

WMA STATEMENT ON FEMALE GENITAL MUTILATION

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PREAMBLE

Female genital mutilation (FGM) is a common practice in over thirty countries.

In many other countries the problem has arisen more recently due to the presence of ethnic groups from countries in which FGM is common practice, including immigrants and refugees who fled from hunger and war.

Because of its impact on the physical and mental health of women and children, FGM is 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 can 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 vary: from an incision in the foreskin of the clitoris up to a pharaonic circumcision or infibulation removing the clitoris and labia minora and stitching up the labia majora so that only a minimal opening remains to allow for urine and menstrual blood.

Regardless of 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: hemorrhage, infections, bleeding of adjacent organs, and excruciating pain. Long-term complications include severe scarring, 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 including expulsion disturbances, formation of fistulae, ruptures and incontinence.

Even with the least drastic version of circumcision, complications and functional consequences can occur, including the loss of all capacity for orgasm.

There are various reasons to explain the existence and continuation of the practice of FGM: custom, tradition (preserving virginity of young girls and limiting the sexual expression of women) and social reasons. These reasons do not justify the considerable damages to health.

None of the major religions 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 state have issued strong statements against the practice.
- International agencies such as the World Health Organization, the United Nations Commission on Human Rights and UNICEF have recommended that specific measures be aimed at the eradication of FGM.
- Governments in several countries have developed legislation, such as prohibiting FGM in their criminal codes.

RECOMMENDATIONS

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

CONCLUSION

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