

Female genital mutilation

Report by the Secretariat

1. Female genital mutilation 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. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural functioning of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including an increased risk of maternal morbidity and an increased perinatal mortality rate among babies born to women who have undergone the practice.

2. It is estimated that between 100 million and 140 million girls and women worldwide¹ have been subjected to type I, II or III procedures,² and that about three million girls and women are at risk of undergoing one of these types every year in Africa. Female genital mutilation has been documented in 28 countries in Africa and in several countries in Asia and the Middle East. Some forms of the practice have also been reported from other countries, including among certain ethnic groups in Central and South America. Although no prevalence data are available, there is evidence of increasing numbers of girls and women living outside their place of origin, including in North America and western Europe, who have undergone or may undergo female genital mutilation in their host country.

3. Over the past two or three decades, local, national and international actors have significantly increased their efforts to eliminate female genital mutilation, and have made progress on several fronts. The practice is internationally recognized as a violation of human rights, and many countries have put in place policies and legislation to ban it. Many communities are, it seems, showing less support for the practice. Research findings have increased knowledge about the practice itself and the reasons for its continuation, as well as experience with interventions that can contribute to its abandonment. Advocacy at the international level has created a momentum suggesting that it is possible to significantly reduce the prevalence of female genital mutilation within one generation.

4. Following the adoption of resolution WHA47.10 by the Health Assembly in 1994, on traditional practices (including female genital mutilation) harmful to the health of women and children, the Secretariat has provided increased technical support to Member States for preventing the practice and managing its consequences. Such support has included the elaboration and dissemination of a series of

¹ Extrapolated from estimates that 92 million girls and women currently aged 10 and over have undergone the practice in Africa.

² Type I – excision of the prepuce, with or without excision of part or all of the clitoris; Type II – excision of the clitoris with partial or total excision of the labia minora; Type III – excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation).

guidance documents on the prevention and management of the practice's health complications for use at policy, programmatic and pre-service training levels.

5. The results of a WHO study in six African countries on the obstetric sequelae of female genital mutilation¹ showed that deliveries among women who had undergone the practice (compared with deliveries among women who had not) were significantly more likely to be complicated by caesarean section, post-partum haemorrhage, episiotomies and prolonged stay in hospital. In addition, babies born to mothers who had undergone the practice (compared with babies born to mothers who had not) had a greater risk of dying during birth or of needing resuscitation immediately after birth.

6. WHO's ongoing support for research on female genital mutilation includes assessments of how community-based interventions that are successful can be replicated elsewhere, of the elements in decision-making that contribute to continuation or abandonment of the practice, and of the role played by perceptions of women's sexuality in the continuation of the practice. The Secretariat intends, over the next few years, to evaluate the economic costs of female genital mutilation, both immediate medical costs and long-term costs of morbidities and psychological consequences. It will also appraise the effects of legal measures. It plans to develop web-based and other audiovisual media for the training of health professionals to prevent female genital mutilation where possible, and to successfully manage its health consequences in women, girls and newborn babies.

7. All the WHO regional offices in regions where the practice is prevalent are engaged in activities aimed at eliminating it. Since 1989, when the Regional Committee for Africa in resolution AFR/RC39/R9 called on Member States to adopt appropriate policies and strategies to eliminate female circumcision, that Regional Office has supported its Member States in programmes for the elimination of the practice, in line with its 20-year Regional Plan of Action to Accelerate the Elimination of Female Genital Mutilation in Africa. In South-East Asia, the Regional Office works with the Ministry of Health in Indonesia, which is concerned about the increasing tendency for female genital mutilation to be practiced by health professionals. In Europe, there are concerns about female genital mutilation among immigrant populations, and the Regional Office is providing guidance to Member States with regard to health care and the law governing female genital mutilation. The Regional Office for the Eastern Mediterranean has produced guidelines on the elimination of female genital mutilation.

8. Nonetheless, the rate of progress towards a significant decline in the practice is slow. In some countries there appears to be an increasing tendency for female genital mutilation to be carried out by health professionals, a development that is of particular concern. Thus, there is an urgent need to reinforce actions, commitment and resources to achieve the goal of eliminating the practice within one generation.

9. WHO is therefore coordinating the revision of the 1997 WHO/UNFPA/UNICEF joint statement on female genital mutilation to reinforce international commitment in the fight to eliminate the practice. The revised interagency statement will reflect new evidence and incorporate lessons learnt over the past decade. It will highlight the now-extensive recognition of the human rights and legal dimensions of the problem. It will also summarize findings from recent research on the prevalence of female genital mutilation, the reasons why the practice continues, and its damaging effects on the health of women, girls and newborn babies. It will point to a series of actions that need to be undertaken by a variety of different actors. The joint statement is the result of extensive consultation with different international, regional and national partners, and at least eight other United Nations

¹ *Lancet*, 2006; 367:1835–1841.

bodies have indicated their agreement to sign the statement (UNICEF, UNHCR, United Nations Economic Commission for Africa, UNDP, UNFPA, United Nations Development Fund for Women, Office of the High Commissioner on Human Rights, and UNAIDS).

ACTION BY THE EXECUTIVE BOARD

10. The Board is invited to consider the following draft resolution.

The Executive Board,

Having considered the report on female genital mutilation,¹

RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:²

The Sixty-first World Health Assembly,

Having considered the report on female genital mutilation;

Recalling resolution WHA47.10 on Maternal and child health and family planning: traditional practices harmful to the health of women and children;

Reaffirming the goals and commitments contained in the Beijing Declaration and Platform for Action of the Fourth World Conference on Women (Beijing, 1995), the Programme of Action of the International Conference on Population and Development (Cairo, 1994) and their five- and ten-year reviews, as well as the United Nations Millennium Declaration 2000 and the commitments relevant to the girl child made at the United Nations General Assembly special session on children (2002), and in United Nations General Assembly resolution 60/1 on the 2005 World Summit Outcome;

Affirming that the International Covenant on Civil and Political Rights (1976), the Convention on the Elimination of All Forms of Discrimination against Women (1979), the Convention on the Rights of the Child (1989), the African Charter on the Rights and Welfare of the Child (1990), and the Solemn Declaration on Gender Equality in Africa (2004) constitute an important contribution to the legal framework for the protection and promotion of the human rights of girls and women, including their right to the highest attainable standard of health;

Recognizing the entry into force of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, adopted in Maputo on 11 July 2003, which marks a significant milestone towards the abandonment of female genital mutilation;

¹ Document EB122/15.

² See document EB122/15 Add.1 for the financial and administrative implications for the Secretariat of the resolution.

Recalling also resolution 51/2 of the United Nations Commission on the Status of Women¹ on ending female genital mutilation (March 2007);

Recognizing that female genital mutilation violates the human rights of girls and women;

Noting that, whereas there is evidence of decline in the practice, it is still widespread in some parts of the world, with an estimated 100 million to 140 million girls and women having undergone the practice and at least another three million being at risk of undergoing the practice every year;

Deeply concerned about the serious health consequences of female genital mutilation; the risk of immediate complications, which include severe pain, shock, haemorrhage, tetanus, sepsis, urine retention, ulceration of the genital region and injury to adjacent genital tissue; the long-term consequences, which include increased risk of maternal morbidity, recurrent bladder and urinary tract infection, cysts, infertility and adverse psychological and sexual consequences; and increased risk of neonatal death for babies born to mothers having undergone female genital mutilation;

Also concerned about emerging evidence of an increase in carrying out female genital mutilation by medical personnel in all regions where it is practised;

Emphasizing that concerted action is needed in sectors such as education, finance, justice and women's affairs as well as in the health sector, and that many different kinds of actor must be engaged, from governments and international agencies to nongovernmental organizations (the last group including bodies representing health professionals and those concerned with human rights),

1. URGES all Member States:

- (1) to accelerate actions towards the elimination of female genital mutilation, including education and information necessary for full understanding of the gender, health and human rights dimensions of female genital mutilation;
- (2) to enact and enforce legislation to protect girls and women from all forms of violence, particularly female genital mutilation, and ensure appropriate implementation of laws prohibiting female genital mutilation by any person, including medical professionals;
- (3) to support and enhance community-based efforts to eliminate the practice;
- (4) to work with all sectors of government, international agencies and nongovernmental organizations in support of the abandonment of the practice as a major contribution to attainment of the Millennium Development Goals on promoting gender equality and empowerment of women, reducing child mortality, and improving maternal health;

¹ Document E/CN.6/2007/L.3.

(5) to formulate and promote guidelines for the care, particularly during childbirth, of girls and women who have undergone female genital mutilation;

2. REQUESTS the Director-General:

(1) to continue to provide support to Member States for implementing actions to advocate for the elimination of female genital mutilation and other forms of violence against girls and women;

(2) to work with partners both within and outside the United Nations system to promote actions to protect the human rights of girls and women;

(3) to continue to support research on different aspects of female genital mutilation in order to support its elimination;

(4) to report regularly, at the least, every four years, to the Health Assembly on actions taken by Member States and other partners.

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