



UNLIMITED INVESTIGATIONS

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Female Genital Mutilation

Female Genital Mutilation in all forms, in all communities, in all countries, for all reasons, MUST be stopped!

This term we have recently been frightened with, FGM (Female Genital Mutilation) is primarily practiced in 28 countries on the continent of Africa, but also practiced in so-called 'sophisticated', 'rich' countries such as the United States, New Zealand, Europe, Australia and Canada.

Our informational blog seeks to promote awareness of this horrific form of abuse towards females including babies, children and women.

Female Genital Mutilation is a collective name to describe

Female Genital Mutilation (FGM):

- FGM: cutting away part, or all, of the external female genitalia.
- Between 85 and 114 million women and girls living today have undergone FGM, and approximately 2 million are subjected to it annually.



procedures that involve partial or total removal of the external female genitalia or other injury to female genital organs whether for cultural or other non-medical reasons. FGM is a violation of the human rights of girls and women; and it is a grave threat to their health.

The World Health Organization has divided Female Genital Mutilation into four types:

- **Type I:** clitoridectomy (circumcision) consisting in removal of the prepuce with or without excision of part or the entire clitoris.

- **Type II:** excision, < consisting in >removal of the prepuce and the clitoris along with partial or total excision of the labia minora.
- **Type III:** infibulations, the form of FGM common in the countries of the Horn of Africa, consisting of the partial or total removal of the external genitalia. The two sides of the vulva are then sewn with a suture or thorns, reducing the size of the vulva opening and leaving only a small hole for the passage of urine and menses.
- **Type IV:** includes various practices of manipulation of the female genital organs - piercing or incision of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of the vaginal opening (angurya) or cutting of the vagina (gishiri); introduction of corrosive substances in the vagina to cause bleeding or introduction of herbs with the aims of narrowing the vagina.

The age at which girls undergo FGM varies enormously according to the ethnic group practising it. The procedure may be carried out when the girl is a newborn, during childhood, adolescence, at the time of marriage or during the first pregnancy.

Consequences Of FGM:

The consequence of FGM depends on the type of operation performed (infibulation clearly has more serious consequences), the ability and experience of the one performing the operation, the hygienic conditions under which it is performed, and the girl's health at the time of the operation.

Immediate Consequences

- **Shock:** due not only to the severe pain caused by an operation performed without anaesthesia but also to the loss of blood which can continue for several days even when moderate, or to sepsis.
- **Haemorrhage:** the most common and almost inevitable consequence, given that amputation of the clitoris can also involve resection of the dorsal artery. Moreover, even amputation of the labia can cause damage to veins and arteries. Prolonged haemorrhage can cause a girl's death or lead to long term anaemia.
- **Infections:** due to unsanitary conditions, use of unsterilized instruments and the fact that urination and defecation take place over the wound in girls that are bound. In the case of infibulation, an internal explosion of the infection can occur that can affect organs such as the uterus, the fallopian tube and the ovaries, causing chronic pelvic infections and infertility.


- **Urinary retention** lasting eight to ten days: These girls find urination extremely painful due to inflammation of the wound on the vulva. This complication can cause infections of the urinary tract.
- **Lesions** of adjoining tissue such as the urethra, vagina, and perineum: This is also due to the use of unsterilized instruments, the lack of proper illumination during the operation, the lack of anatomic knowledge in the practitioners and the struggling of the patient. More frequent are lesions of the anal and rectal opening with cutting of the anal sphincter and residual incontinence.
- **Tetanus** can be contracted through use of unsterilized equipment.
- **HIV/AIDS**, the HIV/AIDS virus can be transmitted by using the same instruments for many operations.

Long-Term Consequences

- Loss of

Long-term Health Effects of FGM

- Worsening or development of anemia
- Overgrowth of scar tissue, causing formation of dermoid cysts or keloids (hard ridges/bumps)
- Abscesses
- Recurrent urinary tract infections
- Infertility (unable to have children)



blood: can take place when the procedure is carried out on an infected wound, for example in the case of repeated infibulations and of re-infibulation after childbirth.

- **Difficulty urinating:** due to obstruction of the urinary opening and damage to the urinary tube. Urination can be painful and lead to urinary retention, frequent urge to urinate, incontinence and infections of the urinary tract.
- **Frequent infections** of the urinary tract: often due to damage to the lower urinary tract produced by mutilation. Frequent infections of this type are common, especially in infibulated women.

- **Incontinence:** can be caused by damage to the urethra during the operation. Incontinence cause lead to a woman's being segregated from society.
- **Chronic pelvic infections:** common to infibulated women: The FGM and partial occlusion of the vagina and the urethra increase the probably of infection.
- **Infertility:** due to the infections that can cause irreparable damage to the reproductive organs.
- **Keloids:** thickened, fibrous skin tissue resulting from chronic inflammatory stimulation. These formations often diminish the size of the vaginal opening with serious consequences.
- **Dermoid cysts:** cysts caused by inclusion of a fragment of skin that can develop into a tumour.

Consequences To Overall Health

- **Neuroma:** can develop when the dorsal nerve of the clitoris is cut. The entire genital area becomes hypersensitive and cause intense, permanent pain.
- **Stones:** may occur due to residue of the menstrual flow or by urinary deposits in the vagina and the space behind the tissue created by infibulation.
- **Fistulae:** perforations or lesions between the vagina and the bladder due to damage from FGM or the repetition of defibulation or reinfibulation, sexual relations or difficulty in childbirth. The continuous loss of urine and feces caused by the fistulae can torment these women's lives and lead to their being rejected by society.
- **Sexual dysfunction:** the most common consequences are pain during intercourse and reduction of sensitivity following the clitoridectomy, but especially as a result of infibulation. Penetration is difficult, if not impossible and in some cases, a second cut is necessary.
- **Menstrual problems:** these often occur due to the partial or total occlusion of the vaginal opening. This can lead to dysmenorrheal. Hematocolpus can result due to menstrual blood stagnating in the vagina for many months. In these cases, swelling of the abdomen caused by the accumulation of menstrual blood, along with the apparent lack of menstruation can lead to suspicion of pregnancy creating many social problems for the girl.
- **Problems during pregnancy and childbirth:** very common in women who have undergone FGM. The resistant scar tissue can prevent dilation of the birth channel and cause an obstructed labor.

The woman's exhaustion during expulsion can lead to urinary inertia and loss of blood which can cause the baby's death. In addition, the child can suffer from brain damage.

- **Infibulation** can lead to other problems. It is, for instance, almost impossible to conduct a pelvic examination. As a result, it is very difficult if not impossible to evaluate a dangerous pregnancy or diagnose illness. If the opening left after infibulation is very tight, it is also impossible to prevent infections to the reproductive apparatus. Nor is a pap test possible, meaning that it is impossible to diagnose some tumors.

Sexual And Psychological Problems

Studies on the psycho-sexual effects of the practice are few. The literature however points to the following complications:

- **frigidity**
- **lack of orgasm** due to amputation of the clitoris
- **difficulty** of penetration due to stiffening of the vagina tissue
- **behaviour disturbances**
- **psychosomatic illness**
- **anxiety**
- **depression**
- **nightmares**
- **psychosis**

Origins Of FGM

The origins of the practice are unclear. It predates the rise of Christianity and Islam. There is mention made of Egyptian mummies that display characteristics of FGM/FGC. Historians such as Herodotus claim that in the fifth century BC the Phoenicians, the Hittites and the Ethiopians practised circumcision. It is also reported that circumcision rites were practised in tropical zones of Africa, in the Philippines, by certain tribes in the Upper Amazon, and in Australia by women of the Arunta tribe. It also occurred among the early Romans and Arabs. As recent as the 1950s, clitoridectomy was practised in Western Europe and the United States to treat 'ailments' in women as diverse as hysteria, epilepsy, mental disorders, masturbation, nymphomania, melancholia and lesbianism. In other words, the practice of FGM/FGC has been followed by many different peoples and societies across the ages and the continents.

Excuses Given for Female Genital Mutilation

The given reasons for the practice of FGM (primarily in the 28 African countries, and a few countries in the Middle East and Asia) is the set of

beliefs, values, cultural and social behaviour patterns that govern the lives of people in society. The various reasons can be categorized into five headings as follows:

Psychosexual Excuses

FGM/FGC is carried out as a means to control women's sexuality (which is argued to be insatiable if parts of the genitalia, especially the clitoris, are not removed). It is thought to ensure virginity before and fidelity after marriage and/or to increase male sexual pleasure.

Sociological And Cultural Excuses

FGM/FGC is seen as part of a girl's initiation into womanhood and as an intrinsic part of a community's cultural heritage/tradition. Various myths exist about female genitalia (e.g. that if uncut the clitoris will grow to the size of a penis; FGM/FGC would enhance fertility or promote child survival, etc.) and these serve to perpetuate the practice.

Hygiene And Aesthetic Excuses

In some communities, the external female genitalia are considered dirty and ugly and are removed ostensibly to promote hygiene and aesthetic appeal.

Religious Excuses

Although FGM/FGC is not sanctioned by either Islam nor by Christianity, supposed religious precepts (e.g. the mention of 'Sunna' in the Koran) are often used to justify the practice. Another example is Opus Dei which seeks to prevent female members and their offspring from 'enjoying' masturbation or partner-intimacy.

Socio-Economic Reasons

In some communities, FGM/FGC is even a prerequisite for marriage. Where women are largely dependent on men, economic necessity can be a major determinant to undergo the procedure. FGM/FGC sometimes is a prerequisite for the right to inherit. FGM/FGC may also be a major income source for circumcisers.

Conclusion

The "medicalization" of FGM which is wilful damage to healthy organs for non-therapeutic reasons is unethical and has been consistently condemned by WHO. (World Health Organization as well as outlawed in Canada (1992) and the United States (1995).

Religious extremism fuels this physical mutilation and emotionally-damaging (even deadly) practice.

FGM is present in North America for a few reasons, one being immigration and the other being domestic fanatic religious zealots.

The latter we shall not discuss in detail for the moment due to a current investigation.

Religious groups include (but are by no means limited to) members of the Catholic cult Opus Dei. The Catholic church is vehemently, radically and zealously opposed to fornication, masturbation, homosexuality, birth control...etceteras.

Opus Dei, as a cult of the Catholic church, shares the views of the Catholic church on sexuality. Opus Dei is very secretive of its ways and practices. Some practices of Opus Dei were exposed in the book *The Da Vinci Code* by Dan Brown. FGM is sometimes practiced by Catholic/Opus Dei religious zealots in the US and Canada! FGM is performed at varying ages on girls in order to eliminate sexual pleasure and satisfaction.

In scalping the tip of the clitoris (as in 'excision') or removing completely the clitoris, the result is the lack of the ability to have a clitoral orgasm or sexual tension release. The woman has lost part of her body and her sexuality. Masturbation by stimulation of the clitoris is futile although many girls struggle alone at night with this for hours as there is no clitoris after FGM has been performed.

Opus Dei views women as chattels and their sole purpose is to produce children and raise them to be Opus Dei members ("soldiers for God"). Sexual intercourse is solely for procreation and only males should derive pleasure from the action. This is a seriously skewed and harmful view towards women.

It is no wonder there is so much spousal abuse and domestic violence in these cults. When women are mistreated and abused it is damaging to all. Abuse fuels more abuse, the abused become the abusers...The seemingly endless chain of abuse needs to be broken with the cessation of mutilating women.

Female Genital Mutilation in all forms, in all communities, in all countries, for all reasons, MUST be stopped!

- [We Support The RINJ Foundation @RapelsNoJoke](#)
 - [Define Rape Crime](#)

- Define Sexual Assault
- FGM Crime
- What is Consent?
- Was I raped?
- What to do if I was raped.