

Search Results

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Search History

1. MEDLINE; (genetial AND mutilation).ti,ab [Limit to: Female]; 0 results.
2. MEDLINE; *CIRCUMCISION, FEMALE/ [Limit to: Female]; 515 results.
3. MEDLINE; (genital AND mutilation).ti,ab; 610 results.
4. MEDLINE; 2 OR 3 [Limit to: Female]; 631 results.
5. MEDLINE; ENGLAND/ep [Epidemiology]; 10375 results.
6. MEDLINE; ENGLAND.af; 3178345 results.
7. MEDLINE; GREAT BRITAIN/; 157076 results.
8. MEDLINE; exp *GREAT BRITAIN/; 2346 results.
9. MEDLINE; 5 OR 6 OR 7 OR 8; 3208040 results.
10. MEDLINE; 4 AND 9 [Limit to: Female]; 194 results.
11. MEDLINE; ENGLAND/ep [Epidemiology]; 10375 results.
12. MEDLINE; GREAT BRITAIN/ep [Epidemiology]; 15147 results.
13. MEDLINE; 11 OR 12; 25477 results.
14. MEDLINE; 4 AND 13 [Limit to: Female]; 4 results.
15. CINAHL; *CIRCUMCISION, FEMALE/; 241 results.
16. CINAHL; (genital AND mutilation).ti,ab; 204 results.
17. CINAHL; 15 OR 16; 297 results.
18. CINAHL; *GREAT BRITAIN/; 1 results.
19. CINAHL; (great AND britain).af; 14017 results.
20. CINAHL; 18 OR 19; 14017 results.
21. CINAHL; 17 AND 20; 11 results.
22. PsycINFO; *CIRCUMCISION/ OR *FEMALE GENITALIA/; 602 results.
23. PsycINFO; (CIRCUMCISION, AND FEMALE).ti,ab; 141 results.
24. PsycINFO; (genital AND mutilation).ti,ab; 202 results.
25. PsycINFO; 22 OR 23 OR 24; 756 results.
26. PsycINFO; (Great AND Britain).af; 14767 results.
27. PsycINFO; 25 AND 26; 11 results.
28. HMIC; (CIRCUMCISION, AND FEMALE).ti,ab; 27 results.
29. HMIC; (genital AND mutilation).ti,ab; 53 results.
30. HMIC; exp CIRCUMCISION/; 33 results.
31. HMIC; exp WOMEN/; 6470 results.
32. HMIC; 30 AND 31; 3 results.
33. HMIC; 28 OR 29 OR 32; 69 results.
34. HMIC; (Great AND Britain).af; 1281 results.
35. HMIC; 33 AND 34; 1 results.
36. HMIC; FEMALE GENITAL MUTILATION/; 71 results.
37. HMIC; 33 AND 36; 57 results.
38. HMIC; 33 OR 36; 83 results.
39. MEDLINE,CINAHL,PsycINFO,HMIC; Duplicate filtered: [4 AND 9 [Limit to: Female]], [4 AND 13 [Limit to: Female]], [17 AND 20], [25 AND 26], [(CIRCUMCISION, AND FEMALE).ti,ab], [30 AND 31], [33 OR 36]; 333 results.

1. AAP retracts statement on controversial procedure.

Citation: Lancet, July 2010, vol./is. 376/9734(15), 0140-6736;1474-547X (2010 Jul 3)

Author(s): MacReady N

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [*Circumcision, Female](#)
[Female](#)
[Humans](#)
[*Pediatrics](#)
[*Societies, Medical](#)
[United States](#)

Source: MEDLINE

Full Text: Available in *print* at [Bolton PCT](#)

2. The experiences of African women giving birth in Brisbane, Australia.

Citation: Health Care for Women International, May 2010, vol./is. 31/5(458-72), 0739-9332;1096-4665 (2010 May)

Author(s): Murray L; Windsor C; Parker E; Tewfik O

Institution: School of Public Health, Queensland University of Technology, Kelvin Grove, Brisbane, Australia. linda.murray@qut.edu.au

Language: English

Abstract: Our purpose in this research was to uncover first-person descriptions of the birth experiences of African refugee women in Brisbane, Australia, and to explore the common themes that emerged from their experiences. We conducted semistructured interviews with 10 African refugees who had given birth in Brisbane. Essences universal to childbirth such as pain, control, and experiences of caregivers featured prominently in participants' descriptions of their experiences. Their experiences, however, were further overshadowed by issues such as language barriers, the refugee experience, female genital mutilation (FGM), and encounters with health services with limited cultural competence.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Africa/eh \[Ethnology\]](#)
[Anecdotes as Topic](#)
[Attitude of Health Personnel](#)
[Australia](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[*Communication Barriers](#)
[*Culture](#)
[Female](#)
[Health Knowledge, Attitudes, Practice](#)
[Humans](#)
[Interviews as Topic](#)
[Nurse-Patient Relations](#)
[*Parturition/eh \[Ethnology\]](#)
[Parturition/px \[Psychology\]](#)
[*Patient Acceptance of Health Care/eh \[Ethnology\]](#)
[Patient Satisfaction](#)
[Pregnancy](#)
[Refugees](#)

Source: MEDLINE

3. Female genital mutilation: a global and local concern.

Citation: Practising Midwife, April 2010, vol./is. 13/4(12-4), 1461-3123;1461-3123 (2010 Apr)

Author(s): Momoh C

Institution: Guy's and St. Thomas's NHS Foundation Trust.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Circumcision, Female/ae \[Adverse Effects\]](#)
[*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[Emigration and Immigration](#)
[Female](#)
[Great Britain](#)
[*Health Policy/lj \[Legislation & Jurisprudence\]](#)
[Humans](#)
[*Primary Prevention/og \[Organization & Administration\]](#)
[Social Perception](#)
[State Medicine/lj \[Legislation & Jurisprudence\]](#)
[*Women's Health Services/lj \[Legislation & Jurisprudence\]](#)
[*Women's Rights/lj \[Legislation & Jurisprudence\]](#)

Source: MEDLINE

4. Female circumcision: standing in their shoes.

Citation: Practising Midwife, April 2010, vol./is. 13/4(4-5), 1461-3123;1461-3123 (2010 Apr)

Author(s): Adikibi A

Institution: University of Salford.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Circumcision, Female/eh \[Ethnology\]](#)
[*Cultural Characteristics](#)
[Female](#)
[*Health Behavior/eh \[Ethnology\]](#)
[Health Knowledge, Attitudes, Practice](#)
[Humans](#)
[*Interpersonal Relations](#)
[Mothers/px \[Psychology\]](#)
[*Social Perception](#)
[*Women's Health/eh \[Ethnology\]](#)
[Women's Health Services](#)
[Women's Rights](#)
[World Health](#)

Source: MEDLINE

5. Reports focus on female genital mutilation in Iraqi Kurdistan.

Citation: Lancet, March 2010, vol./is. 375/9717(794), 0140-6736;1474-547X (2010 Mar 6)

Author(s): Burki T

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[*Circumcision, Female](#)
[Female](#)
[Humans](#)
[Iraq/ep \[Epidemiology\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

6. Female genital mutilation: a review.

Citation: Practice Nursing, 01 February 2010, vol./is. 21/2(62-67), 09649271

Author(s): Barber G

Language: English

Abstract: Gillian Barber discusses female genital mutilation and best practice in providing appropriate care to women and girls.

Publication Type: journal article

Subject Headings: [Circumcision, Female](#)
[Adolescence](#)
[Adult](#)
[Blacks](#)
[Child](#)
[Child Welfare](#)
[Circumcision, Female](#)
[Circumcision, Female](#)
[Circumcision, Female](#)
[Circumcision, Female](#)
[Culture](#)
[Ethnic Groups](#)
[Female](#)
[Health Beliefs](#)
[Human Rights](#)
[Immigrants](#)
[Information Resources](#)
[Islam](#)
[Legislation](#)
[Office Nursing](#)
[Patient Advocacy](#)
[United Kingdom](#)
[Women's Health Services](#)
[World Wide Web](#)

Source: CINAHL

Full Text: Available in *fulltext* at [EBSCO Host](#)

7. [A bitter pill to swallow: report from WNC focus groups to inform the Department of Health taskforce on the health aspects of violence against women and girls]

Citation: London]: Department of Health, 2010(135p)

Corporate/Institutional Author: Women's National Commission; Department of Health

Subject Headings: [VIOLENCE VICTIMS](#)
[WOMEN](#)
[CHILDREN](#)

HEALTH EFFECTS
SEXUAL ABUSE
DOMESTIC VIOLENCE
FEMALE GENITAL MUTILATION
HEALTH SERVICES
HEALTH SERVICE STAFF
PROFESSIONAL ROLE
NHS

Source: HMIC

8. Report from the harmful traditional practices and human trafficking sub-group: responding to violence against women and children - the role of the NHS

Citation: London]: Department of Health, 2010

Author(s): Creighton, Sarah; Sharma, Surinder

Corporate/Institutional Author: Department of Health

Subject Headings: VIOLENCE VICTIMS
WOMEN
CHILDREN
HEALTH EFFECTS
TRADITIONAL BELIEFS
FEMALE GENITAL MUTILATION
HEALTH SERVICES
HEALTH SERVICE STAFF
PROFESSIONAL ROLE
HUMAN RIGHTS
NHS

Source: HMIC

9. Interim government response to the report of the taskforce on the health aspects of violence against women and children (VAWC)

Citation: London: Department of Health, 2010

Corporate/Institutional Author: Department of Health

Subject Headings: VIOLENCE VICTIMS
WOMEN
CHILDREN
HEALTH EFFECTS
SEXUAL ABUSE
DOMESTIC VIOLENCE
FEMALE GENITAL MUTILATION
HEALTH SERVICES
HEALTH SERVICE STAFF
PROFESSIONAL ROLE
HUMAN RIGHTS
NHS

Source: HMIC

10. Female genital mutilation.

Citation: BMJ, 2010, vol./is. 340/(c2728), 0959-535X;1468-5833 (2010)

Author(s): Bewley S; Creighton S; Momoh C

Language: English

Country of Publication: England

Publication Type: Editorial

Subject Headings: [*Circumcision, Female/es \[Ethics\]](#)
[Emigration and Immigration](#)
[England/ep \[Epidemiology\]](#)
[Female](#)
[Humans](#)
[*Pediatrics/es \[Ethics\]](#)
[Risk Factors](#)
[Wales/ep \[Epidemiology\]](#)

Source: MEDLINE

11. US paediatricians withdraw guidance on female genital cutting after criticisms.

Citation: BMJ, 2010, vol./is. 340/(c2922), 0959-535X;1468-5833 (2010)

Author(s): Kmietowicz Z

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [Attitude to Health](#)
[*Circumcision, Female/es \[Ethics\]](#)
[Female](#)
[Humans](#)
[*Pediatrics/es \[Ethics\]](#)
[*Practice Guidelines as Topic](#)
[United States](#)

Source: MEDLINE

12. Circumcision. Parity for the sexes?.

Citation: BMJ, 2010, vol./is. 341/(c3888), 0959-535X;1468-5833 (2010)

Author(s): Bhopal R

Language: English

Country of Publication: England

Publication Type: Comment; Letter

Subject Headings: [Attitude to Health](#)
[*Circumcision, Female](#)
[*Circumcision, Male](#)
[Female](#)
[Humans](#)
[Male](#)
[Public Opinion](#)
[State Medicine](#)

Source: MEDLINE

13. Female genital mutilation. US policy on genital cutting.

Citation: BMJ, 2010, vol./is. 341/(c4013), 0959-535X;1468-5833 (2010)

Author(s): Palfrey JS

Language: English

Country of Publication: England

Publication Type: Letter

Subject Headings: [*Circumcision, Female/st \[Standards\]](#)

Female
 Humans
 *Pediatrics/st [Standards]
 United States

Source: MEDLINE

14. A tale of two technologies: HPV vaccination, male circumcision, and sexual health.

Citation: Gender & Society, December 2009, vol./is. 23/6(790-816), 0891-2432 (Dec 2009)

Author(s): Carpenter, Laura M; Casper, Monica J

Language: English

Abstract: This article brings insights from feminist science and technology studies to bear on recent public debates over the human papillomavirus (HPV) vaccine, which prevents many cervical cancers, and male circumcision as potential HIV preventive. In the United States, attempts to mandate HPV vaccination have activated intense concerns about female "promiscuity," whereas talk of promoting circumcision against HIV has triggered scant anxiety about American boys' sexuality. The authors show how intersections among gender, sexuality, race, and age have shaped responses to these two containment technologies--and how the technologies' deployment both relies on and reproduces meanings of gender and sexuality that constitute the omnipresent "double standard." The analysis develops an original feminist sociology of containment, explicating how social relations shape the innovation, reinvention, and use of technologies to contain particular sorts of bodies, fluids, and sexual practices--by whom, under what conditions, and for what purposes. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Sociologists for Women in Society; YEAR: 2009

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *AIDS Prevention
 *Circumcision
 *Health
 *Immunization
 *Human Papillomavirus

Source: PsycINFO

15. Disentangling the complex association between female genital cutting and HIV among Kenyan women.

Citation: Journal of Biosocial Science, November 2009, vol./is. 41/6(815-30), 0021-9320;1469-7599 (2009 Nov)

Author(s): Maslovskaya O; Brown JJ; Padmadas SS

Institution: Division of Social Statistics, School of Social Sciences, University of Southampton, UK.

Language: English

Abstract: Female genital cutting (FGC) is a widespread cultural practice in Africa and the Middle East, with a number of potential adverse health consequences for women. It was hypothesized by Kun (1997) that FGC increases the risk of HIV transmission through a number of different mechanisms. Using the 2003 data from the Kenyan Demographic and Health Survey (KDHS), this study investigates the potential association between FGC and HIV. The 2003 KDHS provides a unique opportunity to link the HIV test results with a large number of demographic, social, economic and behavioural characteristics of women, including women's FGC status. It is hypothesized that FGC increases the risk of HIV infection if HIV/AIDS is present in the community. A multilevel binary logistic regression technique is used to model the HIV status of women, controlling for selected individual characteristics of women and interaction effects. The results demonstrate evidence of a statistically significant association between FGC and HIV, after controlling for the hierarchical structure of the data, potential confounding factors and interaction effects. The results show that women who had had FGC and a younger or the same-age

first-union partner have higher odds of being HIV positive than women with a younger or same-age first-union partner but without FGC; whereas women who had had FGC and an older first-union partner have lower odds of being HIV positive than women with an older first-union partner but without FGC. The findings suggest the behavioural pathway of association between FGC and HIV as well as an underlying complex interplay of bio-behavioural and social variables being important in disentangling the association between FGC and HIV.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Age Factors](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Coitus](#)
[*Developing Countries](#)
[Female](#)
[*HIV Seropositivity/ep \[Epidemiology\]](#)
[*HIV Seropositivity/tm \[Transmission\]](#)
[HIV Seroprevalence](#)
[Health Surveys](#)
[Humans](#)
[Kenya](#)
[Marital Status](#)
[Middle Aged](#)
[Risk Factors](#)
[Sexual Partners](#)
[Socioeconomic Factors](#)
[Statistics as Topic](#)
[Young Adult](#)

Source: MEDLINE

16. Cultural circumcision in EU public hospitals--an ethical discussion.

Citation: Bioethics, October 2009, vol./is. 23/8(470-82), 0269-9702;1467-8519 (2009 Oct)

Author(s): Brusa M; Barilan M

Institution: Bioethics Department, St. Joseph University, Philadelphia, PA, USA.
 margheritabrusa@hotmail.com

Language: English

Abstract: The paper explores the ethical aspects of introducing cultural circumcision of children into the EU public health system. We reject commonplace arguments against circumcision: considerations of good medical practice, justice, bodily integrity, autonomy and the analogy from female genital mutilation. From the unique structure of patient-medicine interaction, we argue that the incorporation of cultural circumcision into EU public health services is a kind of medicalization, which does not fit the ethos of universal healthcare. However, we support a utilitarian argument that finds hospital based circumcision safer than non-medicalized alternatives. The argument concerning medicalization and the utilitarian argument both rely on preliminary empirical data, which depend on future validation

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [*Attitude to Health](#)
[*Circumcision, Female/es \[Ethics\]](#)
[*Circumcision, Male/es \[Ethics\]](#)
[*Cultural Characteristics](#)
[Cultural Diversity](#)

[Ethical Theory](#)
[*European Union](#)
[Female](#)
[*Health Resources/ut \[Utilization\]](#)
[Hospitals, Public/es \[Ethics\]](#)
[Hospitals, Public/ut \[Utilization\]](#)
[Humans](#)
[Infant, Newborn](#)
[*Islam](#)
[*Judaism](#)
[Male](#)
[Personal Autonomy](#)
[Private Sector](#)
[*Public Health/es \[Ethics\]](#)
[Public Sector](#)
[Religion and Medicine](#)
[Stereotyping](#)
[Women's Health/es \[Ethics\]](#)

Source: MEDLINE

17. Effects of female genital mutilation on birth outcomes in Switzerland.

Citation: BJOG: An International Journal of Obstetrics & Gynaecology, August 2009, vol./is. 116/9(1204-9), 1470-0328;1471-0528 (2009 Aug)

Author(s): Wuest S; Raio L; Wyssmueller D; Mueller MD; Stadlmayr W; Surbek DV; Kuhn A

Institution: Department of Obstetrics and Gynaecology, University of Berne and Inselspital Berne, Berne, Switzerland.

Language: English

Abstract: OBJECTIVE: The primary aim of this study was to determine the desires and wishes of pregnant patients vis-a-vis their external genital anatomy after female genital mutilation (FGM) in the context of antenatal care and delivery in a teaching hospital setting in Switzerland. Our secondary aim was to determine whether women with FGM and non-mutilated women have different fetal and maternal outcomes. DESIGN: A retrospective case-control study. SETTING: A teaching hospital. POPULATION: One hundred and twenty-two patients after FGM who gave consent to participate in this study and who delivered in the Department of Obstetrics and Gynaecology in the University Hospital of Berne and 110 controls. METHODS: Data for patients' wishes concerning their FGM management, their satisfaction with the postpartum outcome and intrapartum and postpartum maternal and fetal data. As a control group, we used a group of pregnant women without FGM who delivered at the same time and who were matched for maternal age. MAIN OUTCOME MEASURES: Patients' satisfaction after delivery and defibulation after FGM, maternal and fetal delivery data and postpartum outcome measures. RESULTS: Six percent of patients wished to have their FGM defibulated antenatally, 43% requested a defibulation during labour, 34% desired a defibulation during labour only if considered necessary by the medical staff and 17% were unable to express their expectations. There were no differences for FGM patients and controls regarding fetal outcome, maternal blood loss or duration of delivery. FGM patients had significantly more often an emergency Caesarean section and third-degree vaginal tears, and significantly less first-degree and second-degree tears. CONCLUSION: An interdisciplinary approach may support optimal antenatal and intrapartum management and also the prevention of FGM in newborn daughters.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)
[Case-Control Studies](#)
[Caesarean Section/sn \[Statistics & Numerical Data\]](#)

*Circumcision, Female/ae [Adverse Effects]
 Circumcision, Female/px [Psychology]
 Emergency Treatment
 Female
 Humans
 *Obstetric Labor Complications/et [Etiology]
 *Patient Satisfaction
 Pregnancy
 Pregnancy Outcome
 Retrospective Studies
 Switzerland
 Young Adult

Source: MEDLINE

18. The relevance of castration and circumcision to the origins of psychoanalysis: 1. The medical context.

Citation: The International Journal of Psychoanalysis, June 2009, vol./is. 90/3(551-580), 0020-7578 (Jun 2009)

Author(s): Bonomi, Carlo

Correspondence Address: Bonomi, Carlo, Borgo Pinti 87, Firenze, Italy, 50121, mail@carlobonomi.it

Language: English

Abstract: In this paper the author outlines and discusses the origins and the decline of castration and circumcision as a cure for the nervous and psychic disturbances in women and little girls between 1875 and 1905. The author argues that the opposition to this medical practice affected the conception of hysteria, promoting a distinction between sexuality and the genital organs, and the emergence of an enlarged notion of sexuality, during the period from Freud's medical education to the publication of the Three Essays on the Theory of Sexuality. The hypothesis is put forward that Freud came directly in contact with the genital theory of the neurosis at the time of his training on the nervous disturbances in children with the paediatrician, Adolf Baginsky, in Berlin, in March 1886. It is hypothesized that this experience provoked in Freud an abhorrence of circumcision 'as a cure or punishment for masturbation', prompting an inner confrontation which resulted in a radical reorganization of the way of thinking about sexuality. It is also suggested that this contributed to Freud developing a capacity to stay with contradictions, something which would become a central quality of the psychoanalytic attitude. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Institute of Psychoanalysis; YEAR: 2009

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Castration
 *Circumcision
 *Neurosis
 *Psychoanalytic Theory
 *Sexuality
 History
 Human Females
 Hysteria
 Masturbation
 Punishment
 Treatment

Source: PsycINFO

19. The relevance of castration and circumcision to the origins of psychoanalysis: 1. The medical context.

Citation: International Journal of Psycho-Analysis, June 2009, vol./is. 90/3(551-80), 0020-7578;0020-7578 (2009 Jun)

Author(s): Bonomi C

Institution: mail@carlobonomi.it

Language: English

Abstract: In this paper the author outlines and discusses the origins and the decline of castration and circumcision as a cure for the nervous and psychic disturbances in women and little girls between 1875 and 1905. The author argues that the opposition to this medical practice affected the conception of hysteria, promoting a distinction between sexuality and the genital organs, and the emergence of an enlarged notion of sexuality, during the period from Freud's medical education to the publication of the Three Essays on the Theory of Sexuality. The hypothesis is put forward that Freud came directly in contact with the genital theory of the neurosis at the time of his training on the nervous disturbances in children with the paediatrician, Adolf Baginsky, in Berlin, in March 1886. It is hypothesized that this experience provoked in Freud an abhorrence of circumcision 'as a cure or punishment for masturbation', prompting an inner confrontation which resulted in a radical reorganization of the way of thinking about sexuality. It is also suggested that this contributed to Freud developing a capacity to stay with contradictions, something which would become a central quality of the psychoanalytic attitude.

Country of Publication: England

Publication Type: Historical Article; Journal Article

Subject Headings: [Adult](#)
[*Castration/hi \[History\]](#)
[Child](#)
[*Circumcision, Female/hi \[History\]](#)
[Female](#)
[*Freudian Theory](#)
[History, 19th Century](#)
[History, 20th Century](#)
[Humans](#)
[*Hysteria/hi \[History\]](#)
[Male](#)
[*Masturbation/hi \[History\]](#)
[*Psychoanalysis/hi \[History\]](#)
[*Psychoanalytic Theory](#)
[*Sexuality/px \[Psychology\]](#)

Source: MEDLINE

20. Growing rejection of female genital cutting among women of reproductive age in Amhara, Ethiopia.

Citation: Culture, Health & Sexuality, May 2009, vol./is. 11/4(443-52), 1369-1058;1464-5351 (2009 May)

Author(s): Rahlenbeck SI; Mekonnen W

Institution: Berlin, Germany. Rahlenbeck@hotmail.com

Language: English

Abstract: Data on female genital cutting are presented from 1942 women aged 15-49 years in Amhara region, Ethiopia, 2005. Reportedly 69% (1333/1942) had undergone the procedure. Rates showed a secular decline, decreasing from 77% in women aged 45-49 years old to 59% in those age 15-24 years. Of women with daughters, 64% had at least one circumcised daughter. Again, prevalence declined from 78% in daughters of mothers aged 45-49 years to 45% in those aged 15-24 years. In logistic regression, controlling for maternal FGC status, age and religion, maternal education was a strong predictor of having a circumcised daughter. Fifty-four percent of respondents disapproved of the continuation of FGC. In logistic regression controlling for covariates, education and self-empowerment were factors associated with rejecting FGC. Women who had ever attended a school had a 4-fold increase in the odds of disapproving the practice than those who never did and respondents who scored high on empowerment indices had a 1.5-fold increase in the odds to favour discontinuation compared to women scoring low. Future efforts to eliminate this harmful practice should be particularly directed to illiterate

populations in rural areas. Efforts strengthening women's empowerment will accelerate the progress of these programmes.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[*Circumcision, Female/px \[Psychology\]](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Ethiopia/ep \[Epidemiology\]](#)
[Female](#)
[Humans](#)
[Middle Aged](#)
[Nuclear Family](#)
[Questionnaires](#)
[*Rejection \(Psychology\)](#)
[Young Adult](#)

Source: MEDLINE

21. Incontinence and trauma: sexual violence, female genital cutting and proxy measures of gynecological fistula.

Citation: Social Science & Medicine, March 2009, vol./is. 68/5(971-9), 0277-9536;0277-9536 (2009 Mar)

Author(s): Peterman A; Johnson K

Institution: University of North Carolina, Department of Public Policy, Chapel Hill, NC 27599-3435, USA. apeterma@email.unc.edu

Language: English

Abstract: Obstetric fistula, characterized by urinary or fecal incontinence via the vagina, has begun to receive attention on the international public health agenda, however less attention has been given to traumatic fistula. Field reports indicate that trauma contributes to the burden of vaginal fistula, especially in regions wrought by civil unrest, however evidence is largely anecdotal or facility-based. This paper specifically examines the co-occurrence of incontinence and two potential sources of trauma: sexual violence and female genital cutting using the most recent Demographic and Health Surveys in Malawi, Rwanda, Uganda and Ethiopia. Multivariate selection models are used to control for sampling differences by country. Results indicate that sexual violence is a significant determinant of incontinence in Rwanda and Malawi, however not in Uganda. Simulations predict that elimination of sexual violence would result in from a 7 to a 40% reduction of the total burden of incontinence. In contrast, no evidence is found that female genital cutting contributes to incontinence and this finding is robust for types of cutting and high risk samples. Results point to the importance of reinforcing prevention programs which seek to address prevention of sexual violence and for the integration of services to better serve women experiencing both sexual violence and incontinence.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Africa, Eastern/ep \[Epidemiology\]](#)
[*Circumcision, Female/eh \[Ethnology\]](#)
[Female](#)
[Geography](#)
[Health Surveys](#)
[Humans](#)
[Interpersonal Relations](#)
[Malawi/ep \[Epidemiology\]](#)
[Middle Aged](#)
[Multivariate Analysis](#)

*Rape/sn [Statistics & Numerical Data]
 Socioeconomic Factors
 Urinary Incontinence/ep [Epidemiology]
 *Urinary Incontinence/et [Etiology]
 *Vaginal Fistula/ep [Epidemiology]
 *Vaginal Fistula/et [Etiology]
 Young Adult

Source: MEDLINE

22. Perspectives of Somali Bantu refugee women living with circumcision in the United States: a focus group approach.

Citation: International Journal of Nursing Studies, March 2009, vol./is. 46/3(360-8), 0020-7489;1873-491X (2009 Mar)

Author(s): Upvall MJ; Mohammed K; Dodge PD

Institution: Eta Epsilon Chapter, Carlow University, School of Nursing, 3333 Fifth Avenue, Pittsburgh, PA 15213, USA. upvallmj@carlow.edu

Language: English

Abstract: BACKGROUND: The purpose of this study was to explore healthcare perspectives of Somali Bantu refugees in relation to their status as women who have been circumcised and recently resettled in the United States. These women and their families were already uprooted from Somalia to Kenya for over 10 years, increasing their vulnerability and marginal status beyond that of women who have been circumcised. METHODS AND PARTICIPANTS: A purposive, inclusive sample of 23 resettled Somali women in southwestern Pennsylvania of the United States participated in focus group sessions for data collection. A supplemental interview with a physician who provided care to the women was also conducted. Verbatim audio taped transcripts from the focus groups and physician interview were coded into primary and secondary levels. RESULTS: Implications for development of culturally competent healthcare providers include attention to providing explanations for routine clinic procedures and accepting the Somali women regardless of anatomical difference, not focusing on the circumcision. Healthcare providers must also develop their skills in working with interpreters and facilitate trust to minimize suspicion of the health care system. CONCLUSION: Circumcision is considered a normal part of everyday life for the Somali Bantu refugee woman. Communication skills are fundamental to providing culturally competent care for these women. Finally, healthcare providers must take responsibility for acquiring knowledge of the Somali women's challenges as refugees living with circumcision and as immigrants in need of healthcare services.

Country of Publication: England

Publication Type: Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't

Subject Headings: *Adaptation, Psychological
 Adult
 *Attitude to Health/eh [Ethnology]
 Circumcision, Female/ae [Adverse Effects]
 *Circumcision, Female/eh [Ethnology]
 Communication Barriers
 Cultural Competency
 Female
 Focus Groups
 Follow-Up Studies
 Health Knowledge, Attitudes, Practice
 Health Services Needs and Demand
 Humans
 Nursing Methodology Research
 Pennsylvania
 Qualitative Research
 Questionnaires

*Refugees/px [Psychology]
 Social Identification
 Somalia/eh [Ethnology]
 Vulnerable Populations/eh [Ethnology]
 *Women/px [Psychology]
 Young Adult

Source: MEDLINE

23. The Female Genital Mutilation Act 2003: an overview for district nurses.

Citation: British Journal of Community Nursing, February 2009, vol./is. 14/2(86-9), 1462-4753;1462-4753 (2009 Feb)

Author(s): Griffith R; Tegnah C

Institution: School of Health Sciences, Swansea University, UK. richard.griffith@swan.ac.uk

Language: English

Abstract: Female genital mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons. An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM with some three million girls at risk in Africa every year. The procedure has no health benefits and can cause severe bleeding and continence problems, and later, potential childbirth complications and newborn deaths. FGM is internationally recognized as a violation of one's human rights (World Health Organisation, 2008). In the UK it is a procedure outlawed by the Female Genital Mutilation Act 2003.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Adult
 Child
 Child Advocacy/lj [Legislation & Jurisprudence]
 Circumcision, Female/cl [Classification]
 *Circumcision, Female/lj [Legislation & Jurisprudence]
 Circumcision, Female/sn [Statistics & Numerical Data]
 Female
 Great Britain/ep [Epidemiology]
 Human Rights/lj [Legislation & Jurisprudence]
 Humans
 Liability, Legal
 Nurse's Role
 Prevalence
 *Public Health Nursing/og [Organization & Administration]
 World Health

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

24. Responding to violence against women and children - the role of the NHS

Citation: London]: Department of Health, 2009

Author(s): Alberti, Sir, George

Corporate/Institutional Author: Taskforce on the Health Aspects of Violence Against Women and Children; Department of Health

Subject Headings: VIOLENCE VICTIMS
 WOMEN
 CHILDREN
 HEALTH EFFECTS
 SEXUAL ABUSE
 DOMESTIC VIOLENCE

FEMALE GENITAL MUTILATION
HEALTH SERVICES
HEALTH SERVICE STAFF
PROFESSIONAL ROLE
HUMAN RIGHTS
NHS

Source: HMIC

25. Violence against women and girls

Citation: London]: Department of Health, 2009([1]p)

Corporate/Institutional Author: Department of Health

Subject Headings: WOMEN
DOMESTIC VIOLENCE
PHYSICAL ABUSE
SEXUAL ABUSE
RAPE
SEXUAL HARASSMENT
FEMALE GENITAL MUTILATION
PROSTITUTION
HUMAN RIGHTS
DEPARTMENT OF HEALTH

Source: HMIC

26. Taskforce on the health aspects of violence against women and girls

Citation: London: Department of Health, 2009(2p)

Author(s): Phillips, Claire

Corporate/Institutional Author: Department of Health

Subject Headings: GIRLS
WOMEN
DOMESTIC VIOLENCE
PHYSICAL ABUSE
SEXUAL ABUSE
FEMALE GENITAL MUTILATION

Source: HMIC

27. Government launches study into Female Genital Mutilation

Citation: London]: Department of Health, 2009(1p)

Corporate/Institutional Author: Department of Health. Media Centre

Publication Type: Book

Subject Headings: FEMALE GENITAL MUTILATION
RESEARCH
MEDICAL STAFF

Source: HMIC

28. Survey to build knowledge of female genital mutilation

Citation: Children and Young People Now, 2009(e-bulletin) (28 August 2009)

Author(s): Hearnden, Debbie

Publication Type: Article

Subject Headings: FEMALE GENITAL MUTILATION
WOMEN
SEXUAL HEALTH
HEALTH SERVICES
HEALTH SERVICE STAFF
MEDICAL EDUCATION

Source: HMIC

29. Somali women's experience of childbirth in the UK: perspectives from Somali health workers

Citation: Midwifery, 2009, vol./is. 25/2(181-186), 0266-6138 (Apr 2009)

Author(s): Straus, Lianne; McEwen, Andy; Hussein, Faduma Mohamed

Publication Type: Article

Subject Headings: WOMEN
PREGNANCY
CHILDBIRTH
FEMALE GENITAL MUTILATION
PATIENT VIEWS
UNITED KINGDOM

Source: HMIC

30. Female genital mutilation in a globalized age

Citation: British Journal of Midwifery, 2009, vol./is. 17/6(348-353), 0969-4900 (Jun 2009)

Author(s): Lavender, Rebecca

Publication Type: Article

Subject Headings: FEMALE GENITAL MUTILATION
PUBLIC HEALTH
SUPPORT SERVICES
INFORMATION
AWARENESS
TABULAR DATA
STATISTICAL DATA

Source: HMIC

Full Text: Available in *fulltext* at [EBSCO Host](#)

31. Cervical screening: perceptions and barriers to uptake among Somali women in Camden.

Citation: Public Health, 2009, vol./is. /10, 0033-3506 (October 2009)

Author(s): Abdullahi, A.; Copping, J.; Kessel, A.

Abstract: OBJECTIVES: To explore barriers to, and ways to improve, uptake of cervical screening among Somali women in Camden, London. STUDY DESIGN: A qualitative research study using focus group discussions and in-depth interviews. METHODS: A qualitative study (comprising seven focus groups and eight in-depth interviews) was conducted with 50 first-generation Somali women aged 25-64 years. Both the groups and the interviews explored participants' understanding of the purpose of cervical screening, and the various risk factors for cervical cancer, as well as their opinions on barriers to screening and suggestions for overcoming those barriers. RESULTS: Knowledge about the purpose of cervical screening was limited among Somali women. There was also a lack of understanding of risk factors for cervical cancer, and many of the women held fatalistic attitudes, associated with the idea of 'God's will', about this cancer and other aspects of health. Another culturally specific barrier was embarrassment associated with female circumcision, i.e. female genital mutilation. Other barriers suggested by the participants were: lack of knowledge about the need for cervical screening, practical problems such as appointment times and childcare needs, language difficulties, fear of the test and negative

past experiences. Possible solutions suggested by the participants included the provision of education and information about cervical screening in the Somali language by Somali community workers. They also suggested that healthcare staff should be trained about Somali culture, particularly regarding female circumcision, and that general practitioners should more proactively encourage Somali women to attend screening. **CONCLUSIONS:** Language difficulties and specific cultural issues are key barriers to first-generation Somali women attending cervical screening. Providing education and information orally, as well as improving access to a more culturally appropriate screening service, could lead to improved uptake among this group. 5 tables 28 refs. [Abstract]

Publication Type: Article

Subject Headings: CERVICAL CANCER
ACCESS TO HEALTH SERVICES
SERVICE DEMAND
FEMALE GENITAL MUTILATION
WOMEN
SCREENING

Source: HMIC

32. Circumcision in HIV-infected men and its effect on HIV transmission to female partners in Rakai, Uganda: a randomised controlled trial

Citation: Lancet, 2009, vol./is. 374/9685(229-237), 0140-6736 (Jul 18 2009)

Author(s): Wawer, Maria J; Makumbi, Frederick; Kigozi, Godfrey; Serwadda, David; Watya, Stephen

Publication Type: Article

Subject Headings: CIRCUMCISION
MEN
HIV
INFECTION
COMMUNICABLE DISEASE TRANSMISSION
PARTNERS
RANDOMISED CONTROLLED TRIALS
PREVENTIVE MEASURES
UGANDA
TABULAR DATA
STATISTICAL DATA

Source: HMIC

Full Text: Available in *fulltext* at [ProQuest](#)
Available in *print* at [Bolton PCT](#)

33. "Never my daughters": a qualitative study regarding attitude change toward female genital cutting among Ethiopian and Eritrean families in Sweden.

Citation: Health Care for Women International, 01 January 2009, vol./is. 30/1-2(114-133), 07399332

Author(s): Johnsdotter S; Moussa K; Carlbom A; Aregai R; Essen B

Language: English

Abstract: To explore attitudes toward female genital cutting (FGC) in a migration perspective, qualitative interviews were conducted with men and women from Ethiopia and Eritrea in Sweden. We found firm rejection of all forms of FGC and absence of a guiding motive. Informants failed to see any meaning in upholding the custom. We conclude that children of Ethiopian or Eritrean parents resident in Sweden run little risk of being subjected to FGC. A societal structure prepared to deal with suspected cases of FGC with a high level of alertness should be combined with a healthy sceptical attitude toward exaggerations of risk estimates.

Publication Type: journal article

Subject Headings: [Attitude to Sexuality](#)
[Behavioral Changes](#)
[Circumcision, Female](#)
[Adult](#)
[Aged](#)
[Audiorecording](#)
[Eritrea](#)
[Ethiopia](#)
[Female](#)
[Immigrants](#)
[Interview Guides](#)
[Male](#)
[Middle Age](#)
[Qualitative Studies](#)
[Semi-Structured Interview](#)
[Snowball Sample](#)
[Sweden](#)
[Thematic Analysis](#)
[Human](#)

Source: CINAHL

Full Text: Available in *fulltext* at [EBSCO Host](#)

34. Male circumcision, human papillomavirus and cervical cancer: from evidence to intervention

Citation: Journal of Family Planning and Reproductive Health Care, 2009, vol./is. 35/1(5-7), 1471-1893 (Jan 2009)

Author(s): Bosch, F Xavier; Albero, Ginesa; Castellsague, Xavier

Publication Type: Article

Subject Headings: [CIRCUMCISION](#)
[MEN](#)
[HUMAN PAPILLOMAVIRUS](#)
[CERVICAL CANCER](#)
[WOMEN](#)
[HEALTH EFFECTS](#)
[PATIENT OUTCOME](#)
[RISK FACTORS](#)

Source: HMIC

35. Perception of primary health professionals about female genital mutilation: from healthcare to intercultural competence.

Citation: BMC Health Services Research, 2009, vol./is. 9/(11), 1472-6963;1472-6963 (2009)

Author(s): Kaplan-Marcusan A; Toran-Monserrat P; Moreno-Navarro J; Castany Fabregas MJ; Munoz-Ortiz L

Institution: Department of Social and Cultural Anthropology, Autonomous University of Barcelona, 08193 Bellaterra, Barcelona, Spain. adriana.kaplan@uab.cat

Language: English

Abstract: BACKGROUND: The practice of Female Genital Mutilation (FGM), a deeply-rooted tradition in 28 countries in Sub-Saharan Africa, carries important negative consequences for the health and quality of life of women and children. Migratory movements have brought this harmful traditional practice to our medical offices, with the subsequent conflicts related to how to approach this healthcare problem, involving not only a purely healthcare-related event but also questions of an ethical, cultural identity and human rights nature. METHODS: The aim of this study was to analyse the perceptions, degree of

knowledge, attitudes and practices of the primary healthcare professionals in relation to FGM. A transversal, descriptive study was performed with a self-administered questionnaire to family physicians, paediatricians, nurses, midwives and gynaecologists. Trends towards changes in the two periods studied (2001 and 2004) were analysed. RESULTS: A total of 225 (80%) professionals answered the questionnaire in 2001 and 184 (62%) in 2004. Sixteen percent declared detection of some case in 2004, rising three-fold from the number reported in 2001. Eighteen percent stated that they had no interest in FGM. Less than 40% correctly identified the typology, while less than 30% knew the countries in which the practice is carried out and 82% normally attended patients from these countries. CONCLUSION: Female genital mutilations are present in primary healthcare medical offices with paediatricians and gynaecologists having the closest contact with the problem. Preventive measures should be designed as should sensitization to promote stands against these practices.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Africa South of the Sahara](#)
[*Attitude of Health Personnel](#)
[*Circumcision, Female](#)
[Cross-Sectional Studies](#)
[*Cultural Competency](#)
[Female](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[Questionnaires](#)
[Spain](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [BioMedCentral](#)
 Available in *fulltext* at [National Library of Medicine](#)

36. Prevalence and associated factors of female genital mutilation among Somali refugees in eastern Ethiopia: a cross-sectional study.

Citation: BMC Public Health, 2009, vol./is. 9/(264), 1471-2458;1471-2458 (2009)

Author(s): Mitike G; Deressa W

Institution: School of Public Health, Addis Ababa University, Addis Ababa, Ethiopia.
 getnet_m@yahoo.com

Language: English

Abstract: BACKGROUND: Eastern Ethiopia hosts a substantial number of refugees originated from Somalia. Female genital mutilation (FGM) is a common practice in the area, despite the campaigns to eliminate it. METHODS: A cross-sectional study was conducted among 492 respondents sampled from three refugee camps in Somali Regional State, Eastern Ethiopia, to determine the prevalence and associated factors of FGM. Data were collected using pre-tested structured questionnaires. RESULTS: Although the intention of the parents to circumcise their daughters was high (84%), 42.4% of 288 < or = 12 girls were reported being undergone FGM. The prevalence increased with age, and about 52% and 95% were circumcised at the age of 7-8 and 11-12 years, respectively. Almost all operations were performed by traditional circumcisers (81%) and birth attendants (18%). Clitoral cutting (64%) and narrowing of the vaginal opening through stitching (36%) were the two common forms of FGM reported by the respondents. Participation of the parents in anti-FGM interventions is statistically associated with lower practice and intention of the procedures. CONCLUSION: FGM is widely practised among the Somali refugee community in Eastern Ethiopia, and there was a considerable support for the continuation of the practice particularly among women. The findings indicate a reported shift of FGM from its severe form to milder clitoral cutting. More men than women positively viewed

anti-FGM interventions, and fewer men than women had the intention to let their daughters undergo FGM, indicating the need to involve men in anti-FGM activities.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Cross-Sectional Studies](#)
[Ethiopia/ep \[Epidemiology\]](#)
[Female](#)
[Humans](#)
[Prevalence](#)
[Questionnaires](#)
[*Refugees](#)
[Sampling Studies](#)
[Somalia/eh \[Ethnology\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [BioMedCentral](#)
 Available in *fulltext* at [National Library of Medicine](#)

37. Time will tell.

Citation: Journal of the Royal Society of Medicine, December 2008, vol./is. 101/12(609-10), 0141-0768;1758-1095 (2008 Dec)

Author(s): Starin D

Institution: University College London Gower Street, London, UK. e.starin@ucl.ac.uk

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Attitude to Health](#)
[*Circumcision, Female](#)
[Female](#)
[Gambia](#)
[Humans](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [Royal Society of Medicine Press](#)
 Available in *fulltext* at [National Library of Medicine](#)

38. Female genital mutilation: an injury, physical and mental harm.

Citation: Journal of Psychosomatic Obstetrics & Gynecology, December 2008, vol./is. 29/4(225-9), 0167-482X;0167-482X (2008 Dec)

Author(s): Utz-Billing I; Kentenich H

Institution: Department of Gynaecology and Obstetrics, DRK-Hospital Westend, Berlin, Germany. isabell.utz@drk-kliniken-berlin.de

Language: English

Abstract: This article gives an overview over the huge topic of 'female genital mutilation' (FGM). FGM means non-therapeutic, partial or complete removal or injury of each of the external female genitals. It concerns about 130 million women around the world. FGM is performed in about 30 countries, most of which are located in Africa. Four types of FGM are distinguished: type I stands for the removal of the clitoral foreskin, type II means the removal of the clitoris with partial or total excision of the labia minora. Type III is the

extreme type of FGM. Not only the clitoris but also the labia minora and majora were removed. The orificium vaginae is sewn up, leaving only a small opening for urine or menstruation blood. Other types like pricking, piercing of clitoris or vulva, scraping of the vagina, etc. were defined as type IV of FGM. The mentioned reasons for FGM are: encouragement of the patriarchal family system, method for birth control, guarantee of moral behaviour and faithfulness to the husband, protection of women from suspicions and disgrace, initiation ritual, symbol of femininity and beauty, hygienic, health and economic advantages. Acute physical consequences of FGM include bleeding, wound infections, sepsis, shock, micturition problems and fractures. Chronic physical problems like anemia, infections of the urinary tract, incontinence, infertility, pain, menstruation problems and dyspareunia are frequent. Women also have a higher risk for HIV infections. During pregnancy and delivery, examinations and vaginal application of medicine are more difficult. Women have a higher risk for a prolonged delivery, wound infections, a postpartum blood loss of more than 500 mL, perineal tears, a resuscitation of the infant and an inpatient perinatal death. Mental consequences after FGM include the feelings of incompleteness, fear, inferiority and suppression. Women report chronic irritability and nightmares. They have a higher risk for psychiatric and psychosomatic diseases. FGM carried out by doctors, nurses or midwives is also called medicalisation of FGM and is definitely unacceptable. Regarding human rights, FGM refuses women the right of freedom from bodily harm. Specific laws that ban FGM exist in many countries in Europe, Africa, USA, Canada, New Zealand and Australia.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: [*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/cl \[Classification\]](#)
[Circumcision, Female/px \[Psychology\]](#)
[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[Human Rights](#)
[Humans](#)
[Mental Disorders/et \[Etiology\]](#)
[Pregnancy](#)
[Pregnancy Complications/et \[Etiology\]](#)

Source: MEDLINE

39. Female genital mutilation.

Citation: Nursing Standard, October 2008, vol./is. 23/5(43-7), 0029-6570;0029-6570 (2008 Oct 8-14)

Author(s): Ball T

Institution: Princess of Wales Women's Unit, Birmingham Heartlands Hospital, Birmingham.
 teresa.ball@heartofengland.nhs.uk

Language: English

Abstract: This article examines female genital mutilation and describes how a midwifery-led clinic was developed to meet the needs of women affected by this practice.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: [Africa/eh \[Ethnology\]](#)
[African Continental Ancestry Group](#)
[Attitude to Health/eh \[Ethnology\]](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/cl \[Classification\]](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[*Circumcision, Female/rh \[Rehabilitation\]](#)
[Emigration and Immigration](#)

[England](#)
[Female](#)
[Health Services Needs and Demand](#)
[Humans](#)
[*Maternal Health Services/og \[Organization & Administration\]](#)
[*Nurse Midwives/og \[Organization & Administration\]](#)
[Nurse's Role](#)
[Practice Guidelines as Topic](#)
[Program Development](#)
[State Medicine/og \[Organization & Administration\]](#)
[Women's Health/eh \[Ethnology\]](#)
[Women's Health/lj \[Legislation & Jurisprudence\]](#)
[*Women's Health Services/og \[Organization & Administration\]](#)
[Women's Rights/lj \[Legislation & Jurisprudence\]](#)

Source: MEDLINE
Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [ProQuest](#)

40. The impact of health education on attitudes towards female genital mutilation (FGM) in a rural Nigerian community.

Citation: European Journal of Contraception & Reproductive Health Care, September 2008, vol./is. 13/3(289-97), 1362-5187;1362-5187 (2008 Sep)
Author(s): Asekun-Olarinmoye EO; Amusan OA
Institution: Department of Community Medicine, Faculty of Clinical Sciences, College of Health Sciences, Ladoke Akintola University of Technology, Osogbo, Osun State, Nigeria. estoaskol@yahoo.com
Language: English
Abstract: OBJECTIVES: To determine the level of practice of female genital mutilation (FGM) and the impact of a health education intervention in Shao community. MATERIALS AND METHODS: Intervention study using a multistage sampling technique. The instrument was a pre-tested, structured questionnaire. The survey was supplemented by an in-depth interview of the traditional excisors. RESULTS: Most respondents (88.0%) cited traditional excisors as operators of the procedure, while 7.8% mentioned health workers. Factors found to be statistically significantly associated with the practice of FGM are age, gender and educational status of respondents ($p < 0.05$). The age at which FGM is usually performed was put at under one year old by 60.3% of respondents. All respondents cited type II FGM as the type practised in the community. Most (88.0%) of the female respondents were excised. A greater proportion of men than women did not want the practice of FGM stopped in the pre-intervention stage; however, there was a statistically significant decrease in the proportion of males who did not want the practice of FGM stopped in the post-intervention stage. Also, there was a statistically significant increase in the proportion of respondents who had no intention to excise future female children in the post-intervention stage ($p < 0.05$). Legislation, female literacy and empowerment, educating men and provision of alternative vocation for excisors were means suggested by respondents for stopping the practice. CONCLUSION AND RECOMMENDATIONS: The health education intervention had a positive impact on the attitude of respondents towards FGM. However, for sustainable behavioural changes that will lead to elimination of FGM practice, we recommend placing FGM elimination efforts within a comprehensive development strategy and the larger context of reproductive health and gender education in Nigeria.
Country of Publication: England
Publication Type: Comparative Study; Journal Article
Subject Headings: [Adult](#)
[Anthropology, Cultural](#)
[*Circumcision, Female/eh \[Ethnology\]](#)
[*Circumcision, Female/px \[Psychology\]](#)

[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Cultural Characteristics](#)
[Fathers/px \[Psychology\]](#)
[Female](#)
[*Health Education/mt \[Methods\]](#)
[*Health Knowledge, Attitudes, Practice](#)
[Humans](#)
[Male](#)
[Nigeria](#)
[Questionnaires](#)
[Rural Population](#)
[Sex Factors](#)

Source: MEDLINE

41. The vagueness of "tradition" and the pain and suffering of children.

Citation: Journal of Medicine & Philosophy, August 2008, vol./is. 33/4(394-400), 0360-5310;1744-5019 (2008 Aug)

Author(s): Putman D

Institution: Department of Philosophy, University of Wisconsin-Fox Valley, 1478 Midway Road, Menasha, WI 54952, USA. dan.putman@uwc.edu

Language: English

Abstract: The argument presented by Jeffrey Bishop that "tradition" justifies female circumcision is grounded on the assumption that reason is always situated within traditions and that traditions are the foundational source of values. I argue that the concept of tradition is inherently vague and, as such, cannot support the weight of the argument that makes it the final arbiter of moral values. The concept especially does not justify intense pain and suffering inflicted on children.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Anthropology, Cultural](#)
[*Circumcision, Female/eh \[Ethnology\]](#)
[*Cultural Characteristics](#)
[Ethics, Medical](#)
[Female](#)
[Humans](#)
[*Pain](#)

Source: MEDLINE

42. Rethinking the history of female circumcision and clitoridectomy: American medicine and female sexuality in the late nineteenth century.

Citation: Journal of the History of Medicine & Allied Sciences, July 2008, vol./is. 63/3(323-47), 0022-5045;1468-4373 (2008 Jul)

Author(s): Rodriguez SW

Institution: 001 Wendover Avenue, Lincoln, Nebraska 68502, USA. sarahbeth3001@yahoo.com

Language: English

Abstract: During the late nineteenth and early twentieth centuries, there was one kind of female orgasm and it was clitoral; there was also only one kind of healthy sexual instinct for a woman and it was for penetrative sex with her husband. When a woman behaved outside of this normality-by masturbating or by not responding to her husband's affections-her sexual instinct was seen as disordered. If healthy women, then, were believed only to be sexual within the marital embrace, what better way to explain these errant behaviors than by blaming the clitoris, an organ seen as key to female sexual instinct? Doctors corrected a clitoris in an unhealthy state using one of four surgeries-removing smegma or adhesions

between the clitoris and its hood, removing the hood (circumcision), or removing the clitoris (clitoridectomy)-in order to correct a woman's sexual instinct in an unhealthy state. Their approach to clitoral surgery, at least as revealed in published medical works, was a cautious one that respected the importance of clitoral stimulation for healthy sexuality while simultaneously recognizing its role as cause and symptom in cases of insanity that were tied to masturbation.

Country of Publication: England

Publication Type: Historical Article; Journal Article

Subject Headings: [*Circumcision, Female/hi \[History\]](#)
[*Clitoris/su \[Surgery\]](#)
[Female](#)
[History, 19th Century](#)
[History, 20th Century](#)
[Humans](#)
[*Masturbation/hi \[History\]](#)
[Sexual Behavior](#)
[*Sexuality/hi \[History\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

43. Female genital mutilation: knowledge, attitudes and practices of Flemish gynaecologists.

Citation: European Journal of Contraception & Reproductive Health Care, June 2008, vol./is. 13/2(182-90), 1362-5187;1362-5187 (2008 Jun)

Author(s): Leye E; Ysebaert I; Deblonde J; Claey s P; Vermeulen G; Jacquemyn Y; Temmerman M

Institution: International Centre for Reproductive Health, Gent, Belgium. els.leye@ugent.be

Language: English

Abstract: **OBJECTIVE:** To assess the knowledge, attitudes and practices with regard to female genital mutilation (FGM) among gynaecologists in Flanders, Belgium. **METHODS:** A questionnaire-based survey was sent to 724 Flemish gynaecologists and trainees. **RESULTS:** Three-hundred-and-thirty-four questionnaires were returned. The survey revealed gaps in the knowledge of FGM and the provision of care by Flemish gynaecologists to women who had been mutilated. It also appeared that FGM was not properly addressed in the basic and specialized medical training in Flanders, that little was known about codes of conduct issued by the hospitals when these were not lacking altogether, and that knowledge about legislation concerning FGM was deficient. There was much confusion whether re-infibulation is authorized, and what its legal status is. Some respondents considered cosmetic vaginal surgery as a form of FGM and many were in favour of the medicalization of FGM. Gynaecologists were most commonly confronted with complaints related to sexual problems caused by FGM. Finally, the study also showed that only about a third of the gynaecologists were discouraging women from having their daughters excised. **CONCLUSION:** There is a need for a thorough discussion among all those concerned of the ethical and legal aspects of re-infibulation, medicalization of FGM and cosmetic vaginal surgery.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Belgium](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[*Circumcision, Female](#)
[Ethics, Medical](#)
[Female](#)
[Gynecology/ed \[Education\]](#)
[*Gynecology](#)

*Health Knowledge, Attitudes, Practice
 Humans
 Male
 *Physician's Practice Patterns
 Practice Guidelines as Topic

Source: MEDLINE

44. Male genital mutilation: An adaptation to sexual conflict.

Citation: Evolution and Human Behavior, May 2008, vol./is. 29/3(149-164), 1090-5138 (May 2008)

Author(s): Wilson, Christopher G

Correspondence Address: Wilson, Christopher G., cgw8@cornell.edu

Language: English

Abstract: Male genital mutilation (MGM) takes several forms and occurs in about 25% of societies. This behavior has puzzled anthropologists, doctors and theologians for centuries, and presents an evolutionary challenge since it involves dangerous and costly surgery. I suggest that MGM is likely to reduce insemination efficiency, reducing a man's capacity for extra-pair fertilizations by impairing sperm competition. MGM may therefore represent a hard-to-fake signal of a man's reduced ability to challenge the paternity of older men who are already married. Men who display this signal of sexual obedience may gain social benefits if married men are selected to offer social trust and investment preferentially to peers who are less threatening to their paternity. Clitoridectomy and vaginal infibulation serve a parallel signaling function in women, increasing a husband's paternity certainty and garnering his increased investment. Especially in societies where paternity uncertainty and reproductive conflict are high, the social benefits of MGM as a signal may outweigh its costs. This 'sexual conflict' hypothesis predicts that MGM should be associated with polygyny, particularly when co-wives reside far apart, and that MGM should reduce the frequency of extramarital sex. MGM rituals should facilitate access to social benefits; they should be highly public, watched mainly by men, and performed by a nonrelative. I found support for these six predictions in two cross-cultural samples. I also examined an alternative hypothesis suggesting that MGM signals group commitment for collective action, particularly inter-societal warfare. Although other forms of male scarification fit this model, the distribution of MGM is not predicted by frequency of inter-societal warfare. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Circumcision
 *Culture (Anthropological)
 *Male Genitalia
 *Rites of Passage
 *Sociocultural Factors
 Conflict
 Human Males
 Sexuality
 Society

Source: PsycINFO

45. Prevalence of female genital cutting in Upper Egypt: 6 years after enforcement of prohibition law.

Citation: Reproductive Biomedicine Online, March 2008, vol./is. 16 Suppl 1/(27-31), 1472-6483;1472-6483 (2008 Mar)

Author(s): Hassanin IM; Saleh R; Bedaiwy AA; Peterson RS; Bedaiwy MA

Institution: Department of Obstetrics and Gynecology, Faculty of Medicine, Sohag University, Egypt.

Language: English

Abstract: The objective of this study was to evaluate the prevalence of female genital cutting (FGC) in Upper Egypt, after 6 years of putting prohibition law into action. A total number of 3730 girls between the ages of 10-14 years were recruited to participate in this study. They were mainly preparatory school students (three urban and three rural areas). Social workers interviewed them as to whether they had undergone circumcision within the last 6 years or not. Subsequently, a questionnaire was sent to parents of girls who were positive for circumcision as to the circumstances surrounding the procedure. The prohibition law of FGC seems not to have altered the prevalence of this procedure. The majority of girls (84.9%) had had circumcision within the last 6 years with high prevalence in rural areas (92.5%). Circumcision was done for a combination of reasons, according to parents, with high rates of non-medical personnel participation (64.15%). This study's results indicate that the practice of FGC in Upper Egypt remains high despite enforcement of law. Extensive efforts are needed both to revise public awareness and to change attitudes regarding FGC.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Child](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Educational Status](#)
[Egypt](#)
[Female](#)
[Humans](#)
[Prevalence](#)
[Social Change](#)

Source: MEDLINE

46. Rwandan female genital modification: Elongation of the Labia minora and the use of local botanical species.

Citation: Culture, Health & Sexuality, February 2008, vol./is. 10/2(191-204), 1369-1058;1464-5351 (Feb 2008)

Author(s): Koster, Marian; Price, Lisa Leimar

Correspondence Address: Koster, Marian: Department of Social Sciences, Wageningen University, P.O. Box 8060, Wageningen, Netherlands, 6700 DA, marian.koster@wur.nl

Language: English

Abstract: The elongation of the labia minora is classified as a Type IV female genital mutilation by the World Health Organization. However, the term mutilation carries with it powerful negative connotations. In Rwanda, the elongation of the labia minora and the use of botanicals to do so is meant to increase male and female pleasure. Women regard these practices as a positive force in their lives. This paper aims to assess whether Rwandan vaginal practices should indeed be considered a form of female genital mutilation and whether the botanicals used by women are detrimental to their health. Research was carried out in the northeast of Rwanda over the course of 13 months. Semi-structured interviews were conducted with thirteen informants. Two botanicals applied during stretching sessions were identified as *Solanum aculeastrum* Dunal and *Bidens pilosa* L. Both have wide medicinal use and contain demonstrated beneficial bioactive compounds. We suggest that it is therefore more appropriate to describe Rwandan vaginal practices as female genital modification rather than mutilation. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Circumcision](#)
[*Health](#)
[*Plants \(Botanical\)](#)

*Surgery
*Vagina

Source: PsycINFO

47. Savage practice.

Citation: Nursing Standard, February 2008, vol./is. 22/23(26-7), 0029-6570;0029-6570 (2008 Feb 13-19)

Author(s): Rendell R

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: *Circumcision, Female
Female
Humans

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)
Available in *fulltext* at [ProQuest](#)

48. Rwandan female genital modification: elongation of the Labia minora and the use of local botanical species.

Citation: Culture, Health & Sexuality, February 2008, vol./is. 10/2(191-204), 1369-1058;1369-1058 (2008 Feb)

Author(s): Koster M; Price LL

Institution: Department of Social Sciences, Wageningen University, Netherlands.
marian.koster@wur.nl

Language: English

Abstract: The elongation of the labia minora is classified as a Type IV female genital mutilation by the World Health Organization. However, the term mutilation carries with it powerful negative connotations. In Rwanda, the elongation of the labia minora and the use of botanicals to do so is meant to increase male and female pleasure. Women regard these practices as a positive force in their lives. This paper aims to assess whether Rwandan vaginal practices should indeed be considered a form of female genital mutilation and whether the botanicals used by women are detrimental to their health. Research was carried out in the northeast of Rwanda over the course of 13 months. Semi-structured interviews were conducted with thirteen informants. Two botanicals applied during stretching sessions were identified as *Solanum aculeastrum* Dunal and *Bidens pilosa* L. Both have wide medicinal use and contain demonstrated beneficial bioactive compounds. We suggest that it is therefore more appropriate to describe Rwandan vaginal practices as female genital modification rather than mutilation.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: Adult
*Attitude to Health/eh [Ethnology]
*Ceremonial Behavior
*Circumcision, Female/eh [Ethnology]
*Cultural Characteristics
Female
Humans
Plants, Medicinal
Rwanda
*Social Perception
Vulva/in [Injuries]

*Vulva
Women's Health

Source: MEDLINE

49. Female genital mutilation

Citation: Clinical Risk, 2008, vol./is. 14/5(189-192), 1356-2622 (Sep 2008)

Author(s): Morris, Nicholas H

Publication Type: Article

Subject Headings: FEMALE GENITAL MUTILATION
HEALTH POLICY
HUMAN RIGHTS
WOMENS RIGHTS

Source: HMIC

Full Text: Available in *fulltext* at [Royal Society of Medicine Press](#)
Available in *fulltext* at [EBSCO Host](#)

50. Female genital mutilation

Citation: Nursing Standard, 2008, vol./is. 23/5(43-47), 0029-6570 (Oct 8 2008)

Author(s): Ball, T

Publication Type: Article

Subject Headings: FEMALE GENITAL MUTILATION
CULTURAL FACTORS
RELIGION
WOMEN
HEALTH EFFECTS
RISK FACTORS
OBSTETRICS
GYNAECOLOGY
PSYCHOLOGICAL EFFECTS
WORLD HEALTH ORGANIZATION

Source: HMIC

Full Text: Available in *fulltext* at [EBSCO Host](#)
Available in *fulltext* at [ProQuest](#)

51. Jomo Kenyatta, Marie Bonaparte and Bronislaw Malinowski on clitoridectomy and female sexuality.

Citation: History Workshop Journal: HWJ, 2008, vol./is. 65/(23-48) (2008)

Author(s): Frederiksen BF

Language: English

Country of Publication: England

Publication Type: Historical Article; Journal Article

Subject Headings: Africa/eh [Ethnology]
Anthropology/ed [Education]
Anthropology/hi [History]
Circumcision, Female/ed [Education]
Circumcision, Female/eh [Ethnology]
Circumcision, Female/hi [History]
Circumcision, Female/px [Psychology]
*Circumcision, Female
*Cultural Characteristics
Ethnic Groups/ed [Education]
Ethnic Groups/eh [Ethnology]

[Ethnic Groups/hi \[History\]](#)
[Ethnic Groups/px \[Psychology\]](#)
[*Ethnic Groups](#)
[Female](#)
[Great Britain/eh \[Ethnology\]](#)
[History, 20th Century](#)
[Humans](#)
[Kenya/eh \[Ethnology\]](#)
[*Politics](#)
[*Public Opinion](#)
[Religion and Medicine](#)
[Religion and Sex](#)
[Sexuality/eh \[Ethnology\]](#)
[Sexuality/hi \[History\]](#)
[Sexuality/ph \[Physiology\]](#)
[Sexuality/px \[Psychology\]](#)
[*Sexuality](#)
[Social Change/hi \[History\]](#)
[Social Conditions/hi \[History\]](#)
[Women's Health/eh \[Ethnology\]](#)
[Women's Health/hi \[History\]](#)
[*Women's Health](#)
[Women's Rights/ed \[Education\]](#)
[Women's Rights/hi \[History\]](#)

Source: MEDLINE

52. Changing gendered norms about women and girls at the level of household and community: a review of the evidence.

Citation: Global Public Health, 2008, vol./is. 3 Suppl 1/(42-57), 1744-1692;1744-1706 (2008)

Author(s): Keleher H; Franklin L

Institution: Department of Health Science, Monash University, Peninsula Campus, Australia.
Helen.Keleher@med.monash.edu.au

Language: English

Abstract: Gendered norms are embedded in social structures, operating to restrict the rights, opportunities, and capabilities, of women and girls, causing significant burdens, discrimination, subordination, and exploitation. This review, developed for the Women and Gender Equity Knowledge Network of the WHO Commission on the Social Determinants of Health, sought to identify the best available research evidence about programmatic interventions, at the level of household and community, that have been effective for changing gender norms to increase the status of women. The focus was on developing countries. A wide range of single and multiple databases were searched, utilizing database specific keywords such as: women and girls; men and boys; household and community; intervention; and gender norms. Key themes were identified: education of women and girls; economic empowerment of women; violence against women, including female genital mutilation/cutting; and men and boys. Types of interventions, levels of action, populations of interest, and key outcomes from evaluations are identified. Evaluations are limited, with little evidence or measurement of changes in gender equity and women's empowerment. A key finding is, that targeting women and girls is a sound investment, but outcomes are dependent on integrated approaches and the protective umbrella of policy and legislative actions.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)
[Child](#)
[Circumcision, Female](#)

[Developing Countries](#)
[Family Characteristics](#)
[Female](#)
[Health Policy](#)
[Humans](#)
[*Interpersonal Relations](#)
[*Prejudice](#)
[*Public Health Practice](#)
[Social Environment](#)
[Social Perception](#)
[*Social Values](#)
[Young Adult](#)

Source: MEDLINE

53. Genital lesions complicating female genital cutting in infancy: a hospital-based study in south-east Nigeria.

Citation: Annals of Tropical Paediatrics, December 2007, vol./is. 27/4(285-90), 0272-4936;0272-4936 (2007 Dec)

Author(s): Ekenze SO; Ezegwui HU; Adiri CO

Institution: Paediatric Surgical Unit, Department of Surgery, Federal Medical Centre, Owerri, Nigeria. soekenze@yahoo.com

Language: English

Abstract: BACKGROUND: Despite the global outcry against female genital cutting (FGC), the practice continues in many African communities. The morbidity of this practice on the girl child deserves more attention. OBJECTIVE: To determine the genital lesions complicating childhood FGC and the underlying factors that sustain this practice among the Igbos in south-east Nigeria. METHODS: Prospective evaluation of girls with genital complications of FGC between January 2003 and June 2005 at the Federal Medical Centre, Owerri, south-east Nigeria. The girls' mothers were interviewed at presentation and subsequent visits to determine their perception and attitudes towards FGC. RESULTS: The average age at presentation was 3.5 years (range 1-5) and the genital cutting procedures were performed 8-90 days after birth. The procedure was undertaken by traditional practitioners in 14 (66.7%) girls and by nurses in 7 (33.3%) girls. Twelve girls (57.1%) had type I genital cutting and nine (42.9%) type II. Inclusion clitoral dermoid cyst and labial fusion were the complications in 13 (61.9%) and eight (38.1%), respectively. Treatment involved complete excision of the cysts and operative division of the labial fusion. Post-operative complications were wound infection (5) and labial adhesion (2). With duration of admission ranging from 3 to 5 days, the average cost of managing each child was \$120. Of the girls' mothers, 15 (71.4%) had been educated to secondary level and 17 (80.1%) were aware of the campaign against FGC. Regrettably, all the mothers had genital cutting themselves during childhood and 13 (61.9%) stated that they would like to perpetuate the practice for socio-cultural reasons. Despite this, they all volunteered that FGC is enforced by the child's paternal relations. CONCLUSION: Childhood FGC contributes to appreciable morbidity among girls, a large proportion of whom are not managed in a hospital setting. The cost of managing these complications can be enormous, especially in low-resource settings. Girl child education to tertiary level and the involvement of traditional rulers and local decision-makers in the campaign against FGC might help to eradicate the practice.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Child, Preschool](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/ec \[Economics\]](#)
[Circumcision, Female/px \[Psychology\]](#)
[Clitoris](#)
[Constriction, Pathologic/et \[Etiology\]](#)
[Constriction, Pathologic/su \[Surgery\]](#)

[Dermoid Cyst/et \[Etiology\]](#)
[Dermoid Cyst/su \[Surgery\]](#)
[Educational Status](#)
[Female](#)
[Genital Diseases, Female/ec \[Economics\]](#)
[*Genital Diseases, Female/et \[Etiology\]](#)
[Genital Diseases, Female/su \[Surgery\]](#)
[Health Care Costs/sn \[Statistics & Numerical Data\]](#)
[Health Knowledge, Attitudes, Practice](#)
[Health Promotion](#)
[Humans](#)
[Infant](#)
[Nigeria](#)
[Prospective Studies](#)
[Surgical Wound Infection/et \[Etiology\]](#)
[Tissue Adhesions/et \[Etiology\]](#)
[Vulvar Neoplasms/et \[Etiology\]](#)
[Vulvar Neoplasms/su \[Surgery\]](#)

Source: MEDLINE

54. Attitudes and awareness of female genital mutilation: a questionnaire-based study in a Kenyan hospital.

Citation: Journal of Obstetrics & Gynaecology, November 2007, vol./is. 27/8(816-8), 0144-3615;0144-3615 (2007 Nov)

Author(s): Livermore L; Monteiro R; Rymer J

Institution: Guys, Kings and St. Thomas' School of Medicine, London, UK.
jameslivermore@doctors.org.uk

Language: English

Abstract: There are considerable efforts in Kenya to increase awareness of the issues and health risks associated with female genital mutilation (FGM) through educational programmes. The Kenyan government formally outlawed FGM in 2001. This questionnaire-based study aimed to explore attitudes and awareness of FGM in Kenya with particular reference to the law, health complications and educational programmes. A significant decline in the prevalence of FGM was demonstrated and awareness of health complications of FGM shown to be the main factor causing this trend. The need for further efforts to eradicate the practice and the importance of religion and culture in shaping social attitudes was evident. The outlawing of FGM was considered a positive advance but may have the detrimental effect of deterring women from seeking medical assistance for complications relating to FGM.

Country of Publication: England

Publication Type: Journal Article

Subject Headings:
[Adolescent](#)
[Adult](#)
[Aged](#)
[Aged, 80 and over](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[*Culture](#)
[Female](#)
[*Health Knowledge, Attitudes, Practice](#)
[Humans](#)
[Kenya](#)
[Middle Aged](#)
[Prevalence](#)
[Questionnaires](#)
[*Religion](#)

Source: MEDLINE

55. Female genital mutilation: classification and management.

Citation: Nursing Standard, October 2007, vol./is. 22/7(43-9; quiz 50), 0029-6570;0029-6570 (2007 Oct 24-30)

Author(s): Bikoo M

Institution: Elizabeth Garrett Anderson and Obstetric Hospital, University College London Hospitals NHS Foundation Trust, London. maligaye.bikoo@uclh.nhs.uk

Language: English

Abstract: Female genital mutilation is a deeply rooted cultural tradition observed primarily in Africa and among certain communities in the Middle East and Asia. It has considerable health consequences. Women from the practising communities are increasingly seen within healthcare settings but few healthcare professionals are trained to treat their specific healthcare needs.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Circumcision, Female/cl \[Classification\]](#)
[Culture](#)
[Education, Continuing](#)
[Female](#)
[Humans](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)
Available in *fulltext* at [ProQuest](#)

56. Detecting and preventing female genital mutilation.

Citation: Nursing Times, July 2007, vol./is. 103/31(23-4), 0954-7762;0954-7762 (2007 Jul 31-Aug 6)

Author(s): Hairon N

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Child](#)
[*Child Abuse/di \[Diagnosis\]](#)
[Child Abuse/lj \[Legislation & Jurisprudence\]](#)
[*Child Abuse/pc \[Prevention & Control\]](#)
[Child Abuse/sn \[Statistics & Numerical Data\]](#)
[Child Welfare/lj \[Legislation & Jurisprudence\]](#)
[Child Welfare/sn \[Statistics & Numerical Data\]](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[Circumcision, Female/mt \[Methods\]](#)
[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[*Circumcision, Female](#)
[Female](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[*Police/og \[Organization & Administration\]](#)
[Prevalence](#)
[Women's Health](#)

Source: MEDLINE

Full Text: Available in *print* at [Bolton PCT](#)

57. BMA backs police campaign against female genital mutilation.

Citation: BMJ, July 2007, vol./is. 335/7611(116), 0959-535X;1468-5833 (2007 Jul 21)
Author(s): Moszynski P
Language: English
Country of Publication: England
Publication Type: News
Subject Headings: [*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[*Crime/lj \[Legislation & Jurisprudence\]](#)
[Female](#)
[*Health Policy/lj \[Legislation & Jurisprudence\]](#)
[Humans](#)
[London](#)
[*Police](#)
Source: MEDLINE

58. Egypt tightens ban on female genital mutilation after 12 year old girl dies.

Citation: BMJ, July 2007, vol./is. 335/7609(15), 0959-535X;1468-5833 (2007 Jul 7)
Author(s): Meleigy M
Language: English
Country of Publication: England
Publication Type: Case Reports; News
Subject Headings: [Child](#)
[*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[Egypt](#)
[Fatal Outcome](#)
[Female](#)
[Humans](#)
Source: MEDLINE

59. Cosmetic genitoplasty: It's female genital mutilation and should be prosecuted... BMJ. 2007 May 26;334(7603):1090-2.

Citation: BMJ: British Medical Journal, 30 June 2007, vol./is. 334/7608(1335-1335), 09598146
Author(s): Berer M
Language: English
Publication Type: journal article
Subject Headings: [Circumcision, Female](#)
[Crime](#)
[Circumcision, Female](#)
[Culture](#)
[Female](#)
[Great Britain](#)
Source: CINAHL
Full Text: Available in *fulltext* at [National Library of Medicine](#)
Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [ProQuest](#)

60. Cosmetic genitoplasty: It's female genital mutilation and should be prosecuted.

Citation: BMJ, June 2007, vol./is. 334/7608(1335), 0959-535X;1468-5833 (2007 Jun 30)
Author(s): Berer M
Language: English
Country of Publication: England
Publication Type: Comment; Letter
Subject Headings: [*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[Circumcision, Female/px \[Psychology\]](#)
[*Crime/lj \[Legislation & Jurisprudence\]](#)
[Culture](#)
[Female](#)
[Great Britain](#)
[Humans](#)

Source: MEDLINE

61. Bogaletch Gebre: ending female genital mutilation in Ethiopia.

Citation: Lancet, June 2007, vol./is. 369/9579(2071), 0140-6736;1474-547X (2007 Jun 23)
Author(s): Shetty P
Language: English
Country of Publication: England
Publication Type: Biography; Historical Article; News; Portraits
Subject Headings: [Awards and Prizes](#)
[*Circumcision, Female](#)
[Ethiopia](#)
[Female](#)
[History, 20th Century](#)
[History, 21st Century](#)
[Humans](#)
[Self-Help Groups](#)
[Women's Rights/hi \[History\]](#)
[*Women's Rights](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
Available in *print* at [Bolton PCT](#)

62. Female genital mutilation in Egypt.

Citation: Lancet, June 2007, vol./is. 369/9576(1858), 0140-6736;1474-547X (2007 Jun 2)
Author(s): Afifi M
Language: English
Country of Publication: England
Publication Type: Comment; Letter
Subject Headings: [Attitude of Health Personnel](#)
[*Circumcision, Female/td \[Trends\]](#)
[Egypt](#)
[Female](#)
[Humans](#)
[Students, Medical/px \[Psychology\]](#)
[*Women's Rights/td \[Trends\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

Available in *print* at [Bolton PCT](#)

63. A large clitoral epidermoid inclusion cyst first presenting in adulthood following childhood circumcision.

Citation: Journal of Obstetrics & Gynaecology, May 2007, vol./is. 27/4(445-8), 0144-3615;0144-3615 (2007 May)

Author(s): Rizk DE; Mohammed KH; Joshi SU; Al-Shabani AY; Bossmar TR

Institution: Department of Obstetrics and Gynaecology, Faculty of Medicine and Health Sciences, United Arab Emirates University, United Arab Emirates. rizk.diaa@uaeu.ac.ae

Language: English

Country of Publication: England

Publication Type: Case Reports; Journal Article

Subject Headings: [Adult](#)
[Child](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[*Clitoris](#)
[*Epidermal Cyst/et \[Etiology\]](#)
[Female](#)
[Humans](#)
[Middle Aged](#)
[Time Factors](#)
[*Vulvar Diseases/et \[Etiology\]](#)

Source: MEDLINE

64. Female genital mutilation: Experience in a West London clinic.

Citation: Journal of Obstetrics & Gynaecology, May 2007, vol./is. 27/4(416-9), 0144-3615;0144-3615 (2007 May)

Author(s): Gordon H; Comerasamy H; Morris NH

Institution: The Wellwoman African Clinic, Central Middlesex Hospital, London, UK. z.whitlock@imperial.ac.uk

Language: English

Abstract: In 1997, a new clinic was established at the Central Middlesex Hospital to serve the needs of a mainly Somali population who had suffered genital mutilation in childhood. Between June 1997 and January 2005, 4,125 clinic attendances were recorded. A total of 215 reversals of circumcision were carried out (FGM 3), all on a day-care basis. In the majority of cases, an intact and undamaged clitoris was found under the scar tissue. The clinic staff were able to draw attention to cultural and religious issues which proved important in the medical management of these women. The experience of this clinic has shown that where there is a large immigrant population of women from the Horn of Africa, clinics such as this are efficient and cost-effective and encourage women to attend with a variety of health concerns. The clinic also encourages these women to take their health concerns seriously.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [*Circumcision, Female/eh \[Ethnology\]](#)
[England/ep \[Epidemiology\]](#)
[Female](#)
[Humans](#)
[Outpatient Clinics, Hospital](#)
[Retrospective Studies](#)
[Somalia/eh \[Ethnology\]](#)
[Vulva/su \[Surgery\]](#)

Source: MEDLINE

65. Africa battles to make female genital mutilation history.

Citation: Lancet, March 2007, vol./is. 369/9567(1069-70), 0140-6736;1474-547X (2007 Mar 31)

Author(s): Wakabi W

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [Adolescent](#)
[Adult](#)
[Africa/ep \[Epidemiology\]](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[Humans](#)
[Middle Aged](#)
[Women's Rights/td \[Trends\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

66. Nahid Toubia.

Citation: Lancet, March 2007, vol./is. 369/9564(819), 0140-6736;1474-547X (2007 Mar 10)

Author(s): Shetty P

Language: English

Country of Publication: England

Publication Type: Biography; Historical Article; News; Portraits

Subject Headings: [Africa](#)
[*Circumcision, Female/hi \[History\]](#)
[Female](#)
[Health Knowledge, Attitudes, Practice](#)
[History, 20th Century](#)
[Humans](#)
[*Physicians, Women/hi \[History\]](#)
[*Women's Health/hi \[History\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

67. FGM: an outmoded practice?.

Citation: RCM Midwives, February 2007, vol./is. 10/2(68-71), 1479-2915;1479-2915 (2007 Feb)

Author(s): Lee B

Language: English

Country of Publication: England

Publication Type: Congresses

Subject Headings: [Adult](#)
[Africa](#)
[*Circumcision, Female/eh \[Ethnology\]](#)
[*Circumcision, Female/nu \[Nursing\]](#)
[Cultural Characteristics](#)
[Cultural Diversity](#)

[England](#)
[Female](#)
[Genital Diseases, Female/eh \[Ethnology\]](#)
[Genital Diseases, Female/nu \[Nursing\]](#)
[*Health Education/og \[Organization & Administration\]](#)
[Humans](#)
[Personal Autonomy](#)
[Pregnancy](#)
[Social Values](#)
[*Women's Health/eh \[Ethnology\]](#)
[*Women's Health Services/og \[Organization & Administration\]](#)
[Women's Rights](#)

Source: MEDLINE
Full Text: Available in *fulltext* at [EBSCO Host](#)

68. Female genital mutilation: the ethical impact of the new Italian law.

Citation: Journal of Medical Ethics, February 2007, vol./is. 33/2(98-101), 0306-6800;0306-6800 (2007 Feb)
Author(s): Turillazzi E; Fineschi V
Institution: Department of Legal Medicine, University of Foggia, Policlinico Ospedali Riuniti, Via Luigi Pinto 1, 71100 Foggia, Italy.
Language: English
Abstract: Despite global and local attempts to end female genital mutilation (FGM), the practice persists in some parts of the world and has spread to non-traditional countries through immigration. FGM is of varying degrees of invasiveness, but all forms raise health-related concerns that can be of considerable physical or psychological severity. FGM is becoming increasingly prohibited by law, both in countries where it is traditionally practised and in countries of immigration. Medical practice prohibits FGM. The Italian parliament passed a law prohibiting FGM, which has put in place a set of measures to prevent, to oppose and to suppress the practice of FGM as a violation of a person's fundamental rights to physical and mental integrity and to the health of women and girls. The Italian law not only treats new offences but also wants to deal with the problem in its entirety, providing important intervention in all the sectors. Different kinds of interventions are considered, starting with the development of informative campaigns, training of health workers, institution of a tollfree number, international cooperation programmes and the responsibility of the institution where the crime is committed. Particularly, the law recognises that doctors have a role in eliminating FGM by educating patients and communities.

Country of Publication: England
Publication Type: Journal Article
Subject Headings:
[Adolescent](#)
[Adult](#)
[Child](#)
[Child, Preschool](#)
[*Circumcision, Female/es \[Ethics\]](#)
[*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[*Developed Countries](#)
[*Ethics, Medical](#)
[Female](#)
[Humans](#)
[Italy](#)
[Transients and Migrants](#)
[*Women's Rights](#)
[World Health Organization](#)

Source: MEDLINE
Full Text: Available in *fulltext* at [Highwire Press](#)

Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [National Library of Medicine](#)

69. Knowledge of female genital mutilation among healthcare professionals.

Citation:	Journal of Obstetrics & Gynaecology, February 2007, vol./is. 27/2(161-4), 0144-3615;0144-3615 (2007 Feb)
Author(s):	Zaidi N; Khalil A; Roberts C; Browne M
Institution:	Department of Obstetrics and Gynaecology, Manor Hospital Walsall NHS Trust, Walsall, UK. naseemzaidi@doctors.org.uk
Language:	English
Abstract:	<p>The World Health Organisation estimates that 2 million women undergo some form of female genital mutilation (FGM) annually. Because of increasing migration, clinicians in the UK are increasingly exposed to women who have suffered FGM. Recognising this trend, the RCOG has set standards for guidance of health professionals caring for women with FGM. As yet, no study has assessed levels of knowledge of FGM among relevant health professionals. An anonymous structured questionnaire based on the Royal College of Obstetricians and Gynaecologists' standards was circulated among staff at a University Teaching Hospital. A total of 45 participants completed the questionnaire. Only 40% were familiar with the regulations in the FGM Act of 2003; 58% were unable to list the different categories of FGM; 47% incorrectly thought that caesarean section is the best way of managing FGM if vaginal examination is not possible in the first stage of labour and 54% chose anterior episiotomy as the treatment of choice during the second stage. Our study found that there were significant gaps both in theoretical knowledge and practice.</p>
Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	*Circumcision, Female *Clinical Competence Delivery, Obstetric Female Great Britain *Guideline Adherence Hospitals, University Humans *Midwifery *Obstetrics *Practice Guidelines as Topic Pregnancy Questionnaires
Source:	MEDLINE

70. FGM: an outmoded practice?

Citation:	RCM Midwives, 2007, vol./is. 10/2(68-71), 1479-2915 (Feb 2007)
Author(s):	Lee, Basil; Momoh, Comfort; Gordon, Harry; Kwateng Kluvitse, Adwoa
Publication Type:	Article
Subject Headings:	FEMALE GENITAL MUTILATION CIRCUMCISION CULTURAL FACTORS MORBIDITY ETHNIC MINORITIES CIVIL AND POLITICAL RIGHTS WOMEN CHILDREN CHILD PROTECTION

[AWARENESS](#)
[IMMIGRATION](#)
[ASYLUM SEEKERS](#)
[IRAQ](#)
[INDONESIA](#)
[AFRICA](#)
[UNITED KINGDOM](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCO Host](#)

71. Child abuse - Genital mutilation guidance released

Citation: Children and Young People Now, 2007(e-bulletin) (6 June 2007)

Author(s): Cook, Ben

Publication Type: Article

Subject Headings: [FEMALE GENITAL MUTILATION](#)
[GIRLS](#)
[CHILD ABUSE](#)
[SEXUAL HEALTH](#)
[HEALTH SERVICES](#)
[HEALTH SERVICE STAFF](#)
[MEDICAL EDUCATION](#)

Source: HMIC

72. From "complete" to "impaired" body: Female circumcision in Somalia and London.

Citation: Disability in local and global worlds., 2007(56-77) (2007)

Author(s): Talle, Aud

Language: English

Abstract: (from the chapter) The heart of my discussion here is the interface between local "cultures" and global power structures, in this case mediated through female bodies. The relocation of circumcised bodies to London places women as actors in shifting contexts of meaning and hegemonic power that are of profound consequence for Somali female identity and perception of self. My analysis in this chapter rests on a combination of "discourse analysis" of female circumcision in the universal global debate (what language and whose voice is heard, following Foucault 1999) and of people's practical experience of being different or devalued. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Circumcision](#)
[*Human Females](#)
[*Self Concept](#)
[*Self Perception](#)
[*Sociocultural Factors](#)
[Body Image](#)
[Culture \(Anthropological\)](#)
[Discourse Analysis](#)
[Interpersonal Control](#)

Source: PsycINFO

73. Prevalence and determinants of the practice of genital mutilation of girls in Khartoum, Sudan.

Citation: Annals of Tropical Paediatrics, December 2006, vol./is. 26/4(303-10), 0272-4936;0272-4936 (2006 Dec)

Author(s): Satti A; Elmusharaf S; Bedri H; Idris T; Hashim MS; Suliman GI; Almroth L

Institution: Children's Emergency Hospital, Khartoum, Sudan. aliasatti@gmail.com

Language: English

Abstract: BACKGROUND: Female genital mutilation (FGM) is widely practised in Sudan, despite many decades of attempts to prevent it. AIMS: To estimate the prevalence of FGM, identify the types performed in Khartoum and investigate whether FGM is associated with various social factors. METHODS: Girls aged 4-9 years (n=255) presenting to a paediatric emergency ward were recruited. A detailed history was obtained and full examination, including inspection of the genitalia, was performed to verify the type and extent of FGM. RESULTS: Twenty per cent of the study group had undergone FGM, 50% of guardians indicated that it would be done later, and 29% stated that the child would not undergo FGM. In 66% of those who had undergone FGM, it was WHO type III. All operations had been performed by health professionals, mainly midwives. Those who had allowed or intended to allow their daughters to undergo FGM were of significantly lower socio-economic status ($p=0.0008$) and had spent significantly fewer years in school (both mothers, $p=0.0015$, and fathers, $p=0.0266$) than those who had not/would not. All who had undergone FGM were Muslims. None of the 16 Christians had undergone FGM. In girls over 7 years of age, there was a higher risk of having FGM in those who attended school than in those who did not. CONCLUSION: FGM is still practised widely in Khartoum and probably in many parts of northern Sudan and the type undertaken is often the most severe. Parental education, socio-economic level and religion are important determinants of the practice, but social pressure on parents and girls seems to play an important role.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Child](#)
[Child, Preschool](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[Circumcision, Female/mt \[Methods\]](#)
[*Circumcision, Female/ut \[Utilization\]](#)
[Educational Status](#)
[Female](#)
[Humans](#)
[Maternal Age](#)
[Paternal Age](#)
[Prevalence](#)
[Religion and Medicine](#)
[Risk Factors](#)
[Social Class](#)
[Sudan](#)

Source: MEDLINE

74. Impact of a communication programme on female genital cutting in eastern Nigeria.

Citation: Tropical Medicine & International Health, October 2006, vol./is. 11/10(1594-603), 1360-2276;1360-2276 (2006 Oct)

Author(s): Babalola S; Brasington A; Agbasimalo A; Helland A; Nwanguma E; Onah N

Institution: Johns Hopkins Bloomberg School of Public Health, Baltimore, MD 21202, USA. sbabalol@jhuccp.org

Language: English

Abstract: OBJECTIVES: This study describes a female genital cutting (FGC) elimination communication programme in Enugu State and assesses its impact in changing relevant knowledge, attitudes and behavioural intentions. METHODS: The FGC programme combined a community mobilization component with targeted advocacy and mass media activities. Data for assessing the impact of the programme derived from baseline and follow-up surveys in three intervention local government areas (LGA) in Enugu State and

three comparison LGAs in Ebonyi State. An ideation model of behaviour change guided the analyses of the impact of the programme on personal advocacy for FGC, perceived self-efficacy to refuse pressure to perform FGC, perceived social support for FGC discontinuation, perceived benefits of FGC, perceived health complications of FGC and intention not to perform FGC on daughters. The analytical methods include comparing change in pertinent outcome variables from baseline to follow-up in the two study states and using logistic regression on follow-up data for the intervention state to assess the link between programme exposure and the relevant outcome indicators. RESULTS: The data show that while the pertinent ideational factors and the intention not to perform FGC either worsened or remained stagnant in Ebonyi State, they improved significantly in Enugu State. The logistic regression results show that programme exposure is associated with the expected improvements in all the pertinent indicators. CONCLUSION: The multimedia communication programme has been effective in changing FGC-related attitudes and promoting the intention not to perform FGC.

Country of Publication: England

Publication Type: Journal Article; Research Support, U.S. Gov't, Non-P.H.S.

Subject Headings: [*Circumcision, Female/px \[Psychology\]](#)
[Circumcision, Female/ut \[Utilization\]](#)
[*Communication](#)
[Culture](#)
[Female](#)
[*Health Education/mt \[Methods\]](#)
[*Health Knowledge, Attitudes, Practice](#)
[Humans](#)
[Intention](#)
[Male](#)
[Nigeria](#)
[*Program Evaluation](#)
[Religion](#)
[Self Efficacy](#)
[Sex Factors](#)
[Social Support](#)
[Socioeconomic Factors](#)

Source: MEDLINE

75. Zero tolerance on torture.

Citation: Nursing Standard, August 2006, vol./is. 20/51(28), 0029-6570;0029-6570 (2006 Aug 30-Sep 5)

Author(s): Richens Y

Institution: University College London NHS Trust. yana.richens@uclh.org

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Child](#)
[Child Abuse/lj \[Legislation & Jurisprudence\]](#)
[Child Abuse/pc \[Prevention & Control\]](#)
[Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[*Circumcision, Female](#)
[Female](#)
[Great Britain](#)
[Human Rights Abuses/lj \[Legislation & Jurisprudence\]](#)
[*Human Rights Abuses/pc \[Prevention & Control\]](#)
[Humans](#)
[Somalia/eh \[Ethnology\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)
Available in *fulltext* at [ProQuest](#)

76. Female genital mutilation.

Citation: Lancet, August 2006, vol./is. 368/9535(579), 0140-6736;1474-547X (2006 Aug 12)
Author(s): Rymer J
Language: English
Country of Publication: England
Publication Type: Comment; Letter
Subject Headings: [Africa/ep \[Epidemiology\]](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/px \[Psychology\]](#)
[Female](#)
[*Genital Diseases, Female/et \[Etiology\]](#)
[Humans](#)
Source: MEDLINE
Full Text: Available in *fulltext* at [ProQuest](#)
Available in *print* at [Bolton PCT](#)

77. Female genital mutilation: whose problem, whose solution? Psychological damage is immense.

Citation: BMJ, July 2006, vol./is. 333/7561(260), 0959-535X;1468-5833 (2006 Jul 29)
Author(s): Menage J
Language: English
Country of Publication: England
Publication Type: Comment; Letter
Subject Headings: [Adult](#)
[Child](#)
[Child Abuse/px \[Psychology\]](#)
[*Circumcision, Female/px \[Psychology\]](#)
[Female](#)
[Humans](#)
[*Informed Consent](#)
[*Mental Disorders/et \[Etiology\]](#)
Source: MEDLINE

78. Female genital mutilation: whose problem, whose solution? Mutilation or modification?.

Citation: BMJ, July 2006, vol./is. 333/7561(259-60), 0959-535X;1468-5833 (2006 Jul 29)
Author(s): Bibbings LS
Language: English
Country of Publication: England
Publication Type: Comment; Letter
Subject Headings: [Circumcision, Female/cl \[Classification\]](#)
[*Circumcision, Female](#)
[Culture](#)
[Female](#)
[Humans](#)
[Terminology as Topic](#)
Source: MEDLINE

79. Female genital mutilation: whose problem, whose solution?.

Citation: BMJ, July 2006, vol./is. 333/7559(106-7), 0959-535X;1468-5833 (2006 Jul 15)

Author(s): Conroy RM

Language: English

Country of Publication: England

Publication Type: Comment; Editorial

Subject Headings: [Africa](#)
[Beauty Culture](#)
[Circumcision, Female/es \[Ethics\]](#)
[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[*Circumcision, Female](#)
[Culture](#)
[Europe](#)
[Female](#)
[Humans](#)
[Morals](#)
[Reconstructive Surgical Procedures/es \[Ethics\]](#)
[Reconstructive Surgical Procedures/sn \[Statistics & Numerical Data\]](#)

Source: MEDLINE

80. Reliability of self reported form of female genital mutilation and WHO classification: cross sectional study.

Citation: BMJ, July 2006, vol./is. 333/7559(124), 0959-535X;1468-5833 (2006 Jul 15)

Author(s): Elmusharaf S; Elhadi N; Almroth L

Institution: Division of International Health, Karolinska Institutet, SE 171 77 Stockholm, Sweden. Sozan.Elmusharaf@ki.se

Language: English

Abstract: **OBJECTIVE:** To assess the reliability of self reported form of female genital mutilation (FGM) and to compare the extent of cutting verified by clinical examination with the corresponding World Health Organization classification. **DESIGN:** Cross sectional study. **SETTINGS:** One paediatric hospital and one gynaecological outpatient clinic in Khartoum, Sudan, 2003-4. **PARTICIPANTS:** 255 girls aged 4-9 and 282 women aged 17-35. **MAIN OUTCOME MEASURES:** The women's reports of FGMthe actual anatomical extent of the mutilation, and the corresponding types according to the WHO classification. **RESULTS:** All girls and women reported to have undergone FGM had this verified by genital inspection. None of those who said they had not undergone FGM were found to have it. Many said to have undergone "sunna circumcision" (excision of prepuce and part or all of clitoris, equivalent to WHO type I) had a form of FGM extending beyond the clitoris (10/23 (43%) girls and 20/35 (57%) women). Of those who said they had undergone this form, nine girls (39%) and 19 women (54%) actually had WHO type III (infibulation and excision of part or all of external genitalia). The anatomical extent of forms classified as WHO type III varies widely. In 12/32 girls (38%) and 27/245 women (11%) classified as having WHO type III, the labia majora were not involved. Thus there is a substantial overlap, in an anatomical sense, between WHO types II and III. **CONCLUSION:** The reliability of reported form of FGM is low. There is considerable under-reporting of the extent. The WHO classification fails to relate the defined forms to the severity of the operation. It is important to be aware of these aspects in the conduct and interpretation of epidemiological and clinical studies. WHO should revise its classification.

Country of Publication: England

Publication Type: Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)

[Child](#)
[Child, Preschool](#)
[Circumcision, Female/cl \[Classification\]](#)
[Circumcision, Female/px \[Psychology\]](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Cross-Sectional Studies](#)
[Female](#)
[Humans](#)
[*Self Disclosure](#)
[Sudan](#)
[Terminology as Topic](#)
[World Health Organization](#)

Source: MEDLINE

81. Female genital mutilation.

Citation: Midwifery Matters, 01 June 2006, vol./is. /109(10-12), 09611479

Author(s): Byrne D

Language: English

Publication Type: journal article

Subject Headings: [Circumcision, Female](#)
[Africa](#)
[Circumcision, Female](#)
[Culture](#)
[Female](#)
[Pregnancy](#)
[Pregnancy Complications](#)
[Sexuality](#)

Source: CINAHL

Full Text: Available in *fulltext* at [EBSCO Host](#)

82. Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries.

Citation: Lancet, June 2006, vol./is. 367/9525(1835-41), 0140-6736;1474-547X (2006 Jun 3)

Author(s): WHO study group on female genital mutilation and obstetric outcome; Banks E; Meirik O; Farley T; Akande O; Bathija H; Ali M

Institution: National Centre for Epidemiology and Population Health, Australian National University, ACT 0200, Australia. FGMStudyGroup@who.int

Language: English

Abstract: BACKGROUND: Reliable evidence about the effect of female genital mutilation (FGM) on obstetric outcome is scarce. This study examines the effect of different types of FGM on obstetric outcome. METHODS: 28 393 women attending for singleton delivery between November, 2001, and March, 2003, at 28 obstetric centres in Burkina Faso, Ghana, Kenya, Nigeria, Senegal, and Sudan were examined before delivery to ascertain whether or not they had undergone FGM, and were classified according to the WHO system: FGM I, removal of the prepuce or clitoris, or both; FGM II, removal of clitoris and labia minora; and FGM III, removal of part or all of the external genitalia with stitching or narrowing of the vaginal opening. Prospective information on demographic, health, and reproductive factors was gathered. Participants and their infants were followed up until maternal discharge from hospital. FINDINGS: Compared with women without FGM, the adjusted relative risks of certain obstetric complications were, in women with FGM I, II, and III, respectively: caesarean section 1.03 (95% CI 0.88-1.21), 1.29 (1.09-1.52), 1.31 (1.01-1.70); postpartum haemorrhage 1.03 (0.87-1.21), 1.21 (1.01-1.43), 1.69 (1.34-2.12); extended maternal hospital stay 1.15 (0.97-1.35), 1.51 (1.29-1.76), 1.98 (1.54-2.54); infant resuscitation 1.11 (0.95-1.28), 1.28 (1.10-1.49), 1.66 (1.31-2.10), stillbirth or early neonatal death 1.15 (0.94-1.41), 1.32 (1.08-1.62), 1.55 (1.12-2.16), and

low birthweight 0.94 (0.82-1.07), 1.03 (0.89-1.18), 0.91 (0.74-1.11). Parity did not significantly affect these relative risks. FGM is estimated to lead to an extra one to two perinatal deaths per 100 deliveries. INTERPRETATION: Women with FGM are significantly more likely than those without FGM to have adverse obstetric outcomes. Risks seem to be greater with more extensive FGM.

Country of Publication: England

Publication Type: Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't

Subject Headings: [Adult](#)
[Africa/ep \[Epidemiology\]](#)
[Cesarean Section/sn \[Statistics & Numerical Data\]](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/mt \[Methods\]](#)
[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[*Circumcision, Female](#)
[Female](#)
[Humans](#)
[Infant Mortality](#)
[Infant, Newborn](#)
[Pregnancy](#)
[*Pregnancy Outcome](#)
[Prospective Studies](#)
[World Health Organization](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

83. Female genital mutilation and obstetric outcome.

Citation: Lancet, June 2006, vol./is. 367/9525(1799-800), 0140-6736;1474-547X (2006 Jun 3)

Author(s): Eke N; Nkanginieme KE

Institution: Department of Surgery, University of Port Harcourt, Port Harcourt, Nigeria.
 ndubuisi_eke@hotmail.com

Language: English

Country of Publication: England

Publication Type: Comment; Journal Article

Subject Headings: [Africa](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/mt \[Methods\]](#)
[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[Humans](#)
[Maternal Mortality](#)
[Pregnancy](#)
[*Pregnancy Outcome](#)
[Prevalence](#)
[Urinary Tract Infections/et \[Etiology\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

84. Delivering care for women seeking refuge.

Citation: RCM Midwives, May 2006, vol./is. 9/5(190-2), 1479-2915;1479-2915 (2006 May)

Author(s): Harris M; Humphries K; Nabb J

Institution:	East Kent Hospitals NHS Trust.
Language:	English
Abstract:	Maternity services in many parts of the UK are providing care for asylum-seekers. These women are among the most vulnerable and socially excluded in our care, and in many instances they have fled from horrific circumstances to reach this country. In addition to the trauma and psychological effects of their experiences, many also have complex physical health needs. Women seeking asylum in the U.K. often begin to receive support late in their pregnancy and may have had no previous antenatal care. The problems they may face include poor general health, anaemia, high parity, closely-spaced pregnancies, HIV, hepatitis B and female genital mutilation.
Country of Publication:	England
Publication Type:	Journal Article; Review
Subject Headings:	Adult Female Great Britain Health Services Accessibility/og [Organization & Administration] Humans Infant, Newborn *Maternal Health Services/og [Organization & Administration] *Maternal Welfare *Midwifery/og [Organization & Administration] *Nurse's Role Nurse-Patient Relations Pregnancy *Refugees *Women's Health
Source:	MEDLINE
Full Text:	Available in <i>fulltext</i> at EBSCO Host

85. A case-control study on the association between female genital mutilation and sexually transmitted infections in Sudan.

Citation:	BJOG: An International Journal of Obstetrics & Gynaecology, April 2006, vol./is. 113/4(469-74), 1470-0328;1470-0328 (2006 Apr)
Author(s):	Elmusharaf S; Elkhidir I; Hoffmann S; Almroth L
Institution:	Department of Public Health, Division of International Health (IHCAR), Karolinska Institutet, Stockholm, Sweden. sozan.elmusharaf@ki.se
Language:	English
Abstract:	<p>OBJECTIVE: To assess whether the extent of female genital mutilation (FGM) influences the risk of acquiring sexually transmitted infections (STIs). DESIGN: Hospital-based case-control study. SETTING: Two obstetric/gynaecological outpatient clinics in Khartoum, Sudan, 2003-2004. POPULATION: A total of 222 women aged 17-35 years coming to antenatal and gynaecological clinics. METHODS: Women recruited for the study were divided into cases with seropositivity for <i>Neisseria gonorrhoeae</i> (gonococcal antibody test), <i>Chlamydia trachomatis</i> (enzyme immunoassay) or <i>Treponema pallidum</i> (<i>Treponema pallidum</i> haemagglutination assay) (n= 26) and controls without antibodies to these species (n= 196). Socio-demographic data were obtained and physical examination including genital examination was performed in order to classify the form of FGM. Cases and controls were compared using logistic regression to adjust for covariates. MAIN OUTCOME MEASURES: Extent of FGM and seropositivity for <i>C. trachomatis</i>, <i>N. gonorrhoeae</i> or <i>T. pallidum</i>. RESULTS: Of the cases, 85% had undergone the most severe form of FGM involving labia majora compared with 78% of controls (n.s.). Thus, there was no association between serological evidence of STIs and extent of FGM. The only factor that differed significantly between the groups was the education level, cases with STIs having significantly shorter education (P= 0.03) than controls.</p>

CONCLUSIONS: There is a little difference between cases and controls in regard to FGM. Having in mind the relatively small sample size, the results still indicate that FGM seems neither to be a risk factor for nor protective against acquiring STIs. This is important as argument against traditional beliefs that FGM protects against pre/extramartial sex.

Country of Publication: England

Publication Type: Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Ambulatory Care](#)
[Case-Control Studies](#)
[Chi-Square Distribution](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[Female](#)
[Humans](#)
[Infertility, Female/ep \[Epidemiology\]](#)
[Prevalence](#)
[Risk Factors](#)
[*Sexually Transmitted Diseases, Bacterial/ep \[Epidemiology\]](#)
[Sexually Transmitted Diseases, Bacterial/et \[Etiology\]](#)
[Sudan/ep \[Epidemiology\]](#)

Source: MEDLINE

86. Current service provision for women in the UK who have undergone FGM

Citation: British Journal of Midwifery, 2006, vol./is. 14/8(465-466), 0969-4900 (Aug 2006)

Author(s): Lavender, Tina; Baker, Lisa; Richens, Yana

Abstract: Female genital mutilation (FGM) is increasingly found in the UK among migrant women and girls. This paper reports on a national survey which assessed current service provision for women who have undergone FGM. The authors conclude that, despite acknowledgement of the health consequences of FGM from professionals, disparate services continue, with seemingly little co-ordination at local or national levels. Cites 11 references. [Journal abstract]

Publication Type: Article

Subject Headings: [FEMALE GENITAL MUTILATION](#)
[RELIGIOUS BELIEFS](#)
[MIGRANTS](#)
[WOMEN](#)
[GIRLS](#)
[HEALTH SERVICE PROVISION](#)
[ATTITUDES](#)
[WORLD HEALTH ORGANIZATION](#)
[SURVEYS](#)
[UNITED KINGDOM](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCO Host](#)

87. HIV/AIDS and female genital mutilation in the Somali's nomads of eastern Ethiopia: a discussion paper.

Citation: World Hospitals & Health Services, 2006, vol./is. 42/3(27-31), 1029-0540;1029-0540 (2006)

Author(s): Omar M; Mohamed K

Institution: Institute of Health Sciences and Public Health Research, University of Leeds, United Kingdom.

Language: English

Abstract: Female Genital Mutilation (FGM) is widely practised among the Somali nomads in Eastern Ethiopia. It may be categorized as one of many harmful traditional practices such as uvula cutting, gum piercing, cauterization and blood letting, which are conducted by unskilled traditional healers in unhygienic conditions, and which potentially increase the risk of HIV transmission. Other factors also play a significant role in the perpetuation of the HIV/AIDS epidemic in the region, such as lack of awareness, misconception about the routes of HIV transmission and ways of prevention, the practice of polygamy, and window inheritance. Pervasive poverty and recurrent famine also fuel the epidemic. Lack of official pastoralist-specific policy and strategy on HIV and FGM further complicates the problem. This paper discusses the possible relationship in terms of health risk between HIV/AIDS and FGM in the Horn of Africa and calls for more concerted efforts, including further research in order to address this potential risk.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Circumcision, Female/mt \[Methods\]](#)
[*Circumcision, Female](#)
[Ethiopia](#)
[Female](#)
[*HIV Seropositivity/tm \[Transmission\]](#)
[Humans](#)
[Somalia/eh \[Ethnology\]](#)
[*Transients and Migrants](#)

Source: MEDLINE

88. Evidence for episiotomy.

Citation: RCM Midwives, December 2005, vol./is. 8/12(500), 1479-2915;1479-2915 (2005 Dec)

Author(s): anonymous

Language: English

Country of Publication: England

Publication Type: Letter

Subject Headings: [Adolescent](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[*Clinical Competence](#)
[*Episiotomy/nu \[Nursing\]](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Infant, Newborn](#)
[*Midwifery/mt \[Methods\]](#)
[Nurse-Patient Relations](#)
[Postpartum Hemorrhage/et \[Etiology\]](#)
[Pregnancy](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

89. When rites are wrong.

Citation: Nursing Standard, October 2005, vol./is. 20/4(24-6), 0029-6570;0029-6570 (2005 Oct 5-11)

Author(s): Wallis L

Language: English

Abstract: 140 million girls and women worldwide have undergone some form of female genital mutilation (FGM). The African Women's Clinic at University College London Hospitals

NHS Trust is one of eight UK centres providing care and support for women experiencing problems as a result of FGM. FGM is most commonly performed in Africa, the Middle East and Asia. FGM is illegal in the UK. FGM can cause recurrent urinary tract infection, painful sexual intercourse and menstruation, and difficulties with childbirth. A ten-minute procedure under local anaesthetic can help with micturition and menstruation. Reversing FGM during pregnancy is best done at 20 weeks.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Child, Preschool](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/cl \[Classification\]](#)
[*Circumcision, Female/nu \[Nursing\]](#)
[*Circumcision, Female/rh \[Rehabilitation\]](#)
[Dysmenorrhea/et \[Etiology\]](#)
[Dysmenorrhea/th \[Therapy\]](#)
[Dyspareunia/et \[Etiology\]](#)
[Dyspareunia/th \[Therapy\]](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Midwifery/og \[Organization & Administration\]](#)
[Nurse Clinicians](#)
[Obstetric Labor Complications/et \[Etiology\]](#)
[Pregnancy](#)
[Referral and Consultation](#)
[Stress Disorders, Post-Traumatic/et \[Etiology\]](#)
[Stress Disorders, Post-Traumatic/rh \[Rehabilitation\]](#)
[Transcultural Nursing/mt \[Methods\]](#)
[*Women's Health Services/og \[Organization & Administration\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [ProQuest](#)

90. Female genital mutilation.

Citation: Current Opinion in Obstetrics & Gynecology, October 2005, vol./is. 17/5(490-4), 1040-872X;1040-872X (2005 Oct)

Author(s): Kelly E; Hillard PJ

Institution: Department of Obstetrics and Gynecology, University of Cincinnati College of Medicine, Cincinnati, Ohio 45267-05267, USA. kellyea@ucmail.uc.edu

Language: English

Abstract: PURPOSE OF REVIEW: The purpose of this review is to aid the healthcare practitioner in caring for children, girls, and women who have undergone female genital mutilation or who are at risk for female genital mutilation. RECENT FINDINGS: The bulk of the literature published in the area of female genital mutilation over the past year addresses the laws, social needs, immigration status and assimilation of African women who immigrate into western countries. Clinicians continue to publish case reports of complications and the surgical management of type III female genital mutilation during labor. Additionally, as people continue to try to eliminate female genital mutilation through human rights campaigns and the legal system, they have also become increasingly aware that understanding the motives behind this traditional practice may be an avenue towards change. SUMMARY: The fundamental understanding of female genital mutilation will allow the clinician to address the emotional and physical needs of the children, girls, and women who have undergone this traditional practice or who are at risk for undergoing this practice. This understanding will allow the practitioner to individualize the history and physical examination, and to provide appropriate

management with recognition and treatment of complications. Increased knowledge of the laws against female genital mutilation will allow the healthcare provider to educate and advise at-risk girls and women as well as their parents.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: [Adolescent](#)
[Adult](#)
[Africa](#)
[Child](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/cl \[Classification\]](#)
[*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[Developing Countries](#)
[Female](#)
[Human Rights](#)
[Humans](#)
[United Nations](#)
[United States](#)

Source: MEDLINE

91. "A strange story regarding the prevention of masturbation": On the history of the genital mutilation of women in German-speaking countries.

Original Title: "Eine merkwürdige Methode zur Verhinderung der Onanie": Zur Geschichte der Genitalverstümmelung von Frauen im deutschsprachigen Raum.

Citation: Zeitschrift für Sexualforschung, September 2005, vol./is. 18/3(215-242), 0932-8114 (Sep 2005)

Author(s): Hulverscheidt, Marion A

Correspondence Address: Hulverscheidt, Marion A.: Ruprecht-Karls-Universität Heidelberg, Institut für Geschichte der Medizin, Im Neuenheimer Feld 327, Heidelberg, Germany, 69120, m.hulverscheidt@web.de

Language: German

Abstract: This article focuses on the history of the genital mutilation of women in German-speaking countries. Case examples from nineteenth century medical journals are used to reconstruct the discourse on sexuality and femininity which contributed to this practice. The assumption that masturbation can lead to emotional disorders was important, as well as the "reflex theory" which maintained peripheral disorders of the body lead to nervous problems. The locating of nymphomania within the clitoris legitimated removing the organ. The clitorrectomy was not an invention of the nineteenth century, but has its origins in ancient Greece and Rome and in the early modern period. Clitorrectomies were practiced in earlier times in order to sanction women physically. Clitorrectomies, castration, and the surgical removal of the uterus were psycho-surgical treatments for women diagnosed with psychological disorders in the nineteenth century, being an expression of the misogynist stance in medicine during that period. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Circumcision](#)
[*Epidemiology](#)
[*Female Genitalia](#)
[*Masturbation](#)
[Mental Disorders](#)
[Patient History](#)

Source: PsycINFO

92. Dutch government rejects tough measures on genital mutilation.

Citation: BMJ, September 2005, vol./is. 331/7516(534), 0959-535X;1468-5833 (2005 Sep 10)

Author(s): Sheldon T

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[Female](#)
[Health Policy](#)
[Humans](#)
[Netherlands](#)

Source: MEDLINE

93. Methodological issues in measuring the impact of interventions against female genital cutting.

Citation: Culture, Health & Sexuality, September 2005, vol./is. 7/5(463-77), 1369-1058;1369-1058 (2005 Sep-Oct)

Author(s): Askew I

Institution: Population Council, Nairobi, Kenya. iaske@pcnairobi.org

Language: English

Abstract: With increasing efforts being made to introduce systematic interventions for encouraging abandonment of female genital cutting (FGC) comes the need to better understand how such interventions work and what effects they have. Many interventions are based on theoretical models of behaviour change and so studies to evaluate them should develop indicators appropriate to the type of behaviour change anticipated. Systematic evaluations need also to use some form of quasi-experimental design to be able to attribute change to the intervention and not to any 'natural' change in FGC behaviour or other activities that may be concurrent. A sustained change in the prevalence of FGC is the ultimate indicator and there are several ways this can be measured, although with many limitations given the intimate nature of the practice. Moreover, appropriate sample sizes must be calculated and used to be able to draw valid conclusions. Many of those implementing FGC interventions are not familiar with such basic research principles and so there is an urgent need to ensure that projects are well designed so that valid conclusions concerning their effectiveness can be drawn.

Country of Publication: England

Publication Type: Journal Article; Research Support, U.S. Gov't, Non-P.H.S.; Review

Subject Headings: [*Circumcision, Female/ae \[Adverse Effects\]](#)
[Cultural Characteristics](#)
[Female](#)
[*Health Education/og \[Organization & Administration\]](#)
[*Health Knowledge, Attitudes, Practice](#)
[Humans](#)
[Kenya](#)
[Parents/ed \[Education\]](#)
[*Primary Prevention/og \[Organization & Administration\]](#)
[Research](#)
[Social Environment](#)
[*Women's Health](#)

Source: MEDLINE

94. The consequences of female circumcision for health and sexuality: an update on the evidence.

Citation: Culture, Health & Sexuality, September 2005, vol./is. 7/5(443-61), 1369-1058;1369-1058 (2005 Sep-Oct)

Author(s): Obermeyer CM

Institution: Department of Population and International Health, Harvard University, Boston, MA 02115, USA. coberm@hsph.harvard.edu

Language: English

Abstract: This systematic review of published sources between 1997 and 2005 shows that female circumcision is associated with some health consequences but that no statistically significant associations are documented for a number of health conditions. This is in part a result of the difficulty of designing studies on the more extensive operations (infibulation). The findings of the analysis can be summarized as follows: statistically higher risks are documented for some but not all types of infections; the evidence regarding urinary symptoms is inconclusive; the evidence on obstetric and gynecological complications is mixed: increased risks have been reported for some complications of labour and delivery but not others, and for some symptoms such as abdominal pain and discharge, but not others such as infertility or increased mortality of mother or infant. Concerning sexuality, most of the existing studies suffer from conceptual and methodological shortcomings, and the available evidence does not support the hypotheses that circumcision destroys sexual function or precludes enjoyment of sexual relations. This review highlights the difficulties of research on the health and sexuality consequences of FGC, underscores the importance of distinguishing between more and less extensive operations, and emphasizes the need to go beyond simple inventories of physical harm or frequencies of sexual acts.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: [*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[*Cultural Characteristics](#)
[Female](#)
[*Genital Diseases, Female/et \[Etiology\]](#)
[Genital Diseases, Female/pc \[Prevention & Control\]](#)
[Health Education/og \[Organization & Administration\]](#)
[*Health Knowledge, Attitudes, Practice](#)
[Health Services Research](#)
[Humans](#)
[Marriage](#)
[Pregnancy](#)
[Pregnancy Complications, Infectious/et \[Etiology\]](#)
[Preventive Health Services/og \[Organization & Administration\]](#)
[*Sexual Behavior/eh \[Ethnology\]](#)
[Social Environment](#)
[Sudan](#)
[*Women's Health](#)
[Women's Rights](#)

Source: MEDLINE

95. Socio-cultural dynamics of female genital cutting: research findings, gaps, and directions.

Citation: Culture, Health & Sexuality, September 2005, vol./is. 7/5(429-41), 1369-1058;1369-1058 (2005 Sep-Oct)

Author(s): Gruenbaum E

Institution: California State University, Fresno, CA, USA. elleng@csufresno.edu

Language: English

Abstract: The goal of abolishing female genital cutting (FGC, or also FGM or 'female circumcision') requires that the socio-cultural dynamics of the practice be well understood if behavioural change is to be accomplished. This paper, based on the literature and the author's ethnographic research in Sudan, reports on the research issues of studying the variation in and complexity of cutting practices and their cultural correlates, arguing for multiple approaches and methods. It highlights directions for future research.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: Circumcision, Female/ae [Adverse Effects]
 *Circumcision, Female/eh [Ethnology]
 *Cultural Characteristics
 Female
 Health Education/og [Organization & Administration]
 *Health Knowledge, Attitudes, Practice
 Health Services Research
 Humans
 Marriage/eh [Ethnology]
 *Preventive Health Services/og [Organization & Administration]
 *Social Environment
 Sudan
 *Women's Health/eh [Ethnology]
 Women's Rights

Source: MEDLINE

96. Toward the abandonment of female genital cutting: advancing research, communication and collaboration.

Citation: Culture, Health & Sexuality, September 2005, vol./is. 7/5(425-7), 1369-1058;1369-1058 (2005 Sep-Oct)

Author(s): Sedgh G; Jackson E; Ibrahim B

Language: English

Country of Publication: England

Publication Type: Editorial

Subject Headings: Attitude to Health
 *Circumcision, Female
 *Cultural Characteristics
 Egypt
 Female
 Health Education/og [Organization & Administration]
 *Health Knowledge, Attitudes, Practice
 Health Services Research/og [Organization & Administration]
 Humans
 *Interdisciplinary Communication
 Interpersonal Relations
 *Preventive Health Services/og [Organization & Administration]
 *Social Environment

Source: MEDLINE

97. Primary infertility after genital mutilation in girlhood in Sudan: a case-control study.

Citation: Lancet, July 2005, vol./is. 366/9483(385-91), 0140-6736;1474-547X (2005 Jul 30-Aug 5)

Author(s): Almroth L; Elmusharaf S; El Hadi N; Obeid A; El Sheikh MA; Elfadil SM; Bergstrom S

Institution: Division of International Health, Karolinska Institutet, Stockholm SE-17176, Sweden.
 L.Almroth@telia.com

Language: English

Abstract: BACKGROUND: In theory, infections that arise after female genital mutilation (FGM) in childhood might ascend to the internal genitalia, causing inflammation and scarring and subsequent tubal-factor infertility. Our aim was to investigate this possible association between FGM and primary infertility. METHODS: We did a hospital-based case-control study in Khartoum, Sudan, to which we enrolled women (n=99) with primary infertility not caused by hormonal or iatrogenic factors (previous abdominal surgery), or the result

of male-factor infertility. These women underwent diagnostic laparoscopy. Our controls were primigravidae women (n=180) recruited from antenatal care. We used exact conditional logistic regression, stratifying for age and controlling for socioeconomic status, level of education, gonorrhoea, and chlamydia, to compare these groups with respect to FGM. FINDINGS: Of the 99 infertile women examined, 48 had adnexal pathology indicative of previous inflammation. After controlling for covariates, these women had a significantly higher risk than controls of having undergone the most extensive form of FGM, involving the labia majora (odds ratio 4.69, 95% CI 1.49-19.7). Among women with primary infertility, both those with tubal pathology and those with normal laparoscopy findings were at a higher risk than controls of extensive FGM, both with borderline significance ($p=0.054$ and $p=0.055$, respectively). The anatomical extent of FGM, rather than whether or not the vulva had been sutured or closed, was associated with primary infertility. INTERPRETATION: Our findings indicate a positive association between the anatomical extent of FGM and primary infertility. Laparoscopic postinflammatory adnexal changes are not the only explanation for this association, since cases without such pathology were also affected. The association between FGM and primary infertility is highly relevant for preventive work against this ancient practice.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adult](#)
[Case-Control Studies](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/mt \[Methods\]](#)
[Female](#)
[Humans](#)
[*Infertility, Female/et \[Etiology\]](#)
[Sudan](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

98. Reaching the tipping point against female genital mutilation.

Citation: Lancet, July 2005, vol./is. 366/9483(347-9), 0140-6736;1474-547X (2005 Jul 30-Aug 5)

Author(s): Shaaban LM; Harbison S

Institution: Bureau for Global Health, USAID, Washington, DC 20523, USA. lshaaban@usaid.gov

Language: English

Country of Publication: England

Publication Type: Comment; Journal Article

Subject Headings: [Adult](#)
[Case-Control Studies](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[Female](#)
[Humans](#)
[*Infertility, Female/et \[Etiology\]](#)
[Sudan](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

99. Female genital mutilation -- an exported medical hazard.

Citation: European Journal of Contraception & Reproductive Health Care, June 2005, vol./is. 10/2(93-7), 1362-5187;1362-5187 (2005 Jun)

Author(s):	Elgaali M; Strevens H; Mardh PA
Institution:	Department of Obstetrics and Gynecology, Lund University, Sweden.
Language:	English
Abstract:	<p>BACKGROUND: Female circumcision (FC) has remained a common practice in the countries where it has traditionally been performed. Following increased global mobility, it has also become a common medical issue in the predominantly non-Islamic countries where an increasing number of immigrants from regions where FC is still traditional, have settled. OBJECTIVES: To investigate types of FC found in a group of immigrants from northern Africa with a current domicile in Scandinavia. To characterize these women with regard to education, socio-economic status and experienced complications and sequelae. To report attitudes to FC among the women and their husbands. METHODS: An autoquestionnaire was distributed to 220 immigrant women (16-42 years old), who belonged to an African community in Scandinavia and who had all been circumcised. Information was also gathered concerning 76 of their daughters (aged 1-13 years). Of the women's husbands, 95 were asked about their attitudes to FC. RESULTS: Of the 140 women, who had been circumcised in their home country before they migrated, 78 (35%) had been clitoridectomized, 38 (17%) had been subjected to genital excision and 24 (11%) to infibulation. The corresponding percentages in the remaining women, who had had FC when returning home for a visit, were 0%, 14% and 22%, respectively. Of the daughters, 15 (19%) had been circumcised whilst living in Scandinavia; all had been clitoridectomized. Twenty-eight (13%) women reported having experienced late complications or post-FC sequelae. A positive attitude to stopping the tradition of FC was reported twice as often by the husbands (69%) as by the circumcised women (35%). Religion (95% of the responders were Muslims and 5% Christians), cultural tradition, and increased chance of marriage or of continued health were the reasons put forward in favor of the continuation of FC by 58%, 27%, 10% and 4 %, respectively. Five per cent could not supply an opinion. CONCLUSIONS: FC is performed in immigrant women even after settling in areas where this practise is legally banned. Circumcised immigrant women experience medical and sexual problems which have to be dealt with in their new domicile country. Many African Islamic women, who have migrated to Scandinavia, seem still to be in favour of the continuation of circumcision for varying reasons.</p>
Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	Adolescent Adult Africa, Northern/eh [Ethnology] Attitude to Health Child Child, Preschool Circumcision, Female/ae [Adverse Effects] *Circumcision, Female/px [Psychology] Circumcision, Female/sn [Statistics & Numerical Data] *Culture Emigration and Immigration Female Humans Infant Male Questionnaires Religion Scandinavia/ep [Epidemiology] Sex Factors
Source:	MEDLINE
Full Text:	Available in <i>fulltext</i> at ProQuest

100. Female genital mutilation.

Citation: Practising Midwife, June 2005, vol./is. 8/6(38-40), 1461-3123;1461-3123 (2005 Jun)

Author(s): Donovan P

Institution: University of Center Lancashire.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Circumcision, Female](#)
[Female](#)
[Humans](#)
[*Midwifery](#)
[*Nursing Research](#)
[Pregnancy](#)
[*Qualitative Research](#)
[Reoperation](#)
[Research Design](#)
[Sudan](#)

Source: MEDLINE

101. Sexual and reproductive health and rights in the United Kingdom at ICPD+10.

Citation: Reproductive Health Matters, May 2005, vol./is. 13/25(81-7), 0968-8080;0968-8080 (2005 May)

Author(s): Davey C

Institution: Family Planning Association (fpa), London, UK. caroline@fpa.org.uk

Language: English

Abstract: At the mid-point of the Programme of Action of the 1994 International Conference on Population and Development, we reviewed the situation in the UK in key areas. In recent years, greater attention has been paid to sexual health at a national policy level, including strategies on teenage pregnancy and sexual health, but there is still a long way to go. The law against female genital mutilation has been strengthened, twice as many men attend family planning clinics as ten years ago, access to abortion services funded by the National Health Service has improved substantially, up to 80% of contraceptive advice and care is accessed through general practice, a national screening programme for chlamydia is being rolled out, the age of consent has been equalised for men and women and for heterosexuals and homosexuals, and new recommended standards for sexual health and HIV services have been developed. However, many family planning services do not involve young men, waiting times for an abortion are too long, the abortion law has never been extended to Northern Ireland, and there are rising rates of STIs and HIV. Rapid improvements in sexuality education, training and improved resources for family planning and abortion providers and the re-introduction of national public information campaigns about all aspects of sexual health are all required.

Country of Publication: Netherlands

Publication Type: Evaluation Studies; Journal Article

Subject Headings: [Adolescent](#)
[*Family Planning Services/lj \[Legislation & Jurisprudence\]](#)
[Female](#)
[Great Britain](#)
[HIV Infections/pc \[Prevention & Control\]](#)
[Health Services Accessibility](#)
[Humans](#)
[Male](#)

Public Policy
 *Reproductive Health Services/lj [Legislation & Jurisprudence]
 *Reproductive Rights
 Sex Education
 Sexually Transmitted Diseases/pc [Prevention & Control]
 State Medicine

Source: MEDLINE

102. Dutch doctors should tackle female genital mutilation.

Citation: BMJ, April 2005, vol./is. 330/7497(922), 0959-535X;1468-5833 (2005 Apr 23)

Author(s): Sheldon T

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: Adolescent
 Child
 Circumcision, Female/lj [Legislation & Jurisprudence]
 *Circumcision, Female
 Female
 Humans
 Netherlands
 School Health Services/lj [Legislation & Jurisprudence]
 *School Health Services

Source: MEDLINE

103. Backing the ban. The Female Genital Mutilation Act makes it illegal to take girls abroad to be mutilated.

Citation: Nursing Standard, March 2005, vol./is. 19/27(12-3), 0029-6570;0029-6570 (2005 Mar 16-22)

Author(s): Harrison S

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Circumcision, Female/ae [Adverse Effects]
 *Circumcision, Female/lj [Legislation & Jurisprudence]
 England
 Female
 Humans
 *Midwifery
 *Patient Advocacy
 Pregnancy
 Wales

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [ProQuest](#)

104. The mutilated orchid.

Citation: RCM Midwives, March 2005, vol./is. 8/3(119), 1479-2915;1479-2915 (2005 Mar)

Author(s): Marjorie V

Institution: Guy's and St Thomas' Hospital, London.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Adult
Circumcision, Female/ae [Adverse Effects]
*Circumcision, Female/eh [Ethnology]
*Circumcision, Female/nu [Nursing]
Cultural Characteristics
Cultural Diversity
Egypt/eh [Ethnology]
Female
*Genitalia, Female/in [Injuries]
Great Britain
Humans
Infant, Newborn
Narration
*Nurse's Role
Pregnancy
Social Values
*Women's Health/eh [Ethnology]
Women's Rights

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

105. Raising awareness of FGM.

Citation: RCM Midwives, March 2005, vol./is. 8/3(101), 1479-2915;1479-2915 (2005 Mar)

Author(s): Pollock L

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: Circumcision, Female/ae [Adverse Effects]
Circumcision, Female/eh [Ethnology]
Circumcision, Female/nu [Nursing]
*Circumcision, Female
Cultural Characteristics
*Cultural Diversity
Developing Countries
Female
Genital Diseases, Female/eh [Ethnology]
Genital Diseases, Female/nu [Nursing]
Genital Diseases, Female/pc [Prevention & Control]
Great Britain
*Health Education/st [Standards]
Humans
Personal Autonomy
Social Values
*Women's Health/eh [Ethnology]
*Women's Health Services/st [Standards]
*Women's Rights

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

106. Female genital mutilation in the context of migration: experience of African women with the Swiss health care system.

Citation:	European Journal of Public Health, February 2005, vol./is. 15/1(86-90), 1101-1262;1101-1262 (2005 Feb)
Author(s):	Thierfelder C; Tanner M; Bodiang CM
Institution:	Swiss Centre for International Health, Swiss Tropical Institute. clara.thierfelder@unibas.ch
Language:	English
Abstract:	<p>BACKGROUND: In contrast to other European countries, the Swiss health care system does not deal with the specific needs of women with female genital mutilation (FGM) in a consistent manner, though migrants from countries where FGM is commonly practised are living in Switzerland. METHODS: For this study, the interaction of women who had undergone FGM, with the Swiss health services was analysed both from the perspective of the women concerned and that of health care professionals (doctors and midwives). The methods used were mainly qualitative, including focus group discussions with 29 women from Somalia and Eritrea and telephone interviews with 37 health care professionals. RESULTS: It is estimated that some 6000 girls and women with FGM could be living in Switzerland. The fact that health care providers rarely see such patients and the absence of professional guidelines give rise to misunderstandings. Counselling of the women is often inadequate, and there is a striking lack of communication about FGM between health care providers and users, as well as within the women's communities. As a surprising finding, reinfibulation is carried out in Switzerland when requested by the patient. CONCLUSIONS: This study shows that at present the specific gynaecological and obstetric health care needs of migrant women who have undergone FGM are not adequately addressed in the Swiss health system. The situation could be easily improved by taking into consideration the fairly simple measures suggested by the women and the health care providers taking part in this study. KEY POINTS: Due to international migration, female genital mutilation (FGM) has become an issue of increasing concern in host countries such as Switzerland. Objectives of this study were to analyze how immigrant women with FGM experience gynaecological/obstetrical care in the Swiss health care system, and to investigate if gynaecologists/obstetricians and midwives treat and counsel FGM related complications adequately. Specific health care needs of women with FGM should--and easily could--be better considered by the Swiss health care system. Recommended measures include capacity building and professional guidelines on FGM for health care providers; and access to culturally appropriate information and self-help groups for the communities concerned.</p>
Country of Publication:	England
Publication Type:	Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:	<p> Adolescent Adult *Circumcision, Female/eh [Ethnology] Communication Counseling/st [Standards] *Delivery of Health Care/st [Standards] *Emigration and Immigration Eritrea/eh [Ethnology] Female Focus Groups Gynecology/st [Standards] Health Services Needs and Demand Humans Interviews as Topic Middle Aged Obstetrics/st [Standards] Professional-Patient Relations Quality of Health Care Somalia/eh [Ethnology] Switzerland </p>

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [ProQuest](#)

107. Methodological issues in measuring the impact of interventions against female genital cutting

Citation: Culture, 2005, vol./is. 7/5(463-477), 1369-1058 (Sep 2005)

Author(s): Askew, Ian

Abstract: With increasing efforts being made to introduce systematic interventions for encouraging abandonment of female genital cutting (FGC) comes the need to better understand how such interventions work and what effects they have. Many interventions are based on theoretical models of behaviour change and so studies to evaluate them should develop indicators appropriate to the type of behaviour change anticipated. Systematic evaluations need also to use some form of quasi-experimental design to be able to attribute change to the intervention and not to any 'natural' change in FGC behaviour or other activities that may be concurrent. A sustained change in the prevalence of FGC is the ultimate indicator and there are several ways this can be measured, although with many limitations given the intimate nature of the practice. Moreover, appropriate sample sizes must be calculated and used to be able to draw valid conclusions. Many of those implementing FGC interventions are not familiar with such basic research principles and so there is an urgent need to ensure that projects are well designed so that valid conclusions concerning their effectiveness can be drawn. Cites numerous references. [Journal abstract]

Publication Type: Article

Subject Headings: [FEMALE GENITAL MUTILATION RESEARCH BEHAVIOUR](#)

Source: HMIC

108. Posttraumatic stress disorder and memory problems after female genital mutilation

Citation: American Journal of Psychiatry, 2005, vol./is. 162/5(1000-1002), 0002-953x (May 2005)

Author(s): Behrendt, Alice; Moritz, Steffen

Abstract: This pilot study investigated the mental health status of women after genital mutilation. Although experts have assumed that circumcised women are more prone to developing psychiatric illnesses than the general population, there has been little research to confirm this claim. It was predicted that female genital mutilation is associated with a high rate of posttraumatic stress disorder (PTSD). The psychological impact of female genital mutilation was assessed in 23 circumcised Senegalese women in Dakar. Twenty-four uncircumcised Senegalese women served as comparison subjects. A neuropsychiatric interview and further questionnaires were used to assess traumatisation and psychiatric illnesses. The results were the circumcised women showed a significantly higher prevalence of PTSD (30.4%) and other psychiatric syndromes (47.9%) than the uncircumcised women. PTSD was accompanied by memory problems. The conclusions were within the circumcised group, a mental health problem exists that may furnish the first evidence of the severe psychological consequences of female genital mutilation. Cites nine references. [Journal abstract]

Publication Type: Article

Subject Headings: [POST TRAUMATIC STRESS DISORDER FEMALE GENITAL MUTILATION MEMORY DISORDERS RISK FACTORS](#)

Source: HMIC

Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [ProQuest](#)

109. Female genital mutilation.

Citation: Oxford: Radcliffe, 2005(ix, 172 p.)

Author(s): Momoh, Comfort

Publication Type: Book

Subject Headings: [FEMALE GENITAL MUTILATION](#)
[HUMAN RIGHTS](#)
[WOMEN](#)

Source: HMIC

110. Socio-cultural dynamics of female genital cutting: research findings, gaps, and directions

Citation: Culture, 2005, vol./is. 7/5(429-441), 1369-1058 (Sep 2005)

Author(s): Gruenbaum, Ellen

Abstract: The goal of abolishing female genital cutting (FGC, or also FGM or 'female circumcision') requires that the socio-cultural dynamics of the practice be well understood if behavioural change is to be accomplished. This paper, based on the literature and the author's ethnographic research in Sudan, reports on the research issues of studying the variation in and complexity of cutting practices and their cultural correlates, arguing for multiple approaches and methods. It highlights directions for future research. Cites numerous references. [Journal abstract]

Publication Type: Article

Subject Headings: [FEMALE GENITAL MUTILATION](#)
[SOCIAL FACTORS](#)
[CULTURAL FACTORS](#)
[SUDAN](#)

Source: HMIC

111. Chlamydia trachomatis infection in female partners of circumcised and uncircumcised adult men

Citation: American Journal of Epidemiology, 2005, vol./is. 162/9(907-916), 0002-9262 (Nov 1 2005)

Author(s): Castellsague, Xavier; Peeling, Rosanna W; Franceschi, Silvia; de Sanjose, Silvia; Smith, Jennifer S

Abstract: Male circumcision has been shown to reduce the risk of acquiring and transmitting a number of venereal infections. However, little is known about the association between male circumcision and the risk of Chlamydia trachomatis infection in the female partner. The authors pooled data on 305 adult couples enrolled as controls in one of the five case-control studies of invasive cervical cancer conducted in Thailand, the Philippines, Brazil, Colombia, and Spain between 1985 and 1997. Women provided blood samples for C trachomatis and Chlamydia pneumoniae antibody detection; a type-specific microfluorescence assay was used. Multivariate odds ratios were computed for the association between male circumcision status and chlamydial seropositivity in women. Compared with women with uncircumcised partners, those with circumcised partners had a 5.6-fold reduced risk of testing seropositive for C trachomatis (82% reduction; odds ratio = 0.18, 95% confidence interval: 0.05, 0.58). The inverse association was also observed after restricting the analysis to monogamous women and their only male partners (odds ratio = 0.21, 95% confidence interval: 0.06, 0.72). In contrast, seropositivity to C pneumoniae, a non-sexually-transmitted infection, was not significantly related to circumcision status of the male partner. These findings suggest that male circumcision could reduce the risk of C trachomatis infection in female sexual partners. Cites 36 references. [Journal abstract]

Publication Type: Article

Subject Headings: [CHLAMYDIA INFECTIONS](#)

CIRCUMCISION
SEXUALLY TRANSMITTED DISEASES
SEXUAL BEHAVIOUR
MEN
STATISTICAL DATA
TABULAR DATA

Source: HMIC

Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [ProQuest](#)

112. Self-reported and observed female genital cutting in rural Tanzania: associated demographic factors, HIV and sexually transmitted infections.

Citation: Tropical Medicine & International Health, January 2005, vol./is. 10/1(105-15), 1360-2276;1360-2276 (2005 Jan)

Author(s): Klouman E; Manongi R; Klepp KI

Institution: Department of General Practice and Community Medicine, Faculty of Medicine, University of Oslo, Oslo, Norway. elise.klouman@medisin.uio.no

Language: English

Abstract: OBJECTIVES: To determine (i) the prevalence and type of female genital cutting (FGC) in a rural multi-ethnic village in Tanzania, (ii) its associated demographic factors, (iii) its possible associations with HIV, sexually transmitted infections (STIs) and infertility and (iv) to assess the consistency between self-reported and clinically observed FGC. METHOD: The study was part of a larger community-based, cross-sectional survey with an eligible female population of 1993. All were human immunodeficiency virus (HIV)-tested and asked whether they were circumcised (n = 1678; 84.2%). Participants aged 15-44 years were interviewed (n = 636; 79.7%), and 399 (50.0%) were gynaecologically examined to screen for STIs and determine the FGC status. RESULTS: At a mean age of 9.6 years, 45.2% reported being circumcised. In the age-group 15-44 years, 65.5% reported being cut, while FGC was observed in 72.5% and categorized as clitoridectomy or excision. The strongest predictors of FGC were ethnicity and religion, i.e. being a Protestant or a Muslim. FGC was not associated with HIV infection, other STIs or infertility. A positive, non-significant association between FGC and bacterial vaginosis was found with a crude odds ratio of 4.6. There was a significant decline of FGC over the last generation. An inconsistency between self-reported and clinically determined FGC status was observed in more than one-fifth of the women. CONCLUSION: The data indicate that both women and clinicians might incorrectly report women's circumcision status. This reveals methodological problems in determining women's circumcision status in populations practising the most common type of FGC. The positive association between FGC and bacterial vaginosis warrants further investigation.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Age Distribution](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Cross-Sectional Studies](#)
[Developing Countries](#)
[Female](#)
[HIV Infections/et \[Etiology\]](#)
[Humans](#)
[Infertility, Female/et \[Etiology\]](#)
[Middle Aged](#)
[Prevalence](#)

Rural Health/sn [Statistics & Numerical Data]
 *Self Disclosure
 Sexual Behavior/sn [Statistics & Numerical Data]
 *Sexually Transmitted Diseases/et [Etiology]
 Tanzania/ep [Epidemiology]

Source: MEDLINE

113. Female genital mutilation.

Citation: Current Opinion in Obstetrics & Gynecology, December 2004, vol./is. 16/6(477-80), 1040-872X;1040-872X (2004 Dec)

Author(s): Momoh C

Institution: King's College University, St Thomas' Hospital, c/o Antenatal Ward, 7th Floor North Wing, London SE1 7EH, UK. cmomoh@hotmail.com

Language: English

Abstract: PURPOSE OF REVIEW: The purpose of this review is to provide an up to date account of recent papers and attitude on female genital mutilation in the past year. It is aimed at all professionals caring and supporting women/girls with female genital mutilation, and to identify gaps. RECENT FINDINGS: Given the multidisciplinary complexity of the practice of female genital mutilation, it is surprising how little empirical research (both quantitative and qualitative) exists. There is a paucity of rigorous research into its prevalence, its health consequences for those girls/women experiencing the practice, the understanding of professionals who have to address the issue, the implementation of existing legislation and the impact of programme interventions intended to change people's attitudes to, and the practice of, female genital mutilation. The overwhelming majority of literature focuses on the same topics, often drawing upon the same less-than-rigorous research data. SUMMARY: Worldwide, there are approximately 13 million refugees and asylum seekers, and human rights violations are seen as contributing factors to people fleeing their homeland. In the United States, those seeking asylum or refugee status are asked about their life experiences. African women are asked about ritual genital surgery, as it may be an indicator of their gynaecological, obstetric and sexual health. Health and social care professionals in host countries, in Europe, Australia, Canada, the USA and the UK, for example, are increasingly encountering this vulnerable client group in their practice and are finding that they are ill-prepared to deal with presenting complex health needs and challenges.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: Adolescent
 *Circumcision, Female/ae [Adverse Effects]
 Circumcision, Female/ed [Education]
 Circumcision, Female/lj [Legislation & Jurisprudence]
 Female
 *Genitalia, Female/in [Injuries]
 Great Britain
 Humans
 Refugees
 Women's Rights/lj [Legislation & Jurisprudence]

Source: MEDLINE

114. Anthropology and Circumcision.

Citation: Annual Review of Anthropology, October 2004, vol./is. 33/(419-445), 0084-6570 (Oct 2004)

Author(s): Silverman, Eric K

Correspondence Address: Silverman, Eric K.: Department of Sociology/Anthropology, DePauw University, Greencastle, IN, US, 46135, erics@depauw.edu

Language: English

Abstract: This chapter reviews the anthropology of male and female circumcision over the past century. After surveying classic sociocultural and psychodynamic interpretations of male circumcision, I shift to the biblical and Jewish rite, focusing on gender symbolism and counter-hegemonic practice within European-Christian society. The chapter then reviews the relationship between male circumcision in sub-Saharan Africa and reduced rates of HIV. Next, I address female circumcision, focusing again on symbolism but especially on highly impassioned debates over cultural relativism and human rights, medical complications, criticism and imperialism, and female agency versus brute patriarchy. What are the moral, political, and scientific obligations of anthropology to a cultural practice that is increasingly vilified in Western popular culture and jurisprudence? Should anthropology advocate eradication, contextualize Western opposition, or critique one's own bodily practices? Finally, I critically analyze the growing movement to ban the medical and ritual circumcision of infant boys in the West. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Anthropology](#)
[*Birth Rites](#)
[*Circumcision](#)
[*Sex Roles](#)
[*Sociocultural Factors](#)
[HIV](#)
[Human Rights](#)
[Relativism](#)

Source: PsycINFO

115. Caring for women who have undergone genital mutilation.

Citation: Nursing Times, June 2004, vol./is. 100/26(32-5), 0954-7762;0954-7762 (2004 Jun 29-Jul 6)

Author(s): Daley A

Institution: John Radcliffe Hospital, Oxford.

Language: English

Abstract: The term 'female genital mutilation' refers to a range of irreversible procedures that alter the anatomy of a woman's genitalia. It is estimated that 132 million women worldwide have undergone such procedures, and a significant number are now living in the UK. Health care professionals need to understand the physical consequences of these procedures and the cultural issues surrounding them if they are to provide sensitive care that meets the needs of this group of women.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: [Attitude to Health/eh \[Ethnology\]](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/cl \[Classification\]](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[*Circumcision, Female/nu \[Nursing\]](#)
[Cultural Characteristics](#)
[Developing Countries](#)
[Family/px \[Psychology\]](#)
[Female](#)
[Health Knowledge, Attitudes, Practice](#)
[Humans](#)
[Nurse's Role](#)
[Patient Education as Topic](#)
[Prejudice](#)

[Social Values](#)
[Women's Health](#)
[Women's Rights](#)
[World Health](#)

Source: MEDLINE
Full Text: Available in *print* at [Bolton PCT](#)

116. Rationalising circumcision: from tradition to fashion, from public health to individual freedom--critical notes on cultural persistence of the practice of genital mutilation.

Citation: Journal of Medical Ethics, June 2004, vol./is. 30/3(248-53), 0306-6800;0306-6800 (2004 Jun)
Author(s): Hellsten SK
Institution: Centre for the Study of Global Ethics, University of Birmingham, Birmingham, UK.
s.k.hellsten@bham.ac.uk
Language: English
Abstract: Despite global and local attempts to end genital mutilation, in their various forms, whether of males or females, the practice has persisted throughout human history in most parts of the world. Various medical, scientific, hygienic, aesthetic, religious, and cultural reasons have been used to justify it. In this symposium on circumcision, against the background of the other articles by Hutson, Short, and Viens, the practice is set by the author within a wider, global context by discussing a range of rationalisations used to support different types of genital mutilation throughout time and across the globe. It is argued that in most cases the rationalisations invented to provide support for continuing the practice of genital mutilation--whether male or female--within various cultural and religious settings have very little to do with finding a critical and reflective moral justification for these practices. In order to question the ethical acceptability of the practice in its non-therapeutic forms, we need to focus on child rights protection.
Country of Publication: England
Publication Type: Comment; Journal Article
Subject Headings: [Child](#)
[*Child Advocacy](#)
[Circumcision, Female/es \[Ethics\]](#)
[*Circumcision, Male/es \[Ethics\]](#)
[Culture](#)
[Ethics, Medical](#)
[Female](#)
[Humans](#)
[Male](#)
[Religion](#)
[World Health](#)
Source: MEDLINE
Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [National Library of Medicine](#)

117. Dutch government cracks down on female circumcision.

Citation: Lancet, May 2004, vol./is. 363/9420(1531), 0140-6736;1474-547X (2004 May 8)
Author(s): van Kolschooten F
Language: English
Country of Publication: England
Publication Type: News

Subject Headings: [Adult](#)
[Africa, Eastern/eh \[Ethnology\]](#)
[Child](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[Female](#)
[Humans](#)
[Netherlands](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

118. Female genital mutilation: an analysis of 522 cases in South-Western Nigeria.

Citation: Journal of Obstetrics & Gynaecology, April 2004, vol./is. 24/3(281-3), 0144-3615;0144-3615 (2004 Apr)

Author(s): Dare FO; Oboro VO; Fadiora SO; Orji EO; Sule-Odu AO; Olabode TO

Institution: Department of Obstetrics and Gynaecology, Obafemi Awolowo University Teaching Hospitals Complex, Ilf-Ife, Osun State, Nigeria. oborovo@yahoo.com

Language: English

Abstract: This study was conducted at three teaching hospitals in South-Western Nigeria. Patients were examined to find out if they had had female genital mutilation. Those who did were given a self-administered questionnaire. Results show that all the patients had either Type I (69%) or Type II (31%) mutilation (using WHO classification). The average age at which the procedure was performed was 6.9+/-2.9 years, with 4% of women having the procedure performed in pregnancy. The majority of the procedures were performed by medically untrained personnel (89%). Up to 67% of the women reported complications following the procedure. Severe pain and bleeding were the most common (69%) of the complications reported. The most common reason given for the procedure is cultural/traditional (63%). About a fifth of the women want their female child to undergo female genital mutilation. This study highlights the need for further interventions aimed at discouraging the practice of female genital mutilation.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Cross-Sectional Studies](#)
[Cultural Characteristics](#)
[Female](#)
[Hospitals, Teaching](#)
[Humans](#)
[Nigeria/ep \[Epidemiology\]](#)
[Postoperative Complications](#)
[Questionnaires](#)

Source: MEDLINE

119. How Experiences and Attitudes Relating to Female Circumcision Vary According to Age on Arrival in Britain: A Study Among Young Somalis in London.

Citation: Ethnicity & Health, February 2004, vol./is. 9/1(75-100), 1355-7858;1465-3419 (Feb 2004)

Author(s): Morison, Linda A; Dirir, Ahmed; Elmi, Sada; Warsame, Jama; Dirir, Shamis

Correspondence Address: Morison, Linda A.: Infectious Disease Epidemiology Unit, London School of Hygiene & Tropical Medicine, Keppel St., London, United Kingdom, WC1E 7HT, Linda.Morison@lshtm.ac.uk

Language:	English
Abstract:	<p>Examined the association between age on arrival in Britain and experiences and attitudes relating to female circumcision among young, single Somalis living in London. The study population consisted of single male and female Somalis aged 16-22 years living in the Greater London area. Quantitative data were collected using a cross-sectional survey based on snowball sampling aiming to obtain data on 100 males and 100 females. Qualitative data were collected from 10 males and 10 infibulated females. Quantitative data were obtained for 94 females and 80 males. Living in Britain from a younger age was associated with increased assimilation in terms of language, dress and socialising. 70% of the females reported being circumcised with two-thirds of operations being infibulation. Those who were living in Britain before the usual age range for circumcision (before age six) were less likely to be circumcised (42%) than those who arrived after the usual age range for circumcision (11 or older) (91%). During in-depth interviews, health and sexual problems due to female circumcision were described with great emotion and interviewees acknowledged the association between the importance of virginity for marriage and circumcision. Half of males who arrived aged 11 or older wanted a circumcised wife compared with less than a quarter of those who arrived at a younger age. 18% of female respondents and 43% of males intended to circumcise any daughters. Females were less likely than males to agree with the assumptions about sexuality and religion that underpin the practice. Substantial proportions of respondents perceived that their parents' expectations in terms of marriage and circumcision were more traditional than their own. Living in Britain from a younger age appears to be associated with abandonment of female circumcision and with changes in the underlying beliefs on sexuality, marriage and religion that underpin it. Groups identified with more traditional views towards female circumcision include males, older generations, new arrivals and those who show few signs of social assimilation. (PsycINFO Database Record (c) 2010 APA, all rights reserved)</p>
Publication Type:	Journal; Peer Reviewed Journal
Subject Headings:	<p> *Acculturation *Age Differences *Circumcision *Female Genitalia *Immigration Adult Attitudes Marriage Attitudes Religious Beliefs Sexual Attitudes </p>
Source:	PsycINFO
Full Text:	Available in <i>fulltext</i> at EBSCO Host

120. How experiences and attitudes relating to female circumcision vary according to age on arrival in Britain: a study among young Somalis in London.

Citation:	Ethnicity & Health, February 2004, vol./is. 9/1(75-100), 1355-7858;1355-7858 (2004 Feb)
Author(s):	Morison LA; Dirir A; Elmi S; Warsame J; Dirir S
Institution:	Infectious Disease Epidemiology Unit, London School of Hygiene and Tropical Medicine, UK. Linda.Morison@lshtm.ac.uk
Language:	English
Abstract:	<p>OBJECTIVE: To examine the association between age on arrival in Britain and experiences and attitudes relating to female circumcision among young, single Somalis living in London. DESIGN: The study population consisted of single male and female Somalis aged 16-22 years living in the Greater London area. Quantitative data were collected using a cross-sectional survey based on snowball sampling aiming to obtain data on 100 males and 100 females. Qualitative data were collected from 10 males and 10 infibulated females. RESULTS: Quantitative data were obtained for 94 females and 80</p>

males. Living in Britain from a younger age was associated with increased assimilation in terms of language, dress and socialising. Seventy per cent of the females reported being circumcised with two-thirds of operations being infibulation. Those who were living in Britain before the usual age range for circumcision (before age six) were less likely to be circumcised (42%) than those who arrived after the usual age range for circumcision (11 or older) (91%). During in-depth interviews, health and sexual problems due to female circumcision were described with great emotion and interviewees acknowledged the association between the importance of virginity for marriage and circumcision. Half of males who arrived aged 11 or older wanted a circumcised wife compared with less than a quarter of those who arrived at a younger age. Eighteen per cent of female respondents and 43% of males intended to circumcise any daughters. Females were less likely than males to agree with the assumptions about sexuality and religion that underpin the practice. Substantial proportions of respondents perceived that their parents' expectations in terms of marriage and circumcision were more traditional than their own.

CONCLUSION: Living in Britain from a younger age appears to be associated with abandonment of female circumcision and with changes in the underlying beliefs on sexuality, marriage and religion that underpin it. Groups identified with more traditional views towards female circumcision include males, older generations, new arrivals and those who show few signs of social assimilation.

Country of Publication: England

Publication Type: Comparative Study; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Acculturation](#)
[Adolescent](#)
[Adult](#)
[*Attitude](#)
[*Circumcision, Female](#)
[*Emigration and Immigration](#)
[Female](#)
[Humans](#)
[London](#)
[Male](#)
[Social Adjustment](#)
[Somalia/eh \[Ethnology\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

121. Female genital mutilation, asylum seekers and refugees: the need for an integrated European Union agenda.

Citation: Health Policy, 2004, vol./is. 70/2(151-162), 0168-8510 (November 2004)

Author(s): Powell, Richard A.

Abstract: Asylum seekers and refugees (ASRs) are a heterogeneous population with distinct physical and psychological needs. ASRs with additional health needs are girls and women who have undergone, or are at risk of undergoing, female genital mutilation (FGM). Across the European Union (EU), variation exists in Member States' anti-FGM and asylum legislation, the rigour of existing research programmes, and the operational coherence of the multiple agencies combating the practice. ASRs' needs are, consequently, not being addressed satisfactorily. This paper proposes an integrated future agenda, applicable in all EU countries, capable of meeting these girls' and women's needs. 73 refs. [Abstract]

Publication Type: Article

Subject Headings: [ASYLUM SEEKERS](#)
[EUROPEAN UNION](#)
[FEMALE GENITAL MUTILATION](#)
[LEGISLATION](#)
[REFUGEES](#)
[SERVICE PROVISION](#)
[WOMEN](#)

Source: HMIC

122. Healing the wounds.

Citation: Community Practitioner, 2004, vol./is. 77/1(10-11), 0017-9140 (January 2004)

Author(s): Bourne, Jennifer

Abstract: The work of the African Well Woman's Clinic in Leyton, north-east London focuses on the health care needs of women who have undergone genital mutilation. In March 2003, it received a Queen's Nursing Institute Innovation and Creative Practice Award for care of refugees and asylum seekers. Here, specialist outreach nurse Jennifer Bourne describes how the clinic was set up and how she and colleagues, lay health adviser Dr Faduna Hussein and homeopath Josphine O'Gorman, have developed a holistic approach to this emotive issue. 9 refs. [Introduction]

Publication Type: Article

Subject Headings: [ASYLUM SEEKERS](#)
[AWARDS](#)
[CLINICS](#)
[FEMALE GENITAL MUTILATION](#)
[REFUGEES](#)
[WOMEN](#)

Source: HMIC

Full Text: Available in *fulltext* at [ProQuest](#)

123. Female genital mutilation, asylum seekers and refugees: the need for an integrated European Union agenda

Citation: Health Policy, 2004, vol./is. 70/2(151-162), 0168-8510 (Nov 2004)

Author(s): Powell, Richard A; Leye, Els; Jayakody, Amanda; Mwangi Powell, Faith N; Morison, Linda

Abstract: Asylum seekers and refugees (ASRs) are a heterogeneous population with distinct physical and psychological needs. ASRs with additional health needs are girls and women who have undergone, or are at risk of undergoing, female genital mutilation (FGM). Across the European Union (EU), variation exists in Member States' anti-FGM and asylum legislation, the rigour of existing research programmes, and the operational coherence of the multiple agencies combating the practice. ASRs' needs are, consequently, not being addressed satisfactorily. This paper proposes an integrated future agenda, applicable in all EU countries, capable of meeting these girls' and women's needs. Cites 73 references. [Journal abstract]

Publication Type: Article

Subject Headings: [ASYLUM SEEKERS](#)
[REFUGEES](#)
[FEMALE GENITAL MUTILATION](#)
[HEALTH NEEDS](#)
[EUROPEAN UNION](#)

Source: HMIC

124. CMO's update 37: a communication to all doctors from the Chief Medical Officer

Citation: London: Department of Health, 2004(8p)

Corporate/Institutional Author: Department of Health

Subject Headings: [PATIENT CHOICE](#)
[HOSPITAL ACQUIRED INFECTION](#)
[TISSUES](#)
[LEGISLATION](#)
[BILLS](#)

SMALLPOX
 VACCINES
 INFANT FOOD
 SOYA BEANS
 SALT
 DIET
 NUTRITION EDUCATION
 HEALTH INEQUALITIES
 PATIENT SAFETY
 FRUIT
 BENZODIAZEPINES
 SEDATIVES
 CREMATION
 DEATH CERTIFICATES
 RECRUITMENT
 MEDICAL CONSULTANTS
 INTERNET WEBSITES
 DISEASE MANAGEMENT
 PATIENT EDUCATION
 SELF CARE OF PATIENT
 ELECTRONIC PATIENT RECORDS
 BOOKED ADMISSIONS
 GENETICS
 FINANCING
 EMERGENCY CONTRACEPTION
 EMERGENCY CONTRACEPTIVE PILLS
 WOMEN
 FEMALE GENITAL MUTILATION
 CHILDREN
 INFANTS
 SMOKING
 PASSIVE SMOKING
 HEALTH CAMPAIGNS

Source: HMIC

125. Female genital mutilation in the UK

Citation: Childright, 2004, vol./is. /207(16-18), 0265-1459 (Jun 2004)

Author(s): Malik, Amira

Abstract: Female genital mutilation (FGM), sometimes referred to as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as the range of procedures which involve 'the partial or complete removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason'. Cites eight references. [Journal abstract]

Publication Type: Article

Subject Headings: FEMALE GENITAL MUTILATION
 UNITED KINGDOM
 CULTURAL FACTORS
 ETHNIC MINORITIES
 ETHNIC GROUPS
 WOMEN
 HEALTH EFFECTS
 HUMAN RIGHTS
 LEGAL FACTORS
 CHILD PROTECTION

Source: HMIC

126. Attitudes to female genital mutilation

- Citation:** British Journal of Midwifery, 2004, vol./is. 12/10(631-635), 0969-4900 (Oct 2004)
- Author(s):** Momoh, Comfort
- Abstract:** Immigrants from Africa, Somalia in particular, bring with them traditional sociocultural and religious values and beliefs that continue to present challenges for midwives in the UK. British-born daughters of immigrants remain at risk of female genital mutilation (FGM) and it is imperative that those attending circumcised women in the UK understand the complex nature of attitudes to the practice and are aware of the legal issues (Prohibition of Female Circumcision Act 1985; Female Genital Mutilation Act 2003). The author of this article travelled to Somaliland to discover, first-hand, what sustains practice of FGM and what is being done there to raise awareness of the dangers of FGM. The findings are reflected in recent legislation summarised in the text. Cites 15 references. [Journal abstract]
- Publication Type:** Article
- Subject Headings:** [FEMALE GENITAL MUTILATION](#)
[ATTITUDES](#)
[CULTURAL FACTORS](#)
[RELIGIOUS BELIEFS](#)
[IMMIGRANTS](#)
[CHILDREN](#)
[GIRLS](#)
[MOTHERS](#)
[MIDWIFERY](#)
[MIDWIVES](#)
[WOMEN](#)
[AFRICA](#)
[SOMALILAND](#)
[UNITED KINGDOM](#)
- Source:** HMIC
- Full Text:** Available in *fulltext* at [EBSCO Host](#)

127. The law and ethics of male circumcision: guidance for doctors

- Citation:** Journal of Medical Ethics, 2004, vol./is. 30/3(259-263), 0306-6800 (Jun 2004)
- Corporate/Institutional Author:** British Medical Association
- Abstract:** One of the roles of the British Medical Association (BMA) is to issue guidance to doctors on ethical and medico-legal issues. Accordingly, this guidance addresses the queries medical practitioners raise with the BMA about both therapeutic and non-therapeutic male circumcision. The two procedures raise different issues. It does not cover circumcision carried out by non-medical practitioners, but the authors note that there may be no requirement in law for these practitioners to have proven expertise. Nor does the guidance address female genital mutilation, sometimes referred to as female circumcision. Circumcision of male babies and children at the request of their parents is an increasingly controversial area and strongly opposing views about circumcision are found within society and within the BMA's membership. The medical evidence about its health impact is equivocal. As with any aspect of medical practice, doctors must use their skills in a way that promotes their patients' interests. They must act within the boundaries of the law and their own conscience, and weigh the benefits and harms of circumcision for the particular child. This guidance outlines good practice and safeguards which the BMA believes doctors should follow in the circumcision of male babies and children. The General Medical Council (GMC) has also issued advice on circumcision, and advocates similar safeguards to those suggested here. Cites 15 references. [Journal abstract]
- Subject Headings:** [CIRCUMCISION](#)
[GUIDELINES](#)
[BRITISH MEDICAL ASSOCIATION](#)
[MEDICAL ETHICS](#)

INFORMED CONSENT
 LEGAL FACTORS
 CONSENT
 ETHICS
 LAW
 MEN
 MEDICAL STAFF

Source: HMIC

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [National Library of Medicine](#)

128. Rationalising circumcision: from tradition to fashion, from public health to individual freedom - critical notes on cultural persistence of the practice of genital mutilation

Citation: Journal of Medical Ethics, 2004, vol./is. 30/3(248-253), 0306-6800 (Jun 2004)

Author(s): Hellsten, S K

Abstract: Despite global and local attempts to end genital mutilation, in their various forms, whether of males or females, the practice has persisted throughout human history in most parts of the world. Various medical, scientific, hygienic, aesthetic, religious, and cultural reasons have been used to justify it. In this symposium on circumcision, against the background of the other articles by Hutson, Short, and Viens, the practice is set by the author within a wider, global context by discussion a range of rationalisations used to support different types of genital mutilation throughout time and across the globe. It is argued that in most cases the rationalisations invented to provide support for continuing the practice of genital mutilation - whether male or female - within various cultural and religious settings have very little to do with finding a critical and reflective moral justification for these practices. In order to question the ethical acceptability of the practice in its non-therapeutic forms, we need to focus on child rights protection. Cites 25 references. [Journal abstract]

Subject Headings: CIRCUMCISION
 FEMALE GENITAL MUTILATION
 MEDICAL ETHICS
 RELIGIOUS FACTORS
 CULTURAL FACTORS
 COSMETIC SURGERY
 GENDER FACTORS
 CHILD PROTECTION
 ETHICS

Source: HMIC

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [National Library of Medicine](#)

129. Rationalising circumcision: from tradition to fashion, from public health to individual freedom: critical notes on cultural persistence of the practice of genital mutilation.

Citation: Journal of Medical Ethics, 2004, vol./is. 30/3(248-253), 0306-6800 (June 2004)

Author(s): Hellsten, S. K.

Abstract: Despite global and local attempts to end genital mutilation, in their various forms, whether of males or females, the practice has persisted throughout human history in most parts of the world. Various medical, scientific, hygienic, aesthetic, religious, and cultural reasons have been used to justify it. In this symposium on circumcision, against the background of the other articles by Hutson, Short, and Viens, the practice is set by the author within a wider, global context by discussing a range of rationalisations used to

support different types of genital mutilation throughout time and across the globe. It is argued that in most cases the rationalisations invented to provide support for continuing the practice of genital mutilation - whether male or female - within various cultural and religious settings have very little to do with finding a critical and reflective moral justification for these practices. In order to question the ethical acceptability of the practice in its non-therapeutic forms, we need to focus on child rights protection. 25 refs. [Abstract]

Publication Type: Article

Subject Headings: CHILDREN
CIRCUMCISION
FEMALE GENITAL MUTILATION
LAW
MEDICAL ETHICS

Source: HMIC

Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [ProQuest](#)
Available in *fulltext* at [National Library of Medicine](#)

130. Female Genital Mutilation Act 2003

Citation: London: D.o.H, 2004([7] p.)

Corporate/Institutional Author: Great Britain. Department of Health

Abstract: The Prohibition of Female Circumcision Act 1985 makes female genital mutilation (FGM) an offence, except on specific physical and mental health grounds. This Act is being replaced by the Female Genital Mutilation Act 2003, which will be brought into force on 3 March 2004. The purpose of this letter is: (a) to inform you of the provisions of the new Act and (b) to provide further information in support of the guidelines on female genital mutilation (FGM) in paragraphs 6.52-6.53 of Working Together to Safeguard Children (1999) to enable you to improve safeguards for children in your area, in light of the new Act. The Female Genital Mutilation Act 2003 strengthens and amends the 1985 legislation. It makes it an offence for the first time for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. The 2003 Act also increases the maximum penalty for committing or aiding the offence from 5 to 14 years' imprisonment. Details of the Act can be found on <http://www.hmsa.gov.uk/acts/acts2003/20030031.htm> The attached Fact Sheet details some key facts about FGM and provides information about safeguarding children from this type of abuse, in support of the guidance in Working Together. This Fact Sheet will be particularly important for professionals in areas where there are minority communities which have traditionally practised FGM. However, it would be helpful for all social services staff to have access to the Fact Sheet, so that they can be ready to support children who have suffered or are at risk of suffering harm as a result of FGM. [Summary]

Publication Type: CIRCULAR

Subject Headings: FEMALE GENITAL MUTILATION
LEGISLATION

Source: HMIC

131. Controversy surrounds proposed Italian alternative to female genital mutilation.

Citation: BMJ, January 2004, vol./is. 328/7434(247), 0959-535X;1468-5833 (2004 Jan 31)

Author(s): Turone F

Language: English

Country of Publication: England
Publication Type: News
Subject Headings: [Africa/eh \[Ethnology\]](#)
[*Circumcision, Female/mt \[Methods\]](#)
[Culture](#)
[Female](#)
[Humans](#)
[Italy](#)
Source: MEDLINE

132. Clitoral inclusion cyst: a complication of type I female genital mutilation.

Citation: Journal of Obstetrics & Gynaecology, January 2004, vol./is. 24/1(98-9), 0144-3615;0144-3615 (2004 Jan)
Author(s): Yoong WC; Shakya R; Sanders BT; Lind J
Institution: Department of Obstetrics and Gynaecology, North Middlesex University Hospital, London, UK. wyoong77@hotmail.com
Language: English
Country of Publication: England
Publication Type: Case Reports; Journal Article
Subject Headings: [Adult](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[*Clitoris](#)
[Epidermal Cyst/di \[Diagnosis\]](#)
[*Epidermal Cyst/et \[Etiology\]](#)
[Epidermal Cyst/su \[Surgery\]](#)
[Female](#)
[Follow-Up Studies](#)
[Gynecologic Surgical Procedures/mt \[Methods\]](#)
[Humans](#)
[Risk Assessment](#)
[Somalia/eh \[Ethnology\]](#)
[Treatment Outcome](#)
Source: MEDLINE

133. Female genital mutilation.

Citation: Lancet, December 2003, vol./is. 362 Suppl/(s26-7), 0140-6736;1474-547X (2003 Dec)
Author(s): Sundby J
Institution: University of Oslo, Institute of Community Medicine, Oslo, Norway. johanna-sundby@samfunnsmed-uio.no
Language: English
Country of Publication: England
Publication Type: Journal Article
Subject Headings: [Adolescent](#)
[Africa/eh \[Ethnology\]](#)
[Arabia/eh \[Ethnology\]](#)
[Child](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[*Circumcision, Female/eh \[Ethnology\]](#)
[Circumcision, Female/mt \[Methods\]](#)
[*Culture](#)

[Ethnic Groups/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[Genitalia, Female/in \[Injuries\]](#)
[Genitalia, Female/su \[Surgery\]](#)
[Humans](#)
[Physician's Role](#)
[Terminology as Topic](#)
[Wounds and Injuries/eh \[Ethnology\]](#)
[Wounds and Injuries/pc \[Prevention & Control\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

134. The association between female genital cutting and correlates of sexual and gynaecological morbidity in Edo State, Nigeria.

Citation: BJOG: An International Journal of Obstetrics & Gynaecology, December 2003, vol./is. 110/12(1137; author reply 1137-8), 1470-0328;1470-0328 (2003 Dec)

Author(s): Morison L; Scherf C

Language: English

Country of Publication: England

Publication Type: Comment; Letter

Subject Headings: [*Circumcision, Female/ae \[Adverse Effects\]](#)
[Female](#)
[*Genital Diseases, Female/et \[Etiology\]](#)
[Humans](#)
[Libido/ph \[Physiology\]](#)
[Nigeria](#)
[*Sexual Dysfunction, Physiological/et \[Etiology\]](#)
[Sexually Transmitted Diseases/et \[Etiology\]](#)

Source: MEDLINE

135. Sudan to tighten law on female genital mutilation.

Citation: BMJ, September 2003, vol./is. 327/7415(580), 0959-535X;1468-5833 (2003 Sep 13)

Author(s): Moszynski P

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[Female](#)
[Humans](#)
[Sudan](#)

Source: MEDLINE

136. Foreign bodies as a complication of female genital mutilation.

Citation: Journal of Obstetrics & Gynaecology, July 2003, vol./is. 23/4(449-50), 0144-3615;0144-3615 (2003 Jul)

Author(s): Moller BR; Hansen UD

Institution: Department of Gynaecology, University Hospital, Odense, Denmark.
birger.r.moeller@ouh.fyns-amt.dk

Language: English

Country of Publication: England

Publication Type: Case Reports; Journal Article

Subject Headings: [Adult](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[*Clitoris](#)
[Denmark](#)
[Female](#)
[*Foreign Bodies/co \[Complications\]](#)
[Foreign Bodies/su \[Surgery\]](#)
[Humans](#)
[Somalia/eh \[Ethnology\]](#)

Source: MEDLINE

137. Female genital mutilation in the Sudan: survey of the attitude of Khartoum university students towards this practice.

Citation: Sexually Transmitted Infections, June 2003, vol./is. 79/3(220-3), 1368-4973;1368-4973 (2003 Jun)

Author(s): Herieka E; Dhar J

Institution: Bournemouth GU Clinic, Bournemouth, UK. elbushra.herieka@rbch.tr.swest.nhs.uk

Language: English

Abstract: BACKGROUND: Female genital mutilation (FGM) or female circumcision is the removal of variable amounts of tissue from the female external genitalia. It is practised all over the world on very young girls. This study was conducted in Sudan where FGM is a criminal offence and not a religious dictate. We assessed the knowledge, attitudes, and perceptions of this practice among Khartoum university students and compared the differences between male and female student responses. METHODS: An anonymised detailed questionnaire was distributed among the university students. In addition to the participant's age, marital status, course studying, details regarding their attitude, knowledge of the practice of FGM, and their own experiences were collected. RESULTS: Of the 500 questionnaires distributed, 414 (82.8%) were returned from 192 (46%) females and 222 (54%) males. 109 (56.8%) of the female respondents were themselves circumcised. 18.8% of the male students and 9.4% of the female students thought FGM was recommended by their religion. Only 90 (46.9%) female students compared with 133 (59.9%) male students thought FGM was illegal. Though 16 (8.3%) female respondents thought FGM would increase their chances of marriage, the majority, 166 (74.8%), of the male students would prefer a non-circumcised female. CONCLUSIONS: This study shows that 109 (56.8%) female university students who responded were circumcised. Confusing religious messages and ambiguous laws seem to be responsible for the continuation of this practice. The study highlights the partnership that needs to be established between religious leaders and educationalists to end this medieval practice.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
[*Circumcision, Female/px \[Psychology\]](#)
[Female](#)
[*Health Knowledge, Attitudes, Practice](#)
[Health Surveys](#)
[Humans](#)
[Male](#)
[Questionnaires](#)
[Sex Factors](#)
[*Students/px \[Psychology\]](#)
[Sudan](#)
[Universities](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [National Library of Medicine](#)

138. Tackling the taboo.

Citation: Nursing Times, April 2003, vol./is. 99/15(40-1), 0954-7762;0954-7762 (2003 Apr 15-21)

Author(s): Hoban V

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Africa](#)
[*Circumcision, Female/nu \[Nursing\]](#)
[Cultural Characteristics](#)
[Delivery, Obstetric](#)
[Diagnosis, Differential](#)
[Female](#)
[Great Britain](#)
[*Gynecologic Surgical Procedures](#)
[Health Policy](#)
[Humans](#)
[Middle East](#)
[*Midwifery](#)
[Nurse's Role](#)
[Patient Advocacy](#)
[Pregnancy](#)
[Pregnancy Complications](#)
[Vagina/su \[Surgery\]](#)

Source: MEDLINE

139. Education needed to prevent female genital mutilation.

Citation: RCM Midwives, March 2003, vol./is. 6/3(94), 1479-2915;1479-2915 (2003 Mar)

Author(s): anonymous

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [*Circumcision, Female/ed \[Education\]](#)
[Female](#)
[*Health Education/og \[Organization & Administration\]](#)
[*Health Knowledge, Attitudes, Practice](#)
[Humans](#)
[Kenya](#)

Source: MEDLINE

140. Female genital mutilation and the unborn female child in southwest Nigeria.

Citation: Journal of Obstetrics & Gynaecology, March 2003, vol./is. 23/2(143-5), 0144-3615;0144-3615 (2003 Mar)

Author(s): Ogunlola IO; Orji EO; Owolabi AT

Institution: Department of Obstetrics, Gynaecology and Perinatology, Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria.

Language: English

Abstract: Female genital mutilation, despite efforts to abolish it, is still widely practised in Nigeria. The risk of female genital mutilation to a female child in southwest Nigeria was investigated by interviewing 430 consecutive pregnant women attending the antenatal clinic of Wesley Guild Hospital Ilesa, Nigeria between July 2001 to October 2001. The results show that 60% of the pregnant women studied had a type of genital mutilation. The decision to mutilate a female child is taken before she is born. Seventy-four (17.2%) of the women and 146 (34%) of their husbands would circumcise their female child. The decision to circumcise a female child is made between the husband and wife but the final decision comes mainly from the husband. Because the majority of the women (58.4%) were yet to decide whether or not to circumcise their female children, they could sway the decision either way before the husband makes up his mind. Therefore, every effort should be taken to involve men in the struggle to eradicate this unwholesome practice.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[*Decision Making](#)
[Female](#)
[Humans](#)
[Male](#)
[Nigeria](#)
[Pregnancy](#)
[Spouses/sn \[Statistics & Numerical Data\]](#)

Source: MEDLINE

141. Female genital mutilation: cultural practice or child abuse?.

Citation: Paediatric Nursing, February 2003, vol./is. 15/1(31-3), 0962-9513;0962-9513 (2003 Feb)

Author(s): Taylor V

Institution: Sheffield Children's Hospital.

Language: English

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: [Child](#)
[*Child Abuse/eh \[Ethnology\]](#)
[*Child Abuse/lj \[Legislation & Jurisprudence\]](#)
[Child Abuse/pc \[Prevention & Control\]](#)
[Child Abuse/sn \[Statistics & Numerical Data\]](#)
[Child Welfare](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[*Circumcision, Female/eh \[Ethnology\]](#)
[*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Cultural Diversity](#)
[Ethical Relativism](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Women's Health](#)
[Women's Rights](#)
[World Health](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)
Available in *fulltext* at [ProQuest](#)

142. Sexual health

Citation: , 2003

Author(s): Low, Nicola

Abstract: The author discusses available knowledge about sexual health in minority ethnic groups. Areas debated include the bacterial sexually transmitted infections Chlamydia and gonorrhoea; viral sexually transmitted infections including genital warts, Hepatitis B and HIV infection; and unplanned and teenage pregnancy. It is noted that termination of pregnancy is strongly influenced by cultural expectation and religious beliefs. Contraception, sexual assault, and female genital mutilation are also discussed. The author outlines key issues and challenges for primary care, referring to the National Strategy for Sexual Health. The strategy suggests primary care teams should provide be involved in recording sexual history with sensitivity and confidentiality and a non-pejorative approach to asking questions. The importance of good communication is stressed in the detection and management of sexual health problems, and opportunities for prevention are linked to an understanding of the ways by which cultural backgrounds impact on sexual health. Cites nine references.

Publication Type: Book; Chapter-DH-HELMIS

Subject Headings: [SEXUAL HEALTH](#)
[PRIMARY CARE](#)
[COMMUNICATION](#)
[PATIENT MEDICAL STAFF COMMUNICATION](#)
[ETHNIC MINORITIES](#)
[ETHNIC GROUPS](#)
[DISEASE MANAGEMENT](#)
[SEXUALLY TRANSMITTED DISEASES](#)
[HIV](#)
[PREGNANCY](#)
[CONTRACEPTION](#)
[ASSAULT](#)
[SEXUAL ABUSE](#)
[FEMALE GENITAL MUTILATION](#)
[CLINICAL EXAMINATION DETECTION](#)
[PREVENTIVE MEASURES](#)

Source: HMIC

143. The social context of birth

Citation: Oxford - 18 Marcham Road, Abingdon, Oxon OX14 1AA: Radcliffe Medical Press, 2003(ix, 319p)

Author(s): Squire, Caroline

Abstract: The social context in which women give birth is explored. The factors discussed all have direct relevance to childbirth and to the lives of midwives, who need knowledge and understanding of different women leading different lives. Key feminist theories of being a woman are outlined and the key issue of sex discussed. Consideration is given to whether society values motherhood and whether the family is a safe and loving environment for mothers. Issues of domestic violence and sexual abuse are discussed. Race and ethnicity, refugee women, female genital mutilation and poverty are considered. The impact of scientific technologies on mothers' attachment to their infant is explored and the role and attitude of fathers during childbirth discussed. The concept of social support is examined. The medicalisation of childbirth leading to the risk of mothers feeling they are losing control over themselves and the birth is considered. Cites references at the end of chapters.

Publication Type: Book

Subject Headings: [CHILDBIRTH](#)
[SOCIAL FACTORS](#)
[WOMEN](#)
[PSYCHOSOCIAL FACTORS](#)
[SOCIOCULTURAL FACTORS](#)
[CULTURAL FACTORS](#)
[SOCIODEMOGRAPHIC FACTORS](#)
[SOCIOECONOMIC FACTORS](#)
[SOCIOENVIRONMENTAL FACTORS](#)
[FEMINISM](#)
[RACISM](#)
[REFUGEES](#)
[ETHNIC MINORITIES](#)
[DOMESTIC VIOLENCE](#)
[FEMALE GENITAL MUTILATION](#)
[SEXUAL ABUSE](#)
[FATHERS](#)
[REPRODUCTIVE TECHNOLOGY](#)
[BREAST FEEDING](#)

Source: HMIC

144. Female Genital Mutilation Act 2003: chapter 31

Citation: London: The Stationery Office, 2003(3p)

Publication Type: Book

Subject Headings: [FEMALE GENITAL MUTILATION](#)
[WOMEN](#)
[UROGENITAL SURGERY](#)
[ACTS](#)

Source: HMIC

145. Extreme medicine. [Special issue]

Citation: Lancet, 2003, vol./is. 362/(57 p.), 0140-6736 (December 2003)

Author(s): Young, Charles; Barbour, Virginia; McLellan, Faith

Abstract: Twenty-eight papers make up this special issue on "extreme medicine". These include: 'SARS : aftermath of an outbreak', Paul Caulford, pages s2-s3; 'Prisoners of war : long-term health outcomes', Rorbert J. Ursano and David M. Benedek, pages s22-s23; 'Female genital mutilation', Johanna Sundby, pages s26-s27; 'When clinical medicine collides with religion', Daniel E. Hall, pages s28-s29; 'Health care in remote Australian indigenous communities', Maggie Brady, pages s36-s37; and 'Surviving a disaster', James Thompson, pages s56-s57. [KJ]

Publication Type: Journal-holding-DH-KF

Subject Headings: [DISASTERS](#)
[FEMALE GENITAL MUTILATION](#)
[MEDICAL PROFESSION](#)
[MEDICAL STAFF](#)
[PRISONERS](#)
[RELIGION](#)
[WAR](#)

Source: HMIC

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

146. Tackling the taboo.

Citation: Nursing Times, 2003, vol./is. 99/15(40-41), 0954-7762 (15 April 2003)

Author(s): Hoban, Victoria

Abstract: Comfort Momoh is the only midwife in the UK performing reversal operations on women who have undergone genital mutilation. Victoria Hoban reports on how she supports these women and works to eradicate this widespread and harmful ritual. [Introduction]

Publication Type: Article

Subject Headings: [FEMALE GENITAL MUTILATION](#)
[MIDWIVES](#)

Source: HMIC

147. Female genital mutilation--case report and discussion.

Citation: International Journal of STD & AIDS, December 2002, vol./is. 13/12(850-1), 0956-4624;0956-4624 (2002 Dec)

Author(s): Jaleel H; Huengsberg M; Luesley D

Institution: Department of Genito-Urinary Medicine, Whittall Street Clinic, Birmingham B4 6DH, UK.

Language: English

Country of Publication: England

Publication Type: Case Reports; Journal Article

Subject Headings: [Abortion, Induced](#)
[Adult](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/rh \[Rehabilitation\]](#)
[Dyspareunia/et \[Etiology\]](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Pelvic Pain/et \[Etiology\]](#)
[Pregnancy](#)
[Refugees](#)
[Somalia/eh \[Ethnology\]](#)
[Urination Disorders/et \[Etiology\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Royal Society of Medicine Press](#)
Available in *fulltext* at [ProQuest](#)

148. Kenyan health professionals participate in female circumcision.

Citation: Lancet, December 2002, vol./is. 360/9350(2057), 0140-6736;0140-6736 (2002 Dec 21-28)

Author(s): Siringi S

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [*Allied Health Personnel](#)
[Circumcision, Female/ec \[Economics\]](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[Humans](#)
[Kenya](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
Available in *print* at [Bolton PCT](#)

149. Female genital mutilation is a human rights issue of concern to all women and men.

Citation: International Nursing Review, December 2002, vol./is. 49/4(195-7), 0020-8132;0020-8132 (2002 Dec)

Author(s): Affara FA

Language: English

Country of Publication: England

Publication Type: Editorial

Subject Headings: [Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[Circumcision, Female/mo \[Mortality\]](#)
[Circumcision, Female/ut \[Utilization\]](#)
[*Circumcision, Female](#)
[Female](#)
[Humans](#)
[Male](#)
[*Women's Health](#)
[*Women's Rights](#)
[World Health Organization](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

150. Determinants of coital frequency among married women in Central African Republic: the role of female genital cutting.

Citation: Journal of Biosocial Science, October 2002, vol./is. 34/4(525-39), 0021-9320;0021-9320 (2002 Oct)

Author(s): Stewart H; Morison L; White R

Institution: London School of Hygiene and Tropical Medicine.

Language: English

Abstract: This paper examines determinants of one aspect of sexual behaviour--coital frequency--among 2,188 married women in the Central African Republic using a secondary analysis of data from the Demographic and Health Survey of 1994-95. Female genital cutting (or circumcision) is practised in the Central African Republic and self-reported circumcision status was included in the questionnaire enabling it to be examined as a possible determinant of coital frequency. Multiple logistic regression was used to find a subset of factors independently associated with coital frequency. Decreased coital frequency was found in those who had longer duration of marriage, those who were not the most recent wife in a polygamous marriage and those who had more surviving children. Coital frequency was higher in more educated women and those not contracepting because they wanted to get pregnant. After adjusting for confounders no association between female genital cutting and coital frequency was found. The extent to which women can control coital frequency in this culture is not known and fertility desires may override any negative effects of circumcision on sexual pleasure. It was therefore not possible to draw conclusions about how female genital cutting affects a woman's desire for sexual intercourse and consequently there is a need to develop research methods further to investigate this question.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)

[Central African Republic](#)
[*Circumcision, Female](#)
[*Coitus](#)
[Female](#)
[Humans](#)
[Logistic Models](#)
[*Marriage](#)
[Middle Aged](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

151. The association between female genital cutting and correlates of sexual and gynaecological morbidity in Edo State, Nigeria.

Citation: BJOG: An International Journal of Obstetrics & Gynaecology, October 2002, vol./is. 109/10(1089-96), 1470-0328;1470-0328 (2002 Oct)

Author(s): Okonofu FE; Larsen U; Oronsaye F; Snow RC; Slinger TE

Institution: Women's Health and Action Research Center, Ugbowo, Benin City, Nigeria.

Language: English

Abstract: OBJECTIVE: To examine the association between female genital cutting and frequency of sexual and gynaecological symptoms among a cohort of cut versus uncut women in Edo State of Nigeria. DESIGN: Cross sectional study. SETTING: Women attending family planning and antenatal clinics at three hospitals in Edo State, South-south Nigeria. POPULATION: 1836 healthy premenopausal women. METHODS: The sample included 1836 women. Information about type of female genital cutting was based on medical exams while a structured questionnaire was used to elicit information on the women's sociodemographic characteristics, their ages of first menstruation (menarche), first intercourse, marriage and pregnancy, sexual history and experiences of symptoms of reproductive tract infections. Associations between female genital cutting and these correlates of sexual and gynaecologic morbidity were analysed using univariate and multivariate logistic regression and Cox models. MAIN OUTCOME MEASURES: Frequency of self-reported orgasm achieved during sexual intercourse and symptoms of reproductive tract infections. RESULTS: Forty-five percent were circumcised and 71% had type 1, while 24% had type 2 female genital cutting. No significant differences between cut and uncut women were observed in the frequency of reports of sexual intercourse in the preceding week or month, the frequency of reports of early arousal during intercourse and the proportions reporting experience of orgasm during intercourse. There was also no difference between cut and uncut women in their reported ages of menarche, first intercourse or first marriage in the multivariate models controlling for the effects of socio-economic factors. In contrast, cut women were 1.25 times more likely to get pregnant at a given age than uncut women. Uncut women were significantly more likely to report that the clitoris is the most sexually sensitive part of their body (OR = 0.35, 95% CI = 0.26-0.47), while cut women were more likely to report that their breasts are their most sexually sensitive body parts (OR = 1.91; 95% CI = 1.51-2.42). Cut women were significantly more likely than uncut women to report having lower abdominal pain (OR = 1.54, 95% CI = 1.11-2.14), yellow bad-smelling vaginal discharge (OR = 2.81, 95% CI = 1.54-5.09), white vaginal discharge (OR = 1.65, 95% CI = 1.09-2.49) and genital ulcers (OR = 4.38, 95% CI 1.13-17.00). CONCLUSION: Female genital cutting in this group of women did not attenuate sexual feelings. However, female genital cutting may predispose women to adverse sexuality outcomes including early pregnancy and reproductive tract infections. Therefore, female genital cutting cannot be justified by arguments that suggest that it reduces sexual activity in women and prevents adverse outcomes of sexuality.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)

*Circumcision, Female/ae [Adverse Effects]
 Circumcision, Female/px [Psychology]
 Coitus
 Cross-Sectional Studies
 Female
 Genital Diseases, Female/ep [Epidemiology]
 *Genital Diseases, Female/et [Etiology]
 Humans
 Logistic Models
 Nigeria/ep [Epidemiology]
 *Orgasm
 Pregnancy
 Pregnancy Complications, Infectious/ep [Epidemiology]
 *Pregnancy Complications, Infectious/et [Etiology]
 Prevalence
 Regression Analysis

Source: MEDLINE

152. Sudan's media laws frustrate drives on AIDS and genital mutilation.

Citation: BMJ, September 2002, vol./is. 325/7365(618), 0959-535X;1468-5833 (2002 Sep 21)
Author(s): Moszynski P
Language: English
Country of Publication: England
Publication Type: News
Subject Headings: *Acquired Immunodeficiency Syndrome/pc [Prevention & Control]
 *Circumcision, Female/lj [Legislation & Jurisprudence]
 Female
 Health Promotion
 Humans
 *Mass Media/lj [Legislation & Jurisprudence]
 Sudan

Source: MEDLINE

153. Feigned miscarriage by genital self-mutilation in a hysterectomised patient.

Citation: Journal of Obstetrics & Gynaecology, July 2002, vol./is. 22/4(451), 0144-3615;0144-3615 (2002 Jul)
Author(s): Ajibona OO; Hartwell R
Institution: Department of Obstetrics and Gynaecology, Princess Alexandra Hospital, Harlow, UK.
Language: English
Country of Publication: England
Publication Type: Case Reports; Journal Article
Subject Headings: Abortion, Spontaneous/di [Diagnosis]
 Adult
 Diagnosis, Differential
 Female
 Humans
 Hysterectomy
 Pregnancy
 Referral and Consultation
 Self Mutilation/co [Complications]
 *Self Mutilation/di [Diagnosis]
 Uterine Hemorrhage/et [Etiology]
 *Vagina/in [Injuries]

Source: MEDLINE

154. The effects of type of female circumcision on infertility and fertility in Sudan.

Citation: Journal of Biosocial Science, July 2002, vol./is. 34/3(363-77), 0021-9320;0021-9320 (2002 Jul)

Author(s): Larsen U

Institution: Harvard School of Public Health, Boston, MA 02115, USA.

Language: English

Abstract: This study explores the association between type of female circumcision and infertility and fertility in Sudan using the 1989-90 Demographic and Health Survey. It is hypothesized that women with either Pharaonic or Intermediate circumcision would have higher infertility and lower fertility compared with women with Sunna circumcision, and that uncircumcised women would have the lowest infertility and highest fertility of the three groups. This hypothesis, a widely held assumption, proved to be largely incorrect. Though women with Pharaonic or Intermediate circumcision did have a higher prevalence of primary infertility than uncircumcised women, women with Sunna circumcision had even lower rates of primary infertility compared with uncircumcised women. This pattern prevailed in multivariate models controlling for confounding variables, where women with Pharaonic or Intermediate circumcision had significantly higher primary infertility. Moreover, though women with Pharaonic or Intermediate circumcision also had the highest prevalence of secondary infertility, once confounding covariates were controlled in multivariate models, there was no significant difference among the three groups of women. With respect to fertility, the total fertility rate was 7.6 for women with Pharaonic or Intermediate circumcision, 8.1 for women with Sunna circumcision and 8.3 for uncircumcised women. Differences in fertility were found to be insignificant when covariates were controlled. The multivariate models were estimated using logistic regression. In conclusion, Pharaonic or Intermediate circumcision may be associated with higher primary infertility while there was no evidence suggesting that either secondary infertility or fertility was associated with a woman's circumcision status.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/mt \[Methods\]](#)
[Female](#)
[*Fertility](#)
[Humans](#)
[*Infertility/et \[Etiology\]](#)
[Logistic Models](#)
[Multivariate Analysis](#)
[Sudan](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

155. Female genital mutilation: cultural and psychological implications.

Citation: Sexual & Relationship Therapy, 01 May 2002, vol./is. 17/2(161-170), 14681994

Author(s): Whitehorn J; Ayonrinde O; Maingay S

Language: English

Abstract: Female genital mutilation (FGM) is widely practised in several regions of the world. It is often associated with physical, psychological, sexual and social sequelae. Migration of persons from cultures that actively practice FGM to the UK and other Western countries increases the chances that clinicians will be faced with patients who have undergone this procedure. Clinical presentations often occur against a background of differences in culture and social identity, which may pose a challenge to any form of intervention.

Perceptions of normalcy, human rights violation and gender roles may also differ. This paper discusses historical, cultural, gender and identity issues associated with FGM and its psychological and sexual implications.

Publication Type: journal article

Subject Headings: [Circumcision, Female](#)
[Culture](#)
[Circumcision, Female](#)
[Sexual Dysfunction, Female](#)
[Attitude of Health Personnel](#)
[Cultural Sensitivity](#)
[Female](#)

Source: CINAHL

Full Text: Available in *fulltext* at [EBSCO Host](#)

156. Nigeria recommends jail terms to eradicate female genital mutilation.

Citation: BMJ, May 2002, vol./is. 324/7345(1056), 0959-535X;1468-5833 (2002 May 4)

Author(s): Raufu A

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [Adult](#)
[Child](#)
[*Circumcision, Female/lj \[Legislation & Jurisprudence\]](#)
[Culture](#)
[Female](#)
[Humans](#)
[Nigeria](#)
[*Prisons](#)

Source: MEDLINE

157. Female genital mutilation: why are we so radical?.

Citation: Lancet, February 2002, vol./is. 359/9305(529-30), 0140-6736;0140-6736 (2002 Feb 9)

Author(s): Valderrama J

Language: English

Country of Publication: England

Publication Type: Comment; Letter

Subject Headings: [*Circumcision, Female/td \[Trends\]](#)
[Female](#)
[Humans](#)
[*Midwifery/ed \[Education\]](#)
[Pregnancy](#)
[Somalia](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

158. Female genital cutting in Kilimanjaro, Tanzania: changing attitudes?.

Citation: Tropical Medicine & International Health, February 2002, vol./is. 7/2(159-65), 1360-2276;1360-2276 (2002 Feb)

Author(s): Msuya SE; Mbizvo E; Hussain A; Sundby J; Sam NE; Stray-Pedersen B

Institution: Department of Obstetrics and Gynaecology, The National Hospital, University of Oslo, Oslo, Norway. siamsuya@hotmail.com

Language: English

Abstract: OBJECTIVES: To study the prevalence, type, social correlates and attitudes towards female genital cutting (FGC) among urban women in Kilimanjaro, Tanzania; and to examine the association between FGC and gynaecological problems, reproductive tract infections (RTIs) and HIV. METHODS: In 1999, 379 women attending reproductive health care clinics were interviewed and underwent pelvic examination. Specimens for RTI/HIV diagnosis were taken. RESULTS: Seventeen per cent had undergone FGC, mostly clitoridectomy (97%). Female genital cutting prevalence was significantly lower among educated, Christian and Chagga women. Women aged ≥ 35 were twice as likely to be cut as those < 25 years. Seventy-six per cent of those who had undergone FGC intend not to perform the procedure on their daughters. Age < 25 years ($P < 0.0001$) and low parity ($P < 0.01$) were predictors of that intention. There was no association between RTIs, HIV or hepatitis B and FGC. CONCLUSION: FGC is still fairly common but there is evidence of a change of attitude towards the practice, especially among young women. The opportunity to educate women who attend reproductive health care facilities on FGC should be taken.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[*Attitude to Health](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/px \[Psychology\]](#)
[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[*Circumcision, Female](#)
[Ethnic Groups](#)
[Female](#)
[Genital Diseases, Female/ep \[Epidemiology\]](#)
[Humans](#)
[Infection/ep \[Epidemiology\]](#)
[Infection/mi \[Microbiology\]](#)
[Infection/vi \[Virology\]](#)
[Middle Aged](#)
[Prevalence](#)
[Sexually Transmitted Diseases/ep \[Epidemiology\]](#)
[*Social Change](#)
[Tanzania](#)
[Urban Population](#)

Source: MEDLINE

159. Somali refugee women's experiences of maternity care in west London: a case study

Citation: Critical Public Health, 2002, vol./is. 12/4(365-380), 0958-1596 (Dec 2002)

Author(s): Harper Bulman, Kate; McCourt, Christine

Abstract: This article reports a study of the maternity care experiences of Somali refugee women in an area of west London. This small case study formed a discrete part of a wider study of women's responses to two systems of maternity care. Qualitative research methods involving semi-structured interviews and focus groups were used. Interviews were carried out with Somali women who had recent experience of the maternity services, with health professionals who had contact with Somali women in their work, and with a Trust employee involved in the provision of language support. The findings confirmed much of the available research evidence on other ethnic minorities' contacts with the maternity services. Many of these women are not gaining equal access to maternity services due to inadequate provision of interpreting services, stereotyping and racism from health service staff, and a lack of understanding from staff of cultural differences. A further issue found

to affect the Somali women was poor management of female genital mutilation (FGM) in pregnancy and labour. This article focuses particularly on communication and language support as language was found to be the single most important issue for the Somali women in their contacts with the maternity services, with communication difficulties having negative implications for all aspects of their care. Cites numerous references. [Journal abstract]

Publication Type: Article

Subject Headings: [MATERNITY SERVICES](#)
[REFUGEES](#)
[WOMEN](#)
[QUALITY OF PATIENT CARE](#)
[ACCESS TO HEALTH SERVICES](#)
[PREGNANCY](#)
[CHILDBIRTH](#)
[FEMALE GENITAL MUTILATION](#)
[RACISM](#)
[LANGUAGE](#)
[INTERPRETERS](#)
[WEST LONDON](#)

Source: HMIC

Full Text: Available in *fulltext* at [Taylor & Francis -- Informaworld](#)
 Available in *fulltext* at [Ingenta](#)
 Available in *print* at [Bolton PCT](#)

160. The decline of female circumcision in Egypt: evidence and interpretation.

Citation: Social Science & Medicine, January 2002, vol./is. 54/2(205-20), 0277-9536;0277-9536 (2002 Jan)

Author(s): El-Gibaly O; Ibrahim B; Mensch BS; Clark WH

Institution: Department of Public Health and Community Medicine, Assiut University, USA.

Language: English

Abstract: Female circumcision is widespread in Egypt. Research suggests that the practice persists because of a belief that circumcision will moderate female sexuality, that it will assure a girl's marriagability, and that it is sanctioned by Islam. Using data from a nationally representative survey of adolescents, this paper investigates the prevalence and social correlates of circumcision among girls aged 10-19, the circumstances surrounding the procedure, and the attitudes of adolescents towards it. While the vast majority of adolescents are circumcised, a life table analysis indicates that girls today are at least 10 percentage points less likely to undergo female circumcision than were their mothers. Circumcision may have begun to decline prior to the time when the current cohort of girls were at risk; however, the data hint at a temporal association between the decline and the 1994 International Conference on Population and Development (ICPD) in Cairo, a time when the campaign against circumcision gained momentum. Over half of circumcised girls reported that the procedure was performed by a physician or nurse rather than a traditional practitioner. This represents a substantial increase over rates of "medicalized" circumcision found among earlier cohorts of Egyptian women. Even among circumcised girls, support for the practice is by no means universal, with 14 percent saying they think the procedure is unnecessary and a further 28 percent expressing ambivalence. A multivariate analysis indicates that girls who have been or are currently in school, who live in urban governorates, and who are older are more likely to believe that circumcision is not obligatory. When the analysis includes boys as well as uncircumcised girls, a large gender gap emerges, with boys considerably more supportive of the practice than are their female counterparts.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, Non-P.H.S.

Subject Headings: [Adolescent](#)
[Adult](#)
[*Attitude to Health/eh \[Ethnology\]](#)
[Child](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[*Circumcision, Female/ut \[Utilization\]](#)
[Egypt/ep \[Epidemiology\]](#)
[Female](#)
[Humans](#)
[Islam](#)
[Multivariate Analysis](#)
[Prevalence](#)
[Sex Factors](#)
[Socioeconomic Factors](#)

Source: MEDLINE

161. Female genital cutting in southern urban and peri-urban Nigeria: self-reported validity, social determinants and secular decline.

Citation: Tropical Medicine & International Health, January 2002, vol./is. 7/1(91-100), 1360-2276;1360-2276 (2002 Jan)

Author(s): Snow RC; Slinger TE; Okonofua FE; Oronsaye F; Wacker J

Institution: Department of Tropical Hygiene and Public Health, University of Heidelberg, Germany. rachel.snow@urz.uni-heidelberg.de

Language: English

Abstract: Despite growing public resistance to the practice of female genital cutting (FGC), documentation of its prevalence, social correlates or trends in practice are extremely limited, and most available data are based on self-reporting. In three antenatal and three family planning clinics in South-west Nigeria we studied the prevalence, social determinants, and validity of self-reporting for FGC among 1709 women. Women were interviewed on social and demographic history, and whether or not they had undergone FGC. Interviews were followed by clinical examination to affirm the occurrence and extent of circumcision. In total, 45.9% had undergone some form of cutting. Based on WHO classifications by type, 32.6% had Type I cuts, 11.5% Type II, and 1.9% Type III or IV. Self-reported FGC status was valid in 79% of women; 14% were unsure of their status, and 7% reported their status incorrectly. Women are more likely to be unsure of their status if they were not cut, or come from social groups with a lower prevalence of cutting. Ethnicity was the most significant social predictor of FGC, followed by age, religious affiliation and education. Prevalence of FGC was highest among the Bini and Urhobo, among those with the least education, and particularly high among adherents to Pentecostal churches; this was independent of related social factors. There is evidence of a steady and steep secular decline in the prevalence of FGC in this region over the past 25 years, with age-specific prevalence rates of 75.4% among women aged 45-49 years, 48.6% among 30-34-year olds, and 14.5% among girls aged 15-19. Despite wide disparities in FGC prevalence across ethnic, religious and educational groups, the secular decline is evident among all social subgroups.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Circumcision, Female/cl \[Classification\]](#)
[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Circumcision, Female/td \[Trends\]](#)
[*Circumcision, Female](#)
[Educational Status](#)
[Ethnic Groups](#)
[Female](#)

*Health Surveys
 Humans
 Interviews as Topic
 Middle Aged
 Nigeria
 Religion
 Social Class
 *Urban Population/sn [Statistics & Numerical Data]
 World Health Organization

Source: MEDLINE

162. Public fantasy and the logic of sacrifice in the Physician's tale.

Citation: Anq-A Quarterly Journal of Short Articles Notes & Reviews, 2002, vol./is. 15/3(30-3), 0895-769X;0895-769X (2002)

Author(s): Uebel M

Institution: University of Kentucky.

Language: English

Country of Publication: United States

Publication Type: Biography; Historical Article; Journal Article

Subject Headings: *Circumcision, Female/hi [History]
 *Death
 Female
 Great Britain
 History, 21st Century
 History, Medieval
 Humans
 Infant
 *Poetry as Topic/hi [History]
 *Public Opinion
 *Religion and Medicine
 *Sexual Abstinence
 *Violence/hi [History]

Source: MEDLINE

163. Women's health in a rural setting in societal transition in Ethiopia.

Citation: Social Science & Medicine, December 2001, vol./is. 53/11(1525-39), 0277-9536;0277-9536 (2001 Dec)

Author(s): Berhane Y; Gossaye Y; Emmelin M; Hogberg U

Institution: Department of Community Health, Faculty of Medicine, Addis Ababa University, Ethiopia. rhr.aau@telecom.net.et

Language: English

Abstract: There are reports indicating a worsening of women's health in transitional rural societies in sub-Saharan Africa in relation to autonomy, workload, illiteracy, nutrition and disease prevalence. Although these problems are rampant, proper documentation is lacking. The objective of this study was to reflect the health situation of women in rural Ethiopia. Furthermore, the study attempts to address the socio-demographic and cultural factors that have potential influence on the health of women in the context of a low-income setting. A combination of qualitative and quantitative research methods was utilised. In-depth interviews and a cross-sectional survey of randomly selected women were the main methods employed. The Butajira Rural Health Program demographic surveillance database provided the sampling frame. Heavy workload, lack of access to health services, poverty, traditional practices, poor social status and decision-making power, and lack of access to education were among the highly prevalent socio-cultural factors that potentially

affect the health of women in Butajira. Though the majority of the women use traditional healers younger women show more tendency to use health services. No improvement of women's status was perceived by the younger generation compared to the older generation. Female genital mutilation is universal with a strong motivation to its maintenance. Nail polish has replaced the rite of nail-extraction before marriage in the younger generation. As the factors influencing the health of women are multiple and complex a holistic approach should be adopted with emphasis on improving access to health care and education, enhancing social status, and mechanisms to alleviate poverty.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Culture](#)
[Educational Status](#)
[Ethiopia](#)
[Female](#)
[Health Services Accessibility](#)
[Health Services Research](#)
[Humans](#)
[Marriage](#)
[Poverty](#)
[*Rural Population](#)
[*Urbanization](#)
[*Women's Health](#)
[Women's Rights](#)

Source: MEDLINE

164. Male complications of female genital mutilation.

Citation: Social Science & Medicine, December 2001, vol./is. 53/11(1455-60), 0277-9536;0277-9536 (2001 Dec)

Author(s): Almroth L; Almroth-Berggren V; Hassanein OM; Al-Said SS; Hasan SS; Lithell UB; Bergstrom S

Institution: Division of International Health Care Research, Karolinska Institutet, Stockholm, Sweden. lars.almroth@hem.utfors.se

Language: English

Abstract: Female genital mutilation (FGM) is known to cause a wide range of immediate and long-term complications for women subjected to the practice. Male complications due to FGM have, however, not been described before. The objectives of this study were to explore male complications and attitudes with regard to FGM. A village in the Gezira Scheme along the Blue Nile in Sudan constituted the basis of the study. Interviews were carried out according to a pre-tested questionnaire, using structured questions with open-answer possibilities. Married men of the youngest parental generation and grandfathers were randomly selected from up-to-date election lists. All respondents except one agreed to be interviewed. A total of 59 men were interviewed, 29 young men and 30 grandfathers. Male complications resulting from FGM, such as difficulty in penetration, wounds/infections on the penis and psychological problems were described by a majority of the men. Most men were also aware of the female complications. More young than old respondents would have accepted a woman without FGM to become their daughter-in-law ($p < 0.03$). A majority of the young men would have preferred to marry a woman without FGM. This proportion was significantly higher than among the grandfathers ($p < 0.01$). Female genital mutilation can no longer be considered to be only an issue for women. The acknowledged male complications and attitudes described may open new possibilities to counteract the practice of FGM.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Adult
Aged
Aged, 80 and over
*Attitude
*Circumcision, Female
*Culture
Female
Humans
Male
Middle Aged
Sudan

Source: MEDLINE

165. Most of the women have been circumcised and I am concerned as there are several little girls approaching the age of circumcision.

Citation: Nursing Times, November 2001, vol./is. 97/45(35), 0954-7762;0954-7762 (2001 Nov 8-14)

Author(s): Momoh C

Institution: Guy's and St Thomas' Hospital NHS Trust, London.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Child
*Child Advocacy
*Circumcision, Female/ae [Adverse Effects]
Circumcision, Female/eh [Ethnology]
Circumcision, Female/mo [Mortality]
*Circumcision, Female/nu [Nursing]
Circumcision, Female/sn [Statistics & Numerical Data]
Female
Great Britain
Humans
Nurse Practitioners
Nurse's Role
Somalia/eh [Ethnology]
*Women's Rights

Source: MEDLINE

166. Community-based survey on female genital excision in Faranah District, Guinea.

Citation: Reproductive Health Matters, November 2001, vol./is. 9/18(135-42), 0968-8080;0968-8080 (2001 Nov)

Author(s): Keita D; Blankhart D

Language: English

Abstract: This paper reports on a community-based study in 1999 of the beliefs and practices of people in Faranah District, Guinea regarding female genital excision (FGE). Semi-structured individual interviews and focus group discussions were carried out with women of reproductive age, older women, married men, community and religious leaders, traditional practitioners and health workers. The study found that FGE was being carried out on girls aged 6-14, mostly using a traditional knife and involving total excision of the clitoris and partial removal of the external genitals, in conjunction with instruction on how young women should behave when they are married. The practice is illegal under national laws but few people were aware of this. There was a tendency towards taking girls for medical care to avoid complications, and some people suggested that FGE should

be done by medical professionals, but this was a minority. More than 60 per cent of respondents thought FGE was harmful to health and supported its abolition. Many more men than women took this view; women felt under pressure to maintain the tradition. To stop FGE, local organisations need to support a process of change within the community, including awareness-raising about the law and the negative health effects of FGE, promoting alternative ceremonies, educating practitioners and supporting education and improvements in the status of women.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[*Attitude to Health/eh \[Ethnology\]](#)
[Child](#)
[*Circumcision, Female/eh \[Ethnology\]](#)
[Circumcision, Female/mt \[Methods\]](#)
[Data Collection](#)
[Decision Making](#)
[Female](#)
[Focus Groups](#)
[Guinea](#)
[Health Knowledge, Attitudes, Practice](#)
[Humans](#)
[Interviews as Topic](#)
[Male](#)

Source: MEDLINE

167. Tackling female genital cutting in Somalia.

Citation: Lancet, October 2001, vol./is. 358/9288(1179), 0140-6736;0140-6736 (2001 Oct 6)

Author(s): Ford N

Institution: Medecins Sans Frontieres, 124-132 Clerkenwell Road, EC1R 5DJ, London, UK.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[Human Rights](#)
[Humans](#)
[Maternal Mortality](#)
[Somalia](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

168. Female genital mutilation in developed countries.

Citation: Lancet, October 2001, vol./is. 358/9288(1177-9), 0140-6736;0140-6736 (2001 Oct 6)

Author(s): Bosch X

Institution: Department of Internal Medicine, Hospital Clinic, Villarroel 170, 08036-, Barcelona, Spain. bosch@medicina.ub.es

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Circumcision, Female/mt \[Methods\]](#)

Circumcision, Female/sn [Statistics & Numerical Data]
 Female
 Great Britain
 Humans
 Internationality
 *Legislation, Medical
 Refugees

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

169. Factors associated with the condoning of female genital mutilation among university students.

Citation: Public Health, September 2001, vol./is. 115/5(350-5), 0033-3506;0033-3506 (2001 Sep)

Author(s): Allam MF; de Irala-Estevez J; Fernandez-Crehuet Navajas R; Serrano del Castillo A; Hoashi JS; Pankovich MB; Rebollo Liceaga J

Institution: Community, Environment and Occupational Medicine Department, Ain Shams University, Cairo, Egypt.

Language: English

Abstract: Female genital mutilation (FGM) is practiced in Egypt, despite its recent ban, generally in rural and uneducated communities, under unsanitary conditions and by non-medical personnel. Immediate and long-term complications are frequent. The aim of this study was to gain insight into what beliefs or knowledge are conducive to supporting FGM. One thousand and seventy university students in Cairo, Egypt were randomly selected. A 32-item questionnaire was used to interview students regarding their knowledge and attitudes toward FGM. Multivariable analyses were performed to find factors associated with being against the abolishment of FGM. The response rate was 95% (n=1020). Twenty-eight percent of the students support FGM. The most significant factors associated with the condoning of FGM were believing FGM has a religious basis (OR=2.53), disagreeing that FGM is a custom with no other basis (OR=2.59), not believing it is harmful (OR=4.11), and ignoring that it is usually followed by complications (OR=5.14). Even in an educated population, a considerable amount of ignorance concerning FGM exists. Widespread education about FGM is important to dispel the myths that surround its practice and to bring the practice to an end.

Country of Publication: England

Publication Type: Comparative Study; Journal Article

Subject Headings: [Adult](#)
[*Attitude](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/mt \[Methods\]](#)
[*Circumcision, Female](#)
[Egypt](#)
[Female](#)
[Humans](#)
[Male](#)
[Multivariate Analysis](#)
[Questionnaires](#)
[Random Allocation](#)
[*Students](#)

Source: MEDLINE

170. The use of intrapartum defibulation in women with female genital mutilation.

Citation: BJOG: An International Journal of Obstetrics & Gynaecology, September 2001, vol./is. 108/9(949-51), 1470-0328;1470-0328 (2001 Sep)

Author(s): Rouzi AA; Aljhadali EA; Amarin ZO; Abduljabbar HS

Institution: Department of Obstetrics and Gynaecology, King Abdulaziz University Hospital, Saudi Arabia.

Language: English

Abstract: OBJECTIVE: To assess the use of intrapartum defibulation for women who have had female genital mutilation. DESIGN: A retrospective case analysis. SETTING: King Abdulaziz University Hospital, a teaching hospital in Jeddah, Saudi Arabia. SAMPLE: Two hundred and thirty-three Sudanese and 92 Somali women who were delivered at the hospital between January 1996 and December 1999. METHODS: The outcome of labour of women with female genital mutilation who needed intrapartum defibulation were compared with the outcome of labour of women without female genital mutilation who did not need intrapartum defibulation. RESULTS: One hundred and fifty-eight (48.6%) women had infibulation and needed intrapartum defibulation to deliver vaginally, 116 women (35.7%) did not have infibulation and gave birth vaginally without defibulation, and 51 (15.7%) women were delivered by caesarean section. There were no statistically significant differences, between women who underwent intrapartum defibulation and those who did not, in the duration of labour, rates of episiotomy and vaginal laceration, APGAR scores, blood loss and maternal stay in hospital. The surgical technique of intrapartum defibulation was easy and no intraoperative complications occurred. CONCLUSIONS: Intrapartum defibulation is simple and safe, but sensitivity to the cultural issues involved is essential. In the longer term, continuing efforts should be directed towards abandoning female genital mutilation altogether.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[*Circumcision, Female/rh \[Rehabilitation\]](#)
[Female](#)
[Humans](#)
[Obstetric Labor Complications/et \[Etiology\]](#)
[*Obstetric Labor Complications/su \[Surgery\]](#)
[Pregnancy](#)
[Pregnancy Outcome](#)
[Prenatal Care/mt \[Methods\]](#)
[Retrospective Studies](#)
[Saudi Arabia](#)
[Somalia/eh \[Ethnology\]](#)
[Sudan/eh \[Ethnology\]](#)
[Suture Techniques](#)
[Vulva/su \[Surgery\]](#)

Source: MEDLINE

171. The long-term reproductive health consequences of female genital cutting in rural Gambia: a community-based survey.

Citation: Tropical Medicine & International Health, August 2001, vol./is. 6/8(643-53), 1360-2276;1360-2276 (2001 Aug)

Author(s): Morison L; Scherf C; Ekpo G; Paine K; West B; Coleman R; Walraven G

Institution: MRC Tropical Epidemiology Group, Department of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London, UK.
linda.morison@lshtm.ac.uk

Language: English

Abstract: This paper examines the association between traditional practices of female genital cutting (FGC) and adult women's reproductive morbidity in rural Gambia. In 1999, we conducted a cross-sectional community survey of 1348 women aged 15-54 years, to estimate the prevalence of reproductive morbidity on the basis of women's reports, a gynaecological examination and laboratory analysis of specimens. Descriptive statistics

and logistic regression were used to compare the prevalence of each morbidity between cut and uncut women adjusting for possible confounders. A total of 1157 women consented to gynaecological examination and 58% had signs of genital cutting. There was a high level of agreement between reported circumcision status and that found on examination (97% agreement). The majority of operations consisted of clitoridectomy and excision of the labia minora (WHO classification type II) and were performed between the ages of 4 and 7 years. The practice of genital cutting was highly associated with ethnic group for two of the three main ethnic groups, making the effects of ethnic group and cutting difficult to distinguish. Women who had undergone FGC had a significantly higher prevalence of bacterial vaginosis (BV) [adjusted odds ratio (OR)=1.66; 95% confidence interval (CI) 1.25-2.18] and a substantially higher prevalence of herpes simplex virus 2 (HSV2) [adjusted OR=4.71; 95% CI 3.46-6.42]. The higher prevalence of HSV2 suggests that cut women may be at increased risk of HIV infection. Commonly cited negative consequences of FGC such as damage to the perineum or anus, vulval tumours (such as Bartholin's cysts and excessive keloid formation), painful sex, infertility, prolapse and other reproductive tract infections (RTIs) were not significantly more common in cut women. The relationship between FGC and long-term reproductive morbidity remains unclear, especially in settings where type II cutting predominates. Efforts to eradicate the practice should incorporate a human rights approach rather than rely solely on the damaging health consequences.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Cross-Sectional Studies](#)
[Female](#)
[Gambia/ep \[Epidemiology\]](#)
[Humans](#)
[Logistic Models](#)
[Marital Status](#)
[Middle Aged](#)
[Parity](#)
[Prevalence](#)
[Reproductive Medicine/sn \[Statistics & Numerical Data\]](#)
[Rural Population](#)
[*Sexually Transmitted Diseases/ep \[Epidemiology\]](#)
[Sexually Transmitted Diseases/et \[Etiology\]](#)
[*Vaginosis, Bacterial/ep \[Epidemiology\]](#)
[Vaginosis, Bacterial/et \[Etiology\]](#)

Source: MEDLINE

172. Spain considers improving law on female circumcision.

Citation: Lancet, May 2001, vol./is. 357/9267(1510), 0140-6736;0140-6736 (2001 May 12)

Author(s): Bosch X

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [Africa/eh \[Ethnology\]](#)
[Child](#)
[*Circumcision, Female](#)
[*Emigration and Immigration/lj \[Legislation & Jurisprudence\]](#)
[Female](#)
[Humans](#)
[Spain](#)

Source: MEDLINE
Full Text: Available in *fulltext* at [ProQuest](#)

173. Nurses and requests for female genital mutilation: cultural rights versus human rights.

Citation: Nursing Ethics, May 2001, vol./is. 8/3(247-58), 0969-7330;0969-7330 (2001 May)
Author(s): Sala R; Manara D
Institution: Scientific Institute San Raffaele, University VitaSalute, Via Olgettina, 58-Dibit, 20132 Milan, Italy.
Language: English
Abstract: In this article we focus on female genital mutilation. We analyse this problem as one of the most important issues of multiculturalism, which is also coming to the attention of the public in Italy as a consequence of the growing number of immigrants from African countries. The fundamental problem is about the acceptability of this practice: can female genital mutilation be permitted and, if so, on what basis? We will try to cope with this as a genuine conflict between culture-relative values and universal values, such as human rights. Some attention will be drawn to Italian law. Finally, the impact on nurses of requests for genital mutilation will be described.
Country of Publication: England
Publication Type: Journal Article; Review
Subject Headings: [Africa/eh \[Ethnology\]](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[Circumcision, Female/nu \[Nursing\]](#)
[*Circumcision, Female](#)
[*Cultural Characteristics](#)
[Ethical Relativism](#)
[*Ethics, Nursing](#)
[Female](#)
[Humans](#)
[Italy](#)
[Nurse's Role](#)
[Women's Health/es \[Ethics\]](#)
[Women's Health/eh \[Ethnology\]](#)
[*Women's Health](#)
[Women's Rights/es \[Ethics\]](#)
[Women's Rights/lj \[Legislation & Jurisprudence\]](#)
[*Women's Rights](#)

Source: MEDLINE
Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [ProQuest](#)

174. The medicalization of female "circumcision": harm reduction or promotion of a dangerous practice?.

Citation: Social Science & Medicine, April 2001, vol./is. 52/7(1013-28), 0277-9536;0277-9536 (2001 Apr)
Author(s): Shell-Duncan B
Institution: Department of Anthropology, University of Washington, Seattle 98195-3100, USA. bsd@u.washington.edu
Language: English
Abstract: In recent decades the practice of female "circumcision" has come under intense international scrutiny, often conceptualized as a violation of women's basic right to health. Although the adverse health consequences of female "circumcision" form the basis of opposition to the practice, anti-circumcision activists, as well as many international

medical associations, largely oppose measures to improve its safety. The debate over medicalization of female "circumcision" has, up until now, been cast as a moral dilemma: to protect women's health at the expense of legitimating a destructive practice? Or to hasten the elimination of a dangerous practice while allowing women to die from preventable conditions? This paper seeks to re-examine this debate by conceptualizing medicalization of female "circumcision" as a harm-reduction strategy. Harm reduction is a new paradigm in the field of public health that aims to minimize the health hazards associated with risky behaviors, such as intravenous drug use and high-risk sexual behavior, by encouraging safer alternatives, including, but not limited to abstinence. Harm reduction considers a wide range of alternatives, and promotes the alternative that is culturally acceptable and bears the least amount of harm. This paper evaluates the applicability of harm reduction principles to medical interventions for female "circumcision," and draws parallels to other harm reduction programs. In this light, arguments for opposing medicalization of female "circumcision", including the assertion that it counteracts efforts to eliminate the practice, are critically evaluated, revealing that there is not sufficient evidence to support staunch opposition to medicalization. Rather, it appears that medicalization, if implemented as a harm-reduction strategy, may be a sound and compassionate approach to improving women's health in settings where abandonment of the practice of "circumcision" is not immediately attainable.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: [*Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/st \[Standards\]](#)
[Culture](#)
[*Ethics, Medical](#)
[Female](#)
[Humans](#)
[Hygiene](#)
[*Physician's Role](#)
[Safety Management/mt \[Methods\]](#)
[Safety Management/st \[Standards\]](#)
[*Safety Management](#)
[*Sociology, Medical/td \[Trends\]](#)
[*Women's Health](#)
[Women's Rights](#)

Source: MEDLINE

175. Female genital mutilation.

Citation: British Journal of General Practice, April 2001, vol./is. 51/465(330), 0960-1643;0960-1643 (2001 Apr)

Author(s): Fuller J; Lewis D

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: [Child](#)
[Child, Preschool](#)
[*Circumcision, Female/cl \[Classification\]](#)
[Circumcision, Female/mt \[Methods\]](#)
[Culture](#)
[Female](#)
[Humans](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [National Library of Medicine](#)

176. Female genital cutting: distinguishing the rights from the health agenda.

Citation: Tropical Medicine & International Health, February 2001, vol./is. 6/2(89-91), 1360-2276;1360-2276 (2001 Feb)

Author(s): Snow RC

Institution: Department of Tropical Hygiene and Public Health, University of Heidelberg, Germany.

Language: English

Country of Publication: England

Publication Type: Editorial

Subject Headings: [Circumcision, Female/ae \[Adverse Effects\]](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Culture](#)
[Demography](#)
[Female](#)
[Humans](#)
[Prevalence](#)
[*Public Health](#)
[Research](#)
[Social Values](#)
[*Women's Health](#)
[*Women's Rights](#)

Source: MEDLINE

177. Female genital mutilation: analysis of the first twelve months of a Southeast London specialist clinic.

Citation: BJOG: An International Journal of Obstetrics & Gynaecology, February 2001, vol./is. 108/2(186-91), 1470-0328;1470-0328 (2001 Feb)

Author(s): Momoh C; Ladhani S; Lochrie DP; Rymer J

Institution: Guy's and St.Thomas's Hospital, UMDS, London, UK.

Language: English

Abstract: OBJECTIVES: To analyse the sources and reasons for referral of women who have undergone genital mutilation to a recently established specialist clinic, and to determine the consequences of the genital mutilation procedure. DESIGN: Retrospective descriptive case series. SETTING: The maternity units of Guy's and St. Thomas's Hospital, London. POPULATION: One hundred and sixteen women attending the clinic over a one-year period. MAIN OUTCOME MEASURES: (1) sources and reasons for referral to the specialist clinic; (2) characteristics of the women attending the clinic; (3) acute and chronic complications of the genital mutilation procedure; (4) attitudes towards female genital mutilation. RESULTS: Complete case records were available for 108 women. Of the 86 women who could remember the procedure, 78% were performed by a medically unqualified person, usually at home (71%), at a median age of seven years. Acute and chronic complications were each present in 86% of women with Type III genital mutilation. Most women (82%) were referred by their midwife because they were pregnant, of whom 48% were primigravid. Eighteen non-pregnant women also attended the clinic to request either defibulation or for advice. None of the 89 pregnant women requested re-infibulation after delivery, but almost 6% were seriously considering having their daughter undergo genital mutilation outside the United Kingdom. In addition, fewer than 10% of the women refused to continue the tradition of female genital mutilation. CONCLUSIONS: During its first year, the recently established African Well Woman Clinic has provided specialist care for 116 women with genital mutilation. Such women may attend with a variety of common medical or psychiatric conditions and often do not volunteer that they have undergone the procedure. Doctors and midwives in particular, should enquire specifically about genital mutilation when caring for women from high risk countries, and offer the services of specialist clinics for female genital mutilation.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Africa/eh \[Ethnology\]](#)
[Age Distribution](#)
[Ambulatory Care/ut \[Utilization\]](#)
[Attitude to Health/eh \[Ethnology\]](#)
[Circumcision, Female/ae \[Adverse Effects\]](#)
[Circumcision, Female/eh \[Ethnology\]](#)
[*Circumcision, Female/rh \[Rehabilitation\]](#)
[Female](#)
[Humans](#)
[London/ep \[Epidemiology\]](#)
[Referral and Consultation](#)
[Retrospective Studies](#)

Source: MEDLINE

178. Female genital mutilation and reproductive health: does publicity help to improve women's health?.

Citation: Tropical Doctor, January 2001, vol./is. 31/1(55), 0049-4755;0049-4755 (2001 Jan)

Author(s): Scherf C

Institution: Department of Medicine, Wales, UK.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Circumcision, Female](#)
[Cultural Characteristics](#)
[Developing Countries](#)
[Female](#)
[*Health Promotion](#)
[Humans](#)
[Mass Media](#)
[Publishing](#)
[*Reproductive Medicine](#)
[*Women's Health](#)

Source: MEDLINE

179. GP struck off for agreeing to perform female circumcision.

Citation: BMJ, January 2001, vol./is. 322/7277(9), 0959-8138;0959-535X (2001 Jan 6)

Author(s): Dyer O

Language: English

Country of Publication: ENGLAND

Publication Type: Case Reports; News

Subject Headings: [Child](#)
[*Circumcision, Female](#)
[Female](#)
[Humans](#)
[London](#)
[Male](#)
[*Physicians, Family](#)
[*Professional Review Organizations](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [National Library of Medicine](#)

180. The limits of the law: Comparative analysis of legal and extralegal methods to control body mutilation practices.

Citation: Understanding circumcision: A multi-disciplinary approach to a multi-dimensional problem., 2001(297-365) (2001)

Author(s): Svoboda, J. Steven

Language: English

Abstract: (from the chapter) Discusses a wide range of body mutilation practices carried out by adults on children. Such as, sexual mutilation, including female genital mutilation in present-day Africa, male circumcision in the present-day US, penile skin stripping in nineteenth-century Arabia, female genital mutilation in the twentieth-century US, subincision among Australian aborigines, and others. Arguably includable is the drastic practice of infanticide. The author will examine infanticide as practiced in nineteenth-century India. These practices are allegedly performed for the benefit of the child by result in overall harm to the child while producing actual or imagined benefits for others, i.e., parents, surgeons/midwives, and/or society. The practice adopted by a particular culture receives social, cultural and/or legal endorsement within that culture's set of mores and values. Analytic tools provided by a range of disciplines including law, sociology, human rights, anthropology, and psychology are applied to explore how a broad variety of bizarre and extremely harmful practices on children are justified and rationalized into consistency with a culture's asserted values. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Child Abuse](#)
[*Circumcision](#)
[*Cross Cultural Differences](#)
[*Infanticide](#)
[*Legal Processes](#)
[Female Genitalia](#)
[Human Body](#)
[Male Genitalia](#)

Source: PsycINFO

181. Female circumcision and episiotomy: oth mutilation?

Citation: British Journal of Midwifery, 2001, vol./is. 9/3(137-150), 0969-4900 (Mar 2001)

Author(s): Cameron, John; Rawlings Anderson, Karen

Abstract: Awaiting abstractMany women worldwide undergo some form of female circumcision. The practice of female circumcision is more common in communities with high poverty levels and is usually undertaken by unqualified practitioners. The practice is deemed harmful by many health professionals because of the health problems associated with it. Episiotomy is a surgical procedure which is common in western cultures. It is strongly linked to an increased use of technology. The practice has been promoted by the medical and midwifery professions because it is perceived to be beneficial for the woman and her baby. However, a growing body of evidence suggests that the routine use of episiotomy is unlikely to confer any advantage on the woman and overuse of the procedure leads to short- and long-term morbidity. In this article, the two procedures are critiques from a rational, scientific standpoint and the reasons for the enduring popularity of both procedures are explored. Cites numerous references. [Journal abstract]

Publication Type: Article

Subject Headings: [EPISIOTOMY](#)
[MEDICAL ETHICS](#)
[FEMALE GENITAL MUTILATION](#)
[UROGENITAL SURGERY](#)

Source: HMIC

182. Female genital mutilation: what can be done?.

Citation: Lancet, December 2000, vol./is. 356 Suppl/(s57), 0140-6736;0140-6736 (2000 Dec)

Author(s): Eke N

Institution: Department of Surgery at the University of Port Harcourt in Nigeria.
eke.obowu@alpha.linkserve.com

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Africa](#)
[*Circumcision, Female](#)
[Female](#)
[Health Education](#)
[Humans](#)
[Public Opinion](#)
[Women's Rights](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

183. MPs recommend tightening the law on female circumcision.

Citation: BMJ, December 2000, vol./is. 321/7273(1365), 0959-8138;0959-535X (2000 Dec 2)

Author(s): Kmietowicz Z

Language: English

Country of Publication: ENGLAND

Publication Type: News

Subject Headings: [*Circumcision, Female](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[*Women's Health Services/lj \[Legislation & Jurisprudence\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [National Library of Medicine](#)

184. Ending genital mutilation. Women in Africa have many other problems besides genital mutilation.

Citation: BMJ, September 2000, vol./is. 321/7260(570-1), 0959-8138;0959-535X (2000 Sep 2)

Author(s): Scherf C

Language: English

Country of Publication: ENGLAND

Publication Type: Letter

Subject Headings: [Adolescent](#)
[Adult](#)
[Africa](#)
[*Circumcision, Female](#)
[*Developing Countries](#)
[Female](#)
[Humans](#)

Male
*Women's Rights

Source: MEDLINE
Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [National Library of Medicine](#)

185. Female genital mutilation in eastern Ethiopia.

Citation: Lancet, July 2000, vol./is. 356/9224(137-8), 0140-6736;0140-6736 (2000 Jul 8)
Author(s): Missailidis K; Gebre-Medhin M
Language: English
Abstract: In Ethiopians at large, women and men are caught in a vicious circle of erroneous expectations and a mute consensus that maintains female genital mutilation (FGM). We have shown clear signs of erosion of this practice and the potential for further influence and change. This paper examines the incidence of female genital mutilation (FGM) in Harrar, eastern Ethiopia. The researchers studied three ethnic groups (Adere, Oromo and Amhara) using focus group interviews. A total of 24 women were interviewed, 8 from each ethnic group, at two hospitals in Harrar. The predominant types of FGM are clitoridectomy and excision, but infibulation is also practiced by some ethnic groups in the southeast. It is shown that the Adere and the Oromo perform FGM on women aged 4 years to puberty, while the Amhara perform it on the 8th day following birth. Both the Adere and Oromo practice infibulation, and the Amhara practice excision and clitoridectomy. Although the practice of FGM is widespread, signs of change of the practice are evident. However, these signs do not mean that the FGM problem is solved. All efforts must continue until the total global abolition of FGM is achieved.

Country of Publication: ENGLAND
Publication Type: Letter; Research Support, Non-U.S. Gov't
Subject Headings: [Adult](#)

[*Attitude to Health/eh \[Ethnology\]](#)
[*Circumcision, Female/eh \[Ethnology\]](#)
[*Circumcision, Female/sn \[Statistics & Numerical Data\]](#)
[Circumcision, Female/td \[Trends\]](#)
[Ethiopia](#)
[Female](#)
[Focus Groups](#)
[*Health Knowledge, Attitudes, Practice](#)
[Humans](#)
[Male](#)
[Marriage/eh \[Ethnology\]](#)
[Men/px \[Psychology\]](#)
[Middle Aged](#)
[Questionnaires](#)
[Sexual Behavior/px \[Psychology\]](#)
[Social Values](#)
[*Women/px \[Psychology\]](#)

Source: MEDLINE
Full Text: Available in *fulltext* at [ProQuest](#)

186. Concern mounts over female genital mutilation.

Citation: BMJ, July 2000, vol./is. 321/7256(262), 0959-8138;0959-535X (2000 Jul 29)
Author(s): Jones J
Language: English
Abstract: According to estimates by the WHO, up to 140 million girls and women have undergone female genital mutilation (FGM), and each year another 2 million are thought to be at risk

of it. Most girls who undergo this ritual live in Africa and to a lesser extent in Asia and the Middle East. However, there has been an increasing occurrence of genital mutilations among migrants from these countries who have settled in the US, Europe, and Australia. Although some countries prohibit the practice, evidence suggests that these laws are defied. In the UK, Baroness Ruth Rendell, the prime mover behind a cross-party parliament inquiry into FGM is convinced that some health professionals are still carrying out the operation on request. To this effect, she is advocating some prosecutions under the 1985 act. Rendell is also pressing for resources to be put into education and awareness campaigns for girls and women to have an informed choice as to whether to submit to the procedure or not.

Country of Publication: ENGLAND

Publication Type: News

Subject Headings: [Adult](#)
[Child](#)
[*Circumcision, Female](#)
[*Culture](#)
[Female](#)
[Great Britain](#)
[Humans](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [National Library of Medicine](#)

187. Genital self-mutilation: there is no method in this madness.

Citation: BJU International, February 2000, vol./is. 85/3(295-8), 1464-4096;1464-4096 (2000 Feb)

Author(s): Eke N

Institution: University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria.

Language: English

Country of Publication: ENGLAND

Publication Type: Journal Article; Review

Subject Headings: [Amputation/px \[Psychology\]](#)
[*Castration/px \[Psychology\]](#)
[Female](#)
[Humans](#)
[Male](#)
[Psychology, Social](#)
[Recurrence](#)
[Risk Factors](#)
[Self-Injurious Behavior/ep \[Epidemiology\]](#)
[*Self-Injurious Behavior/px \[Psychology\]](#)
[Self-Injurious Behavior/th \[Therapy\]](#)

Source: MEDLINE

188. Stop this torture!

Citation: Health Summary, 2000, vol./is. xvii/11(14-15) (November 2000)

Corporate/Institutional Author: All Party Parliamentary Group on Population, Development and Reproductive Health

Abstract: This paper sets out the recommendations of the All-Party Parliamentary Group on Population, Development and Reproductive Health to help bring an end to female genital mutilation. [KJ]

Publication Type: Article

Subject Headings: [FEMALE GENITAL MUTILATION](#)

INTERNATIONAL PERSPECTIVES
LEGISLATION
WOMEN

Source: HMIC

189. Female genital mutilation: a guide to laws and policies worldwide.

Citation: London: Zed Books, 2000(xviii, 249 p.)

Author(s): Rahman, Anika; Toubia, Nahid

Publication Type: Book

Subject Headings: FEMALE GENITAL MUTILATION
INTERNATIONAL PERSPECTIVES
LAW
POLICY

Source: HMIC

190. Professional studies for midwifery practice.

Citation: Edinburgh: Churchill Livingstone, 2000(xi, 240 p.)

Author(s): Fraser, Diane

Publication Type: Book

Subject Headings: CONTINUING PROFESSIONAL DEVELOPMENT
ETHICS
FEMALE GENITAL MUTILATION
MIDWIFERY
PROFESSIONAL PRACTICE
RISK MANAGEMENT
TEAMWORK

Source: HMIC

191. Female genital mutilation; its implications for reproductive health. An overview.

Citation: British Journal of Family Planning, January 2000, vol./is. 26/1(47-51), 0144-8625;0144-8625 (2000 Jan)

Author(s): Ng F

Institution: St Richard's Hospital, Chichester, UK.

Language: English

Country of Publication: ENGLAND

Publication Type: Journal Article; Review

Subject Headings: Adolescent
Adult
Attitude to Health/eh [Ethnology]
Child
*Circumcision, Female/ae [Adverse Effects]
Circumcision, Female/eh [Ethnology]
Circumcision, Female/px [Psychology]
*Circumcision, Female/sn [Statistics & Numerical Data]
Female
Health Knowledge, Attitudes, Practice
Health Promotion/mt [Methods]
Humans
*Reproduction
Risk Factors

*Women's Health
World Health

Source: MEDLINE

192. Caring for Muslim patients

Citation: Abingdon - 18 Marcham Road, Abingdon, Oxon OX14 1AA: Radcliffe Medical Press, 2000(xv, 140p)

Author(s): Sheikh, Aziz; Gatrad, Abdul Rashid

Abstract: Although this book addresses health care for Muslim patients, the first section serves as an introduction to Muslim presence in the UK, Muslim beliefs and standards of conduct. Attitudes to health and disease are examined and explained. The powerful relationship between the Muslim faith and the concept of family heads the section on the Muslim patient. The concept is expanded with discussion on customs surrounding birth, including religious birth practices and ceremonies and extending to circumcision, both male and female. Naming practices, with explanations of why these can cause confusion in hospital records are dealt with in detail. The Muslim practice of fasting between dawn and sunset during Ramadan is discussed along with its implications for patients on medication. A list of those exempted from fasting is given. Muslims deem the relationship between religion and health important and the connection is here examined in detail. Cites numerous references.

Publication Type: Book

Subject Headings: PATIENT CARE
MUSLIMS
HEALTH SERVICES FOR ETHNIC MINORITIES
ISLAM
ETHNIC MINORITIES
CULTURAL DIFFERENCES
MULTICULTURAL SOCIETY
SOCIODEMOGRAPHIC DIFFERENCES
MEDICAL CARE
HEALTH CARE

Source: HMIC

193. Female genital mutilation, also known as female circumcision: information for health care professionals.

Citation: London: G&STHT, 2000(17 p.)

Author(s): Momoh, Comfort

Corporate/Institutional Author: Guy's and St Thomas' Hospital Trust

Publication Type: Book

Subject Headings: FEMALE GENITAL MUTILATION
WOMEN

Source: HMIC

194. Female genital mutilation: a global perspective

Citation: British Journal of Midwifery, 2000, vol./is. 8/12(754-760), 0969-4900 (Dec 2000)

Author(s): Rawlings Anderson, Karen; Cameron, Joan

Abstract: More than 130 million girls and women worldwide have undergone some form of female genital mutilation (FGM). In this article, the prevalence of FGM and the different types, are outlined. Research related to the subject is reviewed, along with the evidence of complications related to the practice. The meaning of the practice to the communities where it occurs and the perceived healthcare needs of women are summarised and the implications for future research discussed. Cites numerous references. [Journal abstract]

Publication Type: Article

Subject Headings: FEMALE GENITAL MUTILATION
CULTURAL FACTORS
HEALTH NEEDS
WOMEN
CIRCUMCISION
SURGICAL EXCISING
SEXUAL PROBLEMS
CHILDBIRTH
TRADITION

Source: HMIC

195. Assault on women.

Citation: Nursing Standard, November 1999, vol./is. 14/7(20), 0029-6570;0029-6570 (1999 Nov 3-9)

Author(s): Rendell R

Language: English

Country of Publication: ENGLAND

Publication Type: Journal Article

Subject Headings: Circumcision, Female/ae [Adverse Effects]
Circumcision, Female/sn [Statistics & Numerical Data]
*Circumcision, Female
Female
Great Britain
Health Education
Humans
*Women's Health
*Women's Rights
World Health

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

196. Students' knowledge of and attitudes about female circumcision in Egypt.

Citation: New England Journal of Medicine, November 1999, vol./is. 341/20(1552-3), 0028-4793;0028-4793 (1999 Nov 11)

Author(s): Allam MF; de Irala-Estevez J; Navajas RF; del Castillo AS; Hoashi JS; Pankovich MB; Liceaga JR

Language: English

Country of Publication: UNITED STATES

Publication Type: Letter

Subject Headings: Adolescent
*Circumcision, Female
Data Collection
Egypt
Female
*Health Knowledge, Attitudes, Practice
Humans
Male
Students

Source: MEDLINE

Full Text: Available in *selected fulltext* at [Highwire Press](#)

Available in *fulltext* at [ProQuest](#)

197. A discussion of the legal aspects of female genital mutilation.

Citation:	Journal of Advanced Nursing, October 1999, vol./is. 30/4(926-33), 0309-2402;0309-2402 (1999 Oct)
Author(s):	Hopkins S
Institution:	Nursing Lecturer, Central Sheffield University Hospitals and the University of Sheffield, Sheffield, UK.
Language:	English
Abstract:	<p>The purpose of this paper is to examine the position of the nurse/midwife in the United Kingdom when involved with the care of a woman or female child who has suffered genital mutilation, which is an illegal practice in this country and most other areas of the world. The types of circumcision commonly practised are introduced, the prevalent reasons for the continuation of the practice among certain ethnic groups are presented, and the range of issues to be considered by the nurse is examined. These include international and national legal aspects which do not exist in isolation and are considered in context with cultural, medical, human rights and gender issues. Nursing legal issues include child protection, consent, advocacy and confidentiality, which invoke the Code Of Professional Conduct of the United Kingdom Central Council for Nursing Midwifery & Health Visiting. Midwives and nurses working in the field of gynaecology have raised questions regarding possible courses of action to take when presented with this issue. Increased knowledge can help to inform those decisions. Therefore, implications for future practice are addressed, together with recommendations to assist nurses with decision making when faced with this scenario in the future.</p>
Country of Publication:	ENGLAND
Publication Type:	Journal Article; Review
Subject Headings:	Adolescent Adult Child Circumcision, Female/ae [Adverse Effects] Circumcision, Female/nu [Nursing] *Circumcision, Female Culture Female Great Britain Humans Infant *Jurisprudence Nurse Midwives Patient Advocacy *Women's Health
Source:	MEDLINE
Full Text:	Available in <i>fulltext</i> at EBSCO Host

198. A discussion of the legal aspects of femal genital mutilation.

Citation:	Journal of Advanced Nursing, 01 October 1999, vol./is. 30/4(926-933), 03092402
Author(s):	Hopkins S
Language:	English
Abstract:	<p>The purpose of this paper is to examine the position of the nurse/midwife in the United Kingdom when involved with the care of a woman or female child who has suffered genital mutilation, which is an illegal practice in this country and most other areas of the world. The types of circumcision commonly practised are introduced, the prevalent reasons for the continuation of the practice among certain ethnic groups are presented,</p>

and the range of issues to be considered by the nurse is examined. These include international and national legal aspects which do not exist in isolation and are considered in context with cultural, medical, human rights and gender issues. Nursing legal issues include child protection, consent, advocacy and confidentiality, which invoke the Code Of Professional Conduct of the United Kingdom Central Council for Nursing Midwifery & Health Visiting. Midwives and nurses working in the field of gynaecology have raised questions regarding possible courses of action to take when presented with this issue. Increased knowledge can help to inform those decisions. Therefore, implications for future practice are addressed, together with recommendations to assist nurses with decision making when faced with this scenario in the future.

Publication Type: journal article

Subject Headings: [Circumcision, Female](#)
[Genitalia, Female](#)
[United Kingdom](#)
[Nurses](#)
[Privacy and Confidentiality](#)
[Midwives](#)
[Consent](#)
[Culture](#)
[Ethics, Nursing](#)
[Human Rights](#)
[Child Welfare](#)
[Patient Advocacy](#)
[Female](#)

Source: CINAHL

Full Text: Available in *fulltext* at [EBSCO Host](#)

199. Episiotomy: a form of genital mutilation.

Citation: Lancet, August 1999, vol./is. 354/9178(595-6), 0140-6736;0140-6736 (1999 Aug 14)

Author(s): Girard M

Language: English

Country of Publication: ENGLAND

Publication Type: Comment; Letter

Subject Headings: [*Episiotomy/ae \[Adverse Effects\]](#)
[Evidence-Based Medicine](#)
[Female](#)
[*Genitalia, Female/in \[Injuries\]](#)
[Humans](#)
[Obstetrics/mt \[Methods\]](#)
[*Obstetrics](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

200. Episiotomy: a form of genital mutilation.

Citation: Lancet, June 1999, vol./is. 353/9168(1977-8), 0140-6736;0140-6736 (1999 Jun 5)

Author(s): Wagner M

Language: English

Country of Publication: ENGLAND

Publication Type: Comment; Letter

Subject Headings: [Episiotomy/ae \[Adverse Effects\]](#)
[Episiotomy/ut \[Utilization\]](#)
[*Episiotomy](#)

Female
Humans
Pregnancy

Source:

MEDLINE

Full Text:

Available in *fulltext* at [ProQuest](#)