

FEMALE GENITAL MUTILATION: CULTURAL PRACTICES FOR FEMININITY

Dr. Shalu¹, Ritu², Ritu Yadav³, Ms. Jyoti⁴

1* Assistant Professor, Obstetrics and Gynecological Nursing, NRSC, Faculty of Nursing, SGT University, Gurugram

Corresponding Author: Dr. Shalu, Assistant Professor, Obstetrics and Gynecological Nursing, NRSC, Faculty of Nursing, SGT University, Gurugram

DOI: [https://doi.org/10.63001/tbs.2026.v21.i01.S.I\(1\).pp728-736](https://doi.org/10.63001/tbs.2026.v21.i01.S.I(1).pp728-736)

Received on: 16-02-2026
Accepted on: 03-03-2026
Published on: 13-03-2026

ABSTRACT

FGM is a pervasive cultural tradition that is mostly practiced in nations like Asia, Africa, and the Middle East. Female genital mutilation (FGM) includes the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

Traditional circumcisers, who frequently perform other critical functions in communities including attending births, are the main practitioners.

INTRODUCTION:

Globally, FGM is acknowledged as an infringement on women's human rights. The rights to health, safety, and physical integrity, the right to be free from torture and cruel, inhuman, or humiliating treatment, and the right to life when the process results in death are also violated by these activities.¹

Female genital mutilation or cutting refers to the unjustified piercing, cutting, removal, or sewing shut of all or a portion of a girl's or women' external genitalia. According to research, more than 513,000 women and girls in the United States have undergone FGM are at threat of doing the same. Up to 140 million girls and women alive today have had their hair chopped somewhere in

the world. The culture of the societies where FGM/C is prevalent frequently includes this practice. Therefore, FGM or cutting can have a detrimental effect on long-term health.

The incidence of FGM has reduced globally since the past 3 decades, according to a 2016 statistical report by UNICEF.² If adequate measures are not implemented to prevent and end FGM, according to UNICEF, the total percentage of females was affected, and it will increase significantly around the worldwide in the next 15 years

Female Genital Mutilation (FGM) is a deeply rooted cultural practice affecting millions of girls and women worldwide. According to the World Health Organization (WHO), over 230 million girls and women in 30 countries across Africa, the Middle East, and Asia have undergone FGM. The practice is predominantly performed on young girls between infancy and age 15.

FGM is recognized internationally as a violation of human rights and has no health benefits. It often leads to severe immediate and long-term health complications, including chronic pain, infections, increased risk of childbirth complications, and psychological trauma. Cultural and social

factors play significant roles in the perpetuation of FGM. In many communities, FGM is considered a social norm, with strong pressures to conform to traditional practices. It's often viewed as a necessary part of raising a girl and preparing her for adulthood and marriage, with beliefs that it promotes premarital virginity and marital fidelity. Some individuals erroneously believe that FGM has religious support, although no religious scripts prescribe the practice.³

Global statistical Data represents:

Despite global efforts to eradicate FGM by 2030, progress has slowed or reversed in recent years. The Guardian reports that since 2016, 30 million more women have been affected, with an estimated 12,000 girls at risk daily. The decline in FGM rates is not keeping pace with population growth in affected communities, and girls are being subjected to the practice at younger ages, reducing opportunities for intervention.

In countries like Sudan, approximately 87% of women aged 14 to 49 have undergone FGM, one of the highest rates globally. Among Sudanese refugees in Chad, there are concerns that the practice remains prevalent, despite legal prohibitions in both

nations. In Spain, organizations like Medicos del Mundo have been actively addressing FGM. In 2024, they referred 48 African women to a specialized FGM unit in Aragón and worked with around 200 individuals from practicing countries through workshops, courses, preventive interventions, and survivor support.

The persistence of FGM underscores the need for comprehensive strategies that involve legislation, education, community

engagement, and support for survivors. Addressing the cultural and social factors that sustain FGM is crucial for its eradication and the protection of girls' and women's rights worldwide.⁴

Here's a graphical representation of the latest statistical data on Female Genital Mutilation (FGM) globally. I will generate a chart showing the prevalence of FGM by region and age group.

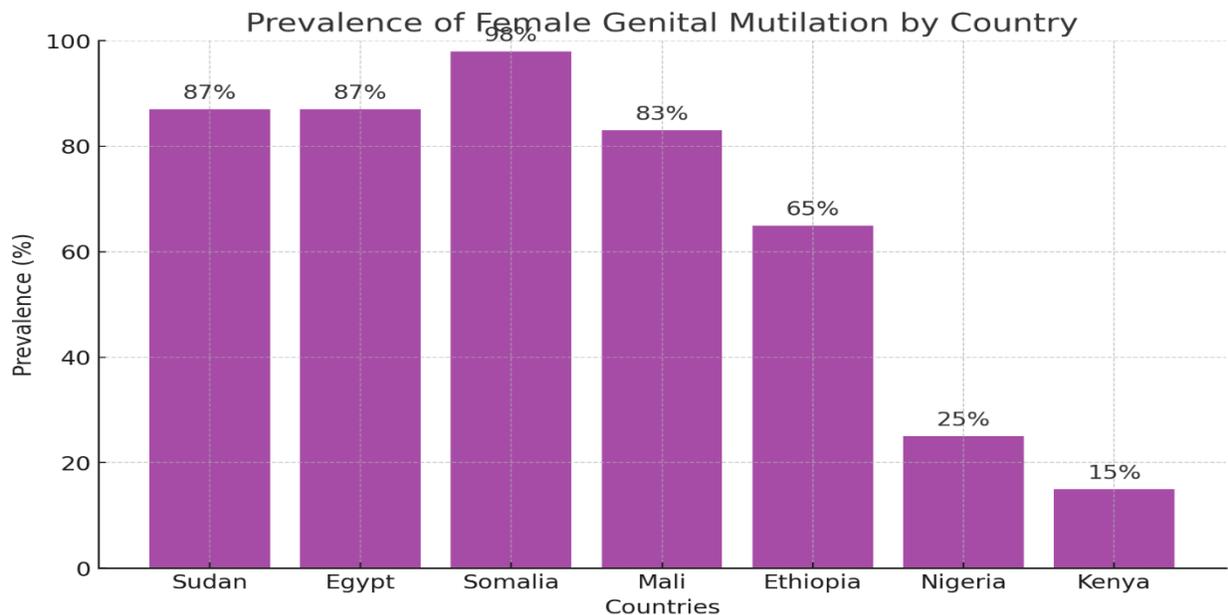


Figure: 1 This bar chart showing the prevalence of Female Genital Mutilation (FGM) in selected countries, with Somalia, Sudan, and Egypt having some of the highest rates.

Categories of FGM

There are four main types of female genital mutilation:

Type 1: This involves the partial or complete removal of the prepuce/clitoral

hood and/or clitoral glans (the external and visible portion of the clitoris, which is a sensitive component of the female genitals) (the skin fold surrounding the clitoral glans).

Type 2: In this procedure, the clitoral and labia minora are partially or completely removed, along with or without the labia majora (the outer folds of skin of the vulva).

Type 3: The narrowing of the vaginal orifice caused by the formation of a

covering seal is sometimes referred to as infibulations. The labia minora or labia majora are cut and repositioned, sometimes stitched, to create the seal. The clitoral prepuce/clitoral hood and glans may also be removed (Type I FGM).

Type 4: This category encompasses any other damaging practices performed on the female genitalia for non-medical reasons, such as pricking, piercing, incising, scraping, and cauterizing the genital region.⁵

DISTRIBUTION OF DIFFERENT TYPES OF FGM.

Distribution of Female Genital Mutilation Types

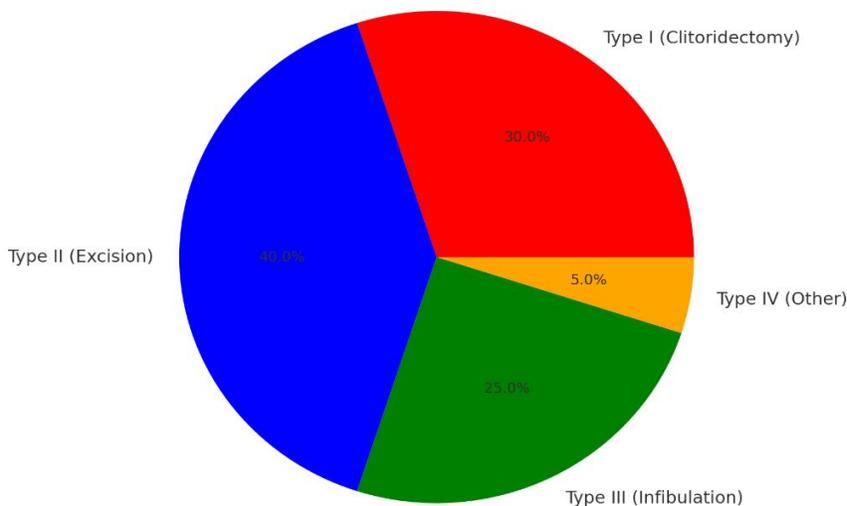


Figure 2: This bar graph showing the distribution of different FGM types according to WHO classification.

Type II (Excision) is the most common, followed by Type I (Clitoridectomy) and Type III (Infibulation).

Deinfibulation is the procedure of opening an infibulated woman's sealed vaginal opening, which is frequently required to

improve health and well-being, allow for sexual activity, or ease childbirth. FGM hurts girls and women in several ways and has no positive effects on health. It interferes with how girls' and women's bodies naturally work by eliminating and harming

healthy, normal female genital tissue. Although all forms of FGM are linked to an increased risk of health problems, generally speaking, risks of FGM rise with increasing severity (which in this case correlates to the quantity of tissue injured).

CONSEQUENCES OF FEMALE GENITAL MUTILATION (FGM)

It is associated with several health complications, both immediate and long-term. Synonyms for complications include **adverse effects, health consequences, medical issues, and problems.**

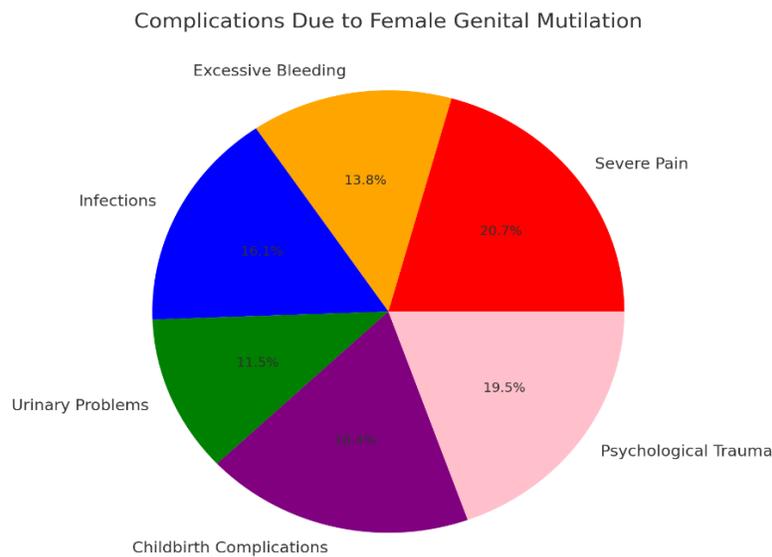


Figure3: This pie chart displaying the complications caused by Female Genital Mutilation (FGM). The most common issues include severe pain, infections, excessive bleeding, psychological trauma, and childbirth complications.

Who is at risk?

FGM typically occurs on young girls between the ages of one and ten, while it does occasionally occur on older women. Annual FGM risk is projected to be greater

than 3 million girls. The practice has affected more than 200 million girls and women who are still living today, according to data from 30 nations where population

data is available. The Western, Eastern, and North-Eastern parts of Africa, as well as various nations in the Middle East and Asia, as well as among immigrants from these regions, are where the practice is most prevalent. Consequently, FGM is a global issue.²

Factors affecting FGM

Female genital mutilations are conducted for a variety of socio-cultural reasons that change over time and vary by area, as well as within families and groups. The most typical justifications are FGM is a social convention (social norm), the social pressure to fit in with what others are doing and have been doing, the need to be accepted socially, and the apprehension of being scorned by the community are significant drivers of the practice's.

The **factors affecting Female Genital Mutilation (FGM)** in a graphical format with comparisons, I will create a **bar chart** comparing key factors such as **cultural beliefs, social pressure, religious misconceptions, gender inequality, and lack of education.**

FGM is practiced nearly universally and unchallenged in some societies. FGM is frequently seen as a vital component of a girl's upbringing and a means of preparing her for adulthood and marriage. FGM is frequently motivated by ideas about what constitutes proper sexual conduct. It seeks to guarantee marital fidelity and premarital virginity.

Many tribes hold the belief that FGM can help a woman resist extramarital sex because it reduces her libido. It is anticipated that when a vaginal hole is covered or restricted, the agony of opening it and the fear of being discovered may further deter women with this type of FGM from engaging in extramarital sexual activity. Where there is a perception that FGM will improve a person's capacity to marry, it is more likely to be performed.

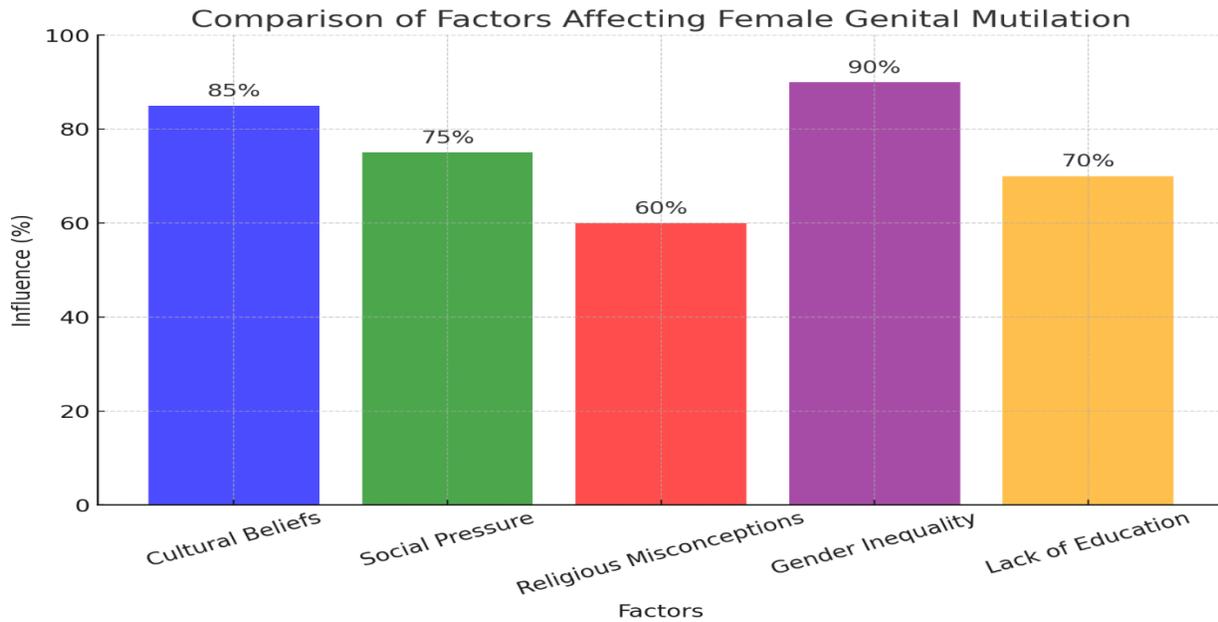


Figure4: This bar chart comparing the key factors influencing Female Genital Mutilation (FGM). Gender inequality and cultural beliefs are the most significant drivers, followed by social pressure, lack of education, and religious misconceptions.

The practice of female genital mutilation (FGM) is linked to cultural notions of femininity and modesty, which include the assumption that females are clean and beautiful after having body parts that are viewed as dirty, unfeminine, or male removed. Despite the fact that no religious texts prohibit the practice, many of its adherents think religion supports it. Religious leaders have diverse opinions on FGM: some support it; some think it has nothing to do with religion, and some work to end it.

Local institutions of power and authority, including civic and religious leaders, circumcisers, and even some medical professionals, can support the tradition. Similarly, when properly informed, they can serve as strong proponents for ending FGM. The majority of nations who practice FGM view it as a cultural tradition, which is frequently claimed as justification for its continued use. Recent adoption of the practice is associated in some communities with emulating neighboring tribes' customs. It occasionally began as a component of a

larger religious or traditional revival movement.

Since more people are becoming aware that female genital mutilation (FGM) is a form of horrific violence against women and girls, there has been an increase in global attempts to put a stop to the practice. The effects of FGM in African nations, the area most severely impacted by its high frequency. FGM is frequently carried out by medical professionals because they believe that doing so makes the operation safer. WHO asks medical professionals to refrain from performing FGM.

RECOMMENDATIONS:

Reducing the Female Genital Mutilation (FGM) rate requires a **multi-faceted approach** combining **legislation,**

education, and community engagement. Governments must enforce strict **laws and penalties** against FGM while providing **support services for survivors.** Educating communities, especially **young girls, parents, and religious leaders,** about the **harmful effects of FGM** is crucial. Encouraging **alternative rites of passage** can help replace harmful traditions. Additionally, **healthcare professionals** should be trained to offer **medical and psychological support** to affected individuals. International organizations, NGOs, and local activists must work together to **empower women and advocate for cultural change,** ensuring the practice is eradicated. The reduction highlights the impact of **awareness, education, and policy interventions.**³

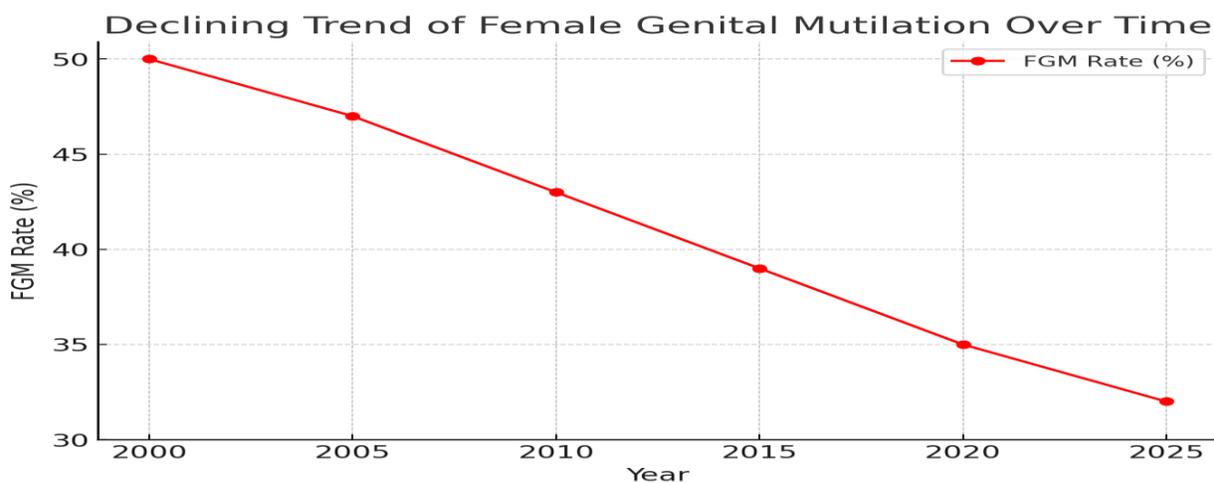


Figure: 5 Line graph showing the declining trend of Female Genital Mutilation (FGM) rates over time.

Conclusion: Female genital mutilation (FGM) remains a deeply entrenched cultural practice affecting millions of girls and women across various regions. FGM violates human rights, causing severe physical, psychological, and reproductive health consequences. While there has been progress in reducing its prevalence, the practice persists due to complex social, cultural, and religious factors. Global efforts to eradicate FGM have intensified, focusing on awareness, education, legal measures, and involving community leaders. Collaborative action is essential to protect the rights and well-being of girls and women, ensuring that this harmful practice becomes a relic of the past, allowing them to lead lives free from physical and emotional suffering.

REFERENCES:

- 1) <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
- 2) <https://www.womenshealth.gov/a-z-topics/female-genital-cutting> U.S

Department of Health and Human services

- 3) Emmanuel Kabengele Mpinga, Aurélie Macias, [female genital mutilation: a systematic review of research on its economic and social impacts across four decades](#) *Glob Health Action*. 2016; 9: 10.3402/gha.v9.31489. Published online 2016 Oct 4. doi: 10.3402/gha.v9.31489 PMID: PMC5052514
- 4) Ali, S., de Viggiani, N., Abzhaparova, A. *et al.* Exploring young people’s interpretations of female genital mutilation in the UK using a community-based participatory research approach. *BMCPublicHealth* **20**, 113 2(2020). <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09183-6>
- 5) WHO, Ethical considerations in research on female genital mutilation <https://www.who.int/publications/i/item/9789240040731>