FGM

Introduction

What is FGM?

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna.

Definition:

*Will provide groups a diagram of the female genital anatomy and ask them to draw what they think FGM looks like*

Epidemiology:

Who is at risk?

* Young girls sometime between infancy and adolescence, and occasionally on adult women.
* More than 3 million girls are estimated to be at risk for FGM annually.
* More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated
* Common in the western, eastern, and north-eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas.
* Illegal in over 30 countries including the UK

Why do cultures practice FGM? (write ideas on flipchart)

**Psychosexual reasons:** FGM is carried out as a way to control women’s sexuality, which is sometimes said to be insatiable if parts of the genitalia, especially the clitoris, are not removed. It is thought to ensure virginity before marriage and fidelity afterward, and to increase male sexual pleasure.
**Sociological and cultural reasons:** FGM is seen as part of a girl’s initiation into womanhood and as an intrinsic part of a community’s cultural heritage. Sometimes myths about female genitalia (e.g., that an uncut clitoris will grow to the size of a penis, or that FGM will enhance fertility or promote child survival) perpetuate the practice.
**Hygiene and aesthetic reasons:** In some communities, the external female genitalia are considered dirty and ugly and are removed, ostensibly to promote hygiene and aesthetic appeal.
**Religious reasons:** Although FGM is not endorsed by either Islam or by Christianity, supposed religious doctrine is often used to justify the practice.
**Socio-economic factors:** In many communities, FGM is a prerequisite for marriage. Where women are largely dependent on men, economic necessity can be a major driver of the procedure. FGM sometimes is a prerequisite for the right to inherit. It may also be a major income source for practitioners.

What complications arise from FGM? (list these on flipchart)

Immediate risks:

- Haemorrhage

- Pain

- Shock

- Genital tissue swelling

- Infections - Acute local infections; abscess formation; septicaemia; genital and reproductive tract infections; urinary tract infections. The direct association between FGM and HIV remains unclear, although the disruption of genital tissues may increase the risk of HIV transmission.

- urinary problems

- wound healing probs

- death

Obstetric risks:

* C section
* PPH
* Episiotomy
* Prolonged labour
* Obstetric tears/lacerations
* Instrumental delivery
* Stillbirth

Gynae risks:

* Dyspareunia
* Reduced sexual desire and arousal
* Reduced frequency of orgasm or anorgasmia
* Dysmenorrhoea

Psych risks:

* PTSD
* Anxiety
* Depression

Legislation:

Case – a young 14 year old girl, recently moved from Sierra Leone is brought into your surgery by her mother complaining of difficulty PU.

Questions:

* What are you going to ask in the history?
* How would you enquire about the possibility of FGM?

When you examine the child, you find removal of the clitoris and part of the labia.

What do you do next?

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

• are informed by a girl under 18 that an act of FGM has been carried out on her; or

• observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl’s physical or mental health or for purposes connected with labour or birth (see section 2.1a for further information).

If you are a relevant professional and a girl discloses to you that she has had FGM (whether she uses the term ‘female genital mutilation’ or any other term or description, e.g. ‘cut’) then the duty applies.

The duty applies to cases directly disclosed by the victim; if a parent, guardian, sibling or other individual discloses that a girl under 18 has had FGM, the duty does not apply and a report to the police is not mandatory.

The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18.