

An illustration of a young girl with a neutral expression, looking slightly to the right. She has dark skin, large dark eyes, and rosy cheeks. She is wearing a bright pink top. The background is a solid green color. The text 'SAY NO TO FGM' is overlaid on the green background to the left of her face.

SAY
NO
TO
FGM

FEMALE GENITAL MUTILATION

Batulo Essak, Eriikka Sailo & Kati Illahe

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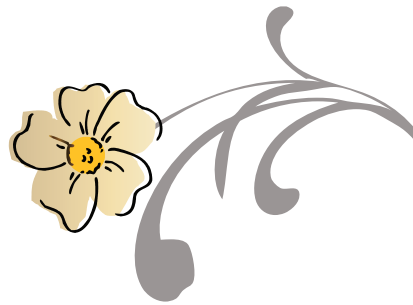
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SAY NO TO FGM

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Introduction

This booklet is intended to provide information about female genital circumcision to communities in which it is still being conducted due to incorrect information. A young girl is beautiful and complete and we want girls to remain as they are when they are born. No religion, tradition or culture confers any rights over girls' genitals. Female circumcision is a violation of human rights, and is detrimental to women's and children's safety, privacy and right to health.

This booklet is intended as a tool for the liaison officers, as they discuss and provide guidance to their members in order to change their attitudes towards new and correct information. Attitudes and false beliefs are strong, and change needs to come from the inside.

This booklet is also a useful tool for social and health care professionals who work with circumcised girls and women, or persons who are otherwise interested in the matter. This booklet uses the term FGM, which refers to female genital mutilation/cutting.

Background

- The ALMA ATA (1978) international conference "Health for All" changed the approach of public health into one of education, nutrition, water and sanitation, family planning, immunization, epidemic and injury prevention, and medicines for all.
- The 1993 Vienna Declaration on Human Rights deemed FGM to be sexual violence.
- The ICPD (International Conference on Population and Development) meeting (1994) and Beijing (1995) drew attention to female genital mutilation.
- In 1997, the WHO (World Health Organization), UNFPA and UNICEF issued a statement against FGM.
- The UN (United Nations) Millennium Developing Goal No. 3 was to promote equality and better prenatal care for all women.
- In 2008, the World Health Assembly adopted a pledge to eliminate FGM and deemed that it must be fulfilled in all sectors, including those of health, education, economy, justice and women's rights.
- The UN has declared 6 February as the International Day of FGM

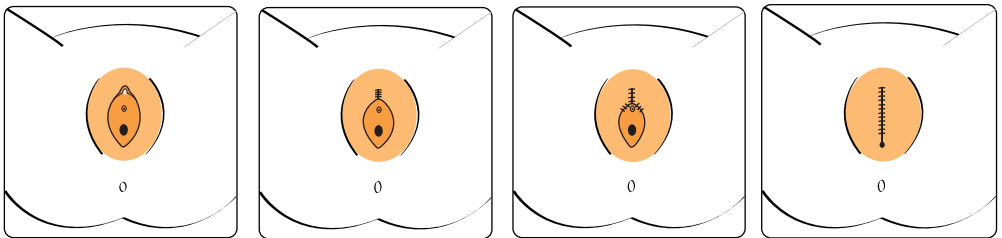
What is the circumcision of girls and women?

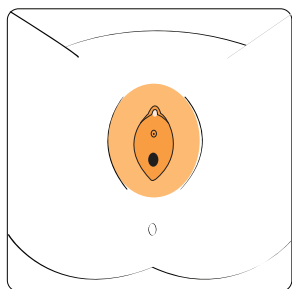
Female genital mutilation, or FGM, is a general term for women's circumcision. It means the partial or total cutting and / or damage to the external female genitals, for either cultural or other non-medical reasons.

The International Conference on Circumcision in Addis Ababa (2004) discussed the terminology and decided that "cutting" would be a better term when health education was given.

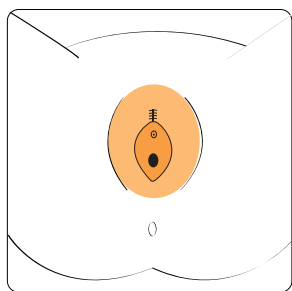
Finnish literature considers circumcision to be a better sense of the term. The operation is carried out mostly in inhumane conditions with non-sterile instruments, such as pieces of glass, razors or other blades.

The WHO has distinguished four different categories of FGM:

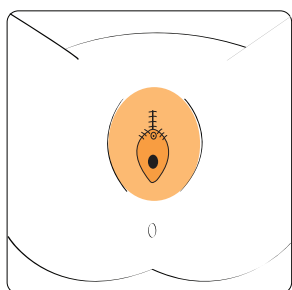




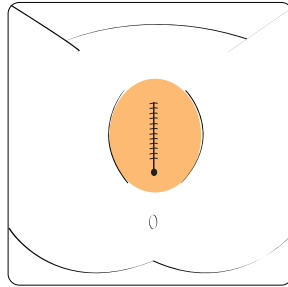
Type 1 (clitoridectomy/sunna type)
The tip of the clitoris is removed,
either partially or completely.



Type 2 (excision/intermediate
type)
The tip of the clitoris is removed
and the labia minor partly or
completely.



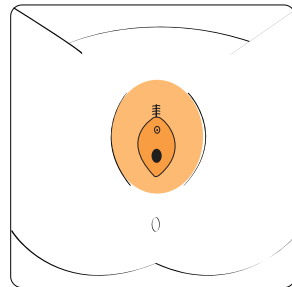
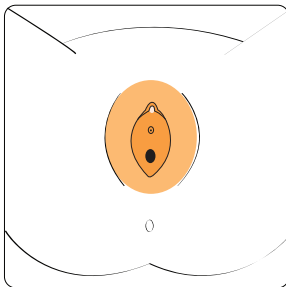
Type 3 (infibulation)
The external genitals are re-
moved, either partially or
completely. The labia are sewn
together and only a small hole
is left, through which urine and
menstrual blood can be released.
It is also known as severe or
Pharaonic.



Type 4

Unclassified: Includes pricking, piercing or incising the clitoris and/or labia, stretching it, cauterisation by burning the clitoris or surrounding tissue, scraping off the vaginal orifice (angurya cut) or the cutting of the vagina (gishiri cut), the introduction of corrosive substances into the vagina to cause bleeding, or the use of herbs with the aim of tightening or narrowing the vagina; or any other procedure which falls under the definition of FGM given above.

About 80-85% of all FGMs are type 1 or 2.



History and prevalence of FGM

FGM is practiced among both Muslims and non-Muslims such as Jews and Christians. FGM is not mentioned in the Quran, but is referred to in some holy Islamic writings. The WHO has estimated that there are 100-140 million girls or women who have undergone an FGM in different forms around the world. About 3 million girls are at risk every year (WHO, 2010).

The first signs of FGM come from the mummies in Egypt from the period around 200 BC. An old Greek papyrus from 163 BC also provides information on the subject. In ancient Rome, at the time of slavery, a similar tradition was practiced. In Europe and the USA, FGM was used as a cure for nymphomania in the 1800s, for example. Nevertheless, it is difficult to say where FGM began.

Today, FGM is mainly practiced in sub-Saharan Africa, but it is also practiced in Asia in places like Indonesia, Sri Lanka, Malaysia, Dadi Boara, and India, and in the Middle East in Egypt, Oman, Yemen and the United Arab Emirates. The age at which the operation is carried out varies depending on ethnicity and geographical location. More generally, FGM is carried out on 4-10 year-old girls, but in some countries it is done prior to marriage or before the first child is born.

Why is female genital mutilation practised?

FGM is based on cultural, social, psycho-sexual, socio-economic, hygienic, and even aesthetic reasons, and it is underlined by strong traditions and religious belief. FGM can be seen as an important rite towards womanhood, her way to ensure virginity until marriage and a means of achieving social acceptance in society. Many myths and beliefs prevail: For example, sperm is believed to contaminate breast milk, and it is believed that breastfeeding women should not have sexual desires.

In some beliefs, FGM is thought to protect girls' virginity when they fetch water. Often, the tradition of FGM in communities lasts for many generations and is based on moral/religious reasons, such as "calling the spirits." FGM also affects a woman's economic future, since by making a good marriage she is guaranteed a certain standard of living.

However, FGM was originally intended to protect women from various physical problems, such as the inability to have children or to prevent sex with her spouse, or other physical impairments that lead to separation from a spouse. In such a case, a woman may be left alone and rejected by the community. The protection of sexuality, marriage and fertility, which were the initial aims, might become difficult.

Health effects

The immediate health effects of FGM are: Pain, bleeding, shock, tetanus, trauma to other tissues, almost always urinary retention, wound infection, sepsis, HIV infection, bone fractures and even death.

Long-term effects include: anaemia, pelvic infections, slow wound healing, menstruation problems, cysts and abscess of the vulva, pain during intercourse, and gynaecological examination becomes more difficult.

Psychological effects include: post-traumatic stress, anxiety, depression, nightmares, low self-esteem, relationship problems such as sexual intercourse and the fear of intimacy, and emotional difficulties.

The social impact in the community: a girl's or a woman's position in the community depends on whether or not she is circumcised; if not, she is worthless and not worthy to get married. Virginity is imperative and highly valued.

Obstetric complications: delayed birth or other complications, tears and wound infections, seizures, bleeding, sepsis, antenatal follow-up difficulties, unnecessary caesarean sections, catheterization difficulties, and fistulas.

See certain words in the dictionary at the end of the book.

FGM and pleasure

Petting, cuddling, kissing!

A woman's pleasure is composed of many small things, some of the most important of which are security and continuity. A woman's pleasure is based on the protection of life. It is good if a partner is aware of this, especially if his female partner has undergone FGM. Foreplay should be substantially longer, and it is particularly important to women who have undergone FGM, because it might give greater pleasure than intercourse. Foreplay can never be too long.



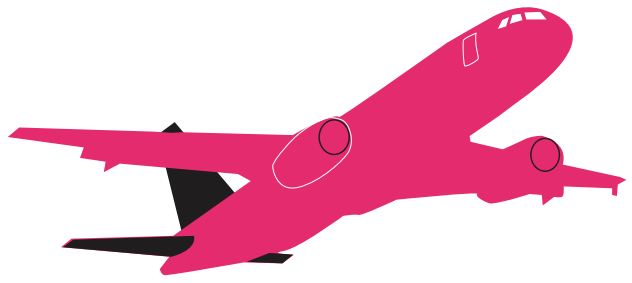
Prevention

In the social and health services

Discussion is the key to prevention. Even during pregnancy, it is a good idea to address such matters and to tell a girl that she is as beautiful and perfect as the day she was born. At the beginning, it is better to talk to a woman alone, without male members of her family. Men may be involved in the discussion later. Women play an important role in the discussion, because it is a known fact that mothers usually decide on the circumcision of girls.

Discussing FGM can be combined with a discussion of the client's / patient's culture, customs, religion, myths, beliefs, socio-economic issues and hygiene.

Guidance to clients must be individualized and sensitive, rather than aggressive and commanding. It is good to take into account the power dynamics and gender of the health professional involved. A respectful manner of speech and cultural sensitivity are important during FGM discussions. Clients should be taught and guided, not humiliated or blamed. FGM should be discussed in the context of the family, so that it is not simply adults who make decisions without informing their children.



In communities

Communities have a strong role in the continuum of FGM. Educating the members of clans is an important part of prevention. Debate and various projects can bring the necessary information to communities. Community work is based on creating a positive change in culture: When all the members of the community work together, long-term goals can succeed. The women, in particular, must be at the centre. The community should adopt new policies to get rid of damaging traditions. The community itself must work for change; non-governmental organizations, projects and professionals can only assist in this process of change.

How to help women who have undergone FGM?

Working with FGM patients/clients can be stressful and the support of colleagues and managers is important. Clinical supervision should also not be forgotten. A variety of third-sector organizations/NGOs (e.g. Africarewo) and local immigrant experts can help health care professionals with access to information.

Tips for Health Care Personnel

Opening a type III scar before birth:

The WHO has issued guidelines for primary care givers such as nurses and midwives on how to open FGM type-3 scar tissue in pregnant clients. It can be done either during antenatal care or during labour prior to phase 2 (pushing). The scar between the folds of the labia should be numbed with a local anaesthetic. Gently insert your finger into the small opening, put sterile scissors between your finger and the scar tissue and open it up until the healthy tissue appears.

If the hole that has been left for urine or menstrual blood is too narrow for your finger, just use the sterile scissors to open the scar. Where necessary in order to ensure the safe delivery of a baby, an episiotomy can be performed. No medio-lateral episiotomy! Once opened, the scar may not be re-stitched. If the edges of the opening bleed, you can stitch it neatly with flaps on both sides, to imitate the labia.



Finland and FGM

FGM is a topical issue in Finland. Finland receives immigrants from areas where FGM is still practiced. When an immigrant arrives in Finland, he or she should be informed of the local practice and legislation. In Finland, circumcision is a criminal act and is categorized as aggravated assault, because it attacks personal safety.

The UN Convention on the Rights of the Child states that children should be protected from all forms of violence when a child is with a parent or any official guardian or a person under treatment. UN agreements are also valid in Finland. The authorities are obliged to act in the interest of the child's health and safety if they have a history of ill treatment, and must protect children from torture or other forms of inhuman treatment. If the child has already been ill-treated, care should be taken that the child gets the opportunity of emotional and physical recovery in a proven, safe environment.

Under the Finnish Child Welfare Act, a child has the right to physical integrity, which should therefore be the objective of the authorities and the security forces. Under the Child Welfare Act, health care professionals are required to make child protection notification, if deemed necessary.

Vocabulary

FGM: Female Genital Mutilation

UN: United Nations

WHO: World Health Organization

Antenatal Episiotomy: Perineal surgery

Lateral episiotomy: Traditional intermediate episiotomy

Medio-lateral: Episiotomy involving an incision in two directions, first straight down towards the anus and buttocks, and then diagonally.

Urinary retention: Inability to urinate even though the bladder is full

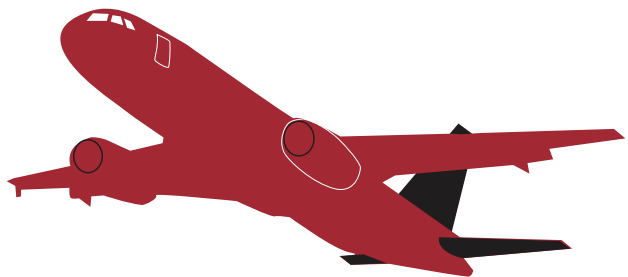
Fistula: An abnormal connection or passageway between the skin surfaces of two organs or vessels that do not normally connect.

Post-traumatic stress disorder: Sudden and strong emotional reaction to an event after it has taken place.

Abscess: a cavity containing pus and surrounded by inflamed tissue

Cyst: Liquid or semi-solid material contained in an abnormal cavity

HIV: Human Immunodeficiency Virus



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Africarewo (African Care Women) is an Non-governmental Organization founded in 2001. The purpose of the organization is to promote the role of women, especially in Africa, and to provide opportunities in Finland and Africa.

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