

An Investigation into the Correlation Between Female Genital Mutilation and Black Maternal Mortality in the United States: A Research Synthesis

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Female Genital Mutilation (FGM) describes the partial or complete removal of the external female genitalia. According to the World Health Organization (WHO), an alarming 230 million women alive today have undergone female genital mutilation (FGM), a practice predominantly carried out in Africa, the Middle East, and parts of Asia, with approximately 3 million girls undergoing the procedure annually (World Health Organization, 2024). FGM is internationally denoted as a violation of fundamental human rights that causes lifelong harm to the physical and mental health of women and girls (United Nations, 2024). Today, close to 50 million Americans are classified as immigrants—of which around more than 23 million are female (American Immigrant Council, 2023). Of that population, immigrant women represent 23% of live births in the United States, with large shares of immigrants coming from African countries such as Nigeria, Ethiopia, and Ghana—all nations with a prevalence of FGM (Pew Research Center, 2019). Black women in the U.S. face a maternal mortality rate nearly three times higher than white women, at 69.9 deaths per 100,000 live births (Centers for Disease Control and Prevention, 2021). With the heightened cases of Black Mortality Rates in the United States, this paper will explore the possible correlation between Female Genital Mutilation and Black Maternal Health in the United States through a literature analysis.

Key Words

Female Genital Mutilation • Maternal Mortality • Black Women • United States

Introduction

Female Genital Mutilation often occurs in age groups spanning from infancy to teen years—typically around fifteen years of age (World Health Organization, 2024). Often performed on age

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groups too young to contest, mutilation is frequently performed without consent and is a practice that is both unethical and deemed as an infringement of women and girls' rights (United Nations, 2024). Separated into four categories, mutilation spans from partial or total removal of the clitoral glans to scraping and cauterizing the genital area. Typically, two avenues are taken: with first being a clitoridectomy—describing the removal of the clitoris or the fold of the skin around it—or second, the excision—which is the partial or total removal of the clitoris and labia minora (the inner folds of the vulva) (World Health Organization, 2024). Infibulation is categorized as the most extreme example with the folds of the skin being sown together with a needle and string to ensure no possible entry to the vaginal opening (World Health Organization, 2024).

From immediate complications like genital tissue swelling to long-term bacterial vaginosis, FGM is a harmful procedure detrimentally altering the natural functions of a women's genital tissue (World Health Organization, 2024). In regard to impacts during childbirth, patients who have previously undergone FGM are more likely to experience emergency cesarean delivery, postpartum hemorrhage, severe perineal trauma, episiotomy, and instrumental vaginal birth (Johnson-Agbakwu et al., 2023).

Regarding Black Maternal Health, Black women are over four times more likely to die during childbirth than White women (Centers for Disease Control and Prevention, 2021). With the estimated maternal mortality rate being about 55.3 deaths per 100,000 live births, Black women represent approximately 1,800 maternal deaths annually—the highest among any racial group (Centers for Disease Control and Prevention, 2021). Nationally, among births to foreign-born non-Hispanic Black women, 39.2% were to women born in Sub-Saharan Africa (Elo et al., 2014). This report focused on foreign-born Black women, not all Black women giving birth in the U.S. Most of them focus on immigrant women and exclude second-generation U.S.-born immigrants. With a stark portion of Black births being from African immigrants, we can study and further assess if complications during childbirth associated with FGM link with the surge in Black maternal mortality rates.

Method

Due to the lack of studies conducted in the United States surrounding FGM, it is very difficult to find concrete data showcasing the prevalence of the procedure in the U.S. (U.S. Citizenship and Immigration Services, 2018). However, reputable international organizations like the United Nations and the World Health Organization have made tremendous success in acquiring and conducting research regarding FGM internationally (UNICEF Turkey, 2023). Through analyzing relationships between data, we will attempt to utilize the data in connection with data derived from the United States based on immigration (i.e., the United States Census) and overall data showcasing how Black maternal health looks in healthcare today. This study will use data from the World Health Organization (WHO), the United Nations (UN), and the United States Census Bureau to look at migration patterns of people living outside their home country and correlate these with Black deaths due to Female Genital Mutilation (FGM). It will use data from the 2020 United States Census, a decennial census that is collected every ten years to gather information about the population, such as age, sex, race, and ethnicity. These data will help to identify immigrant groups from nations where FGM is common, especially African, and Afro-diasporic communities. The study will analyze the incidence, medical complications, and mortality rates of FGM based on reports of WHO and UN. These reports give facts about the effects of FGM on health, such as

infection rates, childbirth complications, and chronic reproductive illness, which predominantly take place among Black immigrant women (U. S. Census Bureau, 2020).

Immigration

Countries like Somalia, Guinea, Djibouti, and Sierra Leone are recognized as the four countries where FGM is distinguished as a common practice (UNICEF, 2024). With high prevalence of undergoing the procedure, these countries have anywhere between 90–98% of their women population cut (United Nations Children’s Fund, 2016). Data on the growing African diaspora in the United States indicates that this group now constitutes a significant portion of the country’s population. According to the 2020 Census, a total of approximately 2.1 million sub-Saharan African immigrants lived in the United States in 2019—of this population, roughly half are women (Migration Policy Institute, 2022). With approximately 513,000 women and girls being classified as at-risk or having undergone this procedure (Goldberg et al., 2013). Though no statistical evidence has been reported in relation to FGM, using the same principle, it can be inferred that this number has increased in proportion to the increased number of African migrants in the United States. Ultimately, this reveals that the growth in immigration from countries where FGM is heavily practiced is proportional to the overall increase in FGM cases in the United States as a whole.

Black Maternal Mortality

As referenced earlier, Black women are more than three times more likely to die during childbirth than their White counterparts (Centers for Disease Control and Prevention, 2021). Racism experienced interpersonally, structurally, and institutionally have been associated as leading causes for heightened rates of maternal mortality rates among Black women (Lister et al., 2019). For example, problems like neglecting to control pain, delayed treatment, and disregard for Black women’s health are more common (Lister et al., 2019). In the United States, and many countries alike, people of African descent are generally categorized as “Black” in many demographic data. When interpreting data sets, this means that a fraction of the Black maternal deaths are associated with those from African immigrants—including those from FGM practicing nations. For instance, of the about 55.3 deaths per 100,000 live births, birthing African immigrants are classified under this number (Centers for Disease Control and Prevention, 2021). Given the high prevalence of FGM among African immigrants, it is possible to link the increased rate of Black maternal deaths to FGM. As proven, victims of FGM are more likely to deal with increased childbirth risks, including emergency cesarean delivery and postpartum hemorrhage (Johnson-Agbakwu et al., 2023).

Discussion

In recent days, the discussion of cultural competence and other measurable “causes” of maternal health have been brought forth in efforts of combatting the growing number of deaths among Black women giving birth in the United States. An angle not analyzed has been the possible correlation between birthing African immigrants and Black Mortality Rates. With the possible correlation

between FGM and Black maternal rates, FGM can now be seen as an addition to the factors associated with Black maternal mortality rates.

As for limitations, other factors, including language barriers, legal status, and insurance coverage can all be contributing factors to poor maternal health outcomes for birthing immigrant women (O'Neill et. al, 2022). Given the nature of a literature review, it's important to note that FGM may be a confounding factor. The high mortality rates among Black women could be primarily attributed to structural and institutional issues affecting how Black women are perceived and treated in healthcare settings, regardless of their specific ethnic background or FGM status.

Conclusion

Through the cross analysis of findings between immigration from FGM practicing countries and reports on Black maternal health, there is a possible correlation between Female Genital Mutilation and heightened maternal mortality rates among Black women. However, the current research findings are insufficient to provide a complete answer to the correlation between the two factors. Future studies should focus on exploring FGM in the United States' healthcare fields. This includes examining awareness, biases, and practices when treating women affected by FGM. Closing gaps in culturally competent care can further reduce maternal health disparities. Culturally competent care enhances patient outcomes through the creation of trust and communication, which are vital to successful treatment of sensitive cases like FGM. Collaboration among public health officials, researchers, and community leaders is greatly required in the development of effective interventions.

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