
Fact Sheet: Female Genital Mutilation/Cutting¹⁷

GBV programs may sometimes support girls at risk of female genital mutilation/cutting (FGM/C) and consider engaging community leaders on behalf of survivors. More frequently, GBV programs engage community leaders in efforts to prevent FGM/C. Evidence suggests that perspectives of community leaders on FGM/C can be changed through engagement.¹⁸ Where it is practiced, FGM/C is strongly rooted in social norms, and shifting these norms requires concerted, thoughtful efforts and community participation. Community-based organizations are best suited to lead safe and effective strategies to prevent FGM/C.

Key Facts

- Female genital mutilation/cutting (FGM/C) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.
- The practice has no health benefits for girls and women.
- FGM/C can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
- FGM/C is mostly carried out on young girls between infancy and age 15.
- FGM/C is a violation of the human rights of girls and women.

Types of FGM/C

Female genital mutilation is classified into four major types:

- **Type 1:** This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans).
- **Type 2:** This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).
- **Type 3:** Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans (Type I FGM/C).
- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Who is at Risk?

FGM/C is mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women. More than three million girls are estimated to be at risk for FGM/C annually. The practice is mainly concentrated in the Western, Eastern, and North-Eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM/C is therefore a global concern.

¹⁷ This fact sheet is drawn from World Health Organization (WHO), *Female genital mutilation*, 2020. Available at <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

¹⁸ UNFPA, UNICEF WHO, Population Council. *Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation* | UNICEF; UNHCR & Population Council. 2107. *Community Engagement In SGBV Prevention And Response A Compendium Of Interventions In The East & Horn Of Africa And The Great Lakes Region*, 2020

Consequences of FGM/C

FGM/C 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. Generally, risks of FGM/C increase with increasing severity, but all forms of FGM/C are associated with health risks.

Immediate consequences can include:

- severe pain
- excessive bleeding (hemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death.

Long-term consequences can include:

- urinary problems (painful urination, urinary tract infections);
- vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- scar tissue and keloid;
- sexual problems (pain during intercourse, decreased satisfaction, etc.);
- increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- need for later surgeries: for example, the sealing or narrowing of the vaginal opening (Type 3) may lead to the practice of cutting open the sealed vagina later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
- psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.);

Cultural and Social Factors for Performing FGM/C

The reasons why female genital mutilations are performed vary from one region to another as well as over time and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

- Where FGM/C is a social norm, social pressure to conform, as well as the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM/C is almost universally performed and unquestioned.
- FGM/C is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.

- FGM/C is often motivated by beliefs about what is considered acceptable sexual behavior. It aims to ensure premarital virginity and marital fidelity. FGM/C is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts.
- Where it is believed that being cut increases marriageability, FGM/C is more likely to be carried out.
- FGM/C is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine, or male.
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- Religious leaders take varying positions on FGM/C: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice. They can be effective advocates for abandonment of FGM/C.
- In most societies, where FGM/C is practiced, it is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighboring groups.

For More Information on FGM/C, See the Following Resources:

- World Health Organization (WHO). Complete information sheet available at: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
- An evidence review of different strategies to prevent and respond to FGM/C between 2008-2020 can guide future programming: UNFPA, UNICEF WHO, Population Council. 2020. An Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation. [Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation | UNICEF](#)
- Additional resources are available through the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: [UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation | UNICEF](#)