

PREVENT FEMALE GENITAL MUTILATION

by Karen E. Kun

Between 85 million and 115 million women and girls currently alive have been subjected to female genital mutilation (FGM). Each year, approximately two million girls undergo FGM, which translates into 6,000 new cases a day, five per minute. The incidence continues to increase due to population growth, exportation of the practice through immigration, and because it is viewed as a prerequisite for marriage—primarily because it is thought to ensure virginity and is a means to control sexuality.

FGM has serious ramifications for girls' and women's health. Immediate effects from FGM include infection, shock, swelling, hemorrhage, and accidental damage to the surrounding urethra, vagina, or rectum. Long-term effects can include urinary tract complications, chronic pelvic infections, infertility, and obstetric complications. Moreover, its implications for pregnancy are serious. The World Health Organization estimates that women subjected to FGM are twice as likely to die in childbirth as FGM can damage the reproductive tract and cause scarring, increasing the risk of obstruction and hemorrhage in labor.

In addition, FGM may be linked with a greater risk of HIV transmission in four ways: the use of unsterilized instruments such as knives or blades in its performance; blood transfusions due to tearing and bleeding during childbirth; a higher incidence of anal intercourse since anecdotal

evidence indicate that some women who have been subjected to FGM find it more comfortable than vaginal penetration.

To date, studies exploring the correlation between FGM and enhanced risk of HIV infection are noticeably absent from medical literature. Given the magnitude of HIV infection in the sub-Saharan Africa, research on any practice which may increase the risk of transmission must be prioritized. The WHO and other medical and health-related organizations must lead in advocating for the performance of such research, as it has been ignored for too long, and the implications of this neglect are immense.

Increased financial support is needed if sub-Saharan, African nations, grassroots women's groups working throughout the region, and the Inter-African Committee on Traditional Practices (an umbrella group with national committees in 24 African countries) are to eradicate FGM and other harmful traditional practices and increase the use of beneficial practices.

Enhanced cooperation and better integration must also ensue between non-government humanitarian organizations, national governments, UN bodies, health researchers, advocates, and other concerned individuals if FGM is to be successfully combatted. Countries that provide developmental assistance to nations where FGM is practiced should also call for the integration of education on the dangers of FGM into maternal and child health courses, primary care, family planning, and HIV prevention



efforts that they are funding. Such an integration would go far in disseminating knowledge about the serious health ramifications of FGM.

Individuals of all races, cultures, and nations must unite in the campaign against FGM. Only by enhancing the moral, financial and technical support for groups such as the Inter-African Committee and other indigenous groups that educate people about FGM's negative effects, only through enhancing the cooperation between NGOs, government agencies, researchers, and advocates, and only through integrating the message about the negative effects of FGM into community health programs will the campaign against FGM succeed.

From the Women's International Public Health Network, Summer 1995

From the E-mail

HUMANITARIAN SEXTOURISM?

It is an open secret that also in Zenica prostitution is increasing. We are alarmed by the fact that this concerns especially young women and girls sometimes not older than 14 years. The places for making

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