



Fact sheet 02: Physical and Mental Consequences of FGM

A. Physical consequences

Immediate consequences of FGM include severe pain and bleeding, shock, difficulty in passing urine, infections, injury to nearby genital tissue and sometimes death. The procedure can result in death through severe bleeding leading to haemorrhagic shock, neurogenic shock as a result of pain and trauma, and overwhelming infection and septicaemia, according to Manfred Nowak, UN Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

Almost all women who have undergone FGM experience pain and bleeding as a consequence of the procedure. The event itself is traumatic as girls are held down during the procedure. Risk and complications increase with the type of FGM and are more severe and prevalent with infibulations.

"The pain inflicted by FGM does not stop with the initial procedure, but often continues as ongoing torture throughout a woman's life", says Manfred Nowak, UN Special Rapporteur on Torture.

In addition to the severe pain during and in the weeks following the cutting, women who have undergone FGM experience various long-term effects - physical, sexual and psychological.

Women may experience chronic pain, chronic pelvic infections, development of cysts, abscesses and genital ulcers, excessive scar tissue formation, infection of the reproductive system, decreased sexual enjoyment and psychological consequences, such as post-traumatic stress disorder.

Additional risks for complications from infibulations include urinary and menstrual problems, infertility, later surgery (defibulation and reinfibulation) and painful sexual intercourse. Sexual intercourse can only take place after opening the infibulation, through surgery or penetrative sexual intercourse. Consequently, sexual intercourse is frequently painful during the first weeks after sexual initiation and the male partner can also experience pain and complications.

When giving birth, the scar tissue might tear, or the opening needs to be cut to allow the baby to come out. After childbirth, women from some ethnic communities are often sewn up again to make them "tight" for their husband (reinfibulation). Such cutting and restitching of a woman's genitalia results in painful scar tissue.

A multi-country study by WHO in six African countries, showed that women who had undergone FGM, had significantly increased risks for adverse events during childbirth, and that genital mutilation in mothers has negative effects on their newborn babies. According to the study, an additional one to two babies per 100 deliveries die as a result of FGM.





B. Mental health consequences

Of all aspects of FGM, the psychological or the emotional aspect is a less known area. Toubia (1993) cites three psychological cases: "anxiety state" originating from lack of sleep and hallucinations; "reaction depression" from delayed healing, and "psychotic excitement" from childlessness and divorce. Other problems include traumatic experience, sense of being betrayed by family members, elders, and joining peer groups by force through the FGM operation¹.

For many girls and women, undergoing FGM is a traumatic experience that has been found to have lasting psychological consequences. Women who have been subjected to FGM suffer emotional disorders, such as anxiety, somatisation, and low self-esteem, and are at greater risk of a mental illness².

C. Social consequences

While there are few rigorous studies on the social impact of FGM, some research has identified the potential negative consequences for families, girls and women of refraining from FGM. The practice is performed in response to strong social conventions and supported by key social norms; thus failure to conform often results in harassment and, exclusion from important communal events and support networks, as well as discrimination by peers. Unless there is a joint agreement within a larger group, individuals and families are likely to consider the social risks to be greater than the physical and mental health risks to girls of FGM. Even legal restrictions against FGM may be seen as less important than the restrictions that can be imposed by the community for non-compliance with the practice³.

D. Economic costs

FGM is a potential financial burden to health systems. A study based on data from six African countries found that costs associated with the medical management of obstetric complications resulting from FGM were equivalent to 0.1–1% of total government spending on women of reproductive age. The cost to families is largely unknown; a study from Nigeria estimated the cost of treating post-FGM complications in a paediatric clinic to be US\$120 per girl. A recent study from the Gambia found that one out of three gynaecological complications women sought help for was the direct result of FGM. In many cases, surgery was required, indicating that FGM complications are a significant cost for gynaecology services⁴.

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¹ African Women: Consequences of FGM (2009) Accessed on 05/06/2015 via: http://www.african-women.org/FGM/consequences.php

² The psychological impact of Female Genital Mutilation/Cutting (FGM/C) on girls/women's mental health: a narrative literature review (2014). Accessed on 05/06/2015 via:

http://www.researchgate.net/publication/267641373 The psychological impact of Female Genital MutilationCutting %28FGMC %29 on girlswomens mental health a narrative literature review

³ WHO (2012) *Understanding and Addressing Violence Against Women* Accessed on 05 June 2015 via: http://apps.who.int/iris/bitstream/10665/77428/1/WHO_RHR_12.41_eng.pdf

⁴ Ibid 24





Additional Resources:

Health complications of female genital mutilation

http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fg m/en/

Female genital mutilation: an injury, physical and mental harm

http://www.fertilitycenterberlin.de/images/PDF/publikationen/Female%20gential%20mutilation.pdf

Female genital mutilation and obstetric outcome

http://www.who.int/reproductivehealth/publications/fgm/fgm-obstetric-study-en.pdf?ua=1

Mental Health consequences of female genital mutilation

http://www.who.int/reproductivehealth/topics/fgm/mental_problems_and_fg m/en/