

TRAINING COURSE IN WOMEN'S HEALTH

Module Five

Health Effects of Female Circumcision

To the Health Clinician:

This manual was prepared for your use by the Institute for Development Training. Every effort has been made to include the most accurate, thorough and current information to help improve women's reproductive health care in your country. Not everything in this manual may be suitable for your particular community or country. We recommend that you adapt and/or modify the contents to meet your special training and educational requirements.

For information on sources of funding for adaptation workshops, training programs and multiple copies, contact:

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Introduction to Module Five

Female circumcision is a popular (but medically incorrect) term used especially in Africa and the Middle East for a variety of surgical operations on the female genitalia. These operations are done on healthy female children for traditional reasons but the operations may involve immediate health risk and long term health damage. Female circumcision is a traditional practice, but it is also a health issue because the practice potentially affects the physical and mental well being of every woman and girl who undergoes this surgical procedure.

You, the health clinician, have a dual role: to treat health problems and to educate the community when health problems can be prevented. This learning module on the health effects of female circumcision will give you information on how to recognize the immediate and long term health consequences of this operation. The module will also suggest ways you may use to educate women on the health consequences of this traditional practice so they can make informed decisions about their health and the health of their daughters.

The information on the medical effects of female circumcision in this module is based on a composite of documented medical studies. If you would like to have specific documentation of any of the medical information in this module, you may write the following address: Family Health Division, World Health Organization, 1211 Geneva 27, Switzerland.

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Instructions for the Learner

This module, which is one of a series of modules, is self-instructional. Self-instruction is a method by which you, the learner, learn by yourself from carefully sequenced materials. The module is divided into short sections of information and each of these sections is followed by a series of questions which give you a chance to practice using the information you have learned. Answers to these questions are given so that you can check your understanding of the information.

The self-instructional method allows you to learn at your own speed and enables you to consistently check your progress in learning the information.

Follow the steps below in order to proceed through this self-instructional module in the most effective way:

1. Read the objectives for the module. They will outline for you what you will learn and be able to do after completing the module.
2. Take the Pre-test to get an idea of what you already know and what you need to learn.
3. Read and study the information in Section 1.
4. Answer the practice questions following the section without looking back at the information. Use a separate sheet of paper.
5. Check your answers using the answer sheet on the page following the questions.
6. If any of your answers are incorrect, reread the information in the section and try to answer the questions again.
7. When all your answers are correct, go on to the next section.
8. Proceed through the rest of the sections in the same way: read section; answer questions; check answers; reread section if necessary.
9. Take the Post-test after you have completed the entire module.
10. Check your answers to the Post-test using the answer sheet at the end of the module.

Prerequisites and Objectives

Prerequisites

This self-instructional module is designed for health clinicians who have a medical science background. Like the training course manual as a whole, this module is not intended as a comprehensive education. It is task specific. Therefore, as a prerequisite for this module, it is suggested that you review the information in the following modules:

1. Module One: The Female Reproductive System: sections on anatomy and functions of the reproductive system
2. Module Two: The Female Urinary System: sections on anatomy and disorders
3. Module Four: Vaginal Infections and Sexually Transmitted Diseases: sections on symptoms and treatment of vaginal infections

Main Learning Objective

After completing this learning module, you, the learner will be able to describe the different types of operations that are performed on women and girls in the traditional practice, female circumcision, and explain both the immediate effects and the long term health consequences of this practice. You will also be able to list several possible methods for educating the community and counseling with individual patients on the health consequences of this practice.

Sub-objectives

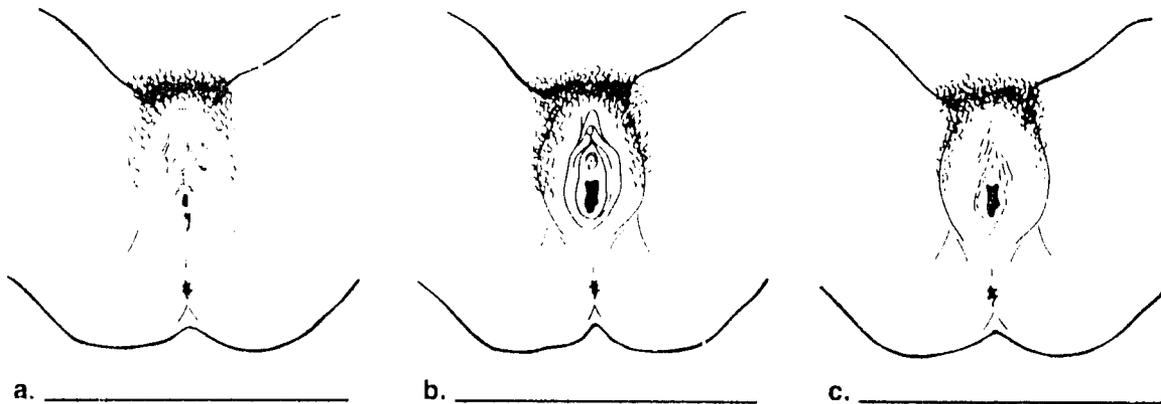
Specific learning objectives will be listed at the beginning of each of the six information sections in the module.

Pre-Test

To the Learner: Before starting this module, try taking the following test. This test will give you an idea of what you already know and what you will learn in this module. You will take the same test again after you have completed the module. A comparison of your two sets of answers will give you an idea of how much you have learned from this module.

Record your answers on a separate sheet of paper. You will find the correct answers to the Pre-test in the last section of this module.

1. List the three most prevalent types of female circumcision operations that have been identified.
2. Write the type of female circumcision operation that is described in each of the following statements:
 - a. the surgical removal of the prepuce, or clitoral hood, preserving the rest of the vulva
 - b. after excision, the stitching together of the vulva except for a tiny introital opening to allow for urinary and menstrual flow
 - c. the surgical removal of the entire clitoris, the labia minora, and the inner walls of the labia majora
3. Below are three diagrams. Identify which diagram shows (1) the normal vulva before circumcision, (2) the vulva after excision, and (3) the infibulation of the vulva.



4. Explain briefly why the general term "female circumcision" is not a medically accurate word to describe the practice.
5. List the seven health problems that can occur immediately or within ten days of any type of circumcision operation.

6. Read the following statements and decide which ones are true and which ones are false.
 - a. There are no health risks involved in the simple or mild form of circumcision where just the prepuce, or clitoral hood, is removed.
 - b. There may be immediate health consequences in all three types of circumcision operations.
 - c. All health risks can be eliminated if the operation is performed in hygienic conditions with sterile instruments.
 - d. Hemorrhage or pain can cause the girl to go into shock.
 - e. Urine retention is very common after the operation because of the pain caused by urine touching the wound.
 - f. Tetanus or septicemia can result from infection which is not treated properly.

7. Following is a list of four conditions that contribute to specific health problems during or shortly after a circumcision operation. What are the specific health problems that can result from each of these conditions?
 - a. operating conditions not hygienic and instruments not sterile
 - b. analgesia not used to prevent pain
 - c. attendant unskilled or cutting instruments too large or blunt
 - d. pain from the wound in days after the operation

8. List at least seven possible gynecological and urinary tract problems which are consequences of excision and infibulation.

9. Following are seven statements which describe the reasons why specific health problems are the result of infibulation. Tell which health problem is being explained in each statement. Your answers should come from the list in question #8.
 - a. This problem is a result of part of the skin of the labia majora becoming embedded during the stitching together of the vulva.
 - b. These dense fibrous tumors of the skin result from an overgrowth of the scar tissue on the vulva.
 - c. This type of infection can be caused by retention of the vaginal secretions due to the tiny opening left after infibulation.
 - d. This problem may occur if the Fallopian tubes become blocked because of inflammation and chronic pelvic infection.
 - e. This problem is a result of pelvic congestion and the retention of menstrual flow due to the tiny vaginal opening left after infibulation.
 - f. The inability of the woman to cleanse the area of the urinary opening because of the skin flap left by excision with infibulation can result in this problem.

- g. When the scar tissue from excision around the urinary opening contracts over time, this problem can occur.
- 10. Explain why infibulation can cause the consummation of marriage to be painful and difficult, or even impossible.
- 11. What are the health consequences for the woman if cutting the vaginal opening is necessary for the consummation of marriage?
- 12. What two obstetric problems result from excision and infibulation?
- 13. Why are these two obstetric problems consequences of excision or infibulation?
- 14. What are four health consequences of episiotomy?
- 15. What are the health consequences for the mother if labor is delayed in the second stage because of the excision scar and the infibulation?
- 16. What are the health consequences for the baby if labor is delayed in the second stage because the mother has undergone excision or infibulation?
- 17. What is re-infibulation?
- 18. What are at least five health consequences of re-infibulation?
- 19. What are the two roles of the health clinician in the community?

1. Types of Female Circumcision Operations

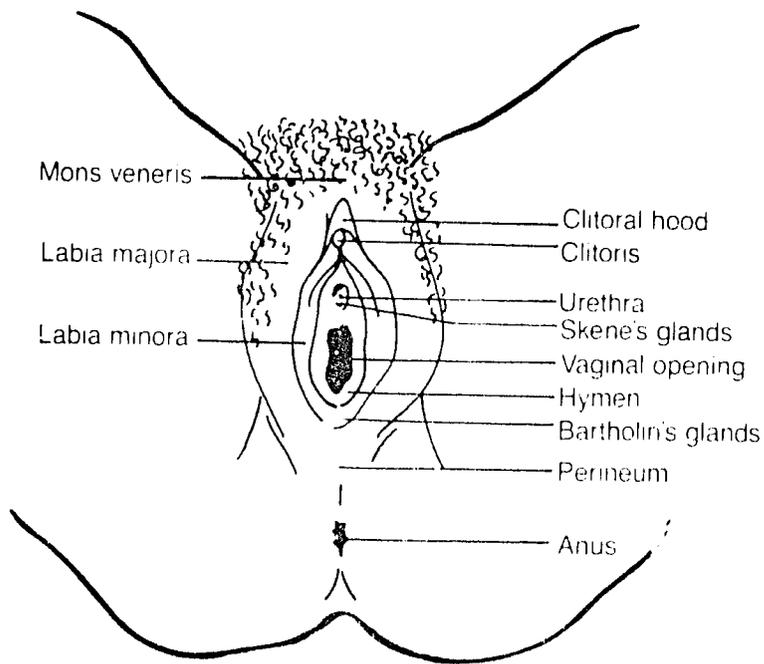
Learning Objectives:

At the end of this information section, you will be able to:

1. list the three most prevalent types of female circumcision operations;
 2. recognize and name each of these three types from a brief description;
 3. identify the following diagrams: the vulva before circumcision, the vulva after excision, and the vulva after infibulation; and
 4. explain why the general term "female circumcision" is not a medically accurate term to describe the practice.
-

"Female circumcision" is a general term used to describe the traditional practice in which a person, who is often unskilled, cuts off parts or whole organs from the vulva of a young girl. The practice may also involve the stitching together of the vulva. Four general types of operations associated with this practice have been identified (although the unskilled operators in the countries make no such distinction and do whatever cutting or procedure is "customary" in that village or region). The three most prevalent types are (1) circumcision, (2) excision, and (3) infibulation. A fourth type, introcision, is rarely practiced. This information section will describe each of these three most prevalent types.

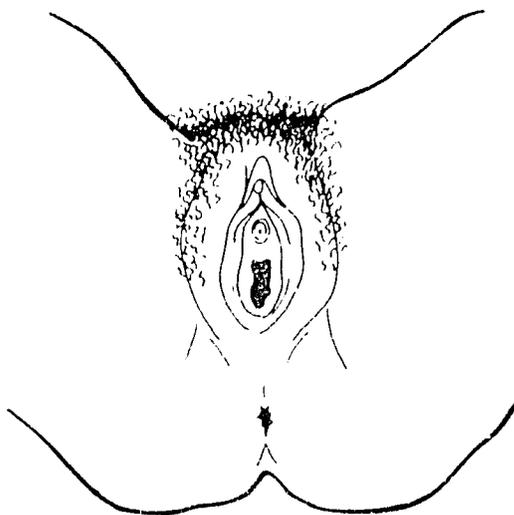
All types of circumcision involve the removal of part of the vulva, or a woman's external sex organs. You may want to review Module One, The Female Reproductive System, which describes the anatomy and the functions of the organs in this area. The following diagram shows the vulva of a woman before she has been circumcised. Each of these organs is important and necessary if the woman's body is to function in a natural and healthy way.



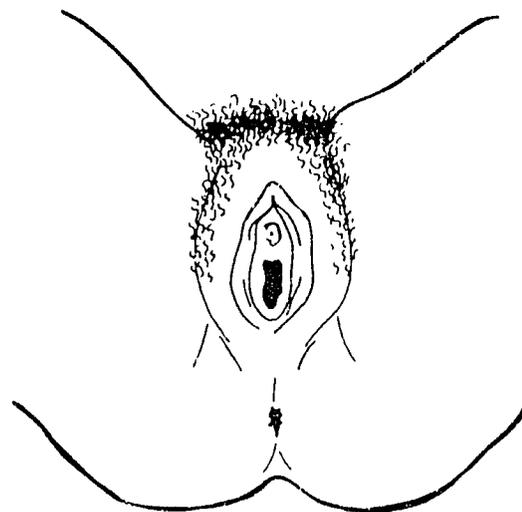
Normal Vulva Before Circumcision

Circumcision (Type I, sunna):

Circumcision proper is the least severe form of the practice. The prepuce of the clitoris, or the clitoral hood, is removed, preserving the clitoris itself and the posterior larger parts of the labia minora.



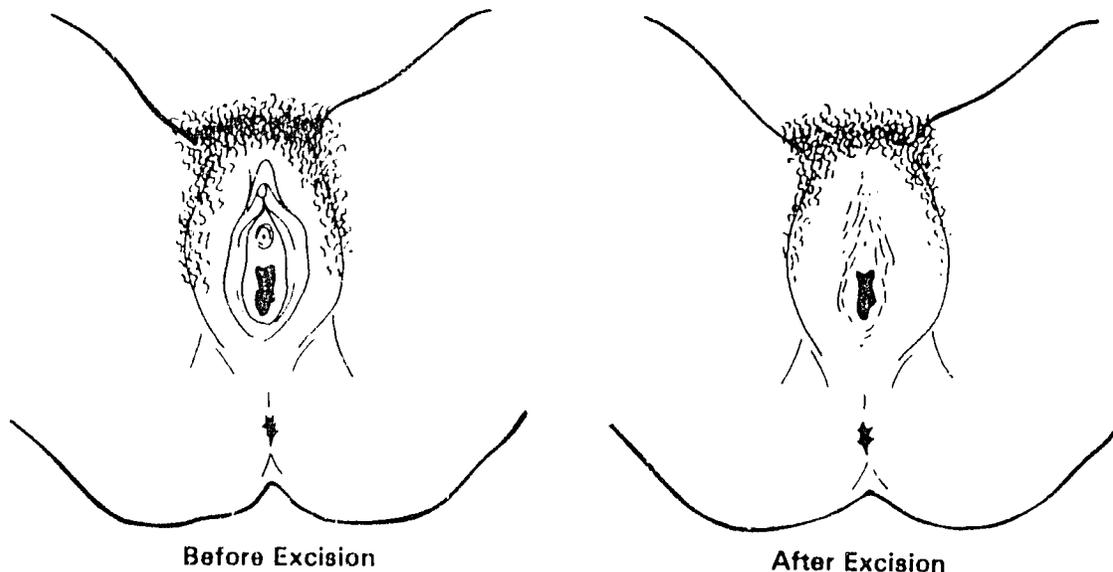
Before Circumcision (Sunna)



After Circumcision (Sunna)

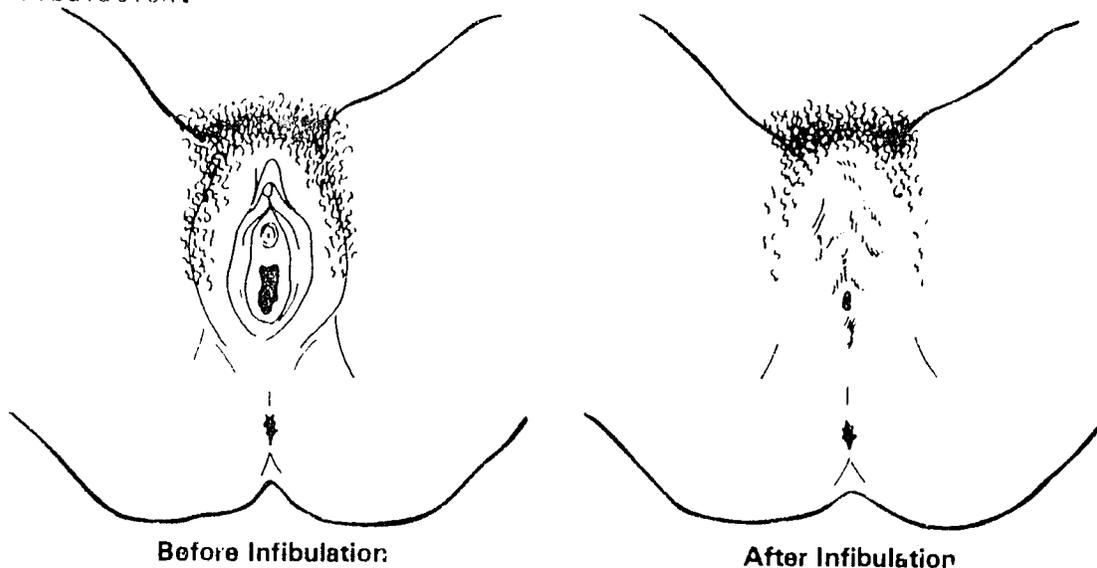
Excision (Type II, reduction):

Excision is a severe form of circumcision. This operation consists of the removal of the prepuce and the glans of the clitoris together with adjacent parts of the labia minora or the whole of it without including the labia majora and without closure of the vulva.



Infibulation (Type III, pharaonic circumcision):

Infibulation is the most severe form of the practice and consists of excision and infibulation of the vulva. Excision involves the surgical removal of the whole of the clitoris, the labia minora and the adjacent medial part of the labia majora in their anterior two-thirds. The two sides of the vulva are then stitched together. The introitus is obliterated leaving only a small opening to allow urinary and menstrual flow. This stitching together of the vulva after excision is called infibulation.



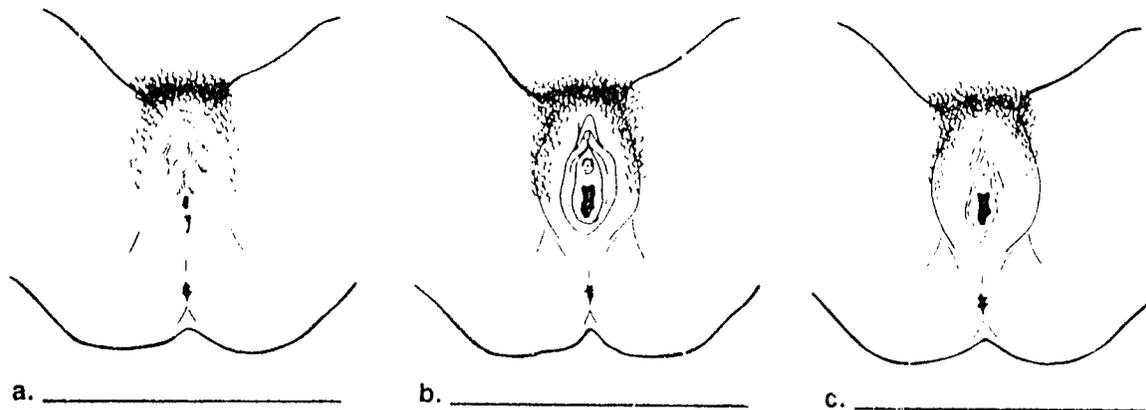
Summary:

The three most prevalent types of female circumcision operations have been described in this information section. While the term "circumcision" is used to describe this traditional practice in general, you can see from the preceding descriptions that this term is not medically accurate. "Circumcision" means only the cutting of the prepuce, or the clitoral hood. More frequently, this practice involves the partial or total removal, or amputation, of the organs of the vulva.

Because surgery is involved in all three types of operations, there are potential health consequences for the girl or woman who undergoes this operation. The next four information sections will describe in detail both the immediate health effects and the long term consequences of this practice.

Practice Questions

1. List the three most prevalent types of female circumcision operations that have been identified.
2. Write the type of female circumcision operation that is described in each of the following statements:
 - a. the surgical removal of the prepuce, or clitoral hood, preserving the rest of the vulva
 - b. after excision, the stitching together of the vulva except for a tiny introital opening to allow for urinary and menstrual flow
 - c. the surgical removal of the entire clitoris, the labia minora, and the inner walls of the labia majora
3. Below are three diagrams. Identify which diagram shows (1) the normal vulva before circumcision, (2) the vulva after excision, and (3) the infibulation of the vulva.



4. Explain briefly why the general term "female circumcision" is not a medically accurate word to describe the practice.

To the Learner: Turn the page to check your answers.

Answers to Practice Questions

1. The three most prevalent types of female circumcision operations are (1) circumcision proper (Type I, sunna); (2) excision (Type II, reduction); and (3) infibulation (Type III, pharaonic circumcision).
2.
 - a. circumcision proper
 - b. infibulation
 - c. excision
3. diagram a: infibulation of the vulva
diagram b: normal vulva before circumcision
diagram c: vulva after excision
4. The general term "circumcision" is not a medically accurate word to describe the practice because more frequently the operation involves the removal, or amputation, of organs of the vulva rather than just the cutting of the prepuce, or clitoral hood.

To the Learner: If you missed any of the answers to the questions, go back to the information section and study it again. When all of your answers are correct, go to section 2 on the next page.

2. Immediate Health Effects of the Practice

Learning Objectives:

At the end of this information section, you will be able to:

1. list the seven possible health problems that can occur immediately after or within ten days of any type of circumcision operation; and
 2. identify the conditions which contribute to each of these seven health problems.
-

Any of the three types of female circumcision operations can create health complications for the young girl or woman, although excision and infibulation lead to more severe complications. There are both immediate health effects and long term consequences for a woman's health. This section describes the immediate health effects, or those which may occur within ten days of the operation. Since all three types of female circumcision involve surgery, there are immediate health risks for the patient that are associated with surgery in general.

Seven Immediate Health Effects:

Seven immediate health problems which may occur during or soon after all three types of circumcision surgery are (1) shock; (2) infection and failure of healing; (3) tetanus; (4) septicemia (blood poisoning); (5) injury or trauma to adjoining structures; (6) hemorrhage; and (7) urine retention.

Reasons for Immediate Health Effects:

These health consequences are partly a result of the operation being performed under unhygienic conditions with instruments which are not sterile, and by attendants who are unskilled. Often no analgesia is used and the young girl experiences great pain which can cause her to go into **shock**. These conditions can lead to wounded areas of the vulva becoming infected, and if the infected area is not treated correctly, healing is delayed and the young girl may get **septicemia** (blood poisoning). Septicemia occurs when bacteria from the infection gets into the blood stream.

Another serious form of infection is **tetanus** which often follows within or up to 14 days from the time of surgery and which specifically results from intoxication of the nervous system by the exotoxin of the tetanus bacteria. Mortality may be as high as 50 - 60% with most deaths occurring within 10 days. Tetanus is more prevalent and its outcome is more dramatic especially among people in geographic areas where immunization has been inadequate.

Circumcision operations are usually performed on young girls and the vulva of a young girl is small. The instruments used for cutting may be too large or blunt, and the person performing the operation may cut too deep or cut and **injure delicate adjoining structures** such as the anus or the urethra. There are many blood vessels in the vulva. **Hemorrhage**, an excessive loss of blood, can result from injury to the vulva or from the cutting of a blood vessel in the area. Hemorrhage can cause the young girl or woman to go into **shock**.

Urine retention is very common in the first two to four days after excision and infibulation because of the pain resulting from the urine touching the wound. If the young girl or woman does not urinate, this can lead to bladder and urinary tract infections.

Summary:

The seven immediate health effects of female circumcision operations and their probable causes have been described in this information section. These complications can be treated if the girl or woman is brought to a hospital immediately. There are, however, long term consequences of the operation on the general health of the woman including consequences for her baby during childbirth. The next three information sections will describe these long term health consequences which result primarily from the two more severe types of operations - excision and infibulation.

Practice Questions

1. List the seven possible health problems that can occur immediately or within ten days of any type of circumcision operation.
2. Read the following statements and decide which ones are true and which ones are false.
 - a. There are no health risks involved in the simple or mild form of circumcision where just the prepuce, or clitoral hood, is removed.
 - b. There may be immediate health consequences in all three types of circumcision operations.
 - c. All health risks can be eliminated if the operation is performed in hygienic conditions with sterile instruments.
 - d. Hemorrhage or pain can cause the girl to go into shock.
 - e. Urine retention is very common after the operation because of the pain caused by urine touching the wound.
 - f. Tetanus or septicemia can result from infection which is not treated properly.
3. Following is a list of four conditions that contribute to specific health problems during or shortly after a circumcision operation. What are the specific health problems that can result from each of these conditions?
 - a. operating conditions not hygienic and instruments not sterile
 - b. analgesia not used to prevent pain
 - c. attendant unskilled or cutting instruments too large or blunt
 - d. pain from the wound in days after the operation

To the Learner: Turn the page to check your answers.

Answers to Practice Questions

1. The seven possible health problems are (1) shock; (2) infection and failure of healing; (3) tetanus; (4) septicemia (blood poisoning); (5) injury or trauma to adjoining structures; (6) hemorrhage; and (7) urine retention.
2.
 - a. False (Since cutting is involved in this form as well, the young girl is subjected to all the health risks mentioned depending on the conditions of the operation.)
 - b. True
 - c. False (There are still the health risks involved in an operation even if it is done in a hospital or clinic.)
 - d. True
 - e. True
 - f. True
3.
 - a. Operating conditions not hygienic and instruments not sterile can lead to infection, tetanus, septicemia (blood poisoning), and shock.
 - b. Analgesia not used to prevent pain can result in the young girl going into shock.
 - c. Attendant unskilled or cutting instruments too large or blunt can lead to damage or trauma to adjoining structures such as the anus or the urethra, hemorrhage, shock, infection, and septicemia (blood poisoning).
 - d. Pain from the wound after the operation can lead to urine retention by the patient. This in turn can lead to bladder and urinary tract infections.

To the Learner: If you missed any of the answers to the questions, go back to the information section and study it again. When all of your answers are correct, go to section 3 on the next page.

3. Long Term Health Consequences of the Practice on a Woman's General Health

Learning Objectives:

At the end of this information section, you will be able to:

1. list at least seven of the ten possible gynecological and urinary problems which are health consequences of excision and infibulation; and
 2. identify the reasons for these health consequences.
-

Infibulation is the most severe type of circumcision operation and this operation seriously affects the health of the young girl throughout her life. At least ten gynecological and urinary tract problems can be attributed to the practice of infibulation. This section will describe these ten problems and explain to you why each can be a consequence of this type of circumcision. You may want to review Module Two, The Female Urinary System, and Module Four Vaginal Infections and Sexually Transmitted Diseases, as a background for this section.

Ten possible health problems include (1) scarring and keloid formation; (2) vulval dermoid cysts and vulval abscesses; (3) acute or chronic pelvic infection; (4) infertility; (5) dysmenorrhea; (6) hematocolpos; (7) dyspareunia; (8) recurrent urinary tract infection; (9) difficulty with urination; and (10) calculus formation (stones). The first seven problems are gynecological ones while the last three are urinary tract problems. The problems result from the scarring over of the vulva after excision and from the covering over of the vaginal opening and urethra after infibulation.

Gynecological Problems

After excision, the tissue of the vulva becomes a hard and fibrous scar. Keloids and dermoid cysts may develop in the scar. If there has been infection after the operation, **keloid formations** may be common. These are dense fibrous tumors of the skin and an overgrowth of scar tissue. **Implantation dermoid cysts** are also a common complication. The cysts may occasionally become infected and result in abscesses. The cysts are caused by part of the skin becoming imbedded during the stitching together of the vulva.

Infibulation causes a high degree of **acute and chronic pelvic infection** in two ways: (1) from infection at the time of the circumcision; (2) from retention of urine and vaginal secretions because of infections such as cystitis, vaginitis, and cervicitis may develop into chronic pelvic inflammation. If the Fallopian tubes become blocked because of the infections and inflammation, the woman will be **infertile**, or unable to become pregnant. **Dysmenorrhea**, or painful menstruation, can result from chronic pelvic infection and is also caused by pelvic congestion. Menstrual flow may be retained due to the tiny vaginal opening and tight circumcision left after infibulation. This tight circumcision can lead to **hematocolpos** and to **dyspareunia**, or painful intercourse, which in turn may force anal intercourse with subsequent development of anal fissure and incompetent anal sphincter. Hematocolpos is an accumulation of blood in the uterus and vagina resulting from a lower vaginal obstruction such as scarring.

Malformations and scarring of the vulva and the vaginal canal resulting from excision and infibulation make gynecological examination and direct visualization of the cervix and the vagina difficult. If a woman is suspected to have a vaginal infection, has a suspected pregnancy, or has a miscarriage, the health clinician will have difficulty in performing the necessary bi-manual and/or speculum examination called for. The health clinician will also have difficulty with the proper management of the problem. The scarring also makes it difficult to insert an I.U.D. for family planning purposes.

Urinary Tract Problems

Recurrent urinary tract infection is common in girls and women who have undergone infibulation because the external meatus, or urinary outlet, is covered by a skin flap after infibulation. The skin flap prevents the woman or girl from being able to cleanse the area, and when the area becomes irritated by urine, it is prone to bacterial infection. This is because urine contains waste products from the body including bacteria. Also infection may be caused by the deposition of some chemicals in the urine in the posterior fornix or under the bridge of skin which hides the urinary meatus.

A woman who has undergone infibulation may also have **difficulty with urination** because the scar tissue around the urinary outlet gradually contracts and restricts the opening. This situation can cause serious problems for the woman including stricture formation, increase in residual urine, retrograde reflux, ascending retrograde infection and **calculus formation** (stones). Surgery may be required.

Summary:

Circumcision, especially the more severe types - excision and infibulation - create many health problems for women. Some of these problems are chronic. In other words, the condition created by the scarring from excision and by the closing over of the vaginal and urinary opening from infibulation are permanent. Therefore, the problems resulting from these conditions such as pelvic and urinary tract infections, will occur over and over again. Treatment for some of the health problems is possible and is outlined in Modules Two and Four. Other conditions may require surgery or have long term consequences such as infertility. If the woman's health problem is due to her circumcision operation, explain this to her. This information may prevent her daughters from having the same health problems.

The next information section will describe the effects of excision and infibulation on marriage and childbirth.

Practice Questions

1. List at least seven possible gynecological and urinary tract problems which are consequences of excision and infibulation.
2. Following are seven statements which describe the reasons why specific health problems are the result of excision and infibulation. Tell which health problem is being explained in each statement. Your answers should come from the list in question 1.
 - a. This problem is a result of part of the skin of the labia majora becoming embedded during the stitching together of the vulva.
 - b. These dense fibrous tumors of the skin result from an overgrowth of the scar tissue on the vulva.
 - c. This type of infection can be caused by retention of the vaginal secretions due to the tiny opening left after infibulation.
 - d. This problem may occur if the Fallopian tubes become blocked because of inflammation and chronic pelvic infection.
 - e. This problem is a result of pelvic congestion and the retention of menstrual flow due to the tiny vaginal opening left after infibulation.
 - f. The inability of the woman to cleanse the area of the urinary opening because of the skin flap left by excision with infibulation can result in this problem.
 - g. When the scar tissue from excision around the urinary opening contracts over time, this problem may occur.
3. If a woman's health problem is a consequence of her circumcision, why should the health clinician explain this relationship to the patient?

To the Learner: Turn the page to check your answers.

Answers to Practice Questions

1. Possible gynecological and urinary tract problems are (1) scarring and keloid formation; (2) vulval dermoid cysts and vulval abscesses; (3) acute or chronic pelvic infections; (4) infertility; (5) dysmenorrhea; (6) recurrent urinary tract infections; (7) urinary difficulty; (8) hematocolpos; (9) calculus formation (stones); and (10) dyspareunia.
2.
 - a. implantation dermoid cysts
 - b. keloid formations
 - c. pelvic infection
 - d. infertility
 - e. dysmenorrhea or pelvic infection
 - f. urinary tract infection and calculus formation (stones)
 - g. stricture and urinary difficulty
3. The health clinician should explain the relationship between the woman's health problem and the conditions created by her circumcision so the woman patient can understand the cause of her problem and perhaps prevent her daughter from having the same health problems. (Your answer does not have to follow this one word for word.)

To the Learner: If you missed any of the answers to the questions, go back to the information section and study it again. When all of your answers are correct, go to section 4 on the next page.

4. Effects of Excision and Infibulation on Marriage and Childbirth

Learning Objectives:

At the end of this information section, you will be able to:

1. explain why infibulation can cause the consummation of marriage to be painful and difficult or even impossible;
 2. describe the health consequences for a woman if cutting the vaginal opening is necessary for the consummation of marriage;
 3. state the two health problems a woman faces at the time of childbirth if she has undergone excision or infibulation;
 4. explain why obstetric problems result from excision or infibulation;
 5. define the "second stage of labor" and explain the health consequences for the baby if delivery is delayed during this stage; and
 6. explain the health consequences for the mother if delivery is delayed in the second stage.
-

There are general health consequences of circumcision, excision, and infibulation throughout a woman's life, but there are two specific times when the results of the operation cause special problems for the woman. These two specific times in the woman's life are the time of consummation of marriage and the time of childbirth. This section will describe the special problems a woman will have during these times if she has undergone excision or infibulation.

Problems with the Consummation of Marriage

A woman who has undergone infibulation often has a very tiny vaginal opening because of the stitching together of the vulva. Tight scarring of the vaginal opening and the narrowing of the vaginal opening make the consummation of marriage painful and difficult, or sometimes

impossible. The woman may need to have the vaginal opening enlarged by cutting. If this surgery is necessary, she then faces all the health risks and complications she did when she was first circumcised. These complications are shock from pain or hemorrhage, infection, tetanus, septicemia (blood poisoning), and damage to adjoining organs.

The emotional impact is tremendous on the woman and reflects on her relationship with her spouse. Among the psychiatric disturbances associated with female circumcision, especially in the event of physical complications such as fistula and dermoid cysts, are anxiety reaction, chronic irritability, episodes of depression, and even frank psychosis. Anxiety, which may start in the child when she is circumcised, can have tremendous repercussions as the child grows and becomes a woman.

Problems During Childbirth

The skin of the vulva and the vaginal canal is normally soft and elastic so it can expand easily during childbirth to allow the baby to be born. Excision of some parts or all of the vulva causes the tissue of the area to become dense and hard because of scarring. Infibulation closes the vaginal opening except for a tiny hole, and often scarring inside the vaginal canal causes a narrowing of the canal and loss of elasticity. These conditions cause major obstetric problems for the woman and the baby. Two major obstetric problems are (1) the need for episiotomy, or the incision of the excision scar, and (2) a delay in the second stage of labor. Each of these obstetric problems have serious health consequences for both the mother and the baby.

1. Need for Episiotomy

If a woman has undergone excision or infibulation, unassisted childbirth is impossible. An attendant must be present to deinfibulate the mother and to cut open the vaginal opening and the excision scar to allow the baby to come out or the mother and the baby will both die. This incision along the excision scar of the vulva is called an anterior episiotomy while an incision made laterally to the scar is called medio-lateral episiotomy.

Consequences of Episiotomy: Whether the person attending the delivery does an anterior or a medio-lateral episiotomy, the large incision is liable to bleeding, infection, septicemia, and delayed healing. If the incision is poorly done, the woman may develop a perineal tear at the time of delivery with a recto-vaginal extension through the anal sphincter and rectum resulting in fistula formation or fecal incontinence within a few days after delivery.

2. Delay in the Second Stage of Labor

The second stage of labor occurs when the cervix is fully dilated and the mother can push the baby out of the uterus and down into the vagina. If the woman is not deinfibulated and the excision scar not opened at the appropriate time, the second stage of labor is then prolonged with subsequent serious consequences for both the mother and the baby because of the delay in delivery.

Maternal Consequences of Prolonged and Delayed Labor: The prolonged second stage of labor and the constant pressure by the baby's head anteriorly on the urethra and bladder and posteriorly on the rectum can lead to impairment of circulation, tissue necrosis, devitalization and fistula formation. A fistula, a break in the separating tissue wall, may occur between the urethra/bladder and the vagina (vesico-vaginal fistula) or between the rectum and the vagina (recto-vaginal fistula). This may happen a few days after delivery. Fistula formation may also complicate traumatic instrumentation (forceps delivery) in obstructed cases. These fistulae are abnormal passageways and can cause the woman to be unable to control her urination or bowel movements. Surgical repair of a fistula is a complicated and delicate operative procedure and the outcome may not always be successful.

Fetal Consequences of Delay or Obstruction During Labor: If the hard scar tissue from excision has not been opened, the baby's head will stop in the vaginal canal during the second stage of labor. The baby in the vaginal canal is without oxygen, and if it is held too long without oxygen, the baby may be born distressed or with brain damage, or the baby may even die.

Other Obstetrical Consequences: Excision and infibulation make gynecological examinations very difficult so it is hard for the birth attendant to perform a good pelvic exam and to monitor the stages of labor. When the stages of labor cannot be monitored effectively, the problems associated with a delay in labor result. Being unable to monitor effectively the stages of labor, especially in a first birth, the birth attendant may do an episiotomy too soon with resultant risk of hemorrhage. The inability to do a good pelvic examination because of infibulation can also cause the clinician to miss any malpresentations, or an abnormal position of the fetus in relation to the maternal birth canal which could cause a "difficult birth."

Summary:

If a woman has undergone excision or infibulation, there will be health complications for her at two important periods of her life - at the consummation of marriage and at childbirth. Operations at these times to deinfibulate, or to enlarge the vaginal opening by cutting, can be both painful and dangerous. During childbirth, the excision scar

must be cut as well as the tight vaginal opening. This operation threatens the health of both the woman and the baby. After consummation and after childbirth, women are often re-infibulated. The health consequences of this practice are described in the next information section.

Practice Questions

1. What problem might a woman have at the time of marriage consummation if she has undergone infibulation?
2. What are the possible health consequences for the woman if this problem is treated through cutting?
3. What two health problems does a woman face at the time of childbirth if she has undergone excision or infibulation?
4. The two problems (in question #3) are obstetric problems. Why are these problems a consequence of excision or infibulation?
5. Name four health consequences of episiotomy.
6. Where is the baby in the woman's body during the second stage of labor?
7. What are the health consequences for the mother if there is a delay in labor at this stage because the excision scar has not been cut and the vaginal opening enlarged?
8. What are the consequences for the baby if the delivery is delayed at the second stage when the baby is in the vaginal canal?
9. Name some of the psychological consequences of female circumcision.

To the Learner: Turn the page to check your answers.

Answers to Practice Questions

1. Tight scarring of the vaginal opening and the narrowing of the vaginal canal may make consummation difficult and painful or even impossible.
2. If a woman must have the vaginal opening enlarged through cutting in order for consummation to occur, the woman faces all the health risks and complications she did when she was first excised and infibulated. These risks are shock from pain or hemorrhage, infection, tetanus, septicemia, and damage to adjoining structures. There may also be emotional and psychiatric consequences.
3. The two health problems are (1) the need for anterior and sometimes medio-lateral episiotomy and (2) delay in the second stage of labor and prolonged labor.
4. The need for episiotomy and the delay in the second stage of labor are obstetric problems. They are results of the normally soft and elastic tissue of the vulva and vaginal canal being scarred over after excision. Infibulation causes the vaginal opening to be too small to allow the baby's head to come out. An episiotomy is an incision of the vulval scar to allow it to stretch. If inadequate, the incision may extend deeper to a perineal tear. A delay in labor occurs when the head of the baby is held for a prolonged period low on the perineum.
5. Health consequences of a large episiotomy include bleeding, infection, septicemia, delayed healing, and the possibility of a deep perineal tear extending into the rectum with resulting fistula and fecal incontinence.
6. During the second stage of labor, the baby is out of the uterus and in the vaginal canal.
7. The health consequences for the mother are perineal laceration and fistulae. Malpresentations can also be missed because of difficulty in performing a good pelvic examination.
8. The consequences for the baby are fetal distress because of lack of oxygen, possible brain damage, and even death.
9. Some of the psychological consequences of female circumcision are an anxiety state as a child and anxiety, chronic irritability, reactive depression and even frank psychosis in the adult woman.

To the Learner: If you missed any of the answers to the questions, go back to the information section and study it again. When all of your answers are correct, go to section 5 on the next page.

5. Health Consequences of Re-infibulation

Learning Objectives:

At the end of this information section, you will be able to:

1. define re-infibulation;
 2. list at least five health consequences of re-infibulation that are also consequences of infibulation; and
 3. explain the additional complications that can occur when a woman is re-infibulated directly after childbirth.
-

After childbirth many women are re-infibulated. That is, the vulva and the labia majora are stitched back together, and the vaginal opening is again reduced to a very small hole. Because re-infibulation involves cutting and stitching, the same health consequences and risks are present as when the woman was first infibulated. These consequences are excessive bleeding, infection and urine retention. Later health problems are recurrent urinary tract infections, chronic pelvic infections, menstrual difficulties, and difficulty with urination. In addition to the usual complications of excision and infibulation, re-infibulation may be followed by severe infection, severe scarring, and in many cases, invagination of the vulva, or false vagina.

There are additional consequences if re-infibulation is done immediately after delivery. A woman is usually re-infibulated right after delivery of the placenta. This prevents the blood and other discharge from being properly eliminated, obstructing the after-birth flow, which is greater than during menstruation. This obstruction results in infections, retention, and hardening of the discharge. Also, abnormal bleeding (postpartum hemorrhage) cannot be detected and this may endanger the mother's life.

Summary:

All types of the traditional practice of female circumcision, including re-infibulation, threaten the physical and mental well being of a woman throughout her life. Treatment of health problems, including those resulting from circumcision operations, is an important part of the health clinician's job. Equally important is the prevention of

health risks and problems and this can be done by educating the community and counseling with patients on the causes of their health problems. The next information section will give you some suggestions of how you might educate your community and individual women about the health problems associated with all types of female circumcision operations.

Practice Questions

1. Define briefly what is meant by re-infibulation.
2. List five health consequences of re-infibulation that are also consequences of infibulation.
3. Explain the additional complications that can occur when a woman is re-infibulated directly after childbirth.

To the Learner: Turn the page to check you answers.

Answers to Practice Questions

1. When a woman is re-infibulated, the vulva and the labia majora are stitched back together, and the vaginal opening is again reduced to a tiny opening.
2. Health consequences of both infibulation and re-infibulation include excessive bleeding, infection, urine retention, recurrent urinary tract infections, chronic pelvic infections, menstrual difficulties, and difficulty with urination.
3. Additional complications that can occur if the woman is re-infibulated directly after child birth are severe infection, severe scarring, invagination of the vulva (sometimes), obstruction of the after-birth flow and undetected postpartum hemorrhage.

To the Learner: If you missed any of the answers to the questions, go back to the information section and study it again. When all of your answers are correct, go to section 6 on the next page.

6. Health Education Strategies

Learning Objectives

At the end of this information section, you will be able to:

1. explain two possible roles for the health clinician;
 2. state why the traditional practice of female circumcision is a health issue; and
 3. devise at least three ways to communicate the health consequences of circumcision, excision and infibulation to your community.
-

The purpose of this training manual as a whole is to present you with health care information that will enable you to recognize, treat, and explain health problems specific to women. This module of the manual has presented medical information documenting the relationship between various forms of female circumcision and specific problems affecting the physical and mental well being of a woman throughout her life.

Female circumcision, excision, or infibulation may be traditional practices in your community, but they are also practices with serious consequences for the health of the women and young girls in your community. There are no medical, hygienic, or health reasons to support the practice of circumcision in any of its forms.

As a health clinician you work to assure the good health of people in your community in two ways: by treating patients with health problems and by counseling with patients on specific ways to prevent health problems from occurring. The information in this module should help you understand the reasons for specific health problems you may see in women who have undergone a type of circumcision. The information may also alert you to and prepare you for the kinds of health problems that may occur at various stages of a woman's life if she has been circumcised, excised, or infibulated. It is important that you counsel with the woman and let her know if her health problems are a consequence of her circumcision or explain to her what health problems her daughter may have if she undergoes a type of circumcision.

You know your community and your patients, so you must make the best decision of how to educate and counsel with women on the health consequences of circumcision, excision, and infibulation. Following is a list of suggestions you may want to use in educating women about this health issue. Choose the methods that will be appropriate for your community.

1. When taking a medical history of a woman patient, note the form and extent of the circumcision. If the woman has health problems later on due to the operation, make a note of this on the medical record form.
2. If a woman has a health problem that is a consequence of her circumcision, explain to her why she has the problem. Bring the subject out into the open.
3. Respond to requests to talk to women's groups about the health consequences of the three forms of circumcision.
4. Use pictures to explain the natural birth process to women and describe the damaging effects of excision and infibulation that interrupt this natural process.
5. Give short education talks to women in clinic waiting rooms and in mothers' groups. Include information on the health consequences of female circumcision in these talks.
6. Train other health workers on the specific health consequences of female circumcision, excision, and infibulation.
7. Plan educational programs about the health risks involved in female circumcision for health workers in the field, especially midwives and traditional birth attendants. Also talk to school teachers, to the younger generation and to the older generation.
8. Suggest that male health workers talk in men's meeting places to involve the men of the household so that they might take a positive stand against the practice of female circumcision in their families.
9. Give health education talks on female circumcision in rural areas.
10. Consider using all forms of media for health education on the risks and health consequences of female circumcision.

Practice Questions

1. What are two possible roles for the health clinician in the community?
2. Why is the practice of female circumcision, excision, or infibulation an issue to be talked about in health education presentations and during patient counseling?
3. Describe at least three ways which you as a health clinician would find appropriate to use in your community to communicate the health consequences of circumcision, excision, or infibulation. You don't have to use any of the suggestions described in this section.
4. What would be the effect of the methods you describe in question #3 on preventing the health problems (over time) that are consequences of circumcision, excision, or infibulation?

To the Learner: Turn the page to check your answers.

Answers to Practice Questions

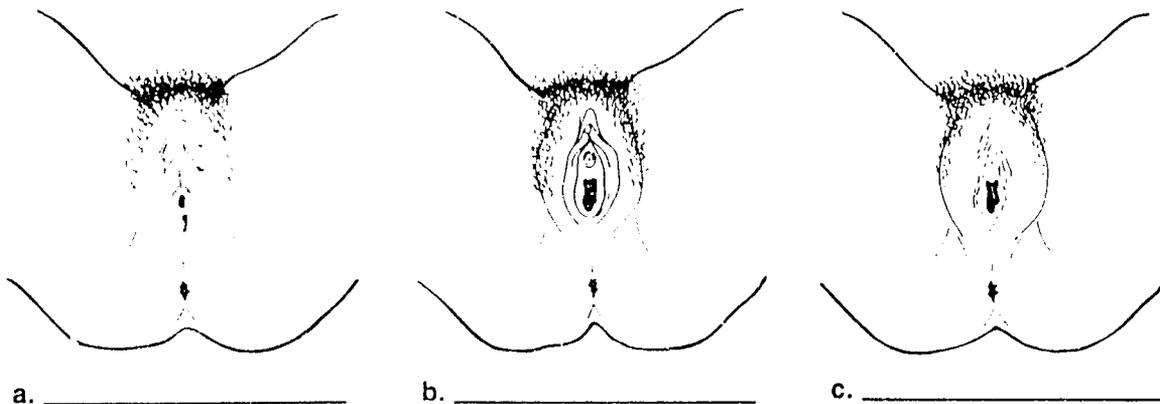
1. Two possible roles of the health clinician are to treat health problems and to provide health education to prevent health problems from occurring.
2. The traditional practice of circumcision including excision and infibulation is a health education issue because it affects the health of every young girl and woman who has undergone this operation. Health effects from this practice can be immediate, long term, and/or chronic.
3. There is no correct answer for the question. You are the best judge of which methods will work in your community.
4. The effects depend on the methods you described. The best answer to this question will be found when you try out the methods in your community.

To the Learner: If you missed any of the answers to the questions, go back to the information section and study it again. When all of your answers are correct, go to the Post-test on the next page.

Post-Test

To the Learner: This test will tell you how much you have learned from this self-instructional module. After taking the test, check your answers on the pages following the test. Be sure to use a separate sheet of paper for recording your answers.

1. List the three most prevalent types of female circumcision operations that have been identified.
2. Write the type of female circumcision operation that is described in each of the following statements:
 - a. the surgical removal of the prepuce, or clitoral hood, preserving the rest of the vulva
 - b. after excision, the stitching together of the vulva except for a tiny introital opening to allow for urinary and menstrual flow
 - c. the surgical removal of the entire clitoris, the labia minora, and the inner walls of the labia majora
3. Below are three diagrams. Identify which diagram shows (1) the normal vulva before circumcision, (2) the vulva after excision, and (3) the infibulation of the vulva.



4. Explain briefly why the general term "female circumcision" is not a medically accurate word to describe the practice.
5. List the seven health problems that can occur immediately or within ten days of any type of circumcision operation.
6. Read the following statements and decide which ones are true and which ones are false.

- a. There are no health risks involved in the simple or mild form of circumcision where just the prepuce, or clitoral hood, is removed.
 - b. There may be immediate health consequences in all three types of circumcision operations.
 - c. All health risks can be eliminated if the operation is performed in hygienic conditions with sterile instruments.
 - d. Hemorrhage or pain can cause the girl to go into shock.
 - e. Urine retention is very common after the operation because of the pain caused by urine touching the wound.
 - f. Tetanus or septicemia can result from infection which is not treated properly.
7. Following is a list of four conditions that contribute to specific health problems during or shortly after a circumcision operation. What are the specific health problems that can result from each of these conditions?
- a. operating conditions not hygienic and instruments not sterile
 - b. analgesia not used to prevent pain
 - c. attendant unskilled or cutting instruments too large or blunt
 - d. pain from the wound in days after the operation
8. List at least seven possible gynecological and urinary tract problems which are consequences of excision and infibulation.
9. Following are seven statements which describe the reasons why specific health problems are the result of excision with infibulation. Tell which health problem is being explained in each statement. Your answers should come from the list in question #8.
- a. This problem is a result of part of the skin of the labia majora becoming embedded during the stitching together of the vulva.
 - b. These dense fibrous tumors of the skin result from an overgrowth of the scar tissue on the vulva.
 - c. This type of infection can be caused by retention of the vaginal secretions due to the tiny opening left after infibulation.
 - d. This problem may occur if the Fallopian tubes become blocked because of inflammation and chronic pelvic infection.
 - e. This problem is a result of pelvic congestion and the retention of menstrual flow due to the tiny vaginal opening left after infibulation.
 - f. The inability of the woman to cleanse the area of the urinary opening because of the skin flap left by excision with infibulation can result in this problem.
 - g. When the scar tissue from excision around the urinary opening contracts over time, this problem can occur.

10. Explain why infibulation can cause the consummation of marriage to be painful and difficult or even impossible.
11. What are the health consequences for the woman if cutting the vaginal opening is necessary for the consummation of marriage?
12. What two obstetric problems result from excision and infibulation?
13. Why are these two obstetric problems consequences of excision or infibulation?
14. What are four health consequences of episiotomy?
15. What are the health consequences for the mother if labor is delayed in the second stage because of the excision scar and the infibulation?
16. What are the health consequences for the baby if labor is delayed in the second stage because the mother has undergone excision or infibulation?
17. What is re-infibulation?
18. What are at least five health consequences of re-infibulation?
19. What are the two roles of the health clinician in the community?

Answers to Test

1. The three most prevalent types of female circumcision operations are (1) circumcision proper (Type I, sunna); (2) excision (Type II, reduction); and (3) infibulation (Type IV, pharaonic circumcision).
2.
 - a. circumcision proper
 - b. infibulation
 - c. excision
3. diagram a: infibulation of the vulva
diagram b: normal vulva before circumcision
diagram c: vulva after excision
4. The general term "circumcision" is not a medically accurate word to describe the practice because more frequently the operation involves the removal, or amputation, of organs of the vulva rather than just the cutting of the prepuce, or clitoral hood.
5. Seven immediate health problems: (1) shock; (2) infection; (3) tetanus; (4) septicemia (blood poisoning); (5) injury or trauma to adjoining structures; (6) hemorrhage, and (7) urine retention.
6.
 - a. False (Since cutting is involved in this form as well, the young girl is subjected to all the health risks mentioned depending on the conditions of the operation.)
 - b. True
 - c. False (There are still the health risks involved in an operation even if it is done in a hospital or clinic.)
 - d. True
 - e. True
 - f. True
7.
 - a. Operating conditions not hygienic and instruments not sterile can lead to infection, tetanus, septicemia (blood poisoning), and shock.
 - b. Analgesia not used to prevent pain can result in the young girl going into shock.
 - c. Attendant unskilled or cutting instruments too large or blunt can lead to damage or trauma to adjoining structures such as the anus or the urethra, hemorrhage, shock, infection, and septicemia (blood poisoning).
 - d. Pain from the wound after the operation can lead to urine retention by the patient. This in turn can lead to bladder and urinary tract infections.
8. Gynecological Problems: (1) keloid formation; (2) dermoid cysts; (3) chronic pelvic inflammation; (4) infertility; and (5) dysmenorrhea.

Urinary Problems: (1) chronic urinary tract infections and (2) difficulty with urination.

9.
 - a. implantation dermoid cysts
 - b. keloid formation
 - c. pelvic infection
 - d. infertility
 - e. dysmenorrhea or pelvic infection
 - f. urinary tract infection
 - g. urinary difficulty
10. Tight scarring of the vaginal opening and the narrowing of the vaginal canal are consequences of infibulation and can make consummation of marriage painful and difficult or impossible.
11. If a woman must have the vaginal opening enlarged through cutting in order for consummation to occur, the woman faces all the health risks and complications she did when she was first excised and infibulated. These risks are shock from pain or hemorrhage, infection, tetanus, septicemia (blood poisoning), and damage to adjoining structures.
12. The two obstetric problems are (1) the need for episiotomy and (2) delay in the second stage of labor.
13. These two problems result from the normally soft and elastic tissue of the vulva and the vaginal canal being scarred over after excision. Infibulation causes the vaginal opening to be too small to allow the baby's head to come out. An episiotomy is an incision of the vulva scar to allow it to stretch. A delay in labor occurs when the head of the baby is held for a prolonged period low on the perineum.
14. Four health consequences of the large episiotomy are bleeding, infection, septicemia (blood poisoning), and delayed healing.
15. The health consequences for the mother are perineal laceration and fistulae.
16. The health consequences for the baby are fetal distress, possible brain damage and even death.
17. Re-infibulation is the stitching back together of the labia majora and the vulva after it has been opened to allow for childbirth. The vaginal opening is again tightened to a very small hole.
18. Possible health consequences of re-infibulation are any of the following: excessive bleeding, infection, shock, urine retention, chronic urinary tract infections, chronic pelvic infections, menstrual difficulties, difficulties with urination, severe scarring, invagination of the vulva (sometimes), obstruction of the

after-birth flow and undetected postpartum hemorrhage. The latter three consequences may occur if re-infibulation is done directly after childbirth.

19. Two possible roles of the health clinician are to treat health problems and to provide health education to prevent health problems from occurring.

Annexes

FEMALE CIRCUMCISION

June 1982

STATEMENT OF WHO POSITION AND ACTIVITIES*

Female circumcision is a traditional practice which can have serious health consequences, and is of concern to the World Health Organization. Activities are carried out to combat this practice as part of its broader programmes of maternal and child health.

WHO supports the recommendations of the Khartoum Seminar of 1979 on Traditional Practices Affecting The Health of Women. These were that governments should adopt clear national policies to abolish female circumcision, and to intensify educational programmes to inform the public about the harmfulness of female circumcision. In particular, women's organizations at local levels are encouraged to be involved, since without women themselves being aware and committed, no changes are likely. In areas where female circumcision is still being practiced, women are also facing many other critical problems of ill health and malnutrition, lack of clean water, deaths in childbirth, overburden of work. These occur in extremely adverse social and economic circumstances. Surveys carried out recently with WHO support, also point to the continuing cultural and traditional pressures which perpetuate the practice. Programmes to combat harmful traditional practices, including female circumcision, should be seen within this context, and should respond sensitively to women's needs and problems.

WHO, together with UNICEF, has assured governments of its readiness to support national efforts against female circumcision, and to continue collaboration in research and dissemination of information. Special attention is given to the training of health workers at all levels, especially those for traditional birth attendants, midwives, healers and other practitioners of traditional medicine.

WHO has consistently and unequivocally advised that female circumcision should not be practiced by any health professionals in any setting - including hospitals or other health establishments.

Over the last five years the activities of WHO in respect of female circumcision have included preparation of informational material by staff members and consultants, particularly on the health consequences and the epidemiology of female circumcision; support to incorporate this material into appropriate training courses for various categories of health workers; technical and financial support to national surveys; convening the Khartoum Seminar referred to above; holding a consultation jointly with UNICEF to clarify and unify approaches; and publication of the proceedings of the Khartoum Seminar, including most recently the second volume which contains the papers presented at the Seminar.

* Submitted to the U.N. Sub-Commission on Prevention of Discrimination and Protection of Minorities. Working Group on Slavery. June 1982.

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