

Title: Four systematic reviews about Female Genital Mutilation.

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Abstract: Female Genital Mutilation (FGM) is a traditional practice which is rooted in religious, personal and societal beliefs. The practice is defined as "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." There are four WHO FGM classifications (clitoridectomy, excision, infibulations, and other). FGM is practised in more than 28 countries in Africa and in some countries in the Middle East and Asia. It is estimated that between 100 – 130 million girls and women living today worldwide have undergone some form of FGM and that about 3 million experience FGM every year. FGM is usually carried out on girls under the age of 15 years. The highest prevalence rates are reported in Djibouti, Egypt, Guinea, Mali, Sierra Leone, Somalia, and Sudan. FGM is also practised by immigrant communities in a number of Western countries. FGM has no known health benefits. Rather, it violates a series of well established human rights principles, norms and standards. Additionally, almost all women undergoing FGM experience some sort of physical and/or psychosocial problems, including pain, bleeding, infections, decreased sexual enjoyment, anxiety, disrupted sleep, post traumatic stress syndrome, and school absenteeism. Despite almost 30 years of research efforts, a number of questions remain. Thus the WHO has called for studies into what works in terms of abandonment, what perpetuates the practice, and what are the psychosocial consequences of FGM. Our project encompasses four systematic reviews: 1) The effectiveness of interventions to prevent the practice of FGM. The review includes controlled study designs. Per today, we have identified and included 8 studies, of which 5 have been located. These were conducted in Ethiopia, Kenya, Nigeria, Senegal, Mali, and Burkina Faso. The number of study participants ranged from 108 to 2259. With the exception of one study, all were community based. 2) The facilitators of and the barriers to the continuation of FGM. The review includes quantitative and qualitative studies, which have been conducted in Western societies. 3) The psychosocial consequences of FGM. The review includes quantitative studies with a comparison group. 4) Guidelines. This review is an overview of "best practice" for policies to prevent the practice of FGM. We expect our reviews will contribute to a greater understanding of the issues surrounding FGM, that may help halt the practice. While they will provide answers, the reviews will also identify gaps in the research literature.