

NFOG Abstract

Title: “Effects of FGM/C on physical health outcomes and possible treatment”

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Female genital mutilation/cutting (FGM/C) is a term that encompasses a variety of procedures performed on the external female genitalia for cultural or other non-therapeutic reasons. Worldwide, an estimated 200 million girls and women live with FGM/C, despite legislation and campaigns to stop the practice. We present results from several systematic reviews about FGM/C. With respect to the physical health risks associated with FGM/C we included 185 studies (3.17 million women). The most common immediate complications were excessive bleeding, urine retention and genital tissue swelling. Women with FGM/C have a higher risk of urinary tract infections (RR=3.01), bacterial vaginosis (AOR) =1.68), dyspareunia (RR=1.53), prolonged labour (AOR=1.49), caesarean section (AOR=1.60), and difficult delivery (AOR=1.88). Because FGM/C changes normal genital functionality and cause complications, there is an increasing demand for treatment of FGM/C-related complications. With respect to treatment for FGM/C complications, we included 62 studies (5829 women). Meta-analyses of defibulation versus no defibulation showed a lower risk of caesarean section (RR: 0.33) and perineal tears (RRs 0.06 to 0.44). The meta-analyses detected no significant differences in obstetric outcomes of antenatal versus intrapartum defibulation. Reconstructive surgery resulted in a visible clitoris in about 77% of women. Most women self-reported improvements in their sexual life, but up to 22% experienced a worsening in sexuality-related outcomes after reconstruction. There are physical health risks associated with FGM/C, but few options for treatment. Women with FGM/C who seek therapeutic surgery should be informed about the scarcity of evidence for benefits and the potential harms of the available procedures.