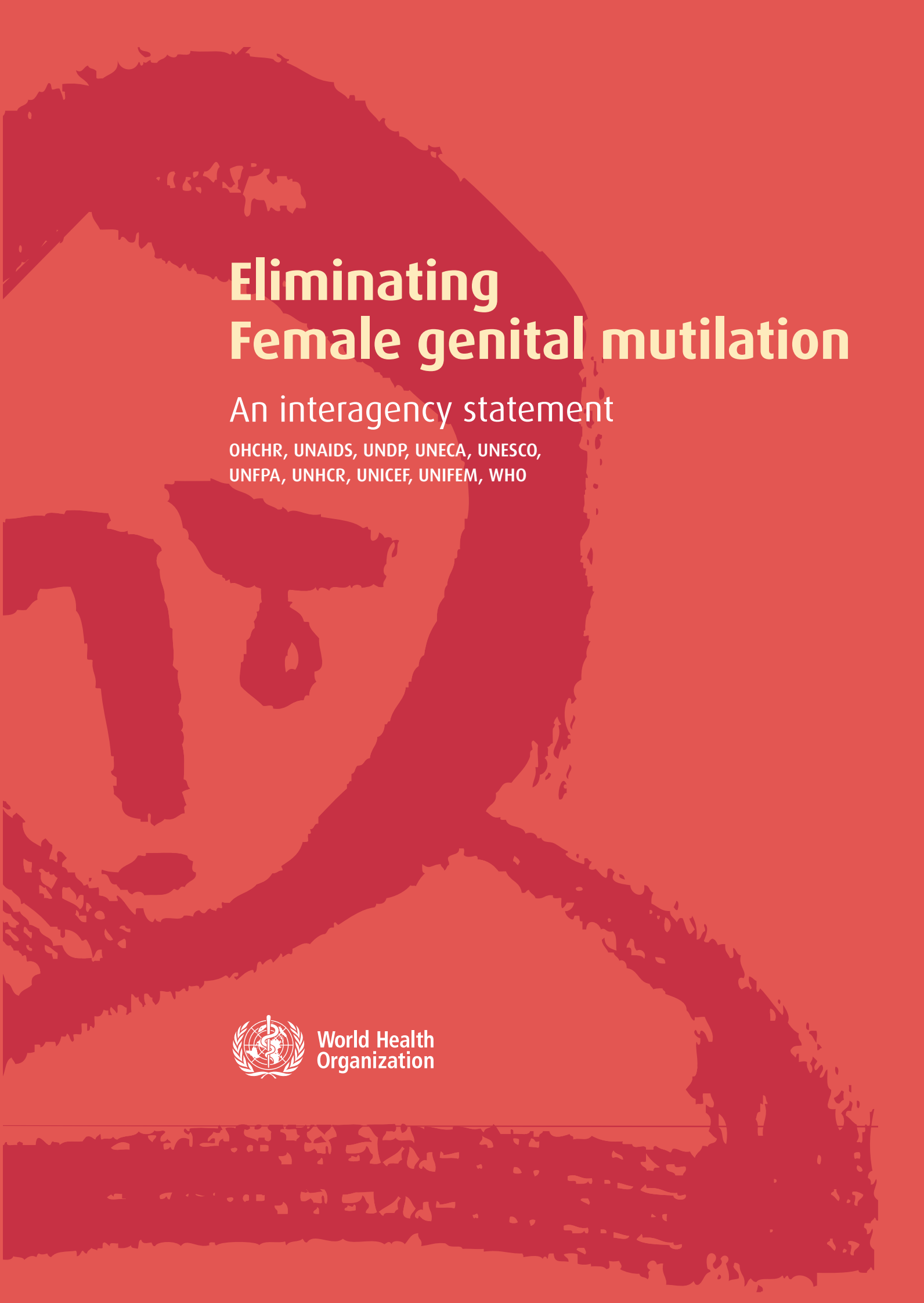
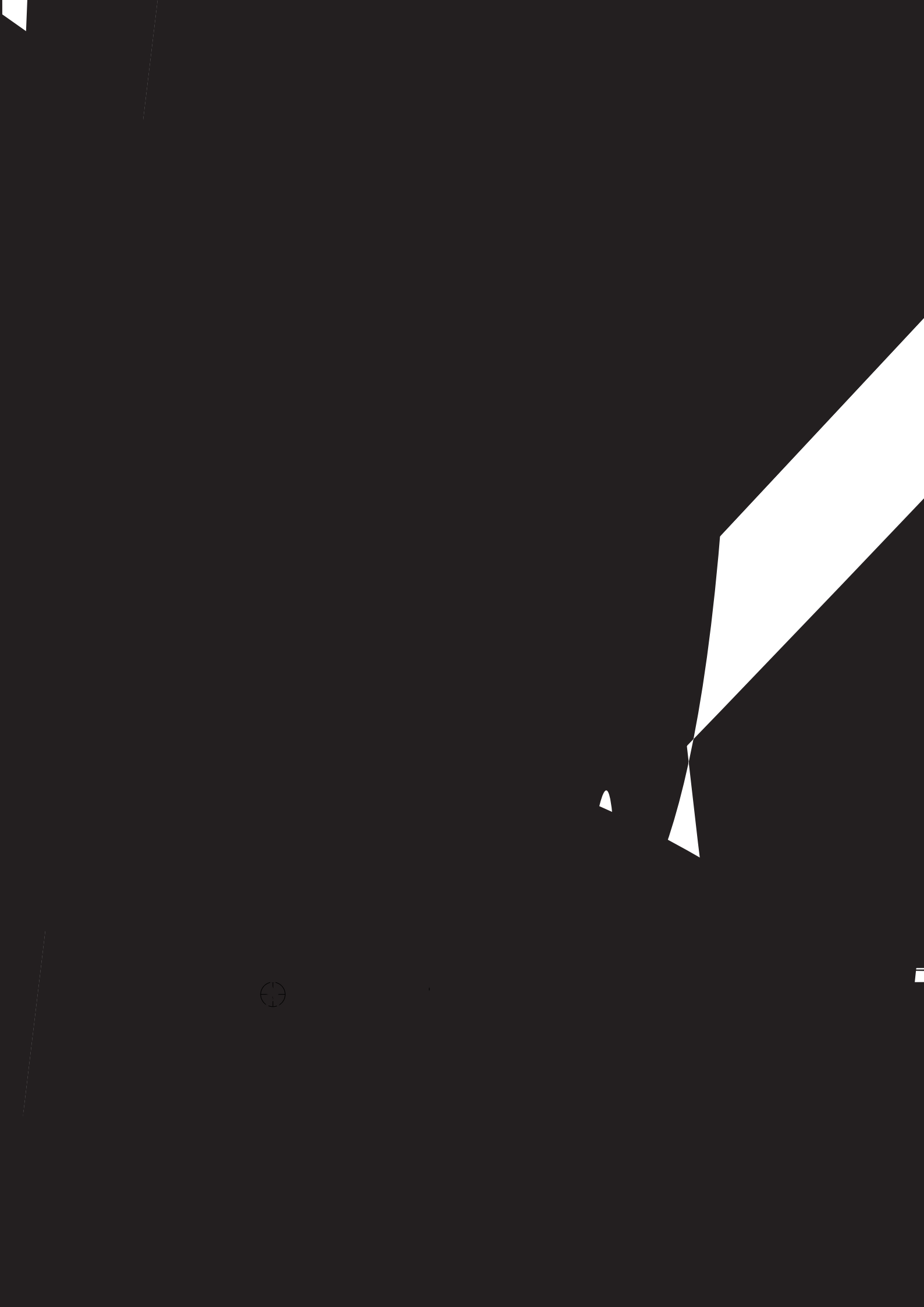


Eliminating Female genital mutilation

An interagency statement

OHCHR, UNAIDS, UNDP, UNECA, UNESCO,
UNFPA, UNHCR, UNICEF, UNIFEM, WHO

World Health Organization



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Contents

However, despite some successes, the overall rate of decline in the prevalence of female genital mutilation has been slow. It is therefore a global imperative to strengthen work for the elimination of this practice, which is essential for the achievement of many of the Millennium Development Goals.

This Statement is a call to all States, international and national organizations, civil society and communities to uphold the rights of girls and women. It also call on those bodies and communities to develop, strengthen, and support specific and concrete actions directed towards ending female genital mutilation.

On behalf of our respective agencies, we reaffirm our commitment to the elimination of female genital mutilation within a generation.

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comments on Type II, this can be an accidental adhesion resulting from a procedure intended as a Type II. In many cases of Type III, no clitoral tissue has been removed (Nour et al., 2006).

Reinfibulation is covered under this definition. This is a procedure to recreate an infibulation, usually after childbirth in which defibulation was necessary. The amount of re-closure varies. If reinfibulation is performed to recreate a 'virginal' appearance, it is often necessary not only to close what has been opened but also to perform further cutting to create new raw edges for more extensive closure. Recent studies have also documented that, in some cases, women who were not infibulated prior to childbirth underwent sutures that reduced their vaginal orifices after delivery (Almroth-Berggren et al., 2001; Berggren et al., 2004). WHO guidelines recommend permanent defibulation, including suturing the raw edges separately to secure a permanent opening and to prevent adhesion formation, in order to avoid future complications associated with infibulation (WHO, 2001a,b).

Comments on the modifications to the 1995 definition of Type IV

Type IV is a category that subsumes all other harmful, or potentially harmful, practices that are performed on the genitalia of girls and women. Therefore, the modified typology begins with the broad definition. The different practices listed are examples, and the list could be shortened or lengthened with increasing knowledge.

The reasons, context, consequences and risks of the various practices subsumed under Type IV vary enormously. As these practices are generally less well known and studied than those under Types I, II and III, the following clarifications derived from available evidence are provided.

Pricking, piercing, incising and scraping

Pricking, piercing and incision can be defined as procedures in which the skin is pierced with a sharp object; blood may be let, but no tissue is removed. Pricking has been described in some countries either as a traditional form of female genital mutilation (Budiharsana, 2004) or as a replacement for more severe forms of female genital mutilation (Yoder et al., 2001; Njue and Askew, 2004). Incision of the genitals of young girls and infants has been documented (Budiharsana, 2004), as has scraping (Newland, 2006).

Discussion on whether pricking should be included in the typology and defined as a type of female genital mutilation has been extensive. Some researchers consider that it should be removed from the typology, both because it is difficult to prove if there are no anatomical changes, and because it is considered significantly less harmful than other forms (Obiora, 1997; Shweder, 2003; Catania and Hussen, 2005). Introduction of pricking has even some times been suggested as a replacement of more invasive procedures, as a form of harm-reduction (Shweder, 2003; Catania and Hussen, 2005). Others argue that it should be retained, either to enable documentation of changes from more severe procedures, or to ensure that it cannot be used as a 'cover up' for more extensive procedures, as there are strong indications that pricking described as a replacement often involves a change in terminology rather than a change in the actual practice of cutting (WHO Somalia, 2002). When women who

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