

## Appendix 2:      **Types of FGM and the FGM Procedure**

### **Types of FGM**

Female Genital Mutilation has been classified by the World Health Organisation into four types:

#### **Type 1: Clitoridectomy**

Partial or total removal of the clitoris (a small sensitive and erectile part of the female genitals) and /or the prepuce (the fold of skin surrounding the clitoris).

#### **Type 2: Excision**

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina).

#### **Type 3: Infibulation (also called Pharaonic Circumcision)**

This is the most extensive form of FGM. The vagina opening is narrowed through the creation of a covering seal by cutting and appositioning (closing together) the labia minora and/or the labia majora, with or without excision of the clitoris. De-infibulation is the name for opening the entry to the vagina again.

#### **Type 4: Other/Unclassified**

All other harmful procedures to the genitalia for none medical purposes, for example: pricking, piercing, incising, tattooing, scraping and cauterising the genital area.

### **The FGM procedure**

FGM is usually carried out by the older women in a practicing community, for whom it is a way of gaining prestige and can be a lucrative source of income in some communities.

The arrangements for the procedure usually include the child being held down on the floor by several women and the procedure carried out without medical expertise, attention to hygiene and anaesthesia. The instruments used include unsterilized household knives, razor blades, broken glass and sharpened stones. The girl may not be expecting the procedure and this exacerbates the trauma that is experienced.

FGM is being increasingly medicalised; an estimated 18% of women who have undergone FGM have done so via health-care providers and this trend is increasing<sup>1</sup>. The motivations of healthcare providers to perform FGM are varied but by agreeing to perform the procedure they add medical legitimacy to it and contribute to the persistence of the practice. However, the medicalisation of FGM is condemned by all international groups including the World Health Organisation<sup>2</sup>.

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<sup>1</sup> WHO (2011) An Update on WHO's work on female genital mutilation (FGM); Progress Report

<sup>2</sup> WHO (2010) Global strategy to stop health-care providers from performing female genital mutilation