Impact of female genital mutilation on the millennium goals

ABSTRACT

Objective: To relate the Female Genital Mutilation as a negative factor for the achievement of the Millennium Development Goals 1, 3, 4, 5 and 6.

Method: Data collection was through review literature review between in the years 2014 and 2015 in the databases Medline/PubMed, Web of Science, LILACS, SCIELO, Tesis Doctorales TESEO and in the webs of WOK, UNICEF, UNAF and WHO using the descriptors: female circumcision, millennium development goals, rights of women. Articles published between years 2010 y 2015, were included and finally 24 articles were selected.

Results: The Female Genital Mutilation is based on gender discrimination, and reinforces and encourages the circle of poverty. This practice causes physical complications that may affect the infant mortality and morbidity, complications in pregnancy and childbirth and there is a relationship between the practice and the transmission of human immunodeficiency virus.

Conclusion: The fight against Female Genital Mutilation contributes to the achievement of five of the eight Millennium Goals.

Keywords: Circumcision, female. Millennium Development Goals. Women's rights.

RESUMO

Objetivo: Relacionar a MGF como um fator negativo para a realização dos Objetivos de Desenvolvimento do Milênio 1, 3, 4, 5 e 6.


Resultados: A mutilação genital feminina é uma prática baseada na discriminação de gênero que reforça e estimula o ciclo da pobreza. Causa complicações físicas que podem afetar a mortalidade e morbilidade infantil, bem como complicações na gravidez e no parto e na aquisição de HIV.

Conclusão: A luta contra a MGF contribui para a realização de cinco dos oito Objetivos de Desenvolvimento do Milênio.


RESUMEN

Objetivo: Relacionar la Mutilación Genital Femenina como factor negativo para la consecución de los Objetivos de Desarrollo del Milenio 1, 3, 4, 5 y 6.

Métodos: Se ha realizado la recogida de datos a través de una revisión integradora de la literatura en los años 2014 y 2015. Se consultaron las bases de datos: Medline/PubMed, Web of Science, LILACS, SCIELO, Tesis Doctorales TESEO y en las webs de WOK, UNICEF, UNAF y WHO utilizando los descriptores: circuncisión femenina, objetivos de desarrollo del milenio y mutilación genital femenina. Se incluyeron artículos publicados entre los años de 2010 y 2015, y se seleccionaron finalmente 24 artículos.

Resultados: La Mutilación Genital Femenina es una práctica basada en discriminaciones de género que refuerza e incentiva el círculo de la pobreza. Provoca complicaciones físicas que pueden repetirse en la mortalidad y morbilidad infantil, así como en complicaciones en el embarazo y el parto y en la adquisición del virus de la inmunodeficiencia humana.

Conclusión: La lucha contra la Mutilación Genital Femenina contribuye a la consecución de cinco de los ocho Objetivos del Milenio.

Palabras clave: Circuncisión femenina. Objetivos de Desarrollo del Milenio. Derechos de la mujer.
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INTRODUCTION

The historic meeting of 190 Heads of State and Government known as the Millennium Summit, held at the UN headquarters in September 2000, was concluded with the commitment made by all participants to reach by 2015 eight development goals, named Millennium Development Goals (MDGs), which included 18 specific goals. Their importance lies in the fact that they summarize the priorities of international cooperation aimed at development efforts.

A specific goal regarding gender equality, MDG.3, is set forth, with the purpose of promoting gender equality and the autonomy of women. The goal to assess its achievement refers to the elimination of inequality between men and women in primary and secondary education, something to be achieved preferably by 2005 and by 2015 in all other levels. According to several specialists, these goals are not very concrete and ambitious, especially when one takes into account that MDG.2 already addresses the issue of universal access to primary education.

It is known that discrimination against women is a reality all over the world, and such discrimination originates in a patriarchal social system that assigns responsibilities to men and women in an unequal way. In order to maintain this inequality, several traditions, beliefs and practices are used, and these are deep rooted and associated with cultural, social and religious norms.

In this sense, Female Genital Mutilation (FGM) is one of the most harmful traditional practices when it comes to women’s health, who, due to the characteristics of the act and its consequences, may have a negative impact in the achievement of MDGs 1, 3, 4, 5 and 6, especially due to the characteristics of the act and the strong sexist connotations that define this practice. This practice prevents women from being equal and autonomous, and affects millions of women and girls, especially in Sub-Saharan Africa. FGM refers to a set of procedures that implicate in the total or partial elimination of external female genitals because of several non-medical reasons, even with the consent of the victim.

Therefore, this study aimed at answering the following question: how is Female Genital Mutilation a negative factor for the achievement of MDGs 1, 3, 4, 5 and 6? This is related to the purpose of this study, which is to categorize Female Genital Mutilation as a negative factor for the achievement of MDGs 1, 3, 4, 5 and 6.

METHODOLOGY

In order to achieve this goal, we carried out data collections by executing an integrative review of literary references between December 2014 and March 2015 found in the Medline/PubMed, LILACS and SCIELO databases, as well as in the Tesis Doctorales TESEO database. The WOK, UNICEF, UNAF, United Nations and the World Health Organization websites were also used to acquire supplementary and pertinent information for the study.

As a search strategy, we used the following health science descriptors: “female circumcision” or “millennium development goals”, in an individual way and/or united by the Boolean operator “and”, so as to find the largest number of publications. Furthermore, in order to broaden the search, we decided to include the keyword female genital mutilation.

We obtained 1.548 results, to which we applied the following inclusion criteria: articles published between 2010 and 2015, which established a relationship between genital mutilation and MDGs, or articles describing the consequences of FGM.

The selection of the articles was carried out as follows: First of all, we carried out an exploratory reading of the material we found in order to determine our level of interest in terms of this investigation. After consulting the summary and the title, we proceeded to a more critical reading of the entire texts, which resulted in the selection of 24 articles (Image 1). The selection of the 24 articles we carried out by applying the goal established for review as a selection criterion. Therefore, we first selected articles that made a direct link between FGM and MDGs. After this preliminary search and the critical reading of the articles found, we broadened our search so as to include articles where we could find a link between FGM and the MDGs, even though no direct mentions were made.

The expansion of our search was executed due to the low number of readings that explicitly linked FGM and the achievement of the Millennium Development Goals.

After the reading of the selected texts, we cataloged data in a report for each article, including the identification information and analysis of each article. With all 24 reports prepared, we moved to their analysis, grouping them according to their resemblance and appropriateness, thus giving rise to the thematic categories that relate FGM to Millennium Goals 1, 3, 4, 5 and 6.

RESULTS AND DISCUSSION

By exposing the results, we were able to observe the negative relationship between the consequences of FGM
Image 1 – Flow chart for our search strategy
Source: Authors

Keywords:
- Female circumcision (22 results)
- Female Mutilation (11 results)

33 results
After reading title, summary, application of inclusion criteria and elimination of duplicate materials
0 results

Keywords:
- Female circumcision (0 results)

2 results
After reading title, summary, application of inclusion criteria and elimination of duplicate materials
2 results

Keywords:
- Female circumcision AND Millennium Development Goals (0 results)
- Female Genital Mutilation (2 results)

24 results
After reading title, summary, application of inclusion criteria and elimination of duplicate materials
1 result

Keywords:
- Female circumcision AND Millennium Development Goals (4 results)
- Female circumcision (8 results)
- Female Genital Mutilation (16 results)
- Female Genital Mutilation AND Millennium Development Goals (0 results)

1.489 results
After reading title, summary, application of inclusion criteria and elimination of duplicate materials
15 results

Keywords:
- Female circumcision AND Millennium Development Goals (4 results)
- Female circumcision (699 results)
- Female Mutilation (782 results)

Other documents
- UNICEF (1 result)
- UN (1 result)
- WHO (3 results)
- UNAF (1 result)

6 results
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MDG 1.
To eradicate extreme poverty and hunger

Consequences for the health status of women and girls

- Loss of human life
- Loss of physical and mental abilities
- Increase in health costs

Table 1 – FGM and Millennium Development Goal - FGM and MDG.1

Source: (5-6)

Image 2 – Cycle of poverty
Source: Authors
standards and maintained by the communities, rejecting and excluding non-mutilated women. This social order is also maintained by means of religion, according to interpretations of some religious leaders and popular beliefs, even though this practice is not a religious precept in itself. Even so, genital mutilation in young girls instantly turns them into marriage material - quite often, these girls are underage and removed from their families, prevented from being a child and having an education, becoming one in a list of wives and housemaids, which also contributes to the creation of obstacles to MDG 1, preventing their empowerment so they can break free from this cycle of poverty. This is found in the study that mentions that most women cannot continue their studies after secondary school, with 5 in primary education, including a 10-year-old girl who had to leave school to become a wife and a housemaid. Mutilated women who replied to the survey were mostly housewives (61%), residing in urban areas (85%), married (82%), Muslim (97.2%) and illiterate (40%). Similarly, the authors point out that one of the characteristics shared by these women is their low educational level.

In addition to the social and cultural factors that may have a negative impact on the achievement of this MDG, there is also a negative repercussion linked to the various long-term health consequences derived from FGM, such as: urinary retention and infections, psychological disorders such as post-traumatic stress, or relationship problems with their companion, such as anorgasmia, vaginismus, frigidity, refusal of sexual intercourse and dyspareunia.

Consequently, justifications based on gender discrimination perpetuate this kind of practice, which perpetuates inequality between men and women, to the benefit of the patriarchy.

Mutilation is carried out between ages 4 and 14, often coinciding with their first period, although the current trend is to carry this out at a younger age, in order to prevent girls from resisting against the practice and developing traumatic memories that may result in repudiation from the girls.

There is a series of immediate physical complications associated with FGM that may have an impact in mortality rates and in child mortality rates, such as:

- Hemorrhage, a consequence of cutting an artery or a secondary effect of a blood clot breaking off, hypovolemic hemorrhagic shock, as well as distribute, septic, and neurogenic shock
- Hepatitis B and C infections, tetanus and HIV/AIDS
- An increase in the number of newborns that require reanimation right after birth, with this type I and II FGM being linked to 22% of perinatal deaths. These consequences of FGM entail a limitation for the achievement of MDG 4 (Table 3).

A study carried out by the WHO with 28,393 women in six African countries (Burkina Faso, Ghana, Nigeria, Senegal, Sudan and Kenya) corroborated the existence of a higher frequency of health complications during pregnancy, childbirth and during the postpartum period in the case of women who have undergone FGM practices, when compared to women who have not been mutilated. Also, this study also allowed the establishment of a connection between major health complications to women to have been subjected to the most aggressive kinds of mutilation (type II, or excision, and type III, or infibulation). This was

<table>
<thead>
<tr>
<th>Factors that favor FGM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social factors</td>
</tr>
<tr>
<td>Patriarchal Society</td>
</tr>
<tr>
<td>Marriage as the only means possible to obtain access to land</td>
</tr>
<tr>
<td>Religious factors</td>
</tr>
<tr>
<td>FGM as a means of inclusion in a community</td>
</tr>
<tr>
<td>FGM as a divine command</td>
</tr>
<tr>
<td>Sexual factors</td>
</tr>
<tr>
<td>Control over female sexuality</td>
</tr>
<tr>
<td>Maintaining polygamy</td>
</tr>
<tr>
<td>Hygienic-Aesthetic factors</td>
</tr>
<tr>
<td>View of female genitals as something “dirty”</td>
</tr>
<tr>
<td>View of cut vaginal labia as something beautiful</td>
</tr>
</tbody>
</table>

Table 2 – FGM and Millennium Development Goal 3 Source: [9,10].
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also concluded by a study carried out in 2014 in Southeastern Nigeria(3).

With regard to Millennium Goal 6, to combat HIV/AIDS, malaria, and other diseases, there is a plausible relationship between FGM and the transmission of the human immunodeficiency virus. In this sense, the authors all agree that it is possible that FGM is a risk factor for HIV transmission and that it increases female vulnerability in contracting Sexually-Transmitted Diseases, by means of the hypothetical mechanisms proposed in Table 5. The conditions of absence of characteristics of the procedure and the materials used during this. The traditional, and sometimes clandestine, aspect of this practice increase women’s and young girls’ vulnerability with regard to HIV/AIDS(27).

LIMITATIONS OF THE STUDY

The number of articles and documents included in the bibliography is extensive; however, unpublished documents have not been reviewed, as well as documents in languages other than English or Spanish, so a few documents may not have been reviewed.

Table 3 – FGM and Millennium Development Goal 4
Source: Authors, based on the bibliography mentioned

<table>
<thead>
<tr>
<th>Immediate consequences of FGM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemorrhage(6,13,16)</td>
</tr>
<tr>
<td>Acute posthemorrhagic anemia(7)</td>
</tr>
<tr>
<td>Shock(14)</td>
</tr>
<tr>
<td>Infections(15)</td>
</tr>
<tr>
<td>Increase in number of newborns who require reanimation after labor(2,16)</td>
</tr>
<tr>
<td>Death as a result of complications in previous cases(14)</td>
</tr>
</tbody>
</table>

Table 4 – FGM and Millennium Development Goal 5
Source: Authors, based on the bibliography mentioned

<table>
<thead>
<tr>
<th>Consequences of FGM during pregnancy and labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in the number of Cesarean sections and episiotomies(2,19-20)</td>
</tr>
<tr>
<td>Increase in the number of cases of postpartum hemorrhages(21)</td>
</tr>
<tr>
<td>Increase in maternal death rates(2)</td>
</tr>
<tr>
<td>Perineal tears(2,12,16)</td>
</tr>
<tr>
<td>Postpartum hemorrhage(2,12,16,22)</td>
</tr>
<tr>
<td>Impossibility of natural labor(12)</td>
</tr>
<tr>
<td>Primary infertility(21)</td>
</tr>
<tr>
<td>Obstetric fistulae(12,23)</td>
</tr>
<tr>
<td>Increase in maternal death rates(2)</td>
</tr>
</tbody>
</table>

CONCLUSION

According to the articles researched, FGM implies a difficulty that limits the achievement of five of the eight Millennium Development Goals, proposed by the United Nations in 2000 and affects approximately 140 million women and young girls.

The interventions aimed at preventing and eradicating this practice have consequences in several levels of these development goals: they help breaking the cycle of poverty (Goal 1) by decreasing the loss of human potential implied by this tradition. Likewise, this would imply in advances towards gender equality and autonomy for women (Goal 3). The elimination of FGM has a direct impact on the reduction of child mortality rates (Goal 4) and improvements in maternal health (Goal 5), as there is a correlation between FGM and increases in perinatal and maternal mortality rates. Female genital mutilation is associated with major complications during pregnancy, childbirth and postpartum periods.

The conditions under which genital mutilations are most often carried out facilitates the transmission of dis-
MDG 6.
To combat HIV/AIDS, malaria, and other diseases

<table>
<thead>
<tr>
<th>Factors that facilitate HIV/AIDS transmission during FGM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of unsterilized materials</td>
</tr>
<tr>
<td>Use of a single tool for several girls</td>
</tr>
<tr>
<td>Blood loss decrease the immune system’s ability to set reactions</td>
</tr>
<tr>
<td>The presence of lacerated genitals increases contagion risks</td>
</tr>
<tr>
<td>The loss of elasticity may result in tears during sexual intercourse</td>
</tr>
</tbody>
</table>

Table 5 – FGM and Millennium Development Goal 6
Source: [WHO](http://www.who.int/bulletin/volumes/88/4/09-064808.pdf?ua=1).

...erases such as HIV/AIDS or hepatitis. Its eradication will decrease the prevalence of HIV/AIDS (Goal 6).

**PRACTICAL IMPLICATIONS**

Even though the MDGs have been assessed, Nurses, supported by the International Council of Nurses and as the providers of services guided by the observance and defense of human rights for all the people they care for, must develop prevention strategies and research projects with regard to the several harmful practices that are damaging to people’s health, freedom and dignity, which includes FGM.

The establishment of a negative relationship between FGM and the achievement of the MDGs may help generate a greater sense of awareness regarding the fight aimed at eliminating this practice.

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