

THE world could put a stop to female genital mutilation (FGM) within a generation, international leaders and campaigners say. (This report contains graphic descriptions of the practices involved).

The ambitious pledge to end FGM comes from a UK summit dedicated to the topic, hosted by Prime Minister David Cameron.

So what is FGM, and why is it still being carried out on millions of women and girls around the world?

'Cutting'

Female genital mutilation (FGM) includes any procedure that alters or injures the female genital organs for non-medical reasons.

In its most severe form, after removing the sensitive clitoris, the genitals are cut and stitched closed so that the woman cannot have or enjoy sex.

A tiny piece of wood or reed is inserted to leave a small opening for the necessary flow of urine, and monthly blood when she comes of age (most FGM is carried out on infants or young girls before they reach puberty).

When she is ready to have sex and a baby, she is "unstitched" - and then sewn back up again after to keep her what is described by proponents as "hygienic, chaste and faithful".

In societies where FGM is commonplace, a woman can bring shame on herself and her family if she does not comply. Some see it as a religious necessity - though no scriptures explicitly prescribe it.

Types of FGM

- Clitoridectomy - partial or total removal of the clitoris
- Excision - removal of the clitoris and inner labia (lips), with or without the outer labia
- Infibulation - cutting, removing and sewing up the genitalia
- Any other type of intentional damage to the female genitalia (burning, scraping et cetera)

Most often, the procedure is carried out by traditional circumcisers or preachers, using crude, accessible tools, such as thorns and thread, broken glass or razor blades, and without anaesthetic.

The pain is part of the centuries-old ritual - to prove that the woman is strong and can endure it. Corrosive substances may also be inserted into the vagina to scar, tighten and narrow it.

But about a fifth of all FGM is now performed by healthcare workers in hospital settings - bespoke clinics that use scalpels and antiseptics - and the trend towards medicalisation is increasing, says the World Health Organization.

This is partly to counter the argument that FGM is unsafe. A big risk with FGM is dangerous bleeding and infection. By doing it in a clinic, these risks can be minimised.

Another compelling reason is money. Doctors and midwives in poor countries can boost their salary by selling their services.

Efua Dorkenoo, senior FGM advisor at Equality Now, who has been campaigning for decades to put an end to FGM, said: "In Egypt, around 70% of FGM is done by medical doctors. In Kenya and Nigeria, local midwives are cutting.

"The medical professionals, they think that if it can't be stopped it's best to do it in the medical setting. And some are doing it for money."

And it's not just something that's done outside of the West. There have been

