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Female Genital Cutting

The following information is sensitive in nature and suited for mature readers only. Also, this material should not be regarded as medical or legal advice.

Q: What is female genital cutting (FGC)?

A: The terms female genital cutting (FGC), female circumcision, and female genital mutilation (FGM) all describe the cultural practice of partially or totally removing the external female genitalia. The minor form of FGC is when the clitoris is removed. The most severe form of FGC is when all external genitalia are removed and the vaginal opening is stitched nearly closed. Only a small opening is left for urine and menstrual blood.

Q: What is the difference between FGC, female circumcision, and FGM?

A: All three terms describe the procedure that cuts away part or all of the external female genitalia. Deciding what exactly to call it is still being debated. Some people fear that parents may resent the implication that they are "mutilating" their daughters by participating in this largely cultural event, and so reject the term FGM in favor of FGC. Some people point out that the word "cutting" is less judgmental and relates better to terms used in many local languages. However, many women's health and human rights organizations use the

word "mutilation" not only to describe the practice, but also to point out the violation of women's human rights.

Previously, some referred to the practice as "circumcision" to link FGC to male circumcision. However, this word can hide the serious physical and psychological effects of cutting women's genitals. It also fails to show differences between the different types of cutting. For these reasons, a number of international organizations offer a compromise: "female genital mutilation/cutting (FGM/C)."

For our purposes in this fact sheet, [womenshealth.gov](http://www.womenshealth.gov) refers to this practice as FGC.

Q: At what ages do young women undergo FGC?

A: FGC is performed on infants, girls, and women of all ages. The age at which girls are cut can vary widely from country to country, and even within countries. Most often, FGC happens before a girl reaches puberty. Sometimes, however, it is done just before marriage or during a woman's first pregnancy. In Egypt, about 90 percent of girls are cut between 5 and 14 years old. However, in Yemen, more than 75 percent of girls are cut before they are 2 weeks old. The average age at which a girl undergoes FGC is decreasing in some countries (Burkina Faso, Côte d'Ivoire, Egypt, Kenya, and Mali). Researchers think it's possible that the average age of FGC is getting lower so that it can be more easily hidden from authorities in countries where there may be laws against it. It is also possible that FGC is performed on younger girls because they are less able to resist.



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Q: Where is FGC practiced?

A: The practice of FGC is a cultural tradition performed across central Africa, in the southern Sahara, and in parts of the Middle East. Most women who have experienced FGC live in one of the 28 countries in Africa and the Middle East where FGC is practiced. Almost one-half of women who have experienced FGC live in Egypt or Ethiopia. (In Egypt, 2008 Demographic and Health Survey (DHS) information notes that female genital cutting rates are declining.)

To a lesser degree, FGC is practiced in Indonesia, Malaysia, Pakistan, and India. Some immigrants practice various forms of FGC in other parts of the world, including Australia, Canada, New Zealand, the United States, and in European nations.

Q: Is FGC part of a religion?

A: Although many people believe that FGC is associated with Islam, it is not. FGC is not supported by any religion and is condemned by many religious leaders. The practice crosses religious barriers. Muslims, Christians, and Jews have been known to support FGC on their girls.

No religious text requires or even supports cutting female genitals. In fact, Islamic Shari'a protects children and protects their rights. From a Christian perspective, FGC has no religious grounds either. In fact, research shows that the relationship between religion and FGC is inconsistent at best.

However, even though religious texts don't support FGC, some people still think the two are linked and claim religious teachings support FGC.

In six of the countries where FGC is practiced — Ethiopia, Cote d'Ivoire, Kenya, Senegal, Benin, and Ghana — Muslim population groups are more likely to practice FGC than Christian groups. In Nigeria, Tanzania, and Niger, though, the prevalence is greater among Christian groups.

Q: Why is FGC practiced?

A: There are many reasons FGC is practiced, including social, economic, and political reasons. Those who support FGC believe that it will empower their daughters, ensure the girls get married, and protect the family's good name. In some groups, FGC is performed to show a girl's growth into womanhood and, as in the Masai community, marks the start of a girl's sexual debut. It also is performed to keep a woman's virginity by limiting her sexual behavior. FGC is believed (by those who practice it) to stop a woman's sexual desire. In some groups, women who are not cut are viewed as dirty and are treated badly. While FGC pre-dates both Christianity and Islam, religion is also used to promote the practice. Some communities believe that in order to be good Muslims, parents must have their daughters cut.

There are also many superstitions about FGC, such as:

- The clitoris will continue to grow as a girl gets older and so it must be removed.
- The external genitalia are unclean and can actually cause the death of an infant during delivery.

FGC is often part of a community's tradition. Most parents who support FGC believe they are protecting their daugh-



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ter's future marriage prospects, and not hurting her. It is seen by parents as part of a girl's upbringing.

Q: How many women have received FGC?

A: It is estimated that between 100 million and 140 million girls and women worldwide have received FGC. There are more than 3 million girls at risk of having FGC each year. It is unknown how many women in the United States have received FGC.

Q: What are the health problems caused by FGC?

A: FGC can cause a range of health problems, both short-term and long-term. The kinds of problems that develop depend upon the degree of the cutting, the cleanliness of the tools used to do the cutting, and the health of the girl or woman receiving the cutting. In most countries, FGC is performed in unclean conditions by mainly traditional practitioners who may use scissors, razor blades, or knives. In Egypt, though, up to 90 percent of FGC is performed by a health care professional. Almost every girl or woman who receives FGC experiences pain or bleeding.

Short-term health problems:

- **Bleeding or hemorrhaging:** If the bleeding is severe, girls can die.
- **Infection:** The wound can get infected and develop into an abscess (a collection of pus). Girls can get fevers, sepsis (a blood infection), shock, and even die, if the infection is not treated.
- **Pain:** Girls are routinely cut without first being numbed or having

anesthesia. The worst pain tends to occur the day after, when they have to urinate onto the wound.

- **Trauma:** Girls are held down during the procedure, which can be physically or psychologically traumatic.

Long-term health problems (usually occurs to women with the most severe form of FGC):

- **Problems going to the bathroom.** In severe cases, women are left with only a small opening for urinating and menstrual bleeding. This can slow or strain the normal flow of urine, which can cause infections.
- **Not being able to have sex normally.** The most severe form of FGC leaves women with scars that cover most of their vagina. This makes sex very painful. These scars can also develop into bumps (cysts or abscesses) or thickened scars (keloids) that can be uncomfortable.
- **Problems with gynecological health. Women who have had FGC sometimes have painful menstruation.** They may not be able to pass all of their menstrual blood. They may also have infections over and over again. It can also be hard for a health care professional to examine a woman's reproductive organs if she has had a more severe form of FGC. Normal tools cannot be used to perform a Pap test or a pelvic exam.
- **Increased risk of sexually transmitted infections (STIs), including HIV.** People who have no medical training, under unclean conditions, perform most forms of



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FGC. Many times, one tool is used for several procedures without sterilization. There is a growing concern that these conditions greatly increase the chance of spreading life-threatening infections such as hepatitis and HIV. Also, damage to the female sex organs during FGC can make the tissue more likely to tear during sex, which could also increase risk of STIs or HIV.

- Problems getting pregnant, and problems during pregnancy and labor.** Infertility rates among women who have had FGC are as high as 25 to 30 percent and are mostly related to problems with being able to achieve sexual intercourse. The scar that covers the vagina makes this very difficult. Once pregnant, a woman can have drawn out labor, tears, heavy bleeding, and infection during delivery – all causing distress to the infant and the mother. Health care professionals who are unfamiliar with the scar will sometimes recommend a cesarean section. This is not necessary as women will be able to deliver vaginally once the scar is cut open. With rising numbers of young women coming to the United States from countries that practice FGC, U.S. doctors have begun caring for more and more patients who have been cut and facing some of these challenges. Based on a study of 28,000 women in 6 African countries, FGC is related to cesarean section, post-partum hemorrhage, episiotomy, extended hospital stays, the need for infant resuscitation, and death. While about 5 percent of babies born to women without FGC were stillborn or died shortly after

delivery, this figure increased to 6.4 percent in babies born to women with FGC.

- Psychological and emotional stress.** FGC is typically performed on very young girls. Some may not understand what is being done to them or why. The psychological effects of this painful experience are similar to those of post-traumatic stress disorder. Although very rare, girls and women who have had FGC may have problems sleeping, have more anxiety, and become depressed.

In some countries where FGC is performed, leaders have tried to lessen the physical problems caused by FGC by asking hospitals and doctors to do the surgery. This “medicalization” of FGC offends the international medical community, and is seen as a way for FGC supporters to continue the practice. Advocates have charged that doctors should not perform FGC, as their profession requires them to “do no harm” to their patients, despite cultural beliefs and practices.

Q: Why is FGC a human rights issue?

- A:** The WHO and the United Nations Commission on Human Rights, along with several African and Asian nations, have called for an end to the practice of FGC. The WHO views the practice as a violent act against a girl that causes her serious lifetime problems. The American Medical Association (AMA) also rejects FGC and supports laws against it. There is also growing international support for condemning FGC and a call for severe penalties given to those who practice it.



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Some cultures that practice FGC view it as their right. FGC supporters say that the Western practice of making breasts bigger and other plastic surgery is comparable to FGC.

Q: What are the laws regarding FGC?

- A:**
- **The United States.** There is a federal law that makes the practice of FGC on anyone younger than 18 years of age illegal within this country. It is a felony punishable by fines or up to a 5-year prison term.

Some argue that such sanctions only force young women to return to their homeland where the surgery may not be performed in sanitary or safe conditions. As more people from cultures practicing FGC come to Western nations, this controversy has grown.

- **Internationally.** International health organizations and women's rights advocates generally believe that lasting change towards FGC can only take place with the support of the governments and local communities within affected countries. Pressure from outside those countries has little chance for success if there is no educational and legal support from within their borders.

Q: What is being done about FGC?

- A:** These are the most popular approaches used to try to stop the practice of FGC:
- **Community meetings.** Group meetings may help change thoughts toward FGC. These meetings need to involve entire communities – girls, boys, women, and men – as

well as nearby communities which may also practice FGC. The most successful of these meetings provide opportunities for people to discuss their knowledge of FGC, relate it to their situation, and consider other options. Some examples of these kinds of meetings include:

- Cross-generational conversations (meetings between older and younger members of a village)
- Male-female discussions
- Theatre productions
- Songs
- Community declarations
- **Education.** In some regions, education is slowly changing attitudes and influencing the choice to have FGC. Many programs are culturally sensitive and use respected local women to teach other women and girls in their communities about the harmful effects of FGC. Recent research shows that women in these regions are beginning to support the worldwide call to end FGC. Some of the most important research in recent years has been the work done with Islamic scholars to change the perception that FGC is required by the Koran, the Muslim holy book.

Human rights are at the heart of the abandonment of FGC by some communities. When human rights are shown to be in line with local values (for example, parents should do the best for their children and not cause them harm), attitudes toward FGC can change.

- **Substitute rituals.** In some countries, cultural groups have successfully replaced FGC with a ritual that



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does not involve cutting the genitals. In this way, the culture preserves its honor and starts new traditions that cause no harm to women. However, as girls are getting cut at younger and younger ages, often in infancy, these other rites of passage become less relevant.

- **Changing attitudes.** Right now, women are made to feel disloyal to their culture by choosing not to have FGC. This pressure can change if doctors and other health care workers would talk with women about the dangers of FGC and offer other options that don't involve cutting. Some human rights advocates also suggest that men could help reduce the practice of FGC by openly marrying uncut women. Many human rights organizations are also calling on religious leaders to openly confirm that their religions do not require women to have FGC.
- **Laws.** The choice to have a procedure with such permanent physical and emotional effects should only be made by an adult woman for herself.

Some suggested legal actions against FGC include:

- Establish laws prohibiting FGC.
- Prosecute parents who force FGC on their minor age children.
- Make health care workers report

all cases of FGC.

- Classify FGC as child abuse and prosecute it as such.
- Make the criminal consequences of performing FGC more public.

Even if laws are put into place, though, they will likely do little to stop the practice of FGC. Also, in communities where FGC has a lot of support, prosecuting parents will cause extreme controversy.

Eighteen African countries enacted laws or decrees against FGC. Even countries with the highest rates of FGC have recently openly noted the need for banning this practice. Fines and jail sentences are typically minor, but most view any sanctions against FGC as a good start.

- **Research.** There is ongoing research into the physical and psychological effects of FGC. A number of advocacy groups hope to bring FGC out into the open to discuss the harmful effects of this procedure. Ongoing research is needed to review the many different kinds of interventions that take place to stop FGC. Since there are many differences among the communities where FGC takes place, what works to stop FGC in one community may not work in another. ■



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For more information

For more information on female genital cutting, contact [womenshealth.gov](http://www.womenshealth.gov) at 800-994-9662 or the following organizations:

African Women's Health Center

Internet Address: <http://www.brighamandwomens.org/africanwomenscenter>

World Health Organization

Internet Address: <http://www.who.int>

UNICEF

Internet Address: <http://www.unicef.org>

Center for Reproductive Rights

Internet Address: <http://reproductiverights.org/>

U.S. Agency for International Development

Internet Address: <http://www.usaid.gov>

Population Reference Bureau

Internet Address: <http://www.prb.org>

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To obtain a list of published and unpublished literature on FGC, contact:

The Population Information Program of the Johns Hopkins Center for Communications Programs
The FGM Resource Group, POPLINE
111 Market Place, Suite 310
Baltimore, MD 21202-4012
Telephone: (410) 659-6300
Internet Address: <http://www.jhuccp.org>

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