

Strategies for Prevention of Female Genital Mutilation (FGM): Recapitulation

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Female genital mutilation (FGM), as one of the health concerns for women and girls, envisages partial or total removal of external female genitalia or (or female genital organs). One of the significant areas of concern in this context is that removal of female genital organs is carried out for non-medical reasons, thereby posing health risks of various types. It is because of these considerations that FGM has been (internationally) recognized as an extreme form of violation of the rights, health and integrity of women and girls. The author of this work argues that FGM is a deeply ingrained cultural practice with devastating medical, social, emotional, legal and economic repercussions for young girls and women.

In a significant move, the United Nations General Assembly (UNGA) adopted, in the year 2012, the first-ever resolution against FGM (67/146). The UNGA called for intensified global efforts to eliminate this practice. Most importantly, the FGM (67/146) resolution reaffirms that FGM is "a harmful practice that constitutes a serious threat to the health of women and girls, including their psychological, sexual and reproductive health, which can increase their vulnerability to HIV and may have adverse obstetric and prenatal outcomes as well as fatal consequences for the mother and the new-born, and that the abandonment of this harmful practice can be achieved as a result of a comprehensive movement that involves all public and private stakeholders in society, including girls and boys, women and men" [1]. The resolution, thus, demonstrates deep concerns about the persistence of FGM practice. It has called for increasing international commitment to abandonment of FGM. However, programs to achieve elimination of FGM have not made desired results, sustained efforts, with international network and collaboration, are needed. The author of this work argues that FGM is a deeply ingrained cultural practice with devastating medical, social, emotional, legal and economic repercussions for young girls and women [2].

Primary objective of this editorial research work is to provide a concise summary and review of FGM as area of concern for women and girls in the broader prospective of sexual and reproductive health (SRH). Also, it briefly (a) touches upon main points of FGM and associated health risks, and (b) outlines key areas of strategic intervention. Secondary data (largely 'qualitative' in nature) have been used. Required data were collected from secondary sources like books, book chapters, journal articles, and publications of international agencies, such as the United Nations Population Fund (UNFPA), the United Nations Department of Economic and Social Affairs (UN DESA), and the World Health Organization (WHO). Data sources have been quoted in the reference section. Methodology used for the purpose of data analysis is 'descriptive' (involving "desk-based research"). Analysis of data in this review paper also benefitted from knowledge gain resulting from in-person interaction of the author with health care providers and other involved stakeholders during international conferences and other academic and research events held in various countries (USA, Ireland, Tanzania, Vietnam, Tajikistan, Australia, etc.).

Analysis of data in this work indicates that there are three main types of FGM: (1) partial or total removal of the clitoris: termed as ‘clitoridectomy’; (2) partial or total removal of external part of clitoris and labia minora, termed as ‘excision’; and (3) narrowing the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora, termed as ‘infibulation’ or ‘pharaonic’. In addition to these three types of FGM, there other procedures to the genitalia. Such procedures include:

1. Pricking,
2. Piercing,
3. Incising,
4. Scraping, and
5. Cauterization [3].

Further, FGM is generally practiced on girls and young women who are under 18 years of age. Furthermore, it is pertinent to note that the type of mutilation that is practised, the age at which it is carried out, and the way in which it is done, vary according to a variety of contributing factors. They depend on socio-economic and demographic factors, such as (a) ethnic group of women or girls; (b) rural or urban locations, including country and/or geographical location; (c) religious beliefs; and (d) ethnic and cultural practices [4]. FGM is a global health issue. According to the data published by the WHO in January, 2025, nearly 230 million women and girls have undergone FGM in 30 countries in African, Middle East and Asian countries [5].

In addition, the highest numbers of FGM are witnessed in north-east Africa. The fact remains is that in the present day situation, women and girls with FGM cases are live in all countries of the globe, including in the United Kingdom (among migrant communities). As outlined in previous section of this paper, FGM is carried out on women and young girls during childhood years (immediately after birth in some cases). Another important consideration in this regards is that the “age and the type of FGM procedure carried varies between and within different countries”. However, FGM carries several health complications in view of the fact that it might be performed, in several cases, by untrained individuals [6]. The author of this work makes a point that there are several health complications (both short-term and long-term) associated with FGM; this practice has neither medical justification nor health benefits. “Short-term health risks of FGM” are: (1) severe pain, (2) excessive bleeding, (3) shock, (4) genital tissue swelling, (5) urinary tract infection, (6) impaired wound healing, (b) mental health disorders, and (7) death. “Long-term health risks of FGM” (likely to occur at any time during life span of young girls and women) include: (1) pain; (2) infections of various types; (3) vaginal itching; (4) menstrual complications, including painful menstruation; (5) childbirth complications; (6) perinatal risks; and (7) mental health problems, including post-traumatic stress disorder (PTSD), anxiety disorders, and depression [7].

In terms of key areas of strategic intervention to eliminate FGM in all forms (now and at all times), the author of this paper advocates that a holistic approach is need of the hour. Committed and sustained efforts on following five priority fronts are needed:

1. Developing teaching-learning materials, in local languages, in order to enable health professionals more effectively provide required care and support to girls and women;
2. Researching into causes (in the context of locally prevailing social and cultural beliefs), and consequences of FGM practice;
3. Capacity-building among health care workers, especially those working at community levels, while offering prevention services;
4. Further improving communication skills of health providers in order to enable them to interact more effectively (and in a sensitive way) while discussing FGM-related issues with women and girls; and
5. Developing tools for policy makers to estimate the health burden of FGM (including the potential health benefits of preventing FGM) [4].

This brief review paper concludes that there are underlying causes of FGM. It has been found that the practice of FGM is deeply rooted in gender inequality, harmful gender norms, and complex beliefs, expectations, sanctions and benefits prevailing within communities. FGM does not envisage positive health outcomes; rather it increases the risks of physical, mental and sexual health complications. This practice involves removing and injuring healthy and normal female genital tissue, thereby interfering with the natural functions of SRH of girls and women. It is a harmful practice and is unacceptable from a human rights and public health perspective. Many national governments (including inter-governmental agencies) support public health approach to FGM. However, there is need to undertake more committed and sustained efforts to ensure that girls and women living with FGM receive quality medical care and counselling, now and at all times. Also, more effective advocacy tools need to be developed to prevent FGM.

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