

LETTER TO EDITOR

Female genital mutilation/cutting: an urgent call to action

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To the Editor,

We recently completed a literature review on the topic of Female Genital Mutilation, an infamous practice of injuries to the female genital organs (1). Every year 4 million of girl are at risk of mutilation with the obstetric, gynecologic and psychological consequences that this bring with it. Although this, the topic is not well known worldwide and probably, we do not talk enough about this barbarity.

When analyzing our results, the lack of knowledge among health care professionals is very impressive. How can we provide support to these women if we do not have a clear idea of the problem? And even more striking, how can we help them providing the presence of specialists and facilities if women are not aware of their existence?

It is evident, according also with another article from your journal (2), that eradication of FGM requires a multi-sectoral collaboration on multiple levels involving politics, legislation, educational systems, and community networking. As we said, changing attitudes towards FGM is the main effort that all countries now must do, and this is only possible if we:

1) improve medical professionals' knowledge and support to the healthcare systems along implementing guidelines and training 2) sensitize general population through publications, dealing with all the complexity of the FGM problem 3) put pressure on policy makers both introducing repressive laws and exploiting publicly the potential health benefits and cost savings emerging from the prevention of FGM. We strongly believe that a call to action involving all the healthcare

professionals must be send and supported. All our efforts must be directed in an unique direction in order to eradicate as soon as possible this disreputable practice.

Conflict of Interest: Each author declares that he has no commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article.

References

1. Libretti A, Bianco G, Corsini C, Remorgida V. Female genital mutilation/cutting: going beyond urogynecologic complications and obstetric outcomes. Arch Gynecol Obstet. 2023 Jan 27. doi: 10.1007/s00404-023-06929-6. PMID: 36703012.
2. Restaino S, Pellecchia G, Driul L, Alberico S. Reconstructive surgery after Female Genital Mutilation: a multidisciplinary approach. Acta Biomed. 2022 Jun 29;93(S1):e2022118. doi: 10.23750/abm.v93iS1.11765. PMID: 35765892.

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Received: 8 January 2023

Accepted: 30 January 2023

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