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**WORLD MEDICAL ASSOCIATION STATEMENT**

**ON**

**CONDEMNATION OF FEMALE GENITAL MUTILATION**

Adopted by the 45th World Medical Assembly  
Budapest, Hungary, October 1993

**Preamble**

Female genital mutilation (FGM) affects more than 80 million women and girls worldwide. It is practised by many ethnic groups in over thirty countries.

In many other countries the problem has been an issue for some time, especially due to the presence of ethnic groups from countries in which FGM is common practice: immigrants, refugees, people who fled from hunger and war.

Because of its impact on the physical and mental health of women and children, FGM is considered a matter of concern to physicians. Physicians worldwide are confronted with the effects of this traditional practice. Sometimes they are asked to perform this mutilating procedure.

There are various forms of FGM. It could be a primary circumcision for young girls, usually between 5 and 12 years of age, or a secondary circumcision, e.g. after childbirth. The extent of a primary circumcision may differ: from an incision in the foreskin of the clitoris up to a pharaonic circumcision or infibulation removing the clitoris and labio minora and stitching up the labia majora so that only a minimal opening remains to drain off urine and menstrual blood.

Depending on the extent of the circumcision, FGM affects the health of women and girls. Research evidence shows the grave permanent damage to health. Acute complications of FGM are: haemorrhage, infections, bleeding of adjacent organs, violent pain. Later complications are vicious scars, chronic infections, urologic and obstetric complications and psychological and social problems. FGM has serious consequences for sexuality and how it is experienced. There is a multiplicity of complications during childbirth (expulsion disturbances, formation of fistulae, ruptures, incontinence).

Even with the least drastic version, an incision in the clitoris, complications and functional consequences cannot be ruled out.

There are various reasons put forward to explain the existence and continuation of the practice of FGM: custom and tradition (to preserve virginity of young girls and limit sexuality of women), social reasons. These reasons do not outweigh the important damages to health.

None of the major religions makes an explicit reference to female circumcision and/or supports this practice. The current medical opinion is that FGM is detrimental to the physical and mental health of girls and women. FGM is seen by many as a form of oppression of women.

By and large there is a strong tendency to condemn FGM more overtly:

- There are active campaigns against the practice in Africa. Many African women leaders as well as African heads of states have issued strong statements against the practice.
- International agencies such as the World Health Organisation, the United Nations Human Rights Commission and UNICEF have recommended that specific measures be aimed at the eradication of FGM.
- Governments in several countries have developed legislation on the subject or have incorporated FGM into their criminal codes.

## CONCLUSION

The World Medical Association condemns the practice of genital mutilation including circumcision where women and girls are concerned and condemns the participation of physicians in the execution of such practices.

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## RECOMMENDATIONS

1. Taking into account the psychological rights and 'cultural identity' of the people involved, physicians should inform women, men and children on FGM and prevent them from performing or promoting FGM. Physicians should integrate health promotion and counselling against FGM in their work.
2. As a consequence, physicians should have enough information and support for doing so. Educational programmes concerning FGM should be expanded and/or developed.
3. Medical Associations should stimulate public and professional awareness of the damaging effects of FGM.
4. Medical Associations should stimulate governmental action in preventing the practice of FGM.
5. Medical Associations should cooperate in organising an appropriate preventive and legal strategy when a child is at risk to undergo FGM.