

Female Genital Mutilation (FGM) is Still a Challenge in Developing Countries

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I am honored to have been invited to write an editorial to the Journal of Woman's Health Care. I would like in this article to discuss one of the harmful practice to woman's health. Female Genital Mutilation (FGM) or Female Genital Cutting represents a violation of human and child rights and outlawed in many countries [1]. Female Genital Mutilation (FGM) or cutting is defined as "all procedures involving partial or total removal of the external female genitalia or other injury to the female organs whether for cultural or other non-therapeutic reasons" [2]. Even to date, the governments of many developing countries where the practice is highly prevalent are not taking strong stand against female genital cutting, this might be explained by the fear of the government from the society which accept circumcision as necessary, natural and adopt the rationale for its existence [3]. In Sudan, where I am working there is a very high prevalence rate of FGM (ranged between 87%-100%) [4]. It is little bit of low prevalence (50.3%) in neighboring Egypt and ranged between 23.3%-45.2% in Nigeria. In some African and Asian countries for example Eritrea, Djibouti, Mali and Somalia, the prevalence rate of FGM is more than 90% [5]. Generally the girls undergo the procedures between the age of 6 and 12 year old before they become decisive persons, thus the practice is against the child and human rights. Female genital cutting always performed by midwives without anesthesia, moreover it is practiced without precaution concerning the septic conditions is putting the girls at a greater risk of complications. FGM is a public health issue with recognized complications such as hemorrhage, shock, infection, necrotizing fasciitis, pain and psychological morbidities [6].

Among the different socio-demographic factors many studies showed that the educational status of the mother is a social determinant for practicing FGM [7]. Likewise father's education in many African countries is strongly associated with reproductive health [7]. Karmaker et al. [8] reported that, in Burkina Faso, age and religion were the most socio-demographic variables affecting the risk of FGM [8]. Thus the

education should be considered while the policy makers putting their strategies for implementation of anti-FGM projects aiming to eradicate the practice.

In summary, we call for urgent attention by the program managers, stakeholders to put their strategies for eradication of the FGM. Female genital cutting eradication should be a priority; the governments and women's NGOs (Non-governmental Organizations) should consider the areas where FGM is highly prevalent and investigate the associated factors and the social determinants aiming to put their strategies for the eradication of the practice.

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