Policy Statement on
Passed Spring General Assembly 2017

STUDENTS FOR GLOBAL HEALTH

Note: This statement was passed before the organisation's name change from Medsin-UK to Students for Global Health. The statement will still remain active for three years.

Female Genital Cutting

Summary
Medsin believes that the violation of human rights is unacceptable. Female genital mutilation/cutting (henceforth referred to as FGC) has no medical benefit, can lead to death, is not prescribed by any religious text and is an abuse of girls and women[1]. Medsin recognises that over 200 million women are living with the consequences of FGC and that these women face far poorer health outcomes than other women[2]. Medsin thus supports efforts to better safeguard people at risk of FGC and to better care for survivors of FGC, as well as initiatives to help end the practice. We have chosen the term cutting because we feel this represents the complexities of the lived experiences of the practice.

Introduction
FGC is defined as the "partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons"[3]. The procedure has no health benefits and is typically carried out on young girls between infancy and 15. FGC is prevalent in 30 countries across Africa, the Middle East and Asia, where over 200 million girls have been affected[4]. It is a violation of human and child rights and has been illegal in the UK since 1985 by the Prohibition of Female Circumcision Act[5].

FGC remains a difficult issue to tackle as it is often seen as a social convention and can be performed by the victims' families behind closed doors. Therefore, Medsin sees a need for stronger policies and action against FGC to protect the human rights of these girls and women.

FGC in a Health Context
There are 4 different forms of FGC recognised by the WHO[3]:

- Type 1: Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Type 2: Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
- Type 3: Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
- Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Approximately 90% of cases include clitoridectomy, excision or type 4 whereas 10% are infibulations[6].

FGC has no health benefits and causes multiple harms to women including but not limited to hemorrhages, severe pain, swelling of the genitals, shock, and fever[7]. Long term consequences include problems during childbirth and painful sexual intercourse. The WHO study group on FGC and obstetric outcome found that women who had FGC experienced a far greater risk of obstetric complications than women who had not undergone the procedure. A study by the WHO found that women who had FGC has statistically significant higher risks of caesarean section, postpartum haemorrhage, stillbirth/neonatal death as well as other complications. FGC is also estimated to lead to between one and two perinatal deaths per 100 deliveries[8].

The psychological, social and sexual consequences of FGC is an under-researched and neglected issue[9]. Medsin stresses that more research needs to be done to fully understand the consequences of FGC.

<u>FGC in the UK</u>
The Prohibition of Female Circumcision Act outlawed FGC in the UK in 1985[5]. Since 2003, FGC has been illegal in England, Wales and Northern Ireland under the Female Genital Mutilation Act[10]. In 2005, Scotland passed a similar law banning FGC[11]. The government has also introduced legislation obliging teachers, healthcare professionals and social workers to report FGC[12].

In 2015, a report by City University London and Equality Now estimated that in 2011 there were 127,000 women over the age of 15 who have had FGC[13]. It is estimated that in 2011 there were 10,000 girls under the age of 15 living in England and Wales born outside the UK in FGC practicing countries who are likely to have had FGC[13]. In addition there are a further 60,000 girls in 2011 born in the UK from FGC practicing communities[13.]

The NHS FGC enhanced dataset reports that 5702 cases of FGC were reported from April 2015 to March 2016[14]. Of these:

- 87% of these were in pregnant women
- 43% of women recalled their age at the time of FGC and the most common age they recalled was 5 to 9 years.
- 106 cases were under 18 years
- 18 cases were reported as having been done in the UK. In 100% of these data was available and these were all genital piercings.

Despite the plethora of media reports on FGC, there is no official UK data on what happens to FGC practices in the diaspora communities here.

Current Strategies

Strategies to tackle FGC focus on its position as a cultural rite of passage for girls and women. As a ritual, FGC involves many different parts of the communities including men and boys, faith leaders, healthcare professionals, traditional cutters and the media.

Education is essential to ending FGC and for the support of its victims. Charities and grassroots organisations work with communities where FGC is more prevalent to highlight the dangers it poses to women.

As a result of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 1,911 communities in 14 programme countries declared abandonment of FGC in 2015[15]. The Joint Programme found that the key elements informing the theory of change and way forward are consolidating the positive new social norm from within communities; leveraging and supporting existing positive social forces; and giving greater voice, visibility and resonance to those who have already committed to the new norm of keeping girls intact. These are strategies organisations working in the UK can seek to emulate.

Medsin welcomes and endorses this vital work to end FGC. However, whilst it is the case that through this work the prevalence of FGC is decreasing, the rate of this decline is not enough. With the booming populations in many of the countries where FGC is common, the number of girls and women affected will rise over the next 15 years[16].

In the UK, healthcare providers can access free elearning modules on FGC to educate themselves. Some medical schools have included FGC in their curricula, raising awareness amongst the medical student body and preparing the next generation of healthcare professionals to better counsel patients who may have survived or are at risk of FGC. Medsin supports and encourages further implementation of FGC modules into the curricula to ensure future health professionals have adequate knowledge on this topic.

The Department of Health has a £3m national FGC Prevention Programme underway, in partnership with NHS England. This is delivering a package of support for staff to improve the NHS response to FGC. The next stage of the programme aims to improve NHS safeguarding systems, work to address the mental health needs of those with FGC, and embed the recent training, developments and new guidance across the NHS[17]. Additionally, specialised clinics for survivors of FGC exist throughout the UK in cities such as Birmingham, Bristol, Liverpool, London, Manchester and Nottingham[18].

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In 2015, FGC Protection Orders came into effect, granting those with a duty to safeguard children the power to stop girls they believe to be at risk of FGC from leaving the country. It is a criminal offence to commit FGC on a UK national[10-12].

The Royal College of Obstetricians and Gynaecologists (RCOG) have released a guideline on FGC which calls for more research into how survivors of FGC may be better treated in the future, as well as developing the evidence base against cutting[19].

In 2010, the Home Office won £250,000 from the EU Progress Fund to campaign for the cessation of FGC in the UK[20]. This fund was awarded in the form of grants to different charities, and was spent between 2010 and 2015. The EU Rights, Equality and Citizenship Programme runs from 2014 to 2020 and contributes €439 million f over this period towards funding projects to end FGC and other projects[21]. As the UK leaves the EU, it is not yet clear where new funding will come from to continue this work.

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Whether as part of a cultural ritual or as an act of domestic violence, the specific attempt to control women's sexual behaviour - and, by extension, their bodies - by cutting, should be recognised as FGC.

<u>Main Text</u>

Medsin:

1. Recalling the Universal Declaration of Human Rights and The Declaration on the Elimination of Violence Against Women which affirm that FGC is an abuse of human rights;
2. Acknowledging that ending FGC is an important step towards reaching health equity;
3. Supporting the cessation of FGC from a grassroots level lead by the communities affected. All Healthcare providers should be trained in the recognition and prevention of FGC to safeguard girls and women at risk;
4. Endorsing the training of healthcare providers to recognise and prevent FGC as well as to better counsel patients who have survived FGC and achieve better standards of care for survivors;
5. Recognising that FGC clinics that provide treatment for survivors require more support from their clinical commissioning groups such that they might continue to be able to do the vital work they do;
6. Deeply disturbed by reports that access to FGC services within the UK is dictated by postcode;

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7. Recognising the need for a stronger evidence base for treatment for survivors of FGC and the prevention of FGC;
8. Affirming that any funding that comes from the European Union for campaigns to end FGC should be matched by the government as the UK leaves the EU;
9. Continuing to support students in raising funds to support their local clinics and help mobilise their communities to safeguard girls and women from FGC;
10. Endorsing the work of charities and organisations such as Daughters of Eve and Orchid Project that work in the UK to counsel survivors of FGC;
11. Welcoming and appreciating charities and organisations working internationally to end FGC;

Calls upon the medical schools of the UK to:

1. Guarantee the inclusion of FGC in the curriculum for all medical and nursing students so that every future healthcare professional is aware of FGC, its dangers, and how to treat its survivors.
2. Liaise with local FGC clinics, such as the African Well Women Clinics to provide contextualised education about this issue.
3. Carry out the RCOG recommendations for future research and audits to develop a stronger evidence base for treatment of FGC survivors and exploring new treatments as specified by their 2015 guideline "Female Genital Mutilation and its Management".

Calls upon healthcare professionals to:

1. Ensure they are updated as to the latest information regarding recognition, safeguarding, prevention and treatment for FGC.

Calls upon the government and clinical commissioning groups to:

1. Provide adequate funding for FGC charities and clinics so that every girl and woman can access the specific services she needs.
2. Remove any stipulation that only local residents may access treatment for FGC.
3. Include FGC in the mandatory sex and relationships education curriculum for children in all state schools.
4. Require all teachers to complete training in the Female Genital Mutilation: Recognising and Preventing FGC modules as provided by the Home Office.
5. Coordinate prevention efforts between organisations working to stop FGC in order to better safeguard girls and women at risk by using existing databases of FGC incidence, such as the NHS Enhanced FGC dataset, and, with consent, sharing that information with relevant institutions.
   In order to aid such organisations in outreach programs to the affected communities.

6. Match the UK's contribution to the EU Rights, Equalities and CItizenship Programme after the UK leaves the EU to continue campaigning against FGC.
7. Recalling the government's commitment to work to address the mental health needs of those with FGC, increase the funding for mental health services in the UK so that survivors of FGC can easily access care.

And calls upon members of Medsin to:

1. Organise at least one talk on FGC in each Medsin branch per year on the recognition, prevention, reporting and effects of FGC.
2. Where possible and appropriate, raise funds for local FGC charities.
3. Support campaigns for the prevention of FGC.
4. Lobby their medical schools and institutions to provide comprehensive culturally sensitive and contextualised education on FGC.

References

1. OHCHR, "Declaration on the Elimination of Violence Against Women", Available: http://www.ohchr.org/Documents/ProfessionalInterest/eliminationvaw.pdf
2. Berg RC, Underland V, Odgaard-Jensen J, et al, "Effects of female genital cutting on physical health outcomes: a systematic review and meta-analysis" available at http://bmjopen.bmj.com/content/4/11/e006316
3. WHO, "Female Genital Mutilation", Available: http://www.who.int/mediacentre/factsheets/fs241/en/
4. World Health Organization, Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p. 4
5. UK Government, "Prohibition of Female Circumcision Act", 1985 Available: http://www.legislation.gov.uk/ukpga/1985/38/contents
6. endFGM, "What is FGM", Available: http://www.endFGC.eu/female-genital-mutilation/what-is-FGC/
7. M.S. Behrendt A, "Posttraumatic stress disorder and memory problems after female genital mutilation." Available: https://www.ncbi.nlm.nih.gov/pubmed/15863806
8. WHO, "Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries", Available: http://www.who.int/reproductivehealth/publications/FGC/FGC-obstetric-study-en.pdf?ua=1
9. Berg RC, Denison E, Fretheim A, "Psychological, social and sexual consequences of female genital mutilation/cutting (FGM/C): a systematic review of quantitative studies", Available: http://www.crd.york.ac.uk/crdweb/ShowRecord.asp?ID=32010001802

10. UK Government, "Prohibition of Female Genital Mutilation Act 2003", Available: http://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf
11. Scottish Government, "Prohibition of Female Genital Mutilation (Scotland) Act 2005", Available: http://www.legislation.gov.uk/asp/2005/8/pdfs/asp_20050008_en.pdf
12. UK Government, "Serious Crime Act 2015", Available: http://www.legislation.gov.uk/ukpga/2015/9/section/74
13. Macfarlane A, Dorkenoo E, "Prevalence of Female Genital Mutilation in England and Wales: National and local estimates", Available: https://www.city.ac.uk/__data/assets/pdf_file/0004/282388/FGC-statistics-final-report-21-07-15-released-text.pdf
14. NHS Enhanced Dataset, "Female Genital Mutilation (FGM) - April 2015 to March 2016, Experimental Statistics", Available: http://content.digital.nhs.uk/searchcatalogue?productid=21417&q=%22female+genital+mutilation%22&sort=Relevance&size=10&page=1#top
15. UNFPA-UNICEF, "2015 Annual Report UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change" Available: http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_FGC_WEB_FINAL.pdf
16. United Nations Children's Fund, "Female Genital Mutilation/Cutting: A global concern, UNICEF, New York, 2016" Available: http://data.unicef.org/wp-content/uploads/2016/04/FGCC-2016-brochure_250.pdf
17. UK Government, "UK Government Progress on Tackling Female Genital Mutilation And Child, Early and Forced Marriage Since Girl Summit 2014" Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447578/160722_Cross-Govt_declaration_GS_one_year_on__final__2_.pdf
18. FGM National Group, FGM Clinic Locations in the UK, Available: http://www.FGCnationalgroup.org/documents/literature_womensresource.pdf
19. RCOG, "Female Genital Mutilation and its Management", Available: https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-53-FGC.pdf
20. The Home Office, "Female Genital Mutilation Fund", Available: https://www.gov.uk/government/publications/female-genital-mutilation-fund-guidance-notes
21. The European Commission, "Rights, Equality and Citizenship Programme 2014-2020", Available: http://ec.europa.eu/justice/grants1/programmes-2014-2020/rec/index_en.htm