Using this Resource

This resource is meant to help women start a conversation with their health practitioners about their experience of Female Genital Cutting (FGC). For many women, this can be an uncomfortable topic. It may have been a physically and psychologically traumatic experience and may be embarrassing to talk about due to cultural norms. This resource allows women to inform their health practitioner about their medical history and concerns, in a less invasive way.

More information on caring for women and girls affected by FGC is available online from BRYCS Community Conversations.
**The Four Types of Female Genital Cutting**

**Type 1:** partial or total removal of the clitoris (clitoridectomy)

**Type 2:** partial or total removal of the clitoris and the labia minora/majora (excision)

**Type 3:** narrowing of the vaginal opening through the creation of a covering seal (infibulation)

**Type 4:** other (e.g. pricking, piercing, incising, scraping and cauterizing the genital area)

---

**Why is FGC practiced?**

FGC is the collective term for a range of procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons. It is often performed to mark a girl’s passage into womanhood and full membership in her community as an adult. It can also be seen as a way to ensure a daughter’s marriageability, and therefore her social and economic future, as certain types of FGC can be a physical indication and proof of virginity. Other communities perform it because they believe it is prescribed by their religion, however it is important to remember that the practice is not specific to one culture or religion. In many instances, individuals may not want to continue the practice, but the threat of being ostracized and pressure to conform to the ideals of family, community, and culture are stronger.

---

**Considerations and Cultural Sensitivity**

Health practitioners should do their best to provide culturally competent care by learning about the cultural and historical roots of FGC, the different types, and the health and psychological consequences. Additionally, a referral to a more knowledgeable physician would be appreciated, if it is in the best interest of the woman.

Prenatal care and gynecological exams should include topics focused on the woman and the girl’s health, not only FGC related topics. Be communicative with the female patient during a gynecological exam, letting her know the steps and procedures, as this may be her first time visiting an OB/GYN.

---

**Are there laws against FGC?**

It is illegal in the U.S. to perform or assist to perform FGC on anyone under the age of 18. The U.S. considers FGC to be a violation of human rights, gender-based violence, and a form of child abuse.

A woman or girl who has undergone FGC is not at fault and has not violated any U.S. laws. Federal law makes discrimination against anyone who has undergone these procedures illegal.

Health providers should learn the intentions of mothers of daughters regarding FGC and work collaboratively with families to prevent the practice in their communities.

If you suspect or have reason to believe that a minor has undergone FGC, mandatory reporting laws must be followed.