

FOUR SYSTEMATIC REVIEWS ABOUT FEMALE GENITAL MUTILATION / CUTTING (FGM/C)

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*Eva Denison, Ph.D., Rigmor C Berg, Ph.D.,
Simon Lewin, Dr.Med., Atle Fretheim, Dr.Med*

DEFINITION OF FGM/C

- “The partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons”

- WHO, UNICEF, UNFPA, 1997

CLASSIFICATIONS OF FGM/C

1. Clitoridectomy

2. Excision

3. Infibulation

4. Other

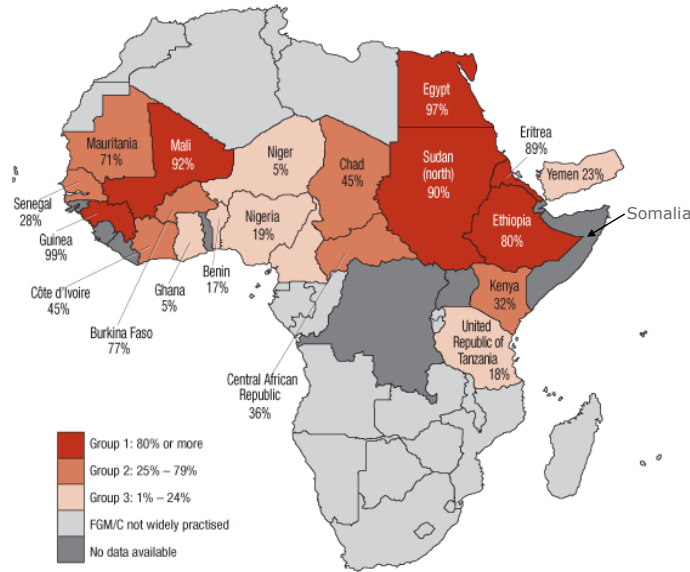
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PREVALENCE OF FGM/C

- About **100 – 130 million** worldwide
- About **3 million** at risk every year
- **28 countries in Africa**
 - Some countries in the Middle East and Asia
- Immigrant communities in Western countries

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Figure 1: FGM/C prevalence among women aged 15-49



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Source: Female genital mutilation/cutting : a statistical exploration. New York, NY, UNICEF; 2005.

TRENDS IN FGM/C

- Usually carried out on girls under the age of 15
 - trend towards lowering of age
- Usually performed by traditional practitioners
 - trend towards “medicalization”
- Little or no change in prevalence over last decade
 - some recent decrease in some countries

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CONCERNS ABOUT FGM/C

- No known health benefits!
- Violates a series of well established human rights principles, norms and standards, e.g.:
 - Universal Declaration of Human Rights, 1948
 - International Covenant on Civil and Political Rights, 1966
 - Convention on the Elimination of all Forms of Discrimination against Women, 1979
 - Convention on the Rights of the Child, 1989

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CONCERNS ABOUT FGM/C

- Almost all women experience problems
- Known physical and psychosocial problems, e.g.:

- Pain
- Bleeding
- Infections

- Decreased sexual enjoyment
- Disrupted sleep
- Anxiety
- Post Traumatic Stress Disorder
- School absenteeism

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FOUR SYSTEMATIC REVIEWS IN PROGRESS

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REVIEW 1) EFFECTIVENESS

- **The effectiveness of interventions to prevent the practice of FGM/C**
- Controlled study designs
- 8 studies included (5 located so far)
- Studies conducted in Ethiopia, Kenya, Nigeria, Senegal, Mali, Burkina Faso
- Number of study participants: 108 - 2259
- All studies except 1 community based

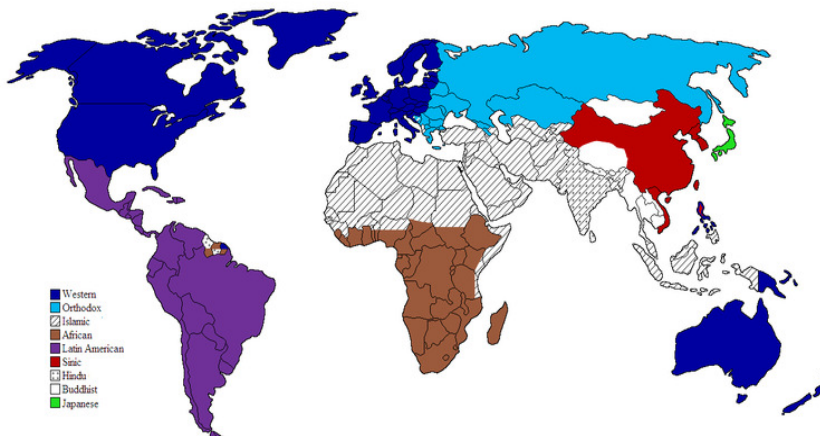
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REVIEW 2) FACTORS PERPETUATING PRACTISE

- **The facilitators of and the barriers to the continuation of FGM/C**
- Quantitative and qualitative studies included
- Studies conducted in Western societies

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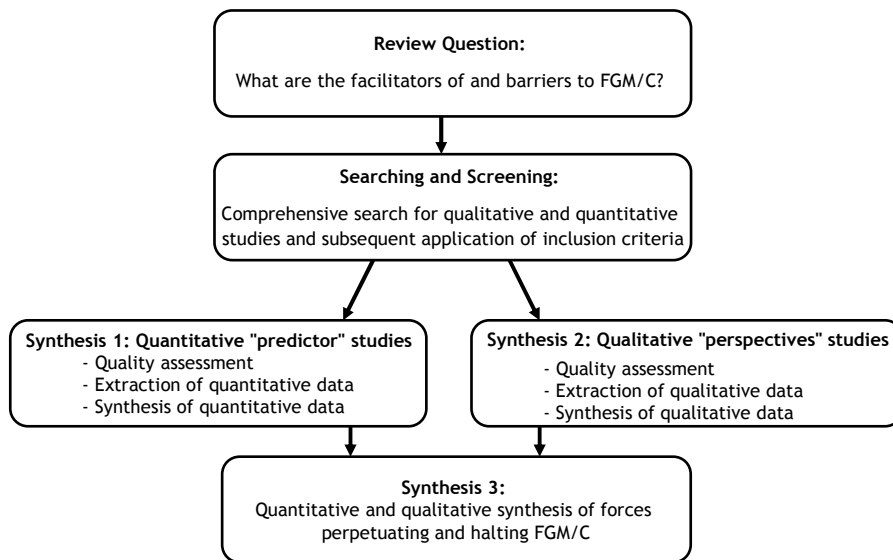
Figure 2: Word map. "Western societies" in dark blue.



SOURCE: Samuel P. Huntington "Clash of Civilizations" (1996).

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Model 1: Mixed methods approach to systematic review about facilitators of and barriers to FGM/C



REVIEW 3) CONSEQUENCES

- **The psychosocial consequences of FGM/C**
- Quantitative studies with a comparison group included

REVIEW 4) GUIDELINES

- An **overview of “best practice”** for policies to prevent the practice of FGM/C

CONCLUSIONS

- We expect our reviews will **contribute to a greater understanding** of the issues surrounding FGM/C
- May help halt the practice
- Will provide some answers
- Will identify gaps in the research literature

Thank you!

Questions?