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Female Genital Cutting

Fact Sheet

2021 UPDATE

Female genital cutting (FGC) is a form of gender-based violence and a violation of the sexual and reproductive health and rights (SRHR) of women and girls.

What is female genital cutting (FGC)?

- FGC is a harmful practice where part or all of a girl's external genitals are removed or injured for non-medical reasons.[1]
- In half of the countries that practice FGC, the majority of girls are cut before the age of five; elsewhere, cutting occurs between 5 and 14 years of age.[2] There is an increasing trend for girls to be cut at younger ages.[3]
- Those who have experienced FGC may be affected physically and psychologically throughout their lives.[4]
- FGC is a form of violence against women and girls[5] and is a violation of human rights, including: sexual rights;[6] the right to health; the right to be free from cruel, inhumane, or degrading treatment; the right to security and physical integrity; and children's rights to special protections.[7]

What are the types?

There are currently four different types of FGC as defined by the World Health Organization:[8]

- Type I – Partial or total removal of the clitoris (a small, sensitive, and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).[9]
- Type II – Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).[10]
- Type III – Commonly known as infibulation, this involves narrowing the vaginal orifice with the creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris, leaving a tiny hole for menstrual blood and urine.[11] This means that a woman may have to be cut open before she has intercourse and then has to be cut and resewn each time she gives birth.[12]
- Type IV – All other harmful procedures to the female genitalia for non-medical purposes, including pricking, piercing, incising, scraping, and cauterization.[13]

What is the scale of the issue?

- An estimated 200 million women and girls worldwide are living with the effects of FGC.[14]
- FGC has been documented in at least 92 countries through indirect estimates, media reports, and small-scale studies; in many of these countries, however, comprehensive, nationwide FGC data are not available.[15]
- The practice of FGC is concentrated in countries from the Atlantic Coast of Africa to the Horn of Africa, in areas of the Middle East including Iraq and Yemen, and in parts of Asia including Indonesia and the Maldives.[16] Girls in Europe, North America, and Australasia living in diaspora communities are also cut, with 500,000 women in Europe and 500,000 in the U.S. thought to be affected.[17,18]
- In some contexts, there has been an alarming shift toward medicalization, or FGC performed by a healthcare provider - in violation of medical ethics. Despite widespread opposition, there has been an increase in the prevalence of medicalized cutting, which continues to pose health risks and may influence a community's willingness to abandon the practice.[19]

Why does FGC happen?

- FGC is a social norm: parents may decide to have their daughter cut because they believe it is the right thing to do in order to secure her future, but also because the community believes it is the right thing to do.[20]
- Pressure from the community throughout life continues to reinforce the norm, with it being harder for uncut girls to marry or take part in community life.[21]
- FGC is a manifestation of gender inequality, and is held in place by harmful gender norms that define the limits of a girl's aspirations and opportunities.[22]
- FGC is not a religious practice. FGC pre-dates, and is not required or recommended by any religion.[23] Communities of Christian, Jewish, Islamic, and other faiths practice FGC.

FGC in emergency settings

- FGC is a cultural practice that can move with communities if/when they are displaced due to an emergency.[24]
- Emergency situations and humanitarian crises, including health epidemics like COVID-19,[25] have disproportionate impacts on women and girls and exacerbate existing gender inequalities and gender-based violence[26] including FGC.[27]
- For example, during and after emergency situations and humanitarian crises, families may uphold the cultural practice of FGC in order to prepare their daughters for marriage; marriage is performed during times of crisis to protect daughters from the uncertainty that arises.[28]
- UNFPA estimates that an additional two million cases of FGC will need to be averted to meet Agenda 2030 because of COVID-19's delays to FGC programming.[29]
- While COVID-19 lockdowns and stay-at-home orders have widely resulted in a loss of prevention, protection, and support services to women and girls at risk or survivors of FGC, a lack of access to health services may temporarily drive down rates of medicalized FGC.[30]

FGC and sexual health and rights

- FGC violates human rights principles including non-discrimination on the basis of sex, the right to bodily integrity, the right to life, and the right to the highest attainable standard of physical and mental health.[31]
- During and immediately after cutting, girls may experience severe pain, hemorrhaging, shock, vaginal infections, cysts, urine retention, damage to adjoining organs, and even death.[32]
- Women who have undergone FGC are more likely to report increased painful intercourse.[33]
- Women who have undergone FGC are more likely to report impact on sexual function including lowered arousal,

orgasm, and lubrication.[34]

- Women who have undergone FGC are more likely to report reduced sexual desire.[35]
- Women who have undergone FGC are more likely to experience anxiety, depression, post-traumatic stress disorder, and low self-esteem, amongst other long-term psychological impacts.[36]
- The practice of FGC in communities is reflective of underlying gender inequality that places less value on women and girls in comparison to men and boys; when exacerbated by socio-cultural norms that place emphasis on girls' purity and virginity, this same gender inequality may lead to other harmful practices including child, early, and forced marriage (CEFM).[37]

FGC and HIV/STI risk

- There is a potential increased risk of transmitting HIV, tetanus, and hepatitis B during cutting due to unsterilized utensils.[38]
- In Kenya, girls who have been cut are more likely to have older partners and more likely to have their first sexual experience before the age of 20—both risk factors for HIV.[39]
- FGC is associated with an increased risk of bacterial vaginosis, an infection of the vagina.[40]

FGC and reproductive and maternal health

- FGC performed early in life is a contributing factor to maternal mortality.[41]
- The WHO found that women who have undergone more extreme forms of FGC are 70% more likely to suffer post-partum hemorrhage and are 30% more likely to require a caesarean section than other women.[42]
- FGC can lead to infertility.[43]
- FGC leads to an increased risk of childbirth complications.[44]
- Women and girls who undergo infibulation will need to be cut open before or during labor to allow for childbirth and/or before sex. This leads to multiple cutting and stitching procedures.[45]
- FGC can cause difficulty in assessing progress during labor and can lead to prolonged labor and obstruction during labor.[46] Prolonged or obstructed labor as a result of FGC has been linked to higher instances of obstetric fistula.[47]
- FGC leads to increased risk of newborn death.[48]
- There are also likely to be one or two infant deaths per 100 births among women who have undergone FGC (of all types), largely as a result of obstructed labor.[49]
- Women who undergo FGC experience higher rates of perineal damage than women who have not had FGC.[50]
- Women and girls in Somalia, Egypt, and Sudan report fearing labor and delivery after having undergone FGC.[51]
- A review by the Norwegian Knowledge Center for the Health Services reinforced World Health Organization findings and concluded: "the increased risk of harm is unmistakable… the increase in obstetric suffering and morbidity is too high to justify continuing the practice."[52]

How FGC is ending

- Because FGC is a social norm, it is difficult for individual families to stop the practice on their own, for risk of social sanctions. There must usually be a collective process of deliberation before the whole community is able to decide to abandon the practice.[53]
- UNICEF and UNFPA report that since 2008, 31.6 million people in more than 21,700 communities in 15 countries with high FGC prevalence have made public declarations to abandon the practice of FGC, including Nigeria and the Gambia.[54]

- Support for ending FGC is included in numerous international and regional human rights treaties and consensus documents, including the Convention on the Elimination of all Forms of Discrimination against Women, the Convention on the Rights of the Child, the Programme of Action of the International Conference on Population and Development (ICPD) at Cairo, the Beijing Declaration and Platform for Action, and the Maputo Protocol, among others.[55]
- In 2015, the United Nations adopted the Sustainable Development Goals, which includes SDG indicator 5.3.2; the proportion of women and girls who have undergone FGC, under Goal 5: Achieve gender equality and empower all women and girls.[56]
- On July 17, 2020, the United Nations General Assembly reaffirmed its commitment to eliminating FGC globally by passing a resolution that acknowledges and responds to COVID-19's impacts on FGC.[57,58]

The future of FGC research, policy, and advocacy

- Acknowledging FGC as a social norm is essential to understanding why FGC happens, and the role of whole communities in collective decision-making to end the practice.[59]
    - Integrating gender-transformative approaches to FGC programming is necessary in order to shift and challenge harmful gender norms that underpin and perpetuate the practice.[60]
- Research and data collection must be systematic across countries where FGC is practiced to strengthen public information and awareness-raising activities, measure the effectiveness and impact of existing policies and programs, and monitor the progress made in eliminating FGC.[61]
    - Data must be disaggregated across age, geographical location and ethnic and migrant status.[62]
- An intersectional approach to addressing FGC across sectors is vital. Community-led efforts need to be backed by strong legislative frameworks and strong policy responses, including fully funded National Action Plans and national coordination mechanisms.[63]
    - Survivors of FGC and their communities must be meaningfully engaged in policy-making on FGC.[64]
    - More financial resources must be allocated to ending FGC globally, prioritizing women and community-led prevention programs.[65]
    - Greater provisions are also needed for emergencies and flexible cash-based assistance during humanitarian crises.[66]

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