genital Mutilation, report of a WHO Technical Working Group, July, 1995.
- Female Genital Mutilation, an Overview, WHO, Geneva, 1998.
- Joint Statement WHO/UNICEF/UNFPA 1997
- Management of pregnancy, childbirth and the postpartum period in the presence of female genital mutilation. Report of a WHO Technical Consultation, Geneva, 15-17 October 1997.
- Regional plan of action to accelerate the elimination of Female Genital Mutilation in Africa, WHO 1997
- WHO Fact sheet 214. Female genital mutilation. Geneva, Switzerland: WHO, 2000.
- WHO. Female Genital Mutilation: Integrating the prevention and the management of the health complications into the curricula of nursing and midwifery. Teacher's Manual and Student's Manual. Geneva, Switzerland: WHO,

**Adopted at Brisbane Council meeting, 2005**

*Due for next review 2011*