

22 July 2013 Last updated at 17:27 GMT

Female genital mutilation: 30 million girls 'at risk'



The challenge is to let people - men and women - have their voices heard on the issue, Unicef says

Related Stories

- [Death puts spotlight on genital mutilation](#)
- [Mutilation victim 'aged just seven'](#)
- [MPs urge action on female mutilation](#)

More than 30 million girls are at risk of being subjected to female genital mutilation (FGM) over the next decade, a study by Unicef has found.

It said [more than 125 million girls and women alive today](#) had undergone a procedure now opposed by the majority in countries where it was practised.

Ritual cutting of girls' genitals is practised by some African, Middle Eastern and Asian communities in the belief it protects a woman's virginity.

Unicef wants action to end FGM.

The UN Children Fund survey, described as the most comprehensive to date on the issue, found that support for FGM was declining amongst both men and women.

FGM "is a violation of a girl's rights to health, well-being and self-determination," said Unicef deputy executive director Geeta Rao Gupta,

"What is clear from this report is that legislation alone is not enough."

'Speak out loudly'

[Continue reading the main story](#)

Meaza's story



Ethiopian teenager Meaza Garedu was subjected to female genital mutilation when she was 10 years old, and now campaigns against the practice.

"In my village there is one girl who is younger than I am who has not been cut because I discussed the issue with her parents," the 14-year-old said.

"I told them how much the operation had hurt me, how it had traumatised me and made me not trust my own parents.

.....

"They decided that they did not want this to happen to their daughter."

The report, 'Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change', was released in Washington DC.

The study, which pulled together 20 years of data from the 29 countries in Africa and the Middle East where FGM is still practised, found girls were less likely to be cut than they were some 30 years ago.

They were three times less likely than their mothers to have been cut in Kenya and Tanzania, and rates had dropped by almost half in Benin, the Central African Republic, Iraq, Liberia and Nigeria.

But FGM remains almost universal in Somalia, Guinea, Djibouti and Egypt and there was little discernible decline in Chad, Gambia, Mali, Senegal, Sudan or Yemen, the study found.

However, it did find that most girls and women, and a significant number of boys and men, opposed the practice. In Chad, Guinea and Sierra Leone more men than women wanted to see an end to the practice.

"The challenge now is to let girls and women, boys and men speak out loudly and clearly and announce they want this harmful practice abandoned," said Ms Rao Gupta.

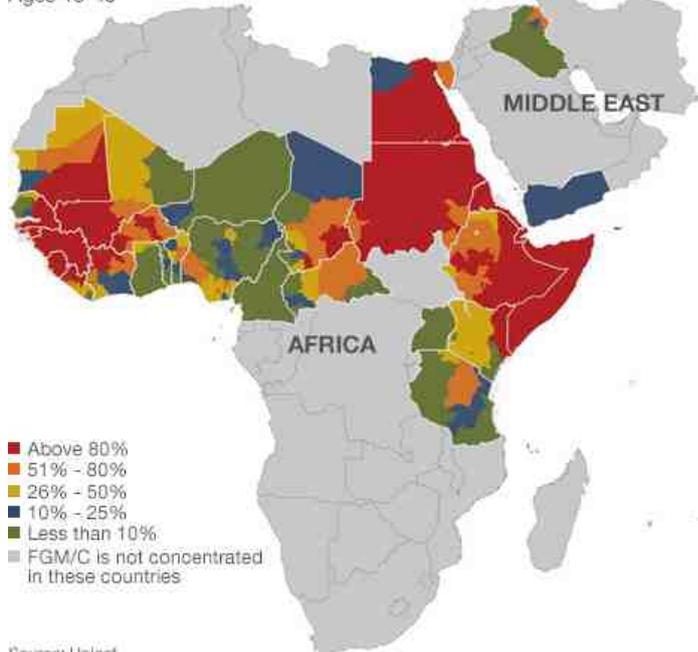
The report recommends opening up the practice to greater public scrutiny so that entrenched social attitudes to it can be challenged.

In some communities FGM, also known as female circumcision, is seen as a traditional ritual used culturally to ensure virginity and to make a woman marriageable.

It typically involves procedures that alter or injure female genital organs and is often carried out by traditional circumcisers, who play other central roles in communities.

The dangers of FGM include severe bleeding, problems urinating, infections, infertility and increased risk of newborn deaths in childbirth.

Female genital mutilation/cutting among girls and women
Ages 15-49



Source: Unicef

Country

Prevalence

Country

Prevalence

Note: Data from the Republic of the Sudan only. Data not collected from South Sudan. Source: Unicef

Fighting female genital mutilation in Africa

More than 100 million girls have suffered genital 'cutting' to prevent premarital sex and protect family honour.

[Davinder Kumar](#) Last Modified: 16 Jun 2013 14:37



Girls from Koumonin village, the first in Guinea to ban female genital cutting [Mary Matheson/Plan International]
Dakar, Senegal - Now in her 50s, Madina Bocoum Daff still cannot get over the agony and shame of her teenage years.

Madina - barely into adolescence - was subjected to one of the most severe forms of female genital mutilation (FGM) - a practice long carried out in many African countries.

She was too young to understand what was happening to her. Like all other young girls in her ethnic Fulani community in Mali, she was required to go through the rite of passage before the onset of puberty.

The practice involves "cutting" a girl's vagina to create a seal that narrows the opening, just wide enough to allow the passing of urine and menstrual blood. Infibulated girls often have their legs bound together for up to four weeks to allow the freshly fused tissue to heal.

"All I know is that I had severe problems immediately after being excised. I remember going through a very agonising cycle of puberty. I remained covered in pain and humiliation," says Madina.

**"I don't see any harm from this practice.
It has been our tradition for centuries."**

- Abdoul, father of two girls

On the International Day of the African Child, the suffering caused by female genital mutilation is under the spotlight with the controversial practice widely condemned by rights and health organisations.

According to the [World Health Organisation](#), there are about 140 million girls and women around the world currently living with the consequences of the practice. The majority of these females are in Africa, where it is routinely done in 28 countries.

An estimated 101 million girls 10 years old and above have undergone varying forms of genital mutilation in Africa. A study by child rights and development organisation Plan International in Mali in 2010 found more than half of all fathers and one-third of mothers wanted their girls excised.

"I don't see any harm from this practice. It has been our tradition for centuries," Abdoul, a father of two young girls, told researchers.

Dangerous operation

For families it is a seal of guarantee that secures girls against any sexual encounter prior to marriage, and protects the family honour.

For infibulated girls, mutilation does not end with the childhood operation. On the day of their wedding, brides undergo another painful surgery to reverse it. This involves cutting open the connecting tissue and restoring the vaginal opening to enable sexual intercourse with their husbands.

"I cannot even explain the feeling of terror that runs through infibulated girls' minds thinking of marriage," says Madina.

In most cases cutting is done by a traditional practitioner without any anaesthesia and little care for hygiene. Razors, knives or scissors are used and they are rarely sterilised. The surgery takes place wherever it is convenient - from out in the open to a bathroom floor.

"It is only after completing this procedure an excised bride is considered 'free'. She usually has her first sexual experience the

It is only after completing this procedure an excised clitoris is considered free. She usually has her first sexual experience the very same night after cutting," says Madina.



Cutting tools on display in a room in Lunsar, Sierra Leone [Grace Harmon/Plan International]

In most places where it is practised, FGM is considered an essential part of raising a girl and preparing her for womanhood and marriage. With its direct link to beliefs about premarital virginity and marital fidelity, the social pressure to adhere to the practice is intense.

Thousands of girls every year suffer health complications including severe vaginal pain, shock, bleeding and infection. Life-long consequences include infertility, childbirth complications and new-born deaths.

Recently 13-year-old Soheir al-Batea died in a clinic in Egypt when a doctor was performing the procedure. The girl's death has caused an uproar in the country where FGM is legally banned but still widely practised, affecting more than two-thirds of women there.

From verbal threats and physical force, all kinds of methods are used to coerce unwilling girls into submission.

"I will never forget that day. My mother woke me up very early in the morning and told me firmly to get ready for circumcision," says 13-year-old Ahlam, her surname withheld to protect her identity.

"Immediately an old woman entered the room and got a razor out of her bag. My mother held my arms very tight so that I could not move. The woman used her razor to circumcise me. I cried loudly but nobody listened, the pain was unbearable. After all was done, my mom paid her some money and she left. A few hours later, I started to bleed."

In countries such as Djibouti, Sierra Leone, Mali, Somalia and Guinea the practice is so rife that almost nine out of 10 girls undergo genital mutilation.

Dreading the day

Eleven-year-old Mariama is dreading the day she will have to go through her excision ritual. Her family fled the violence in northern Mali and moved to the capital Bamako a few months ago.

As if the stress of displacement is not enough, Mariama says she is consumed by thoughts of the pain that awaits her. "My friend's sister from our neighbourhood died after her excision. I am very worried what will happen to me," she says.

Religious leaders take varying positions on the issue, with some promoting it and others supporting its elimination.

El Sheikh Saad is the sheikh of his village mosque in Egypt's Assiut province. A father of a seven-year-old girl, Sheikh Saad was not initially against female genital mutilation until he became informed about its health dangers, and after consulting religious scholars.

"I was not convinced about the harms of this tradition," he says. "I brought the matter up before the local religious committee and they told me clearly that there was no religious basis of the practice."

"Girls and boys are not only rights holders themselves, but also future parents who will play a crucial role in ending this generational scourge."

- Madina Bocoum Daff, FGM survivor

In many instances, female circumcision is performed on extremely young girls. In rural areas in Mali, for example, it is being done to girls under five. In some urban areas, the surgery is even conducted on new-born girls before they are 40 days old.

The practice violates a number of fundamental rights outlined under international protocols. But despite that, only 19 of the 28 countries that practice FGM in Africa have national laws prohibiting it. And even where laws exist, prosecutions are rare.

Despite many African countries signing up to international legal frameworks to protect children, traditional laws governing customary practices often override such treaties.

After suffering through female genital mutilation herself, Madina now works with [Plan International](#) to eliminate it from her country, Mali. She says progress is being made.

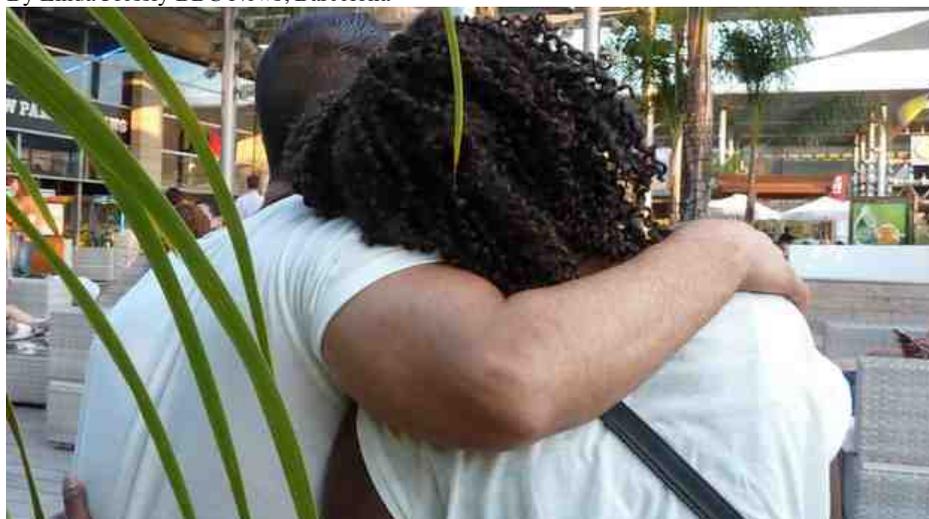
"Through community awareness and education, 44 villages in areas where we work have declared themselves FGM-free," Madina says.

"Besides parents and elders, engaging with children and young people is a key part of our approach. Girls and boys are not only rights holders themselves, but also future parents who will play a crucial role in ending this generational scourge."

24 July 2013 Last updated at 23:20 GMT

The surgeon helping women after genital mutilation

By Linda Pressly BBC News, Barcelona



In Barcelona, a doctor offers reconstructive surgery to women of African origin who were subjected to female genital mutilation (FGM) as children - but some experts say the operation cannot possibly work, and undermines the campaign to prevent FGM being carried out in the first place.

It is three weeks before her operation, and Wenkune is scared.

"Any surgery is frightening, but this is so serious, it affects you a lot. It's hard to imagine that something that was taken away from you so long ago can be replaced. You have no idea how you will face the change that's coming," she reflects.

Wenkune was born in Burkino Faso and has been living in Spain for 10 years. She is nearly 40, the mother of four children, and an activist for women's rights. And she lives with the memories of what happened to her when she was five years old.

"It's like a film in my head. Whenever I go back to my village, I remember. The spot by the river where they cut me, the house they took me to afterwards. If you've been that maltreated and abused, it's something you just can't remove from your head."

Dr Barri, surgeon:



"There's a physical outcome from the procedure, but there's also a psychological one. And that's about not being different any more"

She hopes the surgery might help her recover psychologically.

Dr Barri has operated on over 40 women so far at the private Instituto Universitario Dexeus hospital where he heads up the surgical gynaecology team. The procedure involves excavating the buried clitoris - the part that was not destroyed during the mutilation - and exposing it once more.

"The aim of the operation is to restore the clitoral anatomy and its function," explains Dr Barri.

"It means removing all scar tissue, and then identifying the remaining clitoris and replacing it in the natural place. It isn't complicated surgery."

The technique was pioneered by Dr Pierre Foldes, a French surgeon, and Dr Barri learned how to do it when he studied in Paris.

Rosa is scheduled to have the procedure on the same day as Wenkune. Rosa is 20, was born in Guinea Bissau, and has lived in Europe since she was 12. She is bright and lively, and lives with Thiago (not his real name), her Spanish boyfriend. But she is deeply troubled.

"Before I was with Thiago, I didn't realise what was wrong because nobody had touched me there. I just knew I had something weird - that some of my friends had something and I had barely anything.

What is FGM?



- Procedures which alter or injure female genital organs for non-medical reasons
- Dangers include severe bleeding, problems urinating, infections, infertility and increased risk of newborn deaths in childbirth
- Typically carried out on young girls between infancy and 15
- More than 30 million girls are at risk of FGM over the next decade, a study by Unicef has found
- More than 125 million girls and women alive today have undergone the procedure
- FGM remains almost universal in Somalia, Guinea, Djibouti and Egypt
- [30 million 'face female mutilation'](#)
- [Find out more from the WHO](#)

"I didn't really care about it, but with Thiago... Well, he would talk about the clitoris... And when he touched me, I was very sensitive. I liked it, but it was traumatic too because I would remember when I was a child. I was five or six when my grandmother and some of her friends cut me. I remember a few images - someone holding my arms and someone else holding my legs."

Rosa hopes the operation will change the way she feels about being touched. But she wants more than that: "I want to feel like other women", she says.

Dr Barri says he hears this often from his patients: "There's a physical outcome from the procedure, but there's also a psychological one. And that's about not being different any more."

It is a complex process for these women - by seeking surgery, they are going against the traditions of their home communities.

"And that is why we don't have a whole lot of patients coming to us," says Dr Barri. "We only see women who have decided

to break those community rules. The first patients we saw were very scared - it was almost like they thought they were doing something illegal."

Rosa and Wenkune both have the support of their partners, but they have told only one or two other close associates about the surgery.

There is a worry from some FGM activists that the prevention message could be undermined if African communities believe FGM is something that can be reversed. Dr Barri does not agree.

"Offering reconstruction and talking about it is a very good tool to do prevention," he argues. "We sometimes go out and give presentations to women's associations and NGOs, and we also talk to the parents of our patients. They are surprised to find out what women lose when they undergo FGM. And when information gets to parents, they don't mutilate their daughters."



On the day Rosa and Wenkune are admitted to hospital they are both extremely nervous. Wenkune has brought her Bible with her to give her courage.

The operation takes less than an hour. They stay overnight at the hospital in private rooms, and go home the next day. Dr Barri says the results of the operation are usually good.

"About 90% have good anatomical restoration - that means it's not perfect, but someone who doesn't really understand a lot won't see any big difference. And 70% of patients recover feeling of the area."

I'm having a bad time because of the pain I'm in. It's like I'm reliving the moment they mutilated me"

Wenkune, speaking after her operation

Last year Dr Pierre Foldes - the pioneer of the surgery - and his colleagues published a study in the Lancet. In 11 years, his team operated on nearly 3,000 women. A one-year follow-up was attended by 866 or 29% of those patients: 821 reported an improvement, or at least no worsening, in pain; 815 reported clitoral pleasure; and 431 experienced orgasms.

Although there was no control group, on the face of it it sounded positive. But in a follow-up letter to the Lancet, a heavyweight British team - consultants in the specialisms of gynaecology, obstetrics and psychology - took issue with the study.

"The claims are not anatomically possible," they wrote. "Where the body of the clitoris has been removed, the neurovascular bundle cannot be preserved... There is therefore no reality to the claim that surgery can excavate and expose buried tissue... The campaign against FGM could be undermined by a false proposition that the ill effects can be reversed."

Dr Barri is impatient with the critique.

"It's a matter of knowing what you're talking about," he says. "I've never seen any mutilated woman without remaining clitoris. Whenever we need to remove the whole clitoris - for example in the case of cancer - it's not an easy thing to do.

Normally the patients, at least the ones that survive the FGM, will always have a remaining clitoris. So they can always benefit from replacing it in the right place."

Two weeks after the operation, Wenkune is upset.

"I'm having a bad time because of the pain I'm in," she says. "It's like I'm reliving the moment they mutilated me."

Rosa is recovering faster. "I'm very well... At first it was a bit painful, but little by little, I'm getting better. I hope that in the UK, people will get to know that the best surgeon in the world is in Barcelona."

Four months later, Rosa is smiling and laughing as she talks about her sex life post-surgery.

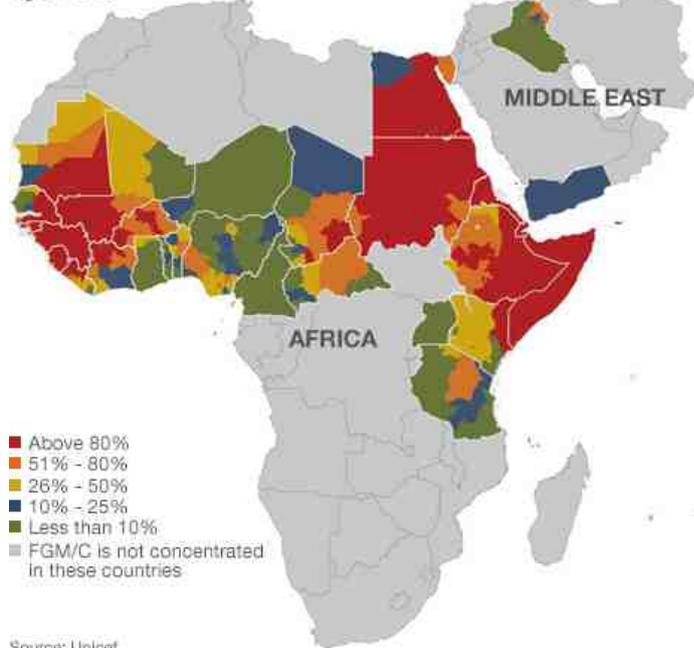
"I haven't completely recovered sensation. But on Wednesday I had my first orgasm. It was much better than before! Now I

feel like a woman."

But her partner, Thiago, says the operation hasn't made any difference to how Rosa feels about being touched.

"She gets those images of her grandmother in her head - you don't forget those things," he says.

Female genital mutilation/cutting among girls and women
Ages 15-49



Source: Unicef

Country	Prevalence	Country	Prevalence
Somalia	98%	Ivory Coast	36%
Guinea	96%	Kenya	27%
Djibouti	93%	Nigeria	27%
Egypt	91%	Senegal	26%
Eritrea	89%	Central African Republic	24%
Mali	89%	Yemen	23%
Sierra Leone	88%	Tanzania	15%
Sudan*	88%	Benin	13%
Burkina Faso	76%	Iraq	8%
The Gambia	76%	Ghana	4%
Ethiopia	74%	Togo	4%
Mauritania	69%	Niger	2%
Liberia	66%	Cameroon	1%
Guinea-Bissau	50%	Uganda	1%
Chad	44%		

Note: Data from the Republic of the Sudan only. Data not collected from South Sudan. Source: Unicef