# CALLING FOR THE END OF THE
# MEDICALIZATION
## OF FEMALE GENITAL MUTILATION

Medicalization of FGM is FGM performed by any category of health care provider, in a public or private clinic, at home or elsewhere.

FGM can never be safe and there is no medical justification for the practice.
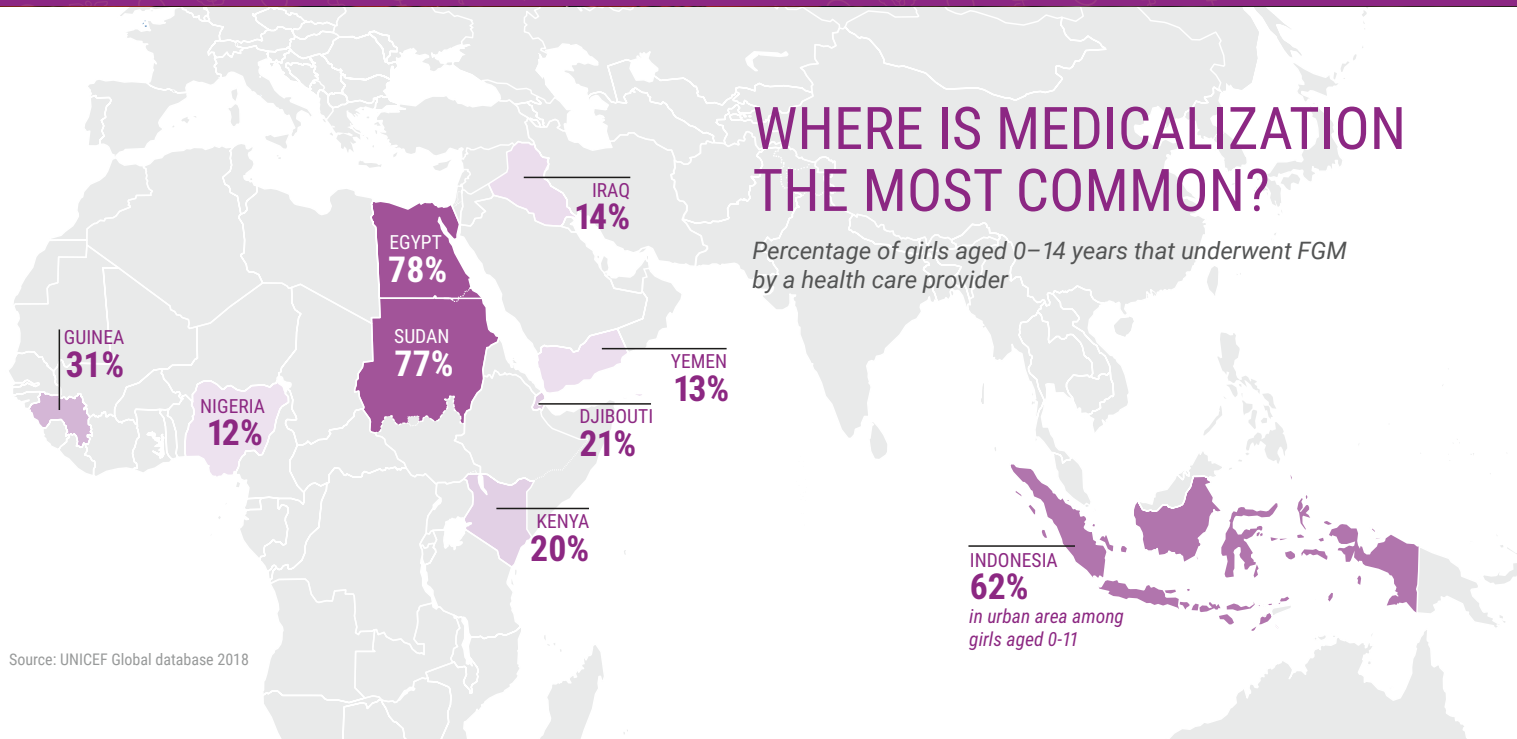
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**AT LEAST**
## 200 MILLION
girls and women in 30 countries have been subjected to FGM

**OVER**
## 20 MILLION
girls and women have undergone FGM at the hands of a health care provider

## WHERE IS MEDICALIZATION THE MOST COMMON?

*Percentage of girls aged 0–14 years that underwent FGM by a health care provider*

IRAQ
**14%**

EGYPT
**78%**

GUINEA
**31%**

SUDAN
**77%**

YEMEN
**13%**

NIGERIA
**12%**

DJIBOUTI
**21%**

KENYA
**20%**

INDONESIA
**62%**
*in urban area among girls aged 0-11*
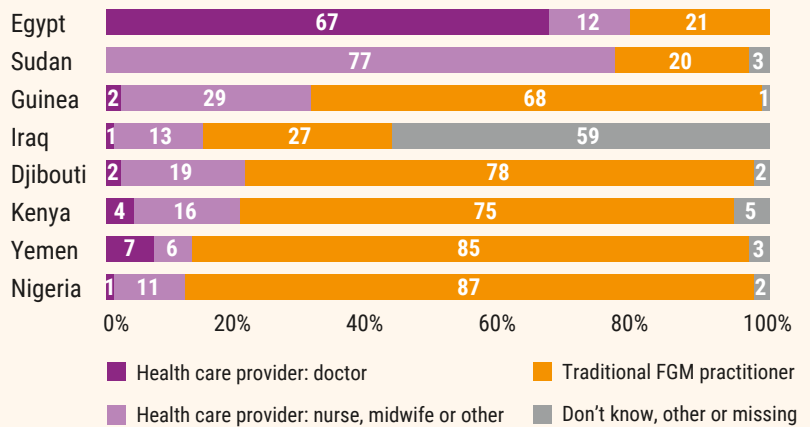
**DJIBOUTI**
**EGYPT**
**GUINEA**
**IRAQ**

National Prevalence of medicalized FGM is **ABOVE 10%** in these eight countries.

**KENYA**
**NIGERIA**
**SUDAN**
**YEMEN**

# DO NO HARM

Health care providers who perform female genital mutilation are violating girls' and women's right to life, right to physical integrity and right to health. They are also violating the fundamental medical mandate to "do no harm," and it represents a threat to efforts to eliminate the practice.

## WHO PERFORMS FGM?

| Country | Health care provider: doctor | Health care provider: nurse, midwife or other | Traditional FGM practitioner | Don't know, other or missing |
|---|---|---|---|---|
| Egypt | 67 | 12 | 21 | |
| Sudan | | 77 | 20 | 3 |
| Guinea | 2 | 29 | 68 | 1 |
| Iraq | 1 | 13 | 27 | 59 |
| Djibouti | 2 | 19 | 78 | 2 |
| Kenya | 4 | 16 | 75 | 5 |
| Yemen | 7 | 6 | 85 | 3 |
| Nigeria | 1 | 11 | 87 | 2 |

Scale: 0% 20% 40% 60% 80% 100%

- ■ Health care provider: doctor
- ■ Health care provider: nurse, midwife or other
- ■ Traditional FGM practitioner
- ■ Don't know, other or missing

# PROGRAMMING IMPLICATIONS AND CRITICAL ROLE OF HEALTH CARE PROVIDERS

Government, policy makers, medical professionals, legal and religious authorities at all levels—regional, national, provincial/state and local levels—have a responsibility in stopping the medicalization of FGM.

**Legal framework, adherence to code of conduct, sanctions, and advocacy for the enforcement of law**

**Integration of FGM and related ethical guidelines in medical, nursing and midwifery education**

**Care and prevention of FGM integrated into service delivery (e.g., deliveries, pre- and post-natal care, and vaccination campaigns)**

**Empower communities for abandonment of FGM**

## END FGM

**Establish partnerships, engage health professionals bodies/associations and link with other services (e.g., social and community services) for referrals and counter-referrals**

**Engage national human rights institutions and CSOs to enhance social accountability**

**Surveillance mechanisms and data collection to inform policy and programme development**

**Create a cadre of health care providers advocating the end of the medicalization of FGM**

UNFPA    unicef    World Health Organization