

Female Genital Mutilation (FGM): Types and Identification

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FGM

WHO Definition 2014

- All procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- Performed on girls most commonly between the ages of infancy and age 15 years. Tools used include knives, scissors, scalpels, pieces of glass and razor blades. Anaesthetics and antiseptics are rarely used.
- 3 million girls in Africa undergo FGM each year
- More than 125 million women in Africa and the Middle East live with consequences of FGM

Consequences of FGM

WHO Systematic Review 2003

- There are **NO** health benefits to FGM
- Risks include
 - Death
 - Haemorrhage
 - Infection (HIV, tetanus, gangrene)
 - Inclusion cysts and keloid
 - Dyspareunia
 - Psychological/ psychosexual

Obstetric Consequences

Lancet 2006 367:1835-41

- 28,509 women in 6 African Countries
- Increased rates of
 - Caesarean Section
 - Post-partum haemorrhage
 - Episiotomy and tears
 - Perinatal death

FGM in the UK

- Increasing numbers of migrants to the UK from FGM practising countries
- Anecdotal reports of British girls being sent abroad for FGM and having FGM in the UK
- Up to 10% of maternities in some London hospitals (2013)
- FOI requests for media
 - 35,000 women with FGM have given birth in London hospitals 2014
 - 4,000 women and girls treated for FGM health complaints in London 2014
- **Estimates of numbers of women with FGM living in England and Wales 2011 (Equality Now and City University 2014)**
 - Total of **137,000** girls and women
 - 103,000 women aged 15-49 (66,000 in 2001)
 - 24,000 women over 50
 - 10,000 girls 0-14 (have had FGM or are a risk)
 - Since 2008 1.5% of all deliveries to women with FGM
 - From 1996 to 2010 144,000 girls born to women from FGM practising countries.

Classification of FGM

WHO 2014

- Type 1: Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Type 2: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
- Type 3: Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Type 4: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area

How to identify FGM

- Self Report (UNICEF 2013)
 - Asking women about whether FGM has been performed has been shown to be reliable
 - Asking women about the Type of FGM they have undergone has **not** been shown to be reliable
 - Studies comparing self reports with clinical examination have shown varying degrees of discrepancy
 - Each society has it's own language and way of describing FGM which may not correspond to the WHO definitions
 - Many women unaware of the specific details of what has been done to them
- Health care professionals asking women about FGM
 - Not currently a routine question for antenatal booking or GP registration
 - No universal training on how best to ask
- Genital examination by health care professional
 - Examination should be clinically indicated
 - Health care professionals must know **who** to ask about FGM
 - Health care professionals must know **how** to ask about FGM
 - Health care professionals must know what to look for

Barriers for Health Care Workers

Taskforce – Health Aspects of Violence Against Women and Children 2010

- Lack of Awareness
 - Of the practice
 - Of health implications and legal status
- Lack of Clear Pathways and Protocols
- Scanty Evidence Base
- Information Sharing - confidentiality
- Interpreters
- Misplaced Cultural Sensitivities

When do women have a vaginal examination?

- Pregnancy
 - Vaginal examination is no longer routine
 - Only if clinical symptoms e.g bleeding, preterm labour etc
 - May be first examined in labour
 - Or if woman admits to FGM
- Gynaecological symptoms
 - Related to FGM
 - Not related to FGM
- Gynaecological and Sexual Health screening
 - Cervical Screening (Studies show poor uptake amongst FGM practising communities)
 - Contraception/Sexual Health Checks

What Type of FGM?

Increasing move to “ritual nick”

- Some evidence
 - FGM performed at increasingly younger ages
 - More likely to perform “cutting or nicking” – Type 4 FGM
- Why?
 - Children less able to object
 - Less able to disclose
 - **Difficult to detect on medical examination**

UNICEF Categories 2013

1. **Cut, no flesh removed**
Describes a practice known as nicking or pricking, which currently is categorized as Type IV
2. **Cut, some flesh removed**
Corresponds to Type I (clitoridectomy) and Type II (excision) combined
3. **Sewn closed**
Corresponds to Type III, (infibulation)
4. **Type not determined/not sure/don't know**

Accurate Identification of Type of FGM

- Probably only possible in:
 - Specialist FGM Clinics
 - Midwife/obstetrician or other health care professional with previous FGM experience
- Even with Specialist Staff
 - Type 3 usually obvious – unless previously de-infibulated
 - Type 1 and 2 can be more difficult to distinguish
 - Type 4 can be very difficult to detect at all