

Sexuality Education Resource Centre (SERC) Policy on Female Genital Cutting/ Female Genital Mutilation (FGC/FGM)

Background

FGC/FGM is a traditional practice dating back to 500 BC that involves the cutting or removal of parts of healthy external female genital organs.

Within the cultures where FGC is practiced it is referred to by many different names with a variety of traditional meanings that differ from language to language. In Europe and North America, the English translation usually used to describe the procedure is circumcision or infibulation. Many organizations have adopted the term Female Genital Mutilation. At SERC, we have made a decision to use the term Female Genital Cutting because we wanted to use language that would not be offensive or hurtful to the women who have experienced it. We also recognize that not all forms of genital cutting lead to mutilation and the resulting medical complications. At times, we use these two terms interchangeably, because FGM is a term that has been adopted into legal language and worldwide policies on the practice.

The reasons for FGC/FGM vary in different countries and are associated with cultural norms of health, beauty, moral and social acceptability. FGC/FGM is usually performed on girls between one week old and adolescence. It involves excision of the tissues of the external female genitalia. There are different degrees of the practice, varying from the application of harmful substances, cutting the prepuce or hood of the clitoris, and removal of the clitoris and labia, to removal of the clitoris, labia minora and majora, and joining of the two sides of the vulva leaving only a small opening for

urine and menstrual flow (also referred to as infibulation).

The procedure is sometimes performed under non-hygienic conditions, with no anesthetic, using non-sterile instruments and usually by traditional practitioners, such as a midwife or local barber. Depending on how FGC/FGM is performed, it is likely that the girl will suffer extreme pain and/or shock. There is a risk of hemorrhage and infections, conditions that can lead to death. Long term effects may include painful menses, blocked urination, chronic infections, painful intercourse, infertility, ruptures into the rectum and severe difficulty during childbirth. There is also an increased risk of HIV exposure and of maternal morbidity and mortality.

In addition to serious physical and sexual health problems, FGC/FGM can also have profound negative effects on girl's and women's psychological and psychosexual well-being.

Prevalence

More than 120 million women and girls living today have undergone FGC/FGM in 28 different countries primarily in sub-Saharan Africa, some Arab countries and in parts of Asia. It has also been practiced among migrant populations in Europe, Australia and North America. The procedure is practiced within some Muslim, Christian and Ethiopian Jewish communities, as well as in some African religions. However it is not condoned or required by any religious teachings. While FGC/FGM is common in

specific parts of the world, it is not universally supported in any one country.

Statistics indicate that there has been a reduction in the number of girls worldwide who have undergone the procedure in the past 10 years. Grass-roots programs in some African countries have changed the perspective on FGC/FGM within many communities and laws have changed, making FGC/FGM illegal in some countries where it has traditionally been practiced.

Estimates of the affected population of Canada, and specifically in Manitoba, are difficult to determine, since not all immigrants from the countries concerned will come from groups who perform the procedure. Data from the Canadian Advisory Council on the Status of Women indicate that between 1986 and 1991, nearly 40,000 women who arrived in Canada from northern and eastern Africa had experienced some form of FGC/FGM.

Canadian Legal Context

It is illegal to perform FGM in Canada. The law also prohibits sending children out of the country to have the procedure performed elsewhere, and parents or other guardians could be prosecuted upon their return to Canada.

The Society of Obstetricians and Gynecologists of Canada passed a policy statement in 1992, noting that while the practice of FGM must be condemned, it is essential not to condemn the women who have been subjected to it, but to treat them with understanding and compassion.

The Manitoba College of Physicians and Surgeons does not have any policy statements or guidelines pertaining to FGC/FGM.

SERC Position

SERC is committed to promoting universal access to comprehensive, reliable information and services on sexuality and related health issues by fostering awareness, understanding and support through education.

In keeping with our mission statement, SERC is committed to providing culturally sensitive educational programs and materials on sexuality and reproduction, family planning, childbirth, and women's health for circumcised/ infibulated women and their families. SERC is also committed to providing resources and advocating for appropriate training for health care professionals.

FGC/FGM is a reproductive and sexual health issue. The practices of excision, circumcision and infibulation have identifiable health risks both at the time of the procedure and later in life.

FGC/FGM is a medical issue unfamiliar to most Western physicians. Besides a lack of clinical knowledge about the procedures of FGC/FGM and their complications, knowledge about the underlying socio-cultural beliefs and traditions is lacking. Physicians in Manitoba may be required to perform defibulation. Defibulation involves an incision into the infibulation scar, effecting an opening, with repair of the edges to the remaining labia majora. This reduces the chances for further complications from FGC/FGM and helps eliminate some chronic problems. Physicians may also be faced with requests for reinfibulation after childbirth.

There is a need for medical training for health care providers at all levels including obstetricians, gynecologists, pediatricians, physicians, midwives, nurses and childbirth attendants. Physiological, psychosexual and cultural aspects of FGC/FGM should be incorporated into the training of health care providers working with communities who practice FGC/FGM.