FGM: THE DEVELOPMENT COSTS

WHAT IS FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. (World Health Organisation)

FGM AND DEVELOPMENT

FGM is one of the key areas for development work as it concerns human rights of women and girls, gender equality, poverty reduction, maternal health, child mortality reduction and universal basic education (linked to Sustainable Development Goals).

FGM REAL COSTS

FGM involves costs at all levels of society; emotional, physical, interpersonal, social and purely monetary. All of them, in varied forms, place a burden on personal, household, community and state economies.

SOCIAL COSTS

Like other types of VAW, FGM has significant costs affecting society as a whole.

HEALTH

Health complications endured by affected women, impose additional medical costs and place an extra burden on health providers. Extended maternal hospital stay, reconstructive surgery, HIV treatment, chronic infections and inpatient perinatal death, are some of the costs of the practice.

EDUCATION

FGM has been found to adversely affect school performance, leading to higher rates of absence and drop outs among girls.

LABOUR

FGM directly affects women’s ability to contribute to a country’s economic development. Affected women who join the labour force are at risk of sub-standard performance because of the possible long-term health effects of FGM.

LIFE LOSS

Complications resulting from FGM may lead to death of a woman/girl. It also increases mortality of infants, whose mothers have been subjected to FGM.

COMMUNITY COSTS

FGM is often a rite of passage that ensures “marriageability” of a girl.

High celebration expenses impose further pressure on families to marry a girl early.

This often implies the girls’ dropping out of school and early pregnancy.

As a result it deprives private household economies of their daughters’ contributions and the whole community of women’s active economic participation.

RELATIONSHIP COSTS

Traumas that may be caused by FGM create the risk of interpersonal and marital problems that a woman/girl will experience in her life-time.

Early marriage that often accompanies FGM, may prevent women’s/girls’ already limited access to sexuality education, which may exacerbate relationship problems.

Additionally, girls who do not undergo FGM may be ostracized and stigmatized, causing psychological pain and difficult relations with peers and the community at large.

INDIVIDUAL COSTS

Possible losses incurred by FGM manifest over a woman’s life-span.

EMOTIONAL-PHYSICAL

Short-term: pain, shock, bleeding, loss of consciousness, infections, sometimes death.

Long-term: psychological trauma, PTSD, phobias, anxiety, loss of motivation & resilience, chronic disease, HIV risk.

SEXUAL-REPRODUCTIVE

Sexual difficulties, infertility, complications when giving birth, maternal & infant mortality.

MATERIAL

Women and girls subjected to FGM are at risk of early marriage, dropping out of school and reduced opportunities for growth, development and sustainable income. Health complications caused by FGM increase their medical expenses throughout the entire life-cycle. Some women may need to resort to surgery to be able to have sexual intercourse or give birth.

Ecological model for understanding violence Source: Heise el al., 1999; Krug et al., 2002; CDC, 2004
FGM, DEVELOPMENT AND SDGs*
* Sustainable Development Goals

FGM is one of the key areas for development work, as it concerns human rights of women and girls, gender equality, poverty reduction, maternal health, child mortality reduction and universal basic education.

FGM is explicitly mentioned in Goal 5, Target 5.3 of SDG: “Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations”.

DEVELOPMENT COSTS

Costs resulting from FGM have direct effects on investment in development. The gender education gap, maternal health, HIV and poverty, are only some of the negative indicators which impact on the development programmes, due to FGM.

KEY MESSAGES

1. Conduct and promote comprehensive and systematic research and data-collection on the costs and economic impact of FGM.
2. Facilitate synergistic policies that link investments in different sectors and bring together the planning and budgeting authority of the Ministries of Finance, Health, Education, Rural Development and Social Welfare.
3. Mainstream prevention, identification and elimination of FGM in all development sectors and programmes.
4. Invest in achieving universal access to modern family planning methods. Provide comprehensive medical, psychological support services to girls and women living with FGM.
5. Integrated approach to FGM should go hand in hand with support and promotion of dedicated projects.
6. Professional development training should be provided by specialists to support project officers.

GOOD PRACTICE

CBF – FROM PREVENTION TO PROVISION OF INTEGRATED SERVICES IN BURKINA FASO.

The “Centre pour le bien-être des femmes et la prévention des Mutilations Génitales Féminines – Gysèle Kambou” (CBF) established in 2005 by AIDOS in partnership with local NGOs, is located in the outskirts of the capital. It offers an integrated package of specialized SRHR medical and counselling services thus addressing the issue of FGM from prevention to provision of services, at individual, couple, household, community levels. In particular the CBF offers psychological, social and legal counselling and sensitization and awareness activities, including community workshops and public events on women and girls’ rights including FGM. Special sets of training sessions are organised to inform and sensitize professionals including educators, legal practitioners and police on the FGM legislation and existing protection mechanisms. At the Centre women and girls affected by FGM have access to primary gynaecological care, surgical primary repair of FGM consequences and are referred to specialized health facilities for secondary interventions such as reconstructive surgery.

FACTS

The costs of health-care provided to women affected by FGM, impose a greater economic burden than the cost of efforts to prevent FGM.

World Health Organization research found that consistent and sustainable actions to prevent/manage FGM would decrease the economic burden to health systems.

The 53 million African women studied by WHO (2009) in six African countries represent a total of $ 3.7 million in medical costs for the management of the obstetric complications linked to FGM.

Ethiopia could add up to $6.8 billion to its GDP if girls who currently drop out of school due to early marriage, could complete secondary education and contribute to the national economy.

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