

Female genital mutilation requires public health and political debate in Finland

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Female genital mutilation (FGM) or cutting is harmful practice violating female genital organs for non-medical reasons. There are no health benefits, medical requirements, or justification for FGM. Instead, it is a damaging cultural and social practice violating health and human rights, affecting more than 200 million girls and women worldwide.¹ Annually, an estimated 4.3 million girls are at risk of undergoing FGM.²

Eliminating FGM by 2030 is a global public health priority,³ which should also be the focus in Finland. Hence, although Finland is one of the most gender-equal nations in the world, around 47% of women in Finland aged 15 and older have experienced physical and/or sexual violence. This estimate is higher than the average in the European Union.⁴ However, there is no comprehensive prevalence data on FGM in Finland, but an estimated 10,000 women and girls have undergone FGM, and 650–3080 living in Finland are at risk.⁵ Unfortunately, there are no specific law provisions on violence against women or FGM in Finland, but numerous forms of violence are criminalized.⁴

FGM became a concern over 30 years ago when populations migrated to Finland from countries where FGM is practiced. Today, around 8.5% (470,000) of the Finnish population have a migrant background.⁶ However, the Etna Economic Research group in Finland estimated that Finland needs annual net migration of 44,000 persons to stabilize the birth cohorts' size and labor force.⁷ Therefore, the Finnish Government could consider being far-reaching; how will the country support girls and women from FGM-risk countries?

There have been national activities to prevent FGM since the 1990s in Finland.⁵ For instance, the issue of FGM has been included in several textbooks and materials aimed at healthcare professionals to increase their professional knowledge. In addition, the Finnish Institute for Health and Welfare (THL) provides guidelines on their websites to address FGM and encourage healthcare professionals to talk about the issue among

patients at risk.⁸ Furthermore, the Finnish Maternity card has contained information on FGM or cutting since 2017, obliging professionals to ask families about it in healthcare. Also, two national action plans for FGM prevention have been published, the first in 2012 and the second in 2019.^{5,9}

Nevertheless, regarding the national report, Finnish social and healthcare professionals' knowledge about FGM may remain relatively poor.⁵ For example, FGM or its related issues has received limited attention and low priority in healthcare.⁵ These issues may be mostly due to limited prevalence studies on FGM, and the topic is considered sensitive or foreign.⁵ There might also be limited studies on the role of healthcare in preventing and treating patients with FGM. In addition, unawareness of FGM and lack of knowledge about available help and treatment among possible survivors may occur.⁵

First, we may argue that there is a need to identify the people who have undergone FGM or are at risk. Comprehensive annual evidence on the prevalence of FGM, its health outcomes and consequences, and evidence on the needed social and health services for FGM is required. Fortunately, the THL studies and monitors FGM annually. However, there might be an increased need for intervention studies and multidisciplinary research on the health, social, and cultural issues around FGM. In addition, FGM should receive increased research interest in Finland to gain versatile evidence.

Second, more awareness of FGM is needed. It should be considered if all the institutions educating healthcare professionals should add FGM education to their curricula. However, universities and polytechnics are responsible for the curriculums and content of undergraduate degrees under the Constitution. Therefore, if there is a need to include compulsory content on FGM in all education, it would require legislative changes. Also, health professionals need further training on the subject in their workplaces. Further action will also require, above all, allocating resources to training and awareness-raising for health professionals and students. In addition, teachers in primary education might need more knowledge and education on FGM. Finally, public awareness and community education about FGM could be needed to reduce the stigma around the topic. Thus, the topic requires multi-professional and community



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cooperation. Ignoring the issues related to FGM and the stigma around the topic may pose social stratification in Finnish society.

Third, concrete acts through law provision might be needed to protect people from undergoing FGM. Therefore, protective acts could be seriously considered at the governmental level. One option could be having a specific section under the criminal code regarding FGM. This action would emphasize that FGM is unacceptable, illegal, and violates health and human rights. This could be added, for example, in Child Protection Law.

Finally, eliminating FGM is both an individual and social issue and requires political leadership and effective collaboration between stakeholders, including research communities, to ensure health and human rights.

Contributors

RMS and JD planned the manuscript. MK participated in a critical revision, giving her expertise on the topic. All the authors drafted, commented, and revised the final document.

Declaration of interests

There are no conflicts of interest to be declared by the authors.

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