

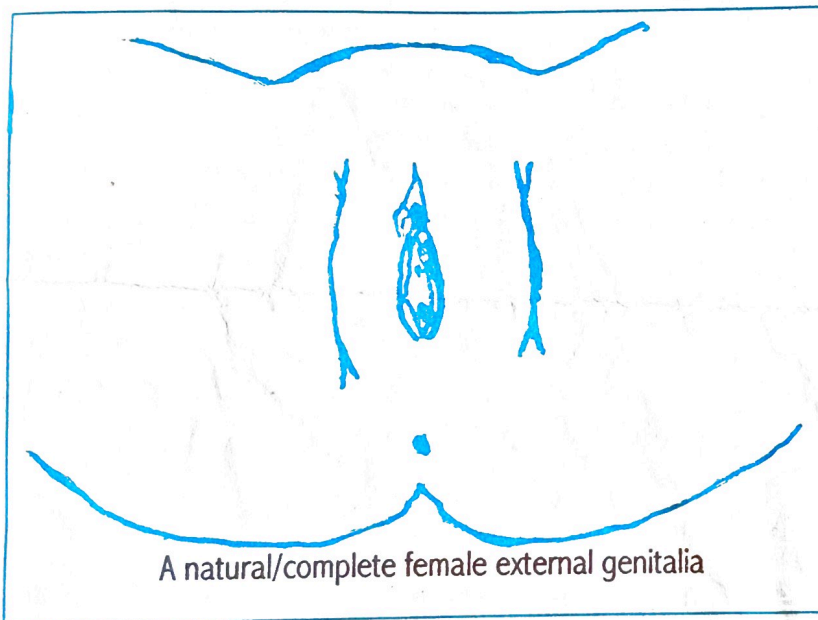
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# FEMALE GENITAL MUTILATION



## WHAT IS FGM

FGM means Female Genital Mutilation. It is the injury to, total or partial removal of the female external genitals. The female external genital comprises of the vulva: made up of the labia majora and minora; clitoris, clitoral prepuce, vaginal orifice and the urinary meatus.



A natural/complete female external genitalia

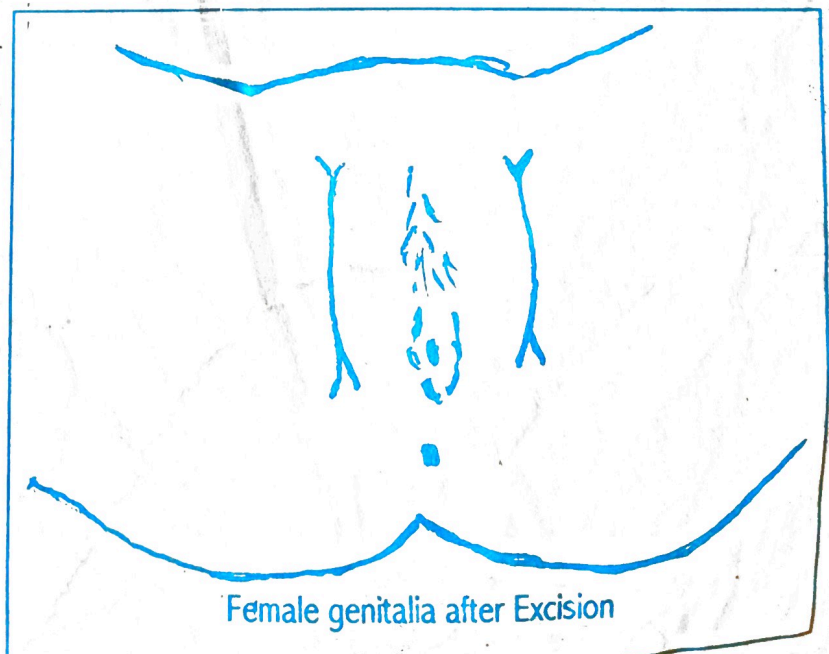
## TYPES

There are various types of mutilation performed in different areas namely:

**CIRCUMCISION:** This can be described as equivalent to male circumcision. It is the removal of the clitoral prepuce or top skin. It is the mildest form of mutilation and affects only a small proportion of women.

**EXCISION:** This is the total removal or partial cutting of the clitoris and all or part of the labia minora and in some cases, the labia majora is even removed but no stitching is involved.

**INFIBULATION:** In this case, the clitoris, labia minora and the anterior two thirds or often the whole medical part of the labia majora is removed then the two sides of the vulva are then pinned

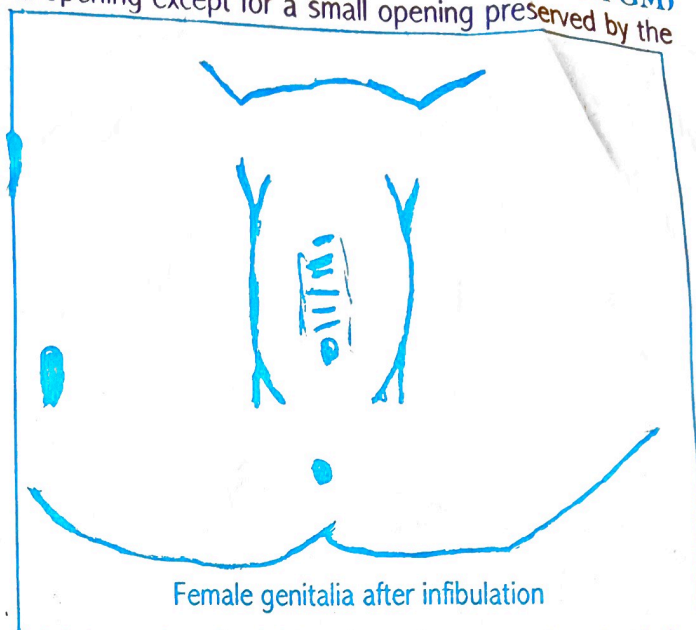


Female genitalia after Excision



together by silk, thorns, cat-gut thus blocking the vaginal opening except for a small opening preserved by the insertion of a tiny piece of wood or reed for the passage of urine and menstrual blood. After this operation, the girl's legs are bound together from knee to ankle and she is kept immobile for 40 days to permit the formation of scar tissue. In some cases, the vulva is not stitched but brought together by adhesive substances like eggs, and sugar and the girl is kept immobile. In rare cases, animal feces / excreta is kept on the wound.

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Female genitalia after infibulation

**INTERMEDIATE INFIBULATION:** This entails different forms of mutilation followed by variable degrees of stitching. In one type, the clitoris is removed and the surface of the labia minora roughened to allow stitching. In other cases, the clitoris is left intact but the labia minora is removed and stitched together with the clitoris, buried underneath.

**UNCLASSIFIED:** These include scarification of the clitoral prepuce, cuts into the clitoris and labia minora as well as into the vagina. Examples are Gishiri cuts as practiced in the northern part of Nigeria.

**SUNNA:** Female circumcision, partial clitoridectomy, total clitoridectomy, cuts into the clitoris and even intermediate infibulation are sometimes referred to as 'Sunna' by Moslems. Because of the variation in the types of female genital mutilation under the term 'Sunna circumcision', it is important to check precisely what people are referring to when they use the term to describe female genital mutilation.

The age at which this act is carried out vary from area to area for example

- Under two weeks old among the Bini of Edo state.
- Inception of puberty among the Urhobo of Delta state.
- Just before marriage in parts of Cross River state.
- First pregnancy (before first delivery) in parts of the East.

## INSTRUMENTS USED:

Instruments used in carrying out this operation range from area to area. Some of the materials are: knives, pieces of glass or scissors, sharp stones and in some parts of Gambia, fingernails have been used to pluck out the clitoris of babies.

Mutilations are performed by traditional birth attendants, male barbers, and women (rarely the mother).

## COMPLICATIONS:

There are many physical complications and health risks of female genital mutilation and these depend on the gravity of the mutilation, hygienic conditions, skill and eyesight of the operator and the struggles of the child. Whether immediate or long term, they are grave. Dr. Mark Belsey of the division of family health World Health Organization, Geneva remarked in a 1993 documentary interview



## SHORT TERM COMPLICATIONS

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These are: violent pain, haemorrhage from rupture of the blood vessels of the clitoris, post-operative shock and death. The bad eyesight of the operator or the resistance of the child may cause damage to other organs: the urethra, the anal sphincter, and vaginal walls. Acute urine retention due to pain and fear when passing urine on the raw wound is common.

Most times, utensils and instruments used are not sterilized hence the child can have tetanus, HIV and hepatitis B especially when genital mutilation is carried out simultaneously on groups of girls. Infibulation damages the sexual organs and the reopening of the vulva after marriage, damages them further.

Those who perform these mutilations are protected by the community and when complications or death arise, it is attributed to witchcraft and 'juju' not the excisors or the fact that the instruments were not sterile.

## LONG TERM COMPLICATIONS OF FEMALE GENITAL MUTILATION.

The most common side effect of excision is lack of sensation during sexual intercourse as a result of scarification or the removal of the clitoris and labia minora. The vagina walls narrow further when the scar tissue formed from cuts into the walls shrink. This leads to dysmenorrhea [painful menstruation] as the menstrual blood cannot flow freely, and painful sexual intercourse. A result of excision, that renders the whole genital area permanently and unbearably sensitive to touch, is the development of a tumor composed of nerve tissue. Chronic vulval abscesses can also develop where the clitoris was removed. During child birth, the scars in the clitoral zone can open up and where scarring is extensive, vesico or recto vagina fistula can develop as a result of obstructed labor. Death is even possible as in some cultures, excision is carried out in the seventh month of pregnancy.

Dysmenorrhea is a common effect. Some cases of girls trying to dislodge menstrual blood with their fingers if the hole is big enough have been recorded. According to Dorkeno, there was a case of a 16 years old girl who had not menstruated for months and had a swollen abdomen showing signs of a uterus in labor. When she was rushed to the hospital, the doctor deinfibulated her and released 3.4 litres of blackish-foul smelling blood.

Infibulation has many side effects, some young infibulated girls are unable to empty their bladders fully because of the very small hole left after the exercise.

After infibulation, because the vagina becomes a semi-sealed organ, chronic infections of the vagina and uterus are present and infertility, also arises. Sometimes, the collection of mucus under the scar can lead to the growth of dermoid cysts; and keloid scars which can also result thereby obstructing walking.

Providing a comprehensive family planning service for infibulated women is difficult. Female Barrier methods are likely to be precluded and inserting an IUD is not easy and vaginal examination and smear tests may not be possible.



**CONCLUSION:**

Female genital mutilation is an unhealthy, unjust, inhuman practice performed on the girl-child and it is worse because it is irreversible once performed, nothing can be done about it except in the case of infibulation where you de-infibulate or open up. But after this, the vulva is no more the same as before infibulation, because in most cases, the clitoris or labia minora is already removed.

The various degrees to which the so called female circumcision (appropriately termed female genital mutilation) is carried out on females does not justify it as an equivalent to male circumcision. This is because only a type of female genital mutilation is equivalent to male circumcision and if the other types are carried out on the male child, it will be the equivalent of the removal of the male penis thus depriving him of his sexual and reproductive organ. The wellbeing of the girl child should also be considered before her genitals are mutilated.

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