Public Health Awareness of FGM

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Fit for Living, Fit for Practice

Public Health Awareness of FGM

- Definition
- Prevalence + World view
- Types and Health Consequences
- Why FGM and Northern Ireland
- Health Professionals Role

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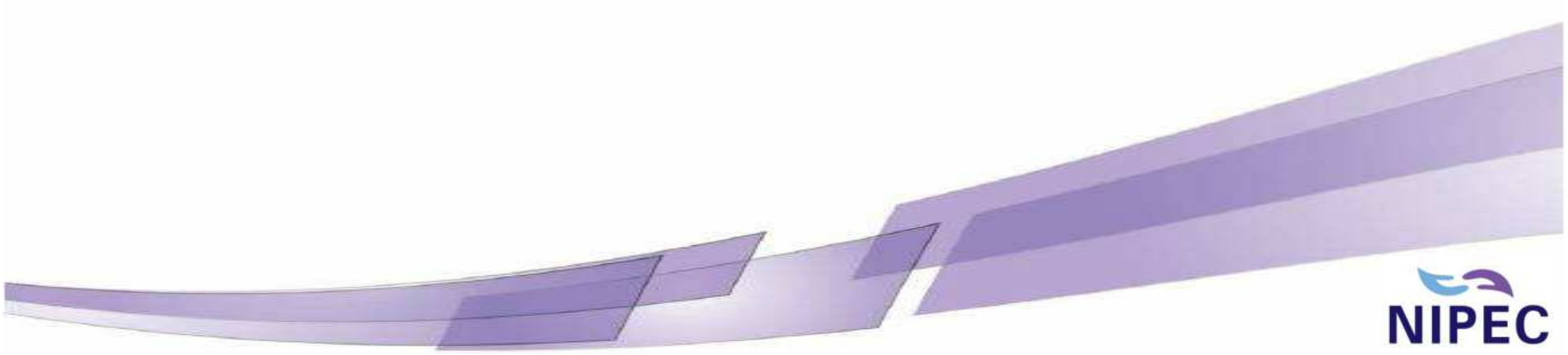
FGM

- Female Genital Mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons'.
  - (WHO fact sheet Feb 2014)



FGM

- Female genital mutilation is defined as all procedures involving partial or total removal of the external female

genitalia or other injury to the female genital organs, whether for cultural or other non-therapeutic reasons

- RCOG – 2009

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Classification of FGM

- **Type I** — Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

  When it is important to distinguish between the major variations of Type I mutilation, the following subdivisions are proposed:

  – **Type Ia**, removal of the clitoral hood or prepuce only;

  – **Type Ib**, removal of the clitoris with the prepuce.

- **Type II** — Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

  When it is important to distinguish between the major variations that have been documented, the following subdivisions are proposed:

  – **Type IIa**, removal of the labia minora only;

  – **Type IIb**, partial or total removal of the clitoris and the labia minora;

  – **Type IIc**, partial or total removal of the clitoris, the labia minora and the labia majora.

  (Note also that, in French, the term 'excision' is often used as a general term covering all types of female genital mutilation)

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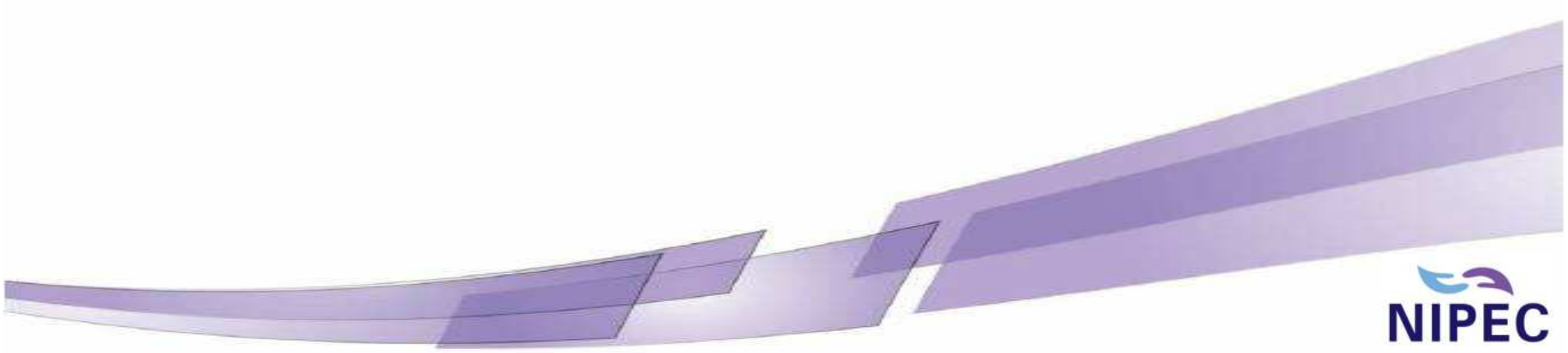
Classification continued …….

- **Type III** — Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
  - **Type IIIa**, removal and apposition of the labia minora;
  - **Type IIIb**, removal and apposition of the labia majora.

- **Type IV** — All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization



Consequences of FGM

SHORT TERM COMPLICATIONS

- Severe infections and sepsis
- Severe pain can lead to shock
- Tetanus
- Urine retention
- Ulceration of the genital region with injury to adjacent tissues
- Blood loss can result in death

LONG TERM COMPLICATIONS

- Menstrual complications
- Painful sexual intercourse
- Birth complications (eg fistula , C/section, tearing)
- HIV/AIDS
- Repeated FGM due to unsuccessful healing
- Keloid formation
- Psychological trauma
- Infertility
- Many problems occur later in life and can therefore go unreported as a result of FGM

Incidence of FGM

- 100-140 million women have undergone FGM
- Estimated that a further 2 million girls are at risk each year
- In Africa an estimated 92 million girls from the age of 10 and above have undergone FGM
- Mostly carried out on young girls sometimes between the age of infancy and 15 years.
- This is dependant on where the girls come from and the various ethnic groupings.
  EG - FGM usually carried out before the age of 5 but in recent years in Kenya it is being performed on girls aged 9-16yrs

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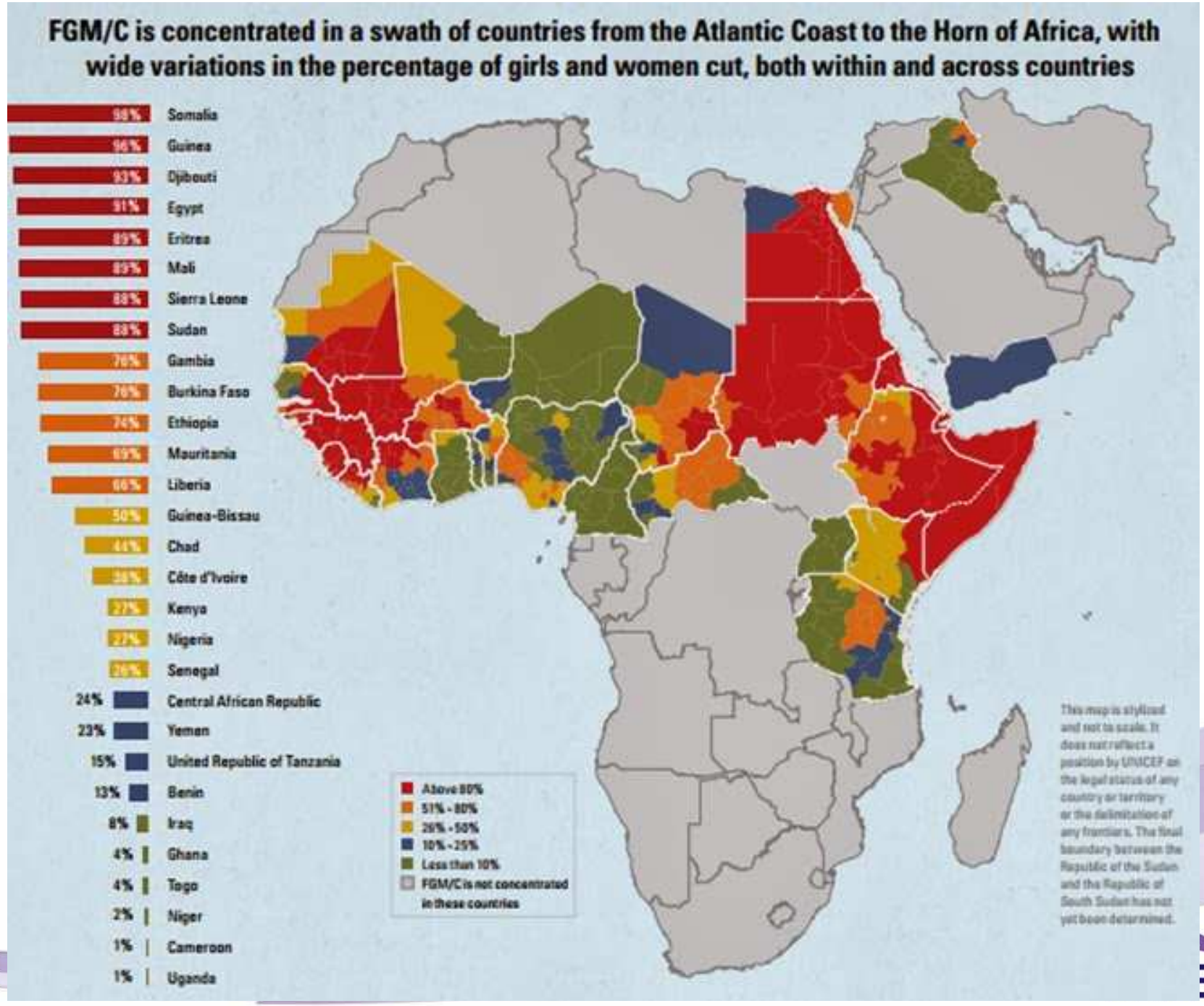
FGM/C is concentrated in a swath of countries from the Atlantic Coast to the Horn of Africa, with wide variations in the percentage of girls and women cut, both within and across countries
98% Somalia
96% Guinea
93% Djibouti
91% Egypt
89% Eritrea
89% Mali
88% Sierra Leone
88% Sudan
78% Gambia
76% Burkina Faso
74% Ethiopia
69% Mauritania
66% Liberia
50% Guinea-Bissau
44% Chad
38% Côte d'Ivoire
27% Kenya
27% Nigeria
26% Senegal
24% Central African Republic
23% Yemen
15% United Republic of Tanzania
13% Benin
8% Iraq
4% Ghana
4% Togo
2% Niger
1% Cameroon
1% Uganda
Above 80%
51% - 80%
26% - 50%
10% - 25%
Less than 10%
FGM/C is not concentrated in these countries
This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

Reasons Behind the practice of FGM

- **Psychosexual reasons** – considered proper sexual behaviour in some countries, linked to pre-marital virginity and marital fidelity, ensuring young women remain pure for marriage. Increases dowry, but others feel it protects daughters from being raped.

- **Socio-cultural reasons** – can be seen as an integral part of culture and ethnic identity , with some perceiving FGM as a religious obligation.

- 'It is an important source of my social identity. It is what links me with my mother, my grandmother , my aunts and my female ancestors. It celebrates our history and our connection' (Goldberg 2009)

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Reasons continued …….

- **Hygiene and aesthetic reasons –** cultural ideas of feminity and modesty and the notion that girls are now 'clean' !! Some body parts seen as 'unclean'.

- **Myths –** some female body parts are similar to 'male' body parts . A way to prepare a girl for adulthood and marriage

- **Religious reasons –** practitioners 'think' they have cultural and religious support!! Some religious leaders promote it, others consider it to be irrelevant to their culture and others contribute to its elimination.
  - Muslim Council of Britain have condemned the practice of FGM in the Muslim community

United Kingdom

- Net long-term migration to the UK was estimated to be 298,000 in the year ending September 2014, a statistically significant increase from 210,000 in the previous 12 months.
- 624,000 people immigrated to the UK in the year ending September 2014, a statistically significant increase from 530,000 in the previous 12 months. There were statistically significant increases for immigration of non-EU citizens (up 49,000 to 292,000) and EU (non-British) citizens (up 43,000 to 251,000).
- In the year ending September 2014, work-related visas granted (main applicants) rose 8,833 (or 8%) to 115,680, largely reflecting a 6,142 (or 14%) increase for skilled work.
- Immigration for study increased from 175,000 to 192,000 in the year ending September 2014, but this change was not statistically significant. Over the same period, visa applications to study at a UK university (main applicants) rose 2% to 171,065.
- There were 24,914 asylum applications (main applicants) in 2014, an increase of 6% compared with 23,584 .
- The largest number of asylum applications in 2014 came from Eritrea (3,239), Pakistan (2,711), Syria (2,081) and Iran (2,011).

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FGM as a Public Health Issue

- By December 2014, there were 558 newly identified cases of FGM reported nationally, bringing the total number of active cases to 2146 since 1 September 2014 when data collection started.

- The number of newly identified cases has increased from 466 in November. In October there had been 455 and 467 in September

The latest monthly figures have been published by the Health & Social Care Information Centre (HSCIC) on the incidence of female genital mutilation (FGM) in England (this data is not being collected as yet in Northern Ireland)

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- ***The practice reflects deep rooted inequality between the sexes and constitutes an extreme form of discrimination against women' (WHO 2008)***

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Health Professionals and FGM

- Befriend and build relationships
- Early Identification, especially when pregnant
- Arrange for de-infibulation – refer to Maternity hospital and consultant care – involvement of the family , especially husband
- Sensitive support ------- in the UK we have limited understanding and experience , but you might be the first health professional the lady comes across – how you manage her will impact her overall care.
- Refer to other professionals

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Health Professionals Role

- **Postnatal support – for the mother**
- Observe others in the house – could they be at risk , older sisters being taken back to a home country ?? Build relationships and ask questions
- **Think** of girls from Northern Ireland , married to guys from one of the countries identified , if they have a baby girl are they at risk ?? Could the girls themselves be at risk of FGM
- **Information is VITAL**
- Signpost or refer to outside organisations for additional support and information

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Female Genital Mutilation Act 2003
(as amended by the Serious Crime Act 2015)

- The Female Genital Mutilation Act was amended by section 73 of the Serious Crime Act 2015 to include FGM Protection Orders. An FGM Protection Order is a civil measure which can be applied for through a family court.
- The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law.
- Breach of an FGM Protection Order is a criminal offence carrying a sentence of up to five years in prison. As an alternative to criminal prosecution, a breach could be dealt with in the family court as a contempt of court, carrying a maximum of two years' imprisonment.

Who can apply for an order?

The person who is to be protected by the order

- a relevant third party (such as the local authority); or
- any other person with the permission of the court (for example, teachers, health care professionals, police, family member).

FGM Protection Orders are unique to each case and contain legally binding conditions, prohibitions and restrictions to protect the person at risk of FGM.

These may include:

- confiscating passports or travel documents of the girl at risk and/or family members or other named individuals to prevent girls from being taken abroad
- ordering that family members or other named individuals should not aid another person in anyway to commit or attempt to commit an FGM offence, such as prohibiting bringing a "cutter" to the UK for the purpose of committing FGM.
- The court can make an order in an emergency so that protection is in place straightaway. FGM Protection Orders came into force on 17 July 2015 and apply to England, Northern Ireland and Wales.

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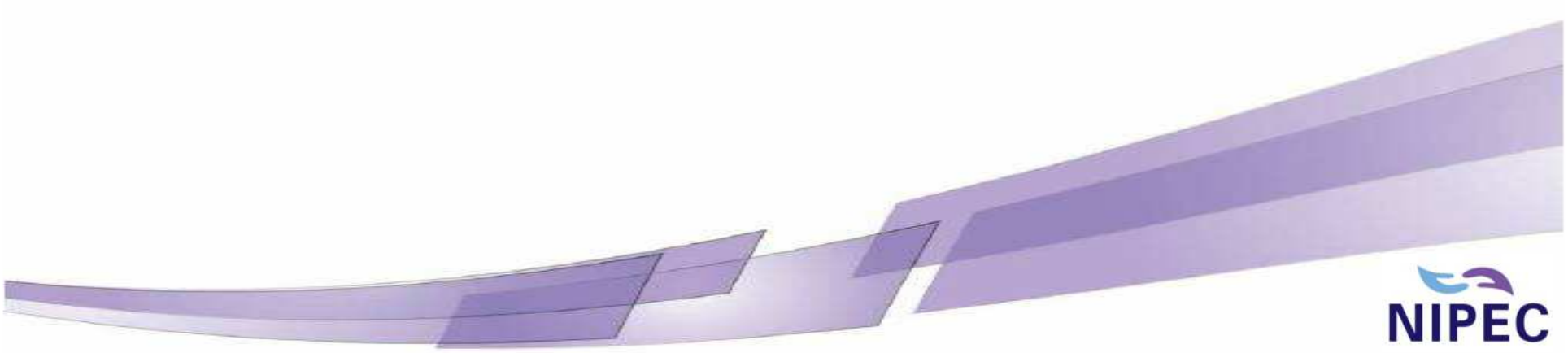
Female Genital Mutilation Act 2003

Practising FGM in the UK has been a criminal offence since 1985 (Prohibition of Female Circumcision Act 1985). The Female Genital Mutilation Act 2003 repealed and re-enacted the provisions of the 1985 Act and revised it to set the maximum penalty for FGM to 14 years' imprisonment and make it a criminal offence for UK nationals or permanent UK residents to:

- perform FGM overseas
- take a UK national or permanent UK resident overseas to have FGM.
- It came into force on 3 March 2004 and applies to England, Northern Ireland and Wales.
- View the Female Genital Mutilation Act 2003



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Support + Learning

- https://twitter.com/hashtag/endfgm
- https://twitter.com/USAIDGH
- https://twitter.com/UNFPA
- http://www.e-lfh.org.uk/programmes/female-genital-mutilation

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