

AN ANALYSIS OF THE ORIGINS OF FEMALE GENITAL MUTILATION

genital mutilation (FGM) or female genital cutting. (FGC), is The exact origin of female genital mutilation . After analyzing these practices of.

Incision and drainage may be needed to relieve vulval abscesses. Long-term health complications include genitourinary urinary tract infection, bacterial vaginosis, problems with menstruation [14], obstetrical caesarean section, postpartum haemorrhage, episiotomy, prolonged labour, tears or lacerations, instrumental delivery, difficult labour, external maternal hospital stay, still birth and early neonatal death, infant resuscitation at delivery [15], sexual dyspareunia, no sexual desire and reduced sexual satisfaction [16], and psychological post-traumatic stress disorder, anxiety disorder and depression consequences [17]. In some communities, it is performed by males, usually barbers because of their skills in handling cutting tools. For those who survive, medium term complications are infections of the reproductive tract following use of unsterilized or poorly sterilized instruments, septic techniques and septic environment and raw wound surfaces. It can cause prolonged obstructed labour which predispose to obstetric fistulae [45]. A review of policies in 28 countries in the European Union EU reports insufficient and unequal distribution of support- and health services as well as inconsistent funding to ensure access to services [32]. The WHA also commits its member states to follow up and regularly report on a set of points targeting prevention in particular community based interventions , legislation, guidelines and provision of care [26]. The psychosocial consequences include post-traumatic stress disorder PTSD , anxiety disorders, panic disorders, inhibition, depression and suppression of feeling and thinking and sometimes attempted suicide [40 , 45]. We then cross-checked the results from each country with provided or available sources and documents. Nevertheless, a progress report on the WHA resolution from African member states highlight the involvement of the health sector as an area in need for improvement [43]. The questionnaire was then pilot-tested in three countries resulting in minor revisions. Female Genital Mutilation. Unhygienic procedures are commoner among the traditional circumcisers with the report of repeated use of a single instrument in up to 30 girls. Spatial distribution of female genital mutilation in Nigeria. This is a midline incision of the vulval scar, made on its anterior part. Survey of young people in Egypt: final report. Therefore, its prevention and eradication are mandatory for human rights and socioeconomic reasons. Acknowledgements We hereby acknowledge Professor Emiola Oluwabunmi Olapade-Olaopa through whom the invitation to contribute this article was obtained and for his technical advice. A multidisciplinary approach to clitoral reconstruction after female genital mutilation: the crucial role of counselling. Supportive documents were provided for only two countries Iran and the Gambia. These policies were fully or partially implemented in 20 countries and not implemented in four Gambia, Somaliland, Spain and Sweden. Fistula could occur during FGM procedures or defibulation. New York: Routledge, Similarly, Abramowicz et al. Fact sheet. Immediate health risks include pain, haemorrhage, infection, urinary retention and injury to the urethra, wound healing problems and death [13]. Circumcised women have increased risks of adverse events during labour and delivery with negative effects on their newborn babies [31]. Africa battles to make female genital mutilation history. More than million girls and women in 30 countries in Africa, Asia and the Middle East have undergone the practice [1], and more than 3. Data was collected in using a pilot-tested questionnaire from 30 countries 11 countries of origin and 19 countries of migration. References 1. The Population Council. Vital et al. When haemorrhage occurs, ensuring haemostasis along with quick restoration of cardiovascular volume with crystalloids, blood and blood products and administering supplemental oxygen is crucial. Still, there are several areas in need for improvement, particularly monitoring and evaluation. Abdulcadir et al. This is corroborated by Krause et al. Mortality can still occur following the above complications of labour and the puerperium.