



The **Prevention** and the  
**Management** of the Health  
Complications

Policy **Guidelines**  
for nurses and  
midwives

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Department of Gender and Women's Health  
Department of Reproductive Health and Research  
Family and Community Health  
**World Health Organization**  
Geneva



# Female Genital Mutilation

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## ACKNOWLEDGMENTS

This document is part of a set of training materials (Teacher’s Guide, student manual and policy guidelines) which have been prepared by the World Health Organization (WHO) to facilitate training for health personnel on female genital mutilation.

Acknowledgement goes to the technical team – Ms Efua Dorkenoo O.B.E., Ms Stella Mpanda and Ms Feddy Mwanga who prepared the materials.

The project would not have been successful without the technical inputs from the following nurses and midwives; we would therefore like to acknowledge the important contribution made by the following: Ms Buthina Abdel Gadir Mohamed, Ms Nikki Denholm, Ms Fadwa Affara, Ms Comfort Momoh, Ms Lisbet Nybro Smith, Ms Kowser Omer-Hashi, Ms Fathia Ibrahim, Dr Christine Adebajo, Ms Yasin S.Ceesay, Dr Omangondo O. Ngege, Dr Gaynor D. Maclean, Ms Valerie J. Tickner, Ms Emma Banga and Dr Naema Al-Gasseer. The contribution from nurses, midwives and doctors who helped with field testing of the materials as well as input received from the International Council of Nurses (ICN) and the International Confederation of Midwives (ICM) are greatly appreciated.

Thanks to Dr Heli Bathijah and Ms A. Fahmy for their review comments; and to Mr Simeon Obidairo for his contribution to the human rights section. Thanks also to Sue Armstrong and Jillian Albertolli for assisting with the editing.

The project could not have been successful without funding support from UNFIP, DFID, and AUSAID. The Organization gratefully acknowledges their timely support.

Clinical photographs: Dr Harry Gordon

“Tradition! Tradition!” © Efua Dorkenoo, FORWARD (1992)

Cover photograph: Courtesy of A.I.

Design: Mr Caleb Rutherford – eidetic

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# FOREWORD

An estimated 100 to 140 million girls and women in the world today have undergone some form of female genital mutilation, and 2 million girls are at risk from the practice each year. The great majority of affected women live in sub-Saharan Africa, but the practice is also known in parts of the Middle East and Asia. Today, women with FGM are increasingly found in Europe, Australia, New Zealand, Canada and the United States of America, largely as a result of migration from countries where FGM is a cultural tradition.

FGM covers a range of procedures, but in the great majority of cases it involves the excision of the clitoris and the labia minora. At its most extreme, the procedure entails the excision of almost all the external genitalia and the stitching up of the vulva to leave only a tiny opening. Whatever form it takes, FGM is a violation of the human rights of girls and women; and it is a grave threat to their health.

The complications of FGM – physical, psychological, and sexual – require skilled and sensitive management by health care workers, yet FGM is rarely mentioned, let

alone covered in detail, in the training curricula of nurses, midwives and other health professionals. WHO is committed to filling these gaps in professional education by producing a range of training materials to build the capacity of health personnel to prevent and to manage the health complications of FGM.

These materials are dedicated to all the girls and women who suffer – very often in silence – the personal violation and pain of FGM, and to those committed to their care and the relief of their suffering. Though much has been achieved over the past two decades in lifting the veil of secrecy surrounding FGM, there is still an enormous amount to be done to provide quality services to those affected, and to prevent other little girls and women from adding to their numbers. It is hoped that bringing FGM into mainstream education for health professionals will increase the pressure for elimination of the practice, while at the same time throwing out a lifeline to those who have felt isolated with their problems for so long.



Dr Tomris Türmen

Executive Director

Family and Community Health

World Health Organization, Geneva

# INTRODUCTION

It is estimated that between 100-140 million girls and women worldwide have undergone female genital mutilation. At the current rates of population increase and with the slow decline in these procedures, it is estimated that each year a further 2 million girls are at risk from the practice. Most of the women and girls affected live in 28 African countries, and a few in the Middle East and Asia. They are also increasingly found in Europe, Australia, New Zealand, Canada and the United States of America, mostly among immigrants from countries where FGM is the tradition.<sup>1</sup> The age at which girls undergo FGM varies enormously according to the ethnic group practising it. The procedure may be carried out when the girl is a newborn, during childhood, adolescence, at the time of marriage or during the first pregnancy. In some cultures, where FGM is the accepted norm, a woman is re-infibulated (re-stitched) following childbirth as a matter of routine. About 80 % of the cases of FGM involve excision of the clitoris and the labia minora. The more extreme type of FGM, infibulation, comprises around 15% of all procedures. The highest rates for infibulation are found in Djibouti, Somalia and northern Sudan.<sup>2</sup>

FGM is usually performed by an elderly woman of the village specially designated this task, by village barbers or by a traditional birth attendant (TBA). In some countries, more affluent families seek the services of medical personnel, in an attempt to avoid the dangers of unskilled operations performed in unsanitary conditions. However, the “medicalization” of FGM – which is willful damage to healthy organs for non-therapeutic reasons – is unethical and has been consistently condemned by WHO.<sup>3</sup> A major effort is needed to prevent the “medicalization” of the practice. The World Health

Organization, the International Council of Nurses (ICN), the International Confederation of Midwives (ICM) and the Federation of Gynecologist and Obstetrician (FIGO) have all declared their opposition to the “medicalization” of FGM, and have advised that it should not be performed by health professionals or in health establishments under any circumstances.

FGM violates the basic human rights of girls and women. Various international and regional instruments have been drawn up to protect these rights.<sup>4</sup> Moreover, the performance of FGM by a health professional is a violation of the ethical code governing health practice, which specifically requires that nurses and midwives “do no harm”.

These guidelines are intended for use primarily by those responsible for developing policies and directing the working practices of nurses, midwives and other frontline health care providers. They are also intended to complement the training materials for nurses and midwives in the management of girls and women with FGM.

The purpose of the policy guidelines is:

- to promote and strengthen the case against the medicalization of FGM;
- to support and protect nurses, midwives and other health personnel in adhering to WHO guidelines not to close an opened up infibulation;
- to empower nurses and midwives to carry out functions in relation to FGM which are outside their current legal scope of practice; and
- to encourage appropriate documentation of FGM in clinical records and health information system (HIS).

<sup>1</sup> *Female Genital Mutilation: An overview*, World Health Organization Geneva, 1998

<sup>2</sup> *Female Genital Mutilation: Report of a WHO Technical Working Group*. Geneva, 17–19 July 1995. Geneva, World Health Organization, 1996.

<sup>3</sup> *Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement*. Geneva, World Health Organization, 1997.

<sup>4</sup> *Summary of international and regional human rights texts relevant to the prevention and redress of violence against women*. Geneva, World Health Organization, 1999. (WHO/GCWH/WMH/99.3)

# INTERNATIONAL RESOLUTIONS AND CONVENTIONS AGAINST FEMALE GENITAL MUTILATION

In 1948, the Universal Declaration of Human Rights<sup>5</sup> was adopted by the United Nations General Assembly. The Declaration was translated into human rights law by two general covenants, both adopted by the General Assembly in 1966. These are the International Covenant on Civil and Political Rights (the Political Covenant)<sup>6</sup> and the International Covenant on Economic, Social and Cultural Rights (the Economic Covenant)<sup>7</sup>

Regional human rights conventions, also based on principles derived from the Universal Declaration, include the African Charter on Human and People's Rights (the African Charter).<sup>8</sup> This Convention prohibits discrimination on the grounds of sex and emphasizes the need for the respect of the rights of persons and for the promotion and protection of health.

Other conventions that protect girls' and women's right to health include the Convention on the Elimination of All Forms of Discrimination against Women (1979).<sup>9</sup> The Convention against Torture, and other Cruel, Inhuman or Degrading Treatment or Punishment, prohibits the infliction of physical, or mental pain or suffering on women.<sup>10</sup> The Convention on the Rights of the Child protects the rights of girl-children (1989).<sup>11</sup> These Conventions, which form part

of binding international law, oblige member states that are signatories to protect their own nationals from harmful practices such as FGM.

Internationally, there is a shift away from thinking about female genital mutilation as primarily as a health issue and towards considering it as an issue of women's health and human rights. The 1994 Declaration and Programme of Action of the International Conference on Population and Development (ICPD)<sup>12</sup> strongly advocates for gender equity and equality and directly addresses reproductive health and rights issues. The Programme of Action specifically mentions female genital mutilation and calls for its prohibition. It urges governments to give vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate the practice. The Declaration and Platform for Action of the Fourth World Conference on Women, held in Beijing in 1995,<sup>13</sup> calls for an end to the practice of female genital mutilation. Paragraph 39 of the Beijing Platform for Action, refers to the rights of girls and lists genital mutilation as one of the various sexual and economic exploitation to which girls are often subjected.

<sup>5</sup> Universal Declaration of Human Rights. In: *Human Rights – a compilation of international documents*. Geneva, United Nations, 1993:1

<sup>6</sup> International Covenant on Civil and Political Rights. In: *Human Rights – a compilation of international documents*. Geneva, United Nations, 1993:20

<sup>7</sup> The International Covenant on Economic, Social and Cultural Rights. In: *Human Rights- a compilation of international documents*. Geneva, United Nations, 1993:8

<sup>8</sup> *African Charter on the Rights and Welfare of the Child*. Addis Ababa, Organization of African Unity, (OAU), DOC. CAB/LEG/24.9/49 (1990)

<sup>9</sup> The Convention on the Elimination of All Forms of Discrimination against Women. In: *Human Rights - a compilation of international documents*. Geneva, United Nations, 1993:150

<sup>10</sup> The Convention against Torture, and other Cruel, Inhuman or Degrading Treatment or Punishment. In: *Human Rights - a compilation of international documents*. Geneva, United Nations, 1993:293

<sup>11</sup> *The Convention on the Rights of the Child: United Nations General Assembly Resolution 44/25.44*. United Nations General Assembly, 1989.

<sup>12</sup> *Programme of Action*. Cairo, United Nations International Conference on Population and Development, 1994.

<sup>13</sup> *Beijing Platform for Action*. Fourth World Conference on Women, Beijing, 1995.

<sup>14</sup> *The Convention on the Elimination of All Forms of Discrimination against Women*. New York, United Nations, 1979. (United Nations General Assembly Resolution 34/180)

The Convention on the Elimination of All Forms of Discrimination against Women<sup>14</sup> is legally binding on State Parties. It strongly promotes the rights of women and specifically addresses discriminatory traditional practices. For example, article 2(f) of the Convention urges States Parties to take appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women. The 1994 World Health Assembly adopted Resolution 47.10<sup>15</sup>, recognizing that traditional practices such as female genital mutilation, early sexual relations and reproduction “causes problems in pregnancy and child birth and have profound effect on the health and development of children.” The resolution urges member states “to assess the extent to which harmful traditional practices affecting the health of women and children constitute a social and public health problem in any local community or subgroup. The Convention on the Rights of the Child protects the child’s right to equality irrespective of sex (article 2), to the highest attainable standard of health (article 24.1); to freedom from all forms of mental and physical violence (article 19.1); and freedom from torture, or cruel, inhuman or degrading treatment (article 37.a).<sup>16</sup>

Female genital mutilation has recognized implications for the human rights of women and children. It is also considered to be a form of violence against girls and women.<sup>17</sup> The Vienna Declaration and Programme of Action strongly supports the rights of women and girls. It is applicable to female genital mutilation because of its specific mention and condemnation of harmful traditional practices.

The specific rights that should protect girls and women from female genital mutilation include:

- the right to health

- the right to be free of cruel and degrading practices
- the right to sexual and corporal integrity, and
- the right to reproduce.

All these rights are clearly set out in the United Nations Conventions created to supplement the Charter.

## The Right to Health

Because female genital mutilation threatens the health and lives of women and children, the failure of the state to protect them from the practice may be seen as a violation of several United Nations (UN) agreements. The Universal Declaration of Human Rights (1948) proclaims the right for all human beings to live in conditions that enable them to enjoy good health and health care. Article 3 of this declaration guarantees the right to life, liberty and security of person. This principle has been articulated as providing the basis for mental and physical integrity.<sup>18</sup> The Convention on the Rights of the Child (1989) can be interpreted as offering children protection from female genital mutilation. Article 24(1)(f) of the Convention on the Rights of the Child requires States Parties to “develop preventive health care, guidance for parents, and family planning education and services”. Article 12(1) of the Convention on the Elimination of All Forms of Discrimination Against Women requires that States Parties “eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning”.

In addition to the above, the African Charter on the Rights and Welfare of the Child, (1990), protects many of the rights enshrined in the Convention on the

<sup>15</sup> World Health Assembly Resolution: *Maternal and child health and family planning; Traditional practices harmful to the health of women and children* (WHA 47.10, 1994).

<sup>16</sup> *The Convention on the Rights of the Child: United Nations General Assembly Resolution 44/25.44*. United Nations General Assembly, 1989.

<sup>17</sup> R.J. Cook. *Women’s Health and Human Rights*. World Health Organization, Geneva, 1994.

<sup>18</sup> *Summary of international and regional human rights texts relevant to the prevention and redress of violence against women*. Geneva, World Health Organization, 1999.

<sup>19</sup> *African Charter on the Rights and Welfare of the Child*. Addis Ababa, Organization of African Unity, (OAU), DOC. CAB/LEG/24.9/49 (1990)



Rights of the Child.<sup>19</sup> The Charter can be interpreted as offering protection from female genital mutilation. Article 16 of the African Charter states that “every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health”. Article 18(3) declares that: “the state shall ensure the elimination of every discrimination against women and also ensure the protection of the rights of the woman and the child as stipulated in international declarations and conventions.”

## The Right to Be Free of Cruel and Degrading Practices

Female genital mutilation constitutes cruel and degrading treatment of girls and women. Many United Nations documents require states to protect the rights of women and girls to ensure freedom from such treatment.

Article 5 of the Universal Declaration of Human Rights, states that “no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment”. In addition, Article 22 states that “everyone, as a member of society, has the right to . . . social and cultural rights indispensable for his dignity and the free development of his personality”.

Article 1 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1989) can be interpreted as offering protection to women from genital mutilation. It states: “For the purposes of this Convention, torture means any act which causes severe pain or suffering, whether physical or mental, is intentionally inflicted on a person . . . for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity . . .”<sup>20</sup>

Article 37 (a) of the Convention on the Rights of the Child (1989) requires State Parties to ensure that no child is subjected to torture or other cruel, inhuman or degrading treatment or punishment. The rights of women and girls to protection from female genital mutilation are also implicit in the African Charter. Article 5 declares that “every individual shall have the right to the respect of the dignity inherent in a human being and to the recognition of his legal status. All forms of exploitation and degradation of man, particularly . . . torture, cruel, inhuman or degrading punishment and treatment shall be prohibited. The African Charter urges States Parties to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child (article 21.1b).

## The Right to Sexual and Corporal Integrity

Female genital mutilation violates the rights of women and girls to sexual and corporal integrity. Article 3 of the Universal Declaration of Human Rights states that “everyone has the right to life, liberty and security of person.” The Convention on the Elimination of All Forms of Discrimination against Women (1979) also protects the right of women and girls to sexual and corporal integrity. For the purpose of the Convention the term “discrimination against women” shall mean any distinction, exclusion, or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field (Article 1).<sup>21</sup>

The African Charter may also be interpreted as

<sup>20</sup> *Summary of international and regional human rights texts relevant to the prevention and redress of violence against women.* Geneva, World Health Organization, 1999.

<sup>21</sup> *The Convention on the Rights of the Child: United Nations General Assembly Resolution 44/25.44.* United Nations General Assembly, 1989.

obliging states to protect the rights of women and girls to sexual and corporal integrity.

## The Right to Reproduction

FGM, and particularly infibulation, interferes with the right of women to reproduce. The practice frequently leads to sexual and psychosocial complications, and may result in infertility. In 1994 CEDAW adopted a General Recommendation on equality in marriage and family relations, which also entitles women to decide on the number and spacing of their children.<sup>22</sup>

<sup>22</sup> *Summary of international and regional human rights texts relevant to the prevention and redress of violence against women.* Geneva, World Health Organization, 1999.

# POLICY STATEMENTS REGARDING THE PREVENTION OF FGM AND THE MANAGEMENT OF GIRLS AND WOMEN WITH FGM COMPLICATIONS

## POLICY NO. 1:

### OPENING UP OF TYPE III FGM (INFIBULATION)

#### Background

Female genital mutilation, especially type III, can result in a very small opening which may cause difficulties in urination, menstruation and sexual intercourse, as well as serious problems in childbirth. During delivery the constricted vulva in type III FGM needs to be opened up to allow the passage of the baby to prevent the formation of vesico-vaginal fistula (VVF) and recto-vaginal fistula (RVF). Such action is necessary to prevent undue suffering of mother and baby, including the increased risk of stillbirth and/or maternal death.

#### Rationale

Nurses and midwives are often the primary caregivers, and in many circumstances the only trained health care providers available. Women and girls may seek professional help because of urine retention, haematocolpos, infection, or psychological trauma due to sexual harassment or dyspareunia. Having the knowledge and skills necessary to open up a type III FGM will allow nurses and midwives to address these immediate problems in their clients and to prevent further complications from arising. As this brief discussion suggests, there are many circumstances in which opening up of infibulation is indicated.

## Policy statements

1. Nurses and midwives need to be trained to open up type III FGM, and their competency to perform the procedure maintained to ensure that care is safe and effective.

2. Nurses and midwives need to be given the administrative and legal authority to carry out the opening up procedure.

## POLICY NO. 2:

### REFUSAL OF REQUESTS TO RE-STITCH AN OPENED UP VULVA (RE-INFIBULATION)

#### Background:

After opening up a closed vulva to resolve a specific problem (for example during childbirth), the nurse/midwife may be requested by the woman herself, or her partner or family members, to re-stitch the opened vulva to create a small opening. Such a request may pose professional and ethical dilemmas for the health worker.

#### Rationale:

Re-infibulation of an opened up vulva is equivalent to performing the initial act of female genital mutilation. It poses the same threat to health as the initial act, putting the girl or woman at risk of a wide range of physical, psychological and sexual complications.

**Policy statements:**

1. Health workers must not, under any circumstances, close up (re-infibulate) an opened vulva in a girl or woman with type III FGM in a manner that makes intercourse and childbirth difficult.
2. Nurses and midwives need to be given the administrative and legal authority to refuse a demand for reclosure, regardless of the client's cultural and social background.
3. Nurses and midwives need to be given appropriate training and support to enable them to counsel families who expect them to perform a re-infibulation.

**POLICY NO. 3:****PERFORMANCE OF FUNCTIONS THAT ARE OUTSIDE THE NURSE'S/MIDWIFE'S LEGAL SCOPE OF PRACTICE****Background:**

Some situations may demand that the nurse or midwife take action that is outside his/her current legal scope of practice. In relation to FGM this may involve prescribing antibiotics and analgesics, and/or performing an episiotomy, or opening an infibulation.

**Rationale:**

Nurses and midwives are often the primary caregivers and the only trained health care providers available. It is important, therefore, that restrictions on their practice be removed, so that they are able to provide comprehensive primary care that is safe and effective to girls and women with FGM complications.

**Policy statements:**

1. Nurses and midwives need to be given the appropriate training, and the competency to perform all necessary functions maintained, to ensure that care is comprehensive, effective and safe.

2. Nurses and midwives need to be given the administrative and legal authority to perform, without undue restriction, the functions that may be necessary to treat the conditions they encounter as primary caregivers.

**POLICY NO. 4:****DOCUMENTATION OF FGM****Background:**

Information regarding FGM is inadequate because the condition is rarely noted in clinical records or recorded in health information systems (HIS). Lack of information conceals the extent of FGM and hinders the effort to plan for the health needs of affected communities and to eliminate the practice.

**Rationale:**

At the clinical level, good documentation is necessary for the efficient management of cases, and for providing quality health care and follow up to clients with FGM.

At the national level, a health information system that records FGM is necessary to raise awareness on the extent of the practice. The data on FGM are useful for planning health services, prevention of the practice and monitoring health outcomes related to FGM.

**Policy statements:**

1. The presence of FGM and related complications should be noted as a matter of routine in the clinical records of health service clients.
2. Health information systems should include appropriate data on FGM.

**POLICY NO. 5:**  
**PREVENTION OF FEMALE GENITAL  
MUTILATION BY NURSES, MIDWIVES, AND  
OTHER HEALTH CARE PROFESSIONALS.**

**Background:**

With increased awareness of the harmful effects of FGM and greater access to health care services, there are moves towards “medicalization” of FGM – i.e. having the operation performed by health professionals in clinical settings – in the belief that it is safer. Health care workers may find themselves under pressure from individuals and families to carry out FGM.

**Rationale:**

“Medicalization” of FGM legitimizes a procedure that is harmful to the health and wellbeing of girls and

women. Furthermore, it is a violation of the ethical code governing the professional conduct of nurses, midwives and other health care workers.

**Policy statements:**

1. Nurses, midwives and other health care workers must be expressly forbidden to perform female genital mutilation.
2. Any nurse, midwife or other health care worker found performing, or reported to have performed, FGM should be brought to the attention of the appropriate authorities for professional discipline and/or legal action.



# APPENDIX

## LIST OF ABBREVIATIONS

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
FGM	Female genital mutilation
ICPD	International Conference on Population and Development
OAU	Organization of African Unity
RVF	Recto-vaginal fistula
UDHR	Universal Declaration of Human Rights
UN	United Nations
VVF	Vesico-vaginal fistula
WHO	World Health Organization

## SELECTED WHO PUBLICATIONS AND DOCUMENTS OF RELATED INTEREST

- *Female Genital Mutilation. A Joint WHO/UNICEF/UNFPA Statement.* Geneva, World Health Organization, 1997.
- *Female Genital Mutilation. Report of a WHO Technical Working Group,* Geneva, 17-19 July 1995. Geneva, World Health Organization, 1996. (WHO/FRH/WHD/96.10)
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- *Female Genital Mutilation. A Handbook for Frontline Workers.* Geneva, World Health Organization, 2000. (WHO/FCH/WMH/00.5 Rev.1)
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WHO documents on FGM are available on the web site [www.who.int/frh-whd](http://www.who.int/frh-whd)

## NOTES

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