

Female Genital Mutilation: confronting a hidden harm

Across the world, Female Genital Mutilation (FGM) remains a deeply sensitive yet critical health and human rights concern. Despite its growing global attention, the practice continues in many communities across Africa, Asia, and the Middle East, rooted in long-standing cultural and social norms that have persisted for centuries.¹ For millions of girls, FGM is not a single event, but the beginning of lifelong physical and psychological harm, and social harm.

Female Genital Mutilation encompasses practices that involve the partial or complete removal of external female genital tissue, or intentional injury to female genital organs, performed for non-therapeutic purposes.² This practice has no health benefits and causes significant harm. Immediate complications include severe pain, excessive bleeding, infection, and urinary difficulties, while long-term consequences range from obstetric complications to chronic psychological trauma.³ Beyond health outcomes, FGM represents a profound violation of the fundamental human rights of women and girls, including the rights to health, bodily autonomy, dignity, and life.⁴

The female genitalia play essential roles in sexual, urinary, and reproductive health; harmful interference with these structures results in lasting physical and psychological consequences that extend far beyond the procedure itself.

FGM primarily targets girls from infancy through adolescence, most commonly between early childhood and 15 years of age. At these stages of life, girls are unable to give informed consent and are left with no choice but to endure a practice imposed upon them, often by trusted family or community members. The violation is therefore not only physical, but also ethical, stripping children of autonomy and protection at their most vulnerable stages of development.

According to the World Health Organization, more than 230 million women and girls worldwide have undergone FGM, with an estimated 4 million girls at risk each year.⁵ Africa bears the highest burden, accounting for over 144 million affected women and girls.⁶ Yet despite its scale, FGM remains largely hidden. This is attributed to its deeply private and culturally sensitive nature that discourages many survivors from seeking medical care or speaking openly about their experiences, forcing countless women to suffer in silence. This silence perpetuates underreporting, limits access to care, and weakens prevention and response efforts.

⁶ Luoga, P., et al., Prevalence and determinants of female genital mutilation: current insights from ten at-risk countries in Sub-Saharan Africa. *BMC Public Health*, 2025. 25(1): p. 1031.

⁵ See n 1 4 Ayenew, A.A., et al., Healthcare and community perspectives on female genital mutilation/cutting (FGM/C): a qualitative study. *EClinicalMedicine*, 2025. 90: p. 103604. ³ Ibid

² Ibid 1 World Health Organization, Female genital mutilation. 2025

The Prevalence of FGM and The Laws in Malawi In Malawi, there are no national statistics on FGM, but there are reports that the practice is widely practiced in the southern region of the country on girls between the ages of 10-15. ⁷ The Constitution of the Republic of Malawi guarantees protection of the right to life, equality, health, the rights of children to be protected from treatment that harms their physical, mental or social development and the rights of women from freedom from discrimination.

Additionally, the Gender Equality Act of 2013 prohibits harmful cultural practices defined as social, cultural, or religious practices on account of gender that is likely to undermine the dignity or health of a person or result in physical, sexual, or psychological harm to any person. This wide definition logically includes the prohibition of FGM as it is a cultural practice carried out on women and girls that undermine their health, dignity and result in their physical, sexual and psychological harm. However, the law does not explicitly prohibit FGM that results in a clarity for the courts with some cases of FGM merely prosecuted as unlawful wounding that does not meaningfully reflect the harm it causes.

Physical complications The removal or injury of female genital tissue disrupts a region that is highly vascularised and densely innervated. As a result, FGM frequently leads to severe pain and excessive bleeding immediately following the procedure. The open wounds created increase the risk of infection, tissue swelling, urinary complications, and poor wound healing. In severe cases, these complications can escalate to sepsis and death, particularly in settings with limited access to emergency medical care.

Psychological consequences On a psychological level, FGM is associated with long-term emotional and mental health harm, including anxiety, depression, post-traumatic stress disorder, and sexual dysfunction. Many survivors report feelings of fear, shame, loss of bodily autonomy, and mistrust, which can persist throughout adulthood and affect intimate relationships, self-identity, and overall quality of life well into adulthood. 8

Human rights implications FGM constitutes a serious violation of fundamental human rights. It infringes upon the right to life, the right to health, the right to bodily integrity, and the right to freedom from torture and cruel, inhuman, or degrading treatment. Since the practice is most often carried out on minors, it also violates the rights of the child, including the right to protection, dignity, their best interests and the highest attainable standard of health.

Rooted in gender inequality and discrimination, FGM reflects deeply entrenched social norms aimed at controlling female sexuality and bodily autonomy. International human rights 8 See n 1 instruments including those of the United Nations and the World Health Organization recognize FGM as a form of gender-based violence.

The Way forward Evidence from studies such as Ayenew et al. underscores the urgent need for multifaceted interventions to prevent Female Genital Mutilation.⁹ Effective responses must be grounded in research-informed strategies, strengthened health-care systems, and sustained community engagement.

Prevention efforts should prioritise education and civic awareness, with a focus on understanding the cultural, social, and economic drivers of the practice. Community-based programmes that engage parents, traditional leaders, men, women, and young people are essential in challenging harmful norms and promoting alternative rites that protect girls.

Equally important is the strengthening of legal and policy frameworks to safeguard women and girls from violence. Laws prohibiting FGM must be explicit, enforced, perpetrators held accountable, and survivors protected from stigma and retaliation. Health-care professionals have a critical role to play not only in providing care to survivors, but also in identifying cases, reporting risks, counselling families, and preventing the medicalisation of FGM.

Ultimately, ending Female Genital Mutilation requires a coordinated approach that integrates public health, human rights, legal enforcement, and community-led action. Only through sustained commitment at all levels can the futures of girls and women be protected.

9 See n 2