DO NO HARM

Addressing the Medicalisation of Female Genital Mutilation/Cutting (FGM/C) in Asia

A Guide for Health Workers

#EndFGM in Southeast Asia

UNFPA

unicef for every child

Australian Aid

CONTEXT

CULTURAL CONTEXT OF FGM/C IN ASIA:

There are many reasons why parents in Asia seek to have their daughters circumcised/cut. These include:

- Belief it is a cultural or religious tradition which reflects modesty and purity for girls
- Encourages a sense of community belonging
- A rite of passage
- Families believe it ensures:
  - Moral behaviour
  - Marriageability
  - Social respect
- Seen as maintaining cultural identity and family honour

Understanding these social norms and beliefs is essential for promoting dialogue and education between health practitioners and families.

For the purpose of this document, we will be using "circumcision/cutting/pricking" which are the most utilised terms in Asia. The word "mutilation" is not used in the region, although this is the internationally recognized term.

EVIDENCE-BASED REALITY:

Despite these cultural beliefs about FGM/C, the practice is:

- Universally acknowledged to have no medical justification
- Causes immediate and possible long-term physical and psychological harm
- Can lead to health complications for girls and women throughout their lives

PROGRESS AND ALTERNATIVES:

Communities and religious leaders around the world are increasingly advocating for the abandonment of this practice and are promoting safer, respectful, celebratory practices that honour girls. In Asia, FGM/C, including circumcision and pricking, is often practiced within strong cultural and religious traditions that emphasise modesty, purity, and community belonging. It is commonly seen as a rite of passage, with many families believing it ensures moral behaviour, marriageability, and social respect.

In these contexts, FGM/C is not generally viewed as a harmful practice but rather as a valued custom that maintains cultural identity and family honour.

Understanding these social norms is essential for promoting dialogue and education that encourage safer, more informed choices.

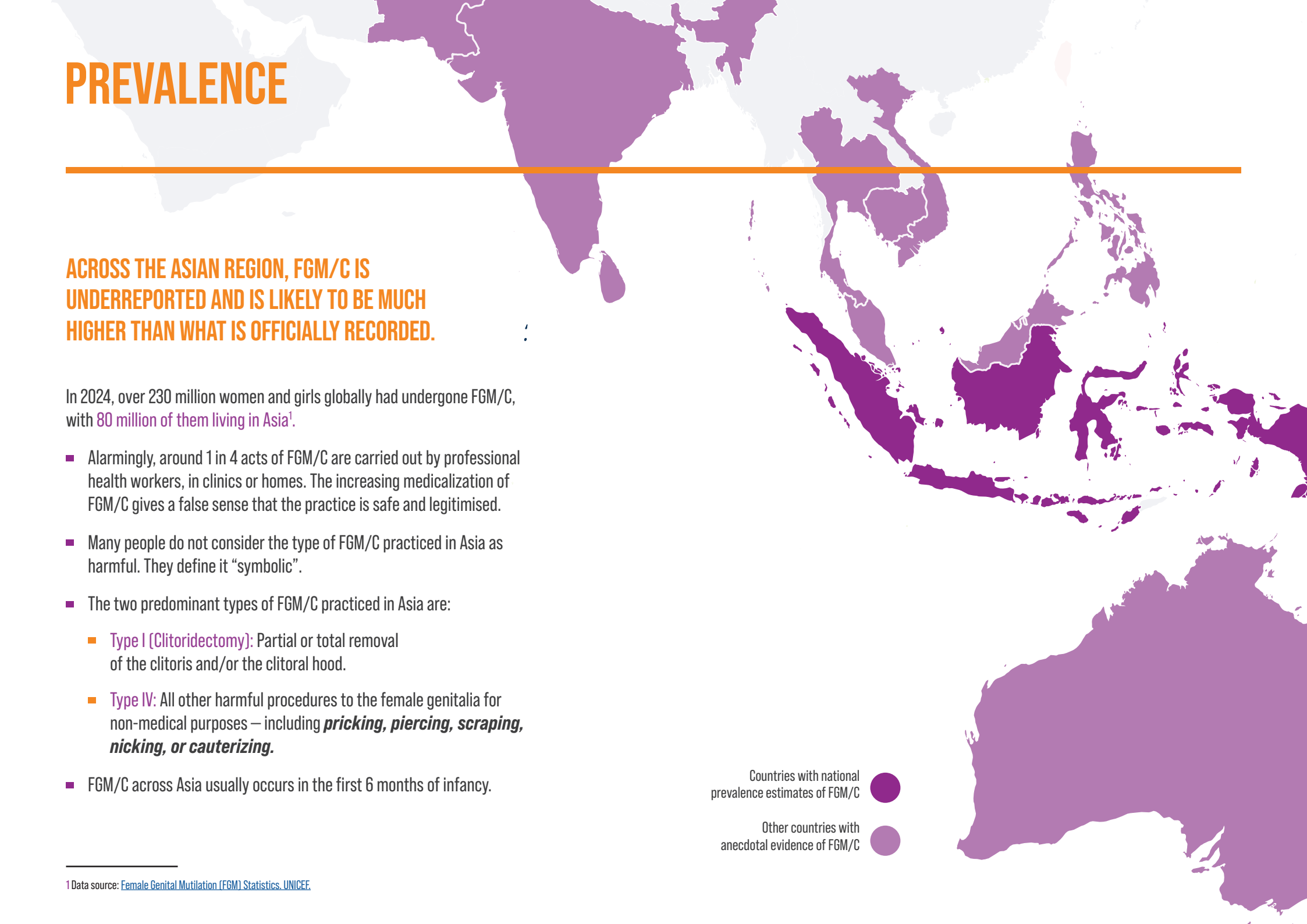
It is universally acknowledged that FGM/C is a harmful practice with no medical or moral justification. It inflicts immediate and long-term physical and psychological harm. The belief that FGM/C preserves purity or controls girls' sexual behavior is unfounded, as it is rooted in cultural traditions rather than evidence or religious teachings.

PREVALENCE

ACROSS THE ASIAN REGION, FGM/C IS UNDERREPORTED AND IS LIKELY TO BE MUCH HIGHER THAN WHAT IS OFFICIALLY RECORDED.

In 2024, over 230 million women and girls globally had undergone FGM/C, with 80 million of them living in Asia[1].

- Alarmingly, around 1 in 4 acts of FGM/C are carried out by professional health workers, in clinics or homes. The increasing medicalization of FGM/C gives a false sense that the practice is safe and legitimised.
- Many people do not consider the type of FGM/C practiced in Asia as harmful. They define it "symbolic".
- The two predominant types of FGM/C practiced in Asia are:
  - Type I (Clitoridectomy): Partial or total removal of the clitoris and/or the clitoral hood.
  - Type IV: All other harmful procedures to the female genitalia for non-medical purposes – including ***pricking, piercing, scraping, nicking, or cauterizing.***
- FGM/C across Asia usually occurs in the first 6 months of infancy.



1 Data source: Female Genital Mutilation (FGM) Statistics. UNICEF.

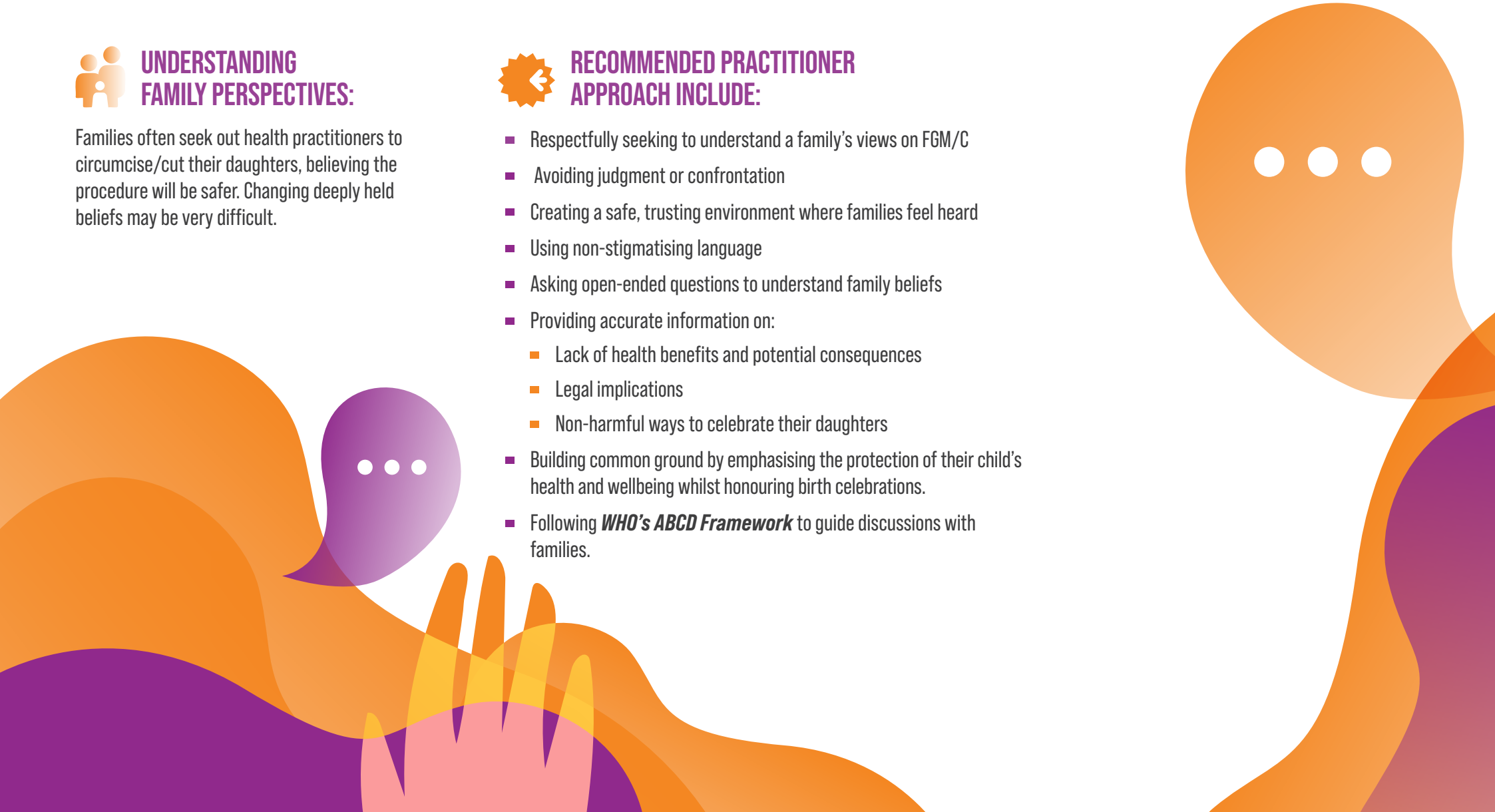
APPROACHING CONVERSATIONS ABOUT FGM/C

UNDERSTANDING FAMILY PERSPECTIVES:

Families often seek out health practitioners to circumcise/cut their daughters, believing the procedure will be safer. Changing deeply held beliefs may be very difficult.

RECOMMENDED PRACTITIONER APPROACH INCLUDE:

- Respectfully seeking to understand a family's views on FGM/C
- Avoiding judgment or confrontation
- Creating a safe, trusting environment where families feel heard
- Using non-stigmatising language
- Asking open-ended questions to understand family beliefs
- Providing accurate information on:
  - Lack of health benefits and potential consequences
  - Legal implications
  - Non-harmful ways to celebrate their daughters
- Building common ground by emphasising the protection of their child's health and wellbeing whilst honouring birth celebrations.
- Following ***WHO's ABCD Framework*** to guide discussions with families.



MANAGING PERSONAL EXPERIENCES

RECOGNISING PERSONAL IMPACT OF FGM/C

Some health practitioners may have personal experiences with FGM/C, including having undergone it themselves. Having personal histories of FGM/C can evoke:

- Strong emotions
- Conflicting feelings when caring for families requesting FGM/C
- Conflicting feelings between recognising the cultural implications of FGM/C, while understanding the medical non-requirements

SELF-AWARENESS AND SUPPORT

Finding ways to manage any conflicting personal experiences include:

- Acknowledging own experiences of FGM/C
- Reflecting on personal biases
- Seeking appropriate support:
  - Supervision
  - Reflective practice
- Maintaining professional objectivity

PROFESSIONAL APPROACH

Separating personal views from professional responsibilities is important to ensure families feel heard and respected. To support this process, practitioners can focus on:

- Upholding ethical and legal obligations, including the medical principle of “do not harm”
- Ensuring child’s safety and rights
- Engaging families with empathy and respect

This will assist practitioners to provide compassionate, culturally sensitive care regardless of personal background or beliefs.

WHO'S* ABCD PERSON-CENTRED COMMUNICATION FOR FGM/C PREVENTION

Purpose: to help practitioners communicate in a way that is ***respectful, empathetic, non-judgmental, and effective*** in their discussions with families about FGM/C. It supports ***behaviour change*** while maintaining ***trust and cultural sensitivity.***

A

ADDRESS & ASSESS

Welcome the family warmly and acknowledge and clarify the reason for their visit

Assess the family's views on FGM/C

B

BELIEFS

Discuss the family's intentions by exploring further their reasons in requesting FGM/C

Respectfully challenge these reasons, and offer evidence-based information

C

CHANGE

Explore the possibility of change and encourage reflection

Offer culturally sensitive alternatives

D

DISCUSS & DECIDE

Encourage parents to identify who in the family/ community will support a change in practice

*World Health Organization

A

ADDRESS & ASSESS

ASSESS HOW THE PARENTS FEEL ABOUT FGM/C

MIDWIFE / HEALTH WORKER: Thank you for coming to see me today. I am happy to help you with this issue.

Can I ask a little bit about this?

Is it something your family has always done, or are there particular reasons you feel this is important for your daughter?

PARENTS: Yes our family has always practiced this. We want to make sure our daughter is pure and part of this tradition, and that her future is protected.

MIDWIFE / HEALTH WORKER: Thank you for sharing – I can see how much you care for your daughter's future. Can I ask you what you mean by protecting her future?

PARENTS: It means she will be a good girl and not run after boys. People say if you're not circumcised, good fortune will be hard to come by, because you are bearing impurity wherever you go.

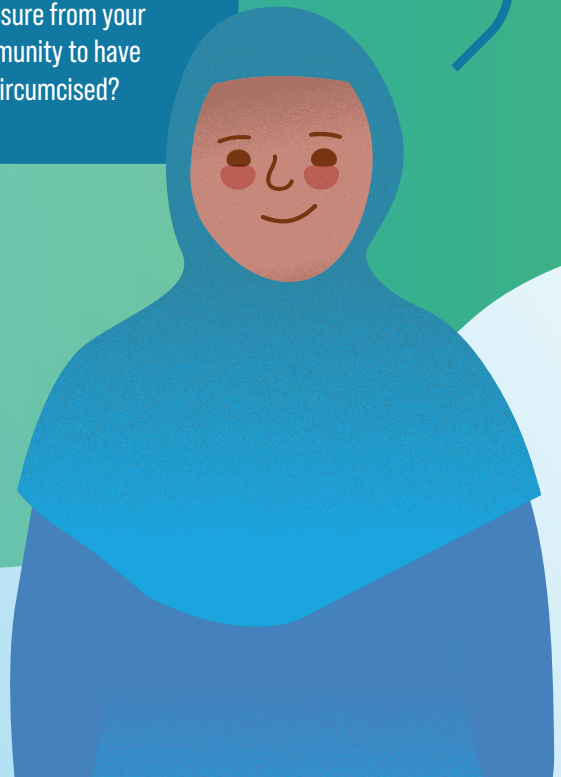
MIDWIFE / HEALTH WORKER: Yes I know many other parents who wish to protect their daughters in the same way.

I can hear you really want to provide the best opportunity for your daughter.

Do you feel pressure from your family and community to have your daughter circumcised?

PARENTS: Yes, we don't want to be different or teased or looked down upon, we are a good religious family. In our community, uncircumcised girls are not respected.

MIDWIFE / HEALTH WORKER: I can tell you do not wish anyone to judge your daughter. You are being a caring parent thinking about how to avoid this. Thank you for sharing this with me.



B

BELIEFS

DISCUSS AND CHALLENGE BELIEFS ABOUT FGM/C

MIDWIFE / HEALTH WORKER: You have mentioned some common reasons why you wish to circumcise your daughter – I am hoping you will allow me to share with you some globally known facts about FGM/C?

PARENTS: Well... we have heard that you can get infected or a bit sick, so we think its safer to come here to have it done where its cleaner and more professional.

MIDWIFE / HEALTH WORKER: Yes you are right, young girls can get very sick with infections, and have long term problems.. And it can be very painful for them. But this happens even if it is done in a clinic.

There is NO safe place to perform circumcision.

In fact many countries are now turning away from this practice, as we now know there is no medical benefit and it causes long term trauma and health consequences.

So in fact your daughter wouldn't be different from many other girls who are no longer being circumcised.

PARENTS: But what about keeping my daughter chaste and safe for marriage?

MIDWIFE / HEALTH WORKER:
I understand your concern about this.

FGM/C is often seen as "protecting girls" but we know medically that it can cause emotional and physical trauma. Even pricking or small symbolic procedures can create problems for women.

Many parents are now wanting to protect their girls' health and wellbeing, and are choosing not to circumcise.

Being circumcised does not stop adolescent girls from having sexual relationships before marriage. There are other ways you can support your daughter to maintain virtue and family and cultural values.

PARENTS: We follow our faith, and this directs us to circumcise our daughters. In the practice of circumcision in our culture, there are values of tradition, symbolism, honour, self-respect, and interpretations about being a respectable woman.

MIDWIFE / HEALTH WORKER: Many people believe this, but did you know that there is NO religious text that supports female circumcision. It is not in the Bible or the Qur'an.

Sometimes we don't question traditional practices because it seems everyone else is doing them, but this traditional practice, female circumcision, is harmful and as a health professional I cannot support it.

C

CHANGE

EXPLORE THE POSSIBILITY OF CHANGE

MIDWIFE / HEALTH WORKER: We have been talking a lot about why cutting or pricking is not recommended.

How are you feeling about the things we have just talked about?

Changing our beliefs and practices is hard for most people, especially if it has been a well established practice.

PARENTS: I want what's best for my daughter and I don't want to hurt her. But I'm worried about my family and the community – how will they react if we don't circumcise her?

MIDWIFE / HEALTH WORKER:
I understand you want the best for your daughter.

Going against traditional customs can be difficult -and pressure can be strong from family and communities. Choosing not to cut girls protects their health, their rights, and their future, and it's important that community members are aware of the risks of FGM/C.

It's good to reflect on why we do things and be brave enough to challenge certain beliefs that we hold.

It is not easy, but together we can find ways to honour and protect your daughter without having to perform FGM/C.

D

DISCUSS & DECIDE

SUPPORT THE WOMAN IN TALKING TO OTHER MEMBERS OF HER COMMUNITY ABOUT FGM/C

MIDWIFE / HEALTH WORKER: Now that you are aware of some of the risks of FGM/C and that many health care providers are against this practice, can we discuss a little more about what support you would need if you decided not to circumcise your daughter.

When we are considering change, having support from others is really important. It can be isolating to do this alone.

Can I ask you, who in your community would be open to have a conversation with you about the risks of FGM/C?

Are there others you can think of who may understand your concerns and help you make a change in your family's beliefs about circumcision?

Are you making the decision about cutting your daughter alone, or is someone else involved?

Is it perhaps your mother? Or your mother-in-law? Or your husband?

Do you think they would be willing to come into the clinic and talk with me?

I would be very happy to meet with them and provide more information.

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