FGM: the mutilation of girls and young women must stop

Feb 6, 2015, marks International Day of Zero Tolerance for Female Genital Mutilation/Cutting, a day to reflect on one of the most cruel of human practices—an ancestral tradition that became a social norm—which has been tolerated for far too long. "Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons", according to WHO's definition. More than 125 million women have undergone FGM in 29 countries across Africa and the Middle East where FGM is concentrated.[1] In half of these countries, most girls are cut before 5 years of age. 3 million girls will most probably endure FGM this year[2]—1 every 15 s. Europe is not exempted—an estimated 61 000 women living in France have suffered mutilation.[3]

The procedure has no health benefits. But FGM is harmful and generates health-care costs. FGM causes pain, shock, haemorrhage, infection, and increases the risk of later urinary tract infection, cysts, fistulae, infertility, obstetric complications and newborn deaths, and the need for later surgery (ie, defibulation: the sealed or narrowed vaginal opening needs to be cut open to allow sexual intercourse and childbirth). WHO's FGM Cost Study Group estimated the annual financial burden of FGM-related obstetric complications in six African countries—Burkina Faso, Ghana, Kenya, Nigeria, Senegal, and Sudan—to be US$3·7 million.[4]

Today FGM is internationally recognised as a violation of the human rights of girls and women. In 2012, the UN General Assembly adopted a resolution on the elimination of FGM. But with millions of women affected and millions of girls at risk, the challenge ahead is substantial. Two questions are immediately pressing: how to end the procedure and how to care for its victims.

Last week, the first international consultation on the management of women with FGM took place in Paris, France. Health professionals and social scientists from Europe, Africa, and the USA presented and debated the health-care options available to women who have undergone FGM. Beyond the seminal study by Pierre Foldès and colleagues[5] on reconstructive surgery, most participants underlined the importance of a multidisciplinary approach that includes psychological, sexual health, and social support. Contributions from Guinea, Mali, Senegal, Kenya, and Egypt, among other countries, emphasised the local constraints and cultural factors that must be considered when caring for these women. Training of the health-care workforce is needed—eg, in cultural awareness, diagnosis and classification of FGM, complications and sequelae, and management. More data about the prevalence and geographical distribution within countries are also needed to improve programmes to treat and support women and girls. And further research should inform evidence-based recommendations for the management of women victims of FGM.

Beyond helping women who have been cut, ending FGM must be the ultimate goal. This harmful practice owes its persistence to a mix of cultural, religious, and social factors within families and communities. Prevention, therefore, requires a multifactorial approach. In 2008, the World Health Assembly resolution on the elimination of FGM emphasised the need for concerted action in all sectors—health, education, finance, justice, and women's affairs.[6] The appalling consequences FGM has on the health of girls, together with the cost of complications for the health system, should surely convince national political leaders to work harder to curb the practice. The clear evidence of harm must also be better communicated to discourage parents and community leaders from supporting FGM. At all levels—familial, local, and national—information is key. Targeted and culturally sensitive actions to raise

For the **international consultation on the management of women with FGM** see http://femmesexcisees-consultationparis2015.fr/

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awareness are important. FGM will only end through collective abandonment. Community-led education and dialogue on the health consequences of FGM are crucial. Community and religious leaders, health workers, teachers, and parents are too often unaware of the harms associated with FGM—and even when faced with disastrous consequences, such as fistulae or severe and debilitating obstetric complications, they might not link these to a traditional ceremony that happened 10 years earlier. Schools are the cornerstone to raise awareness of the harms caused by FGM and to empower girls.

For **Excision, parlons-en!** see http://www.excisionparlonsen.org/

Although several countries and organisations—such as UNICEF, UNFPA, WHO, and civil society (eg, Excision, parlons-en!)—have supported progress and called for further action towards the elimination of FGM, we should not be complacent. The number of girls at risk and the health consequences are shocking. Rates of FGM might be falling in some countries,[1] but the total numbers of girls and women affected and at risk are rising because of growing populations. The increased medicalisation of the procedure—which can be as high as 70% in a country such as Egypt[1]—is also deeply concerning. FGM is a global health issue that must receive more attention if we are to change the lives of millions of girls worldwide. The present debate on the definition of post-2015 Sustainable Development Goals—and the place of women and children within them—certainly provides an opportunity to end FGM within a generation.

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Health in an ageing world—what do we know?

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The ageing of populations is poised to become the next global public health challenge. During the next 5 years, for the first time in history, people aged 65 years and older in the world will outnumber children aged younger than 5 years.[1] Advances in medicine and socioeconomic development have substantially reduced mortality and morbidity rates due to infectious conditions and, to some extent, non-communicable diseases. These demographic and epidemiological changes, coupled with rapid urbanisation, modernisation, globalisation, and accompanying changes in risk factors and lifestyles, have increased the prominence of chronic conditions.

Health systems need to find effective strategies to extend health care and to respond to the needs of older adults (aged 60 years and older). As the international momentum towards universal health coverage increases, the specific needs of older adults, who often have many chronic health conditions, will have to be addressed by health systems.[2] Health care for older adults that is effective, safe, efficient, and responsive, without imposing an unbearable financial burden on individuals, will be central to achievement of the goal of universal health coverage. Furthermore, in the post-2015 development agenda, the goal of ensuring healthy lives and promoting wellbeing for everyone at all ages cannot be achieved without attention to the health of older adults. With an increasingly large proportion of this population living in low-income and middle-income countries, this will have implications worldwide.

This *Lancet* Series on Ageing aims to focus attention on this neglected agenda, considering not just the health sector but also those engaged in social and economic policy development. The six papers address issues related to mortality, morbidity and disability, wellbeing, determinants, and potential health-system and other responses.

As Colin Mathers and colleagues[3] show in their analysis, another striking change that has been happening in the past three decades offers hope for the health of older adults—a continuing fall in mortality at older ages. This fall has been sharpest in high-income countries, driven by highly cost-effective strategies to