

# Female genital mutilation: a hidden epidemic (statement from the European Academy of Paediatrics)

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**Abstract** Female genital mutilation or female circumcision is frequently performed worldwide. It is estimated by the World Health Organisation that worldwide, 100–140 million girls and women currently have to live with the consequences of female genital mutilation. The article argues that the tradition is one of the causes, while another four possible reasons for undergoing such cruel mutilation of young girls exist. Today, there exists a classification of at least four different ways of such mutilation which has no health benefits, and it harms girls and women in many ways. Long-term consequences like recurrent urinary tract infections, dysmenorrhea, sexual problems, infertility and complications both for the mother and infant at delivery are mentioned. Female genital mutilation is a violation of the fundamental human rights, as well as a savage breach of the integrity and personality. *Conclusion:* The European Academy of Paediatrics advises its members to initiate appropriate counselling for parents and female adolescents regarding the risk of female genital mutilation and strongly condemns female genital mutilation and counsils its members not to perform such procedures.

**Keywords** Female circumcision · Mutilation · Long-term consequences · Violation of human rights · Statement of the European Academy of Paediatrics

## Abbreviations

FGM Female genital mutilation  
WHO World Health Organisation  
EAP European Academy of Paediatrics  
AAP American Academy of Pediatrics

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## Introduction

Ritual cutting and alteration of the genitalia of female infants, children and adolescents, together called female genital mutilation (FGM), has been a tradition since antiquity [1]. FGM is presently practised mainly in Africa, the Middle East and some parts of Asia. Immigrants of these areas have brought this practice to Europe; infants originating from these areas and living in Europe might be subjected to FGM during visits to their homeland. Female genital mutilation or female circumcision is frequently performed worldwide. It is estimated by the World Health Organisation (WHO) that worldwide, 100–140 million girls and women currently have to live with the consequences of such female genital mutilation [5]. The parliament of the European Union has estimated in a statement of 24 March 2009 regarding FGM that at present, 180 thousand female immigrants in Europe undergo or are in danger of undergoing FGM [2].

A study asking women why they let their children undergo FGM showed that the main reason seems to be tradition. Other reasons might be (1) cultural-group identity, (2) cleanliness and health, (3) preservation of virginity and (4) enhancement of sexual pleasure for men. As FGM does not provide any advantage for the girl involved and, in contrast, causes tremendous harm, it can only be regarded as a manifestation of sexual inequality and a form of gender-based violence. It can only be seen as child abuse with a very important lifelong impact [3, 4].

## Classification of female genital mutilation

FGM can, according to the WHO, be classified into four major categories:

1. Clitoridectomy: partial or total removal of the clitoris and, in very rare cases, only the prepuce
2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora

3. Infibulation: narrowing the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris
4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies. Immediate complications can include severe pain, shock, haemorrhage, tetanus or sepsis, urine retention, open sores in the genital region and injury to nearby genital tissue.

### Long-term consequences

Long-term consequences can include [2, 4, 6] the following:

- Recurrent bladder and urinary infections.
- Cysts.
- Infertility.
- An increased risk of childbirth complications and newborn deaths.
- The need for later surgeries. For example, the FGM procedure that seals or narrows a vaginal opening (type 3 above) needs to be cut open later to allow for sexual intercourse and childbirth. Sometimes, it is stitched several times, including after childbirth; hence, the woman goes through repeated opening and closing procedures, further increasing and repeating both immediate and long-term risks.

### Statements regarding FGM

Different international organisations have called to stop this practice of mutilations of females. The WHO has urged in its statement of the 61st World Health Assembly all member states to accelerate actions towards the elimination of FGM and also urges member states to enact and enforce legislation to protect girls and women for all form of violence, in particular FGM.

The European Parliament has said by its resolution of 24 March 2009 that it roundly condemns FGM as a violation of

fundamental human rights, as well as a savage breach of the integrity and personality of women and girls and therefore considers it to be a crime in the eyes of society. The European Parliament also called on the commission and member states to do everything possible to prevent this mutilation.

Finally, the American Academy of Paediatrics (AAP) has reformulated in 2010 its strong opposition to FGM and counsils its members not to perform such procedures [1].

The whole paediatric community in Europe, as represented by the European Academy of Paediatrics (EAP), hereby condemns female genital mutilation and declares this as one of the most devastating forms of child abuse that must be abandoned. This statement was accepted by the General Assembly of the EAP on 11 December 2012 in Brussels, Belgium.

The whole community of paediatricians in Europe, as represented by the EAP, strongly condemns female genital mutilation and counsils its members not to perform such procedures. It also calls upon all physicians to help to stop this practice. The practice of offering a "clitoral nick", a minimal pinprick, must also be condemned as an unnecessary and extremely painful procedure. The EAP endorses the statements regarding FGM as made by the WHO, the European Parliament and the AAP. The EAP advises its members to initiate appropriate counselling for parents and female adolescents regarding the risk of female genital mutilation.

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