

# Female Genital Mutilation

## General overview and sexuality

Sexual and reproductive health  
course – 2008

Dr. R. Elise B. Johansen



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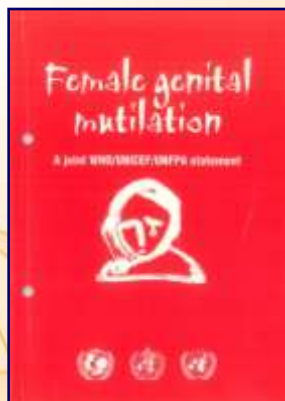


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# Definition and policy



FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons



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# World Estimate

Already cut women:  
120-140 million

92 million girls and women,  
10 years and above

Girls at risk a year:  
3 million



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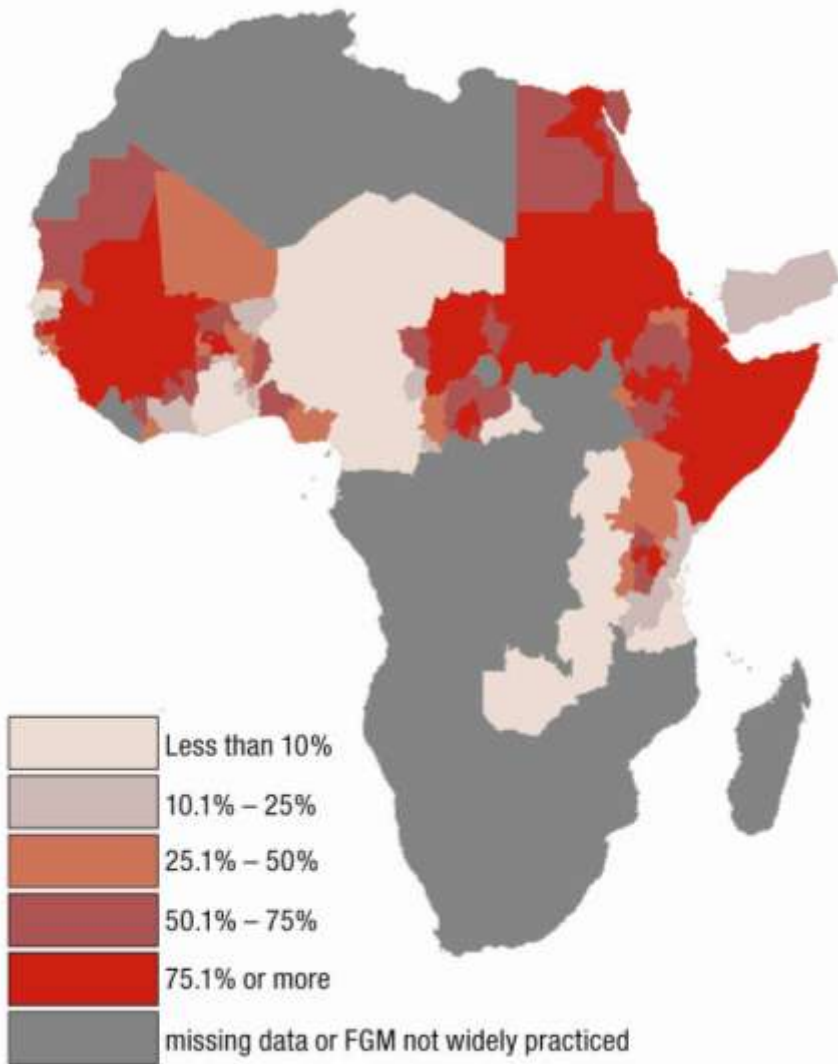


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# Latest country prevalence

● Benin	16.8	● Kenya	32.2
● Burkina Faso	72.5	● Liberia *	45.0
● Cameroon	1.4	● Mali	91.6
● C A Republic	25.7	● Mauritania	71.3
● Chad	44.9	● Niger	02.2
● Côte d'Ivoire	41.7	● Nigeria	19.0
● <b>Djibouti</b>	<b>93,1</b>	● Senegal	28.2
● Egypt	95.8	● <b>Sierra Leone</b>	<b>94.0</b>
● Eritrea	88.7	● <b>Somalia</b>	<b>97.9</b>
● Ethiopia	74.3	● Sudan	90.0
● <b>Gambia</b>	<b>78.3</b>	● Togo	05.8
● Ghana	3.8	● Uganda	00.6
● Guinea	95.6	● Tanzania	14.6
● Guinea-Bissau	44.5	● Yemen	22.6





**Iraq: Kurdish Sorani: high (60%)**

**Oman/Arabian Emirates: varied**

**Iran: south, limited area.**

**Indonesia: unknown**

**Malaysia: unknown**



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**UNICEF statistical  
overview 2005**

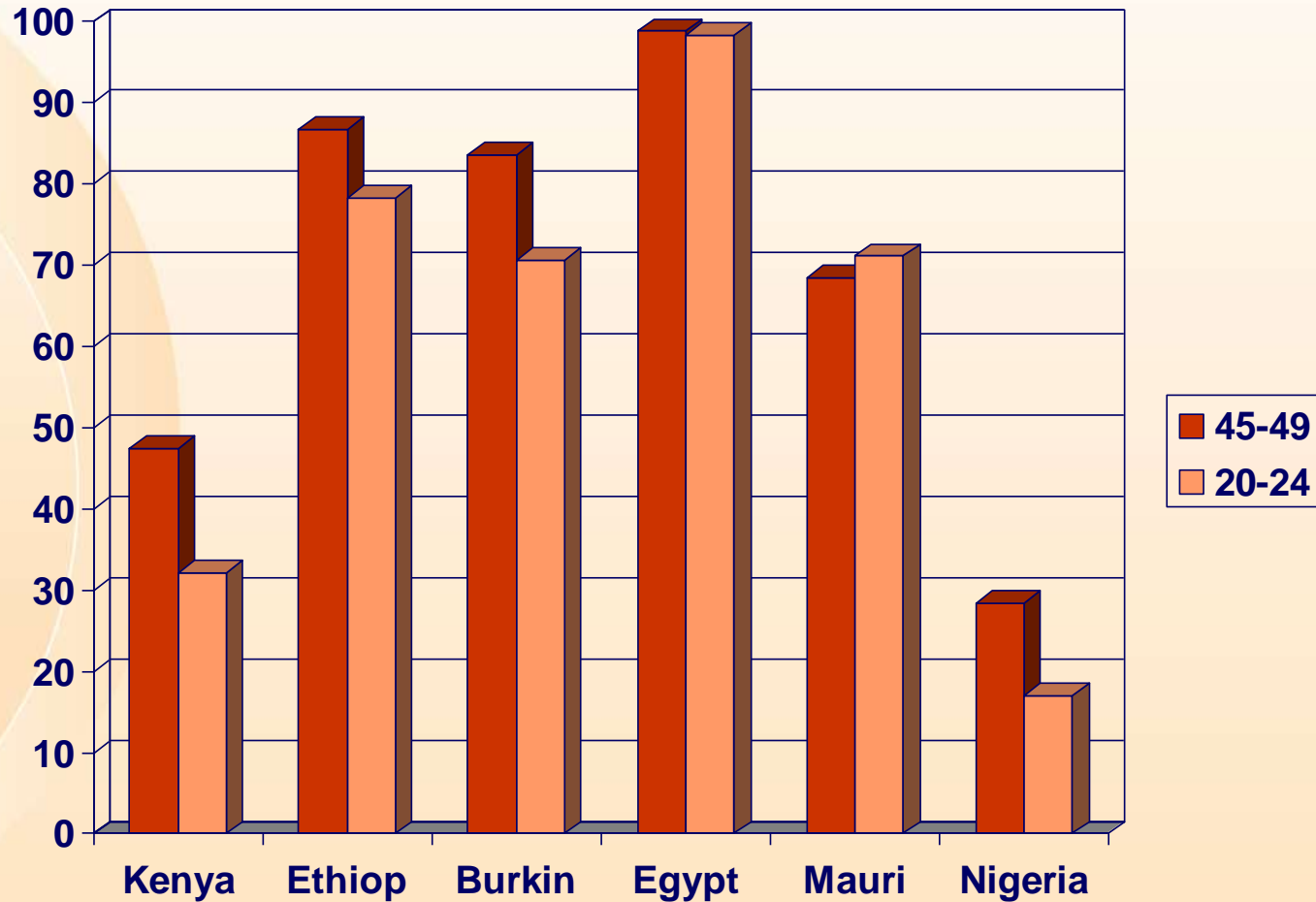
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# Prevalence

- Overall prevalence
  - minor changes
- Urban - Rural
  - minor difference
- Education
  - minor differences
- Typology
  - Standardised definitions



# Change of prevalence in last 20-30 years



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# WHO classification of FGM 2008

**Type I** Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

**Type II** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

} **90%**

## **Type III**

Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation) .

**10%**

**Type IV**  
**Unclassified**



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# Practitioners and methods

**Traditional practitioners: TBA, Circumcisers, ritual leaders, barbers.**

**Modern practitioners: Medical doctors, midwives, nurses and paramedics.**



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# Long term health complications

Repeated cutting, repeated risks  
Infections  
Cysts & Scarring, keloid  
Menarche, periods  
Urinary problems, kidney  
Sexuality  
Childbirth  
Infertility



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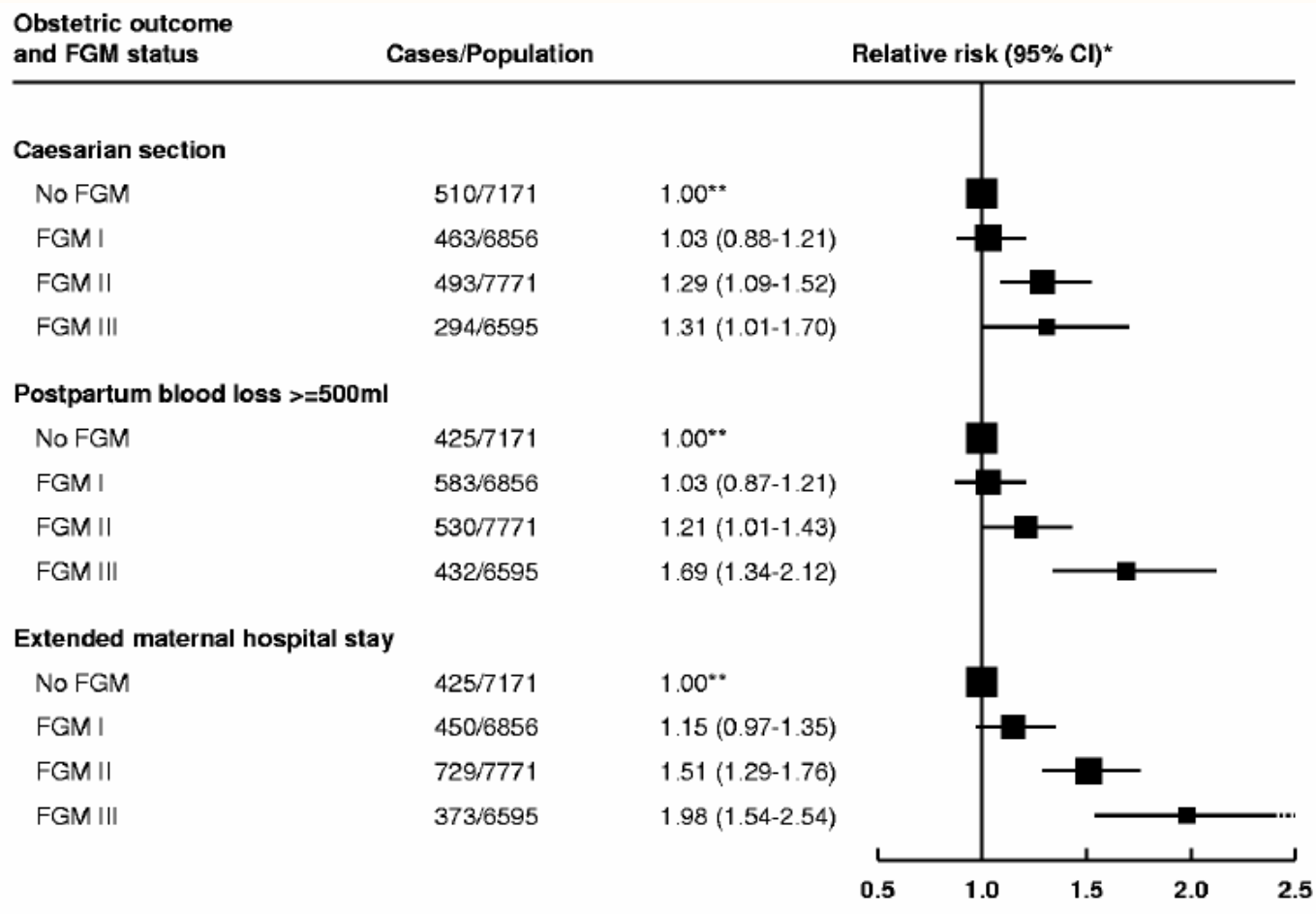


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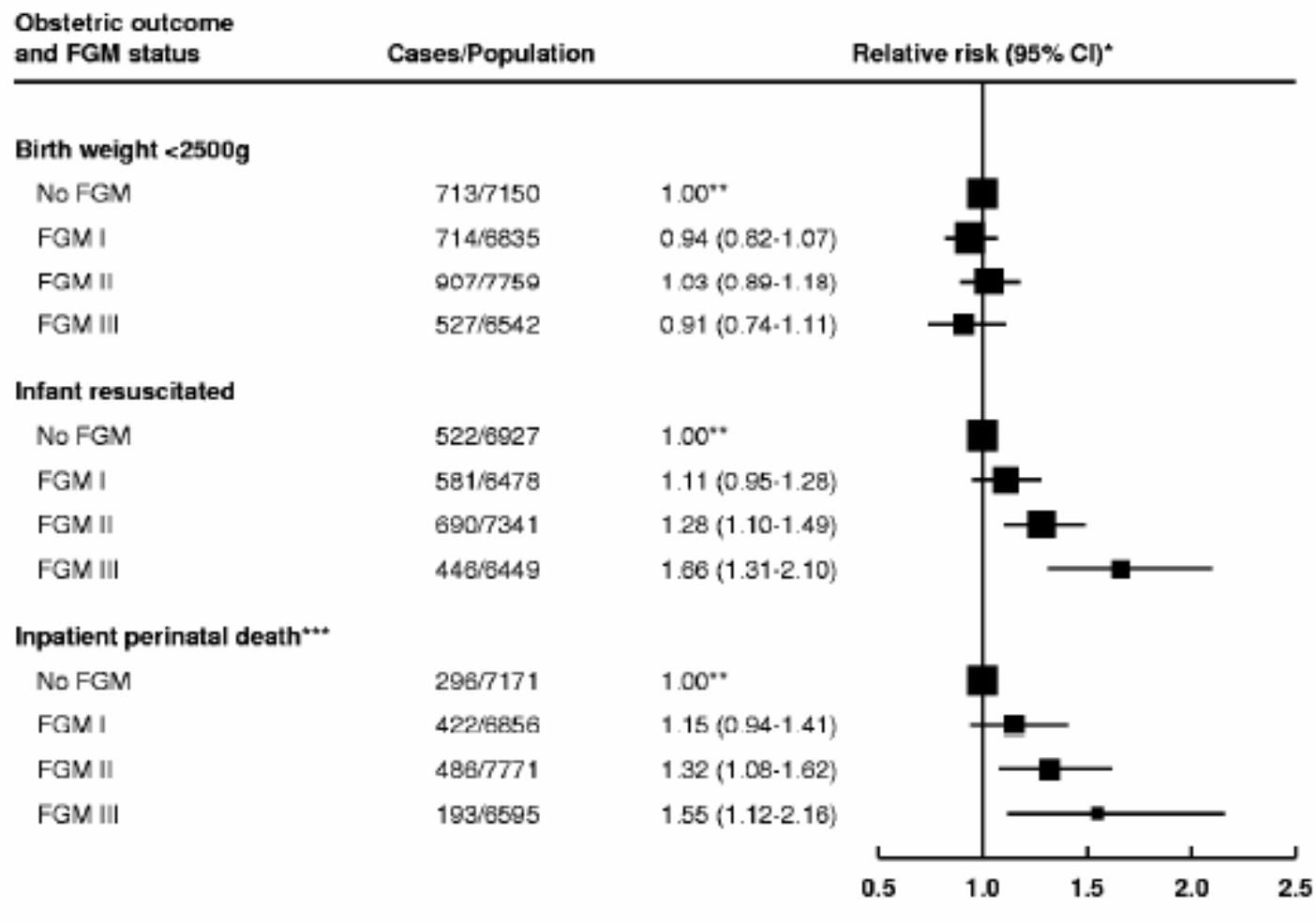
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# Women with FGM run greater risks during childbirth...



Significantly higher rates of episiotomy and perineal tears in women with FGM

## ... and so do their babies



Estimated 10 – 20 additional perinatal deaths per 1000 live births



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# Emic/cultural reasons

- **Gendering** - carving the body, clitoris seen as male organ.
- **Coming of age and initiation**
- **Religion** – Islam, Christianity, traditional religions, forefathers.
- **Sexual moral** – reduce sexual drift to secure premarital chastity, marry "right" partners, marital chastity, "decent behaviour", preserve and prove virginity.
- **Fertility and birth** – maintain fetus and humidity, clitoris endanger child's health
- **Social convention** – everybody does it.



# Questions for research

- **Why** do we need knowledge on the relationship between sexuality and FGM?
- **What** we need to know?
  - Cultural perceptions
  - Contribution to continuation or change
  - Personal experiences
  - Physical consequences
  - Psycho-sexual consequences
- **How** can we use this knowledge in support of abandonment?



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# Areas of research

- **Sexual activity**
  - sexually activity, STI, fertility rate, marriage age.
- **Sexual desire – pleasure - satisfaction**
  - Female sexual pleasure; physical, cultural, psycho-social.
  - Male sexual pleasure.
  - Physical or cultural
- **Sexual control**
  - Is FGM a form of male sexual control? But when done by women?
- **Infibulation**
  - defibulation – re-infibulation.



# Sexual satisfaction

- 90% of infibulated women experience orgasm (Lightfoot-Klein 1989).
- More than 90% have no pleasure in sex (El-Deefrawi 2001; Hassan 2001).
- The varying reports are challenge the assumptions that capacity for sexual enjoyment is dependent on an intact clitoris and that orgasm is the principal measure of “healthy sexuality” (Obermeyer 1999).





# Sexuality and sexual pleasure: Cultural - biological - psychological

## ● **Biology**

- Physical basis of sexual drives
- FGM remove clitoris – believed to reduce sexual pleasure & satisfaction
- Clitoral tissue is larger than outer part.
- Trauma cuts sensations

## ● **Anthropology**

- Significance of clitoris a western invention?
- Sexuality culturally construed
- Other erogenous zones compensates



## Man, 40

“FGC is bad because it removes the feelings from a woman. But at that time (as a young boy), we did not know about clitoris and lips and all that. We did not know that women had genitals as such or any sexual feelings. We just felt it (circumcision) was a simple solution to preserve their chastity.”



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