

# Female Genital Mutilation

Bethlehem S

Migrant Women's Health Officer



AkiDwa

AKINA DADA WA AFRICA



## Before we begin

Talking about FGM can be difficult and distressing for some people. If anyone needs a break during this presentation, please feel free to take one.

# Welcome!

- ▶ AkiDwA is the national network of migrant women in Ireland.
- Established in 2001 to address social isolation, racism, and gender-based violence migrant women were experiencing at the time.
- ▶ Please visit our website at [www.akidwa.ie](http://www.akidwa.ie) for more information.
- ▶ FGM Advocacy in Ireland is dependent upon AkiDwA & IFPA





- ▶ Raise hand if you have heard of FGM before.
- ▶ Raise hand if you have worked with someone affected by FGM.
- ▶ Raise hand if you believe cultural traditions should be respected.

# Learning Outcomes

---

Social and Cultural Awareness

---

FGM Classifications

---

Health Consequences

---

Supportive Consultation and Care

---

Referral Pathway



# AkiDwA: FGM

- The **5P's**
  - Prevention, protection, provision of service, prosecution and promotion efforts to end FGM
- Awareness raising
- Training, professionals & frontline services
- Engaging the community: CHA, men & youth
- Research
- Publications
- Advocacy

# Gender Based Violence

- ▶ Sexual violence and conflict-based rape
- ▶ Domestic violence: intimate partner violence, family violence, forms of abuse
- ▶ Female genital mutilation (FGM)
- ▶ Early and forced marriage
- ▶ Online abuse
- ▶ Human trafficking
- ▶ Stalking and harassment



# Harmful Traditional Practices (HTPs)

- ▶ Tend to reflect unequal power relation between women and men in a society.
- ▶ Female Genital Mutilation (also known as Female Genital Cutting; Female Circumcision), Early marriage, Forced marriage, Early pregnancy, Unhealthy birth delivery practices, Breast Ironing, Son preference to a girl-child, Female infanticide, Honour killings, Nutritional taboos, Foot Binding, etc.
- ▶ Initiation rites for boys and men too.



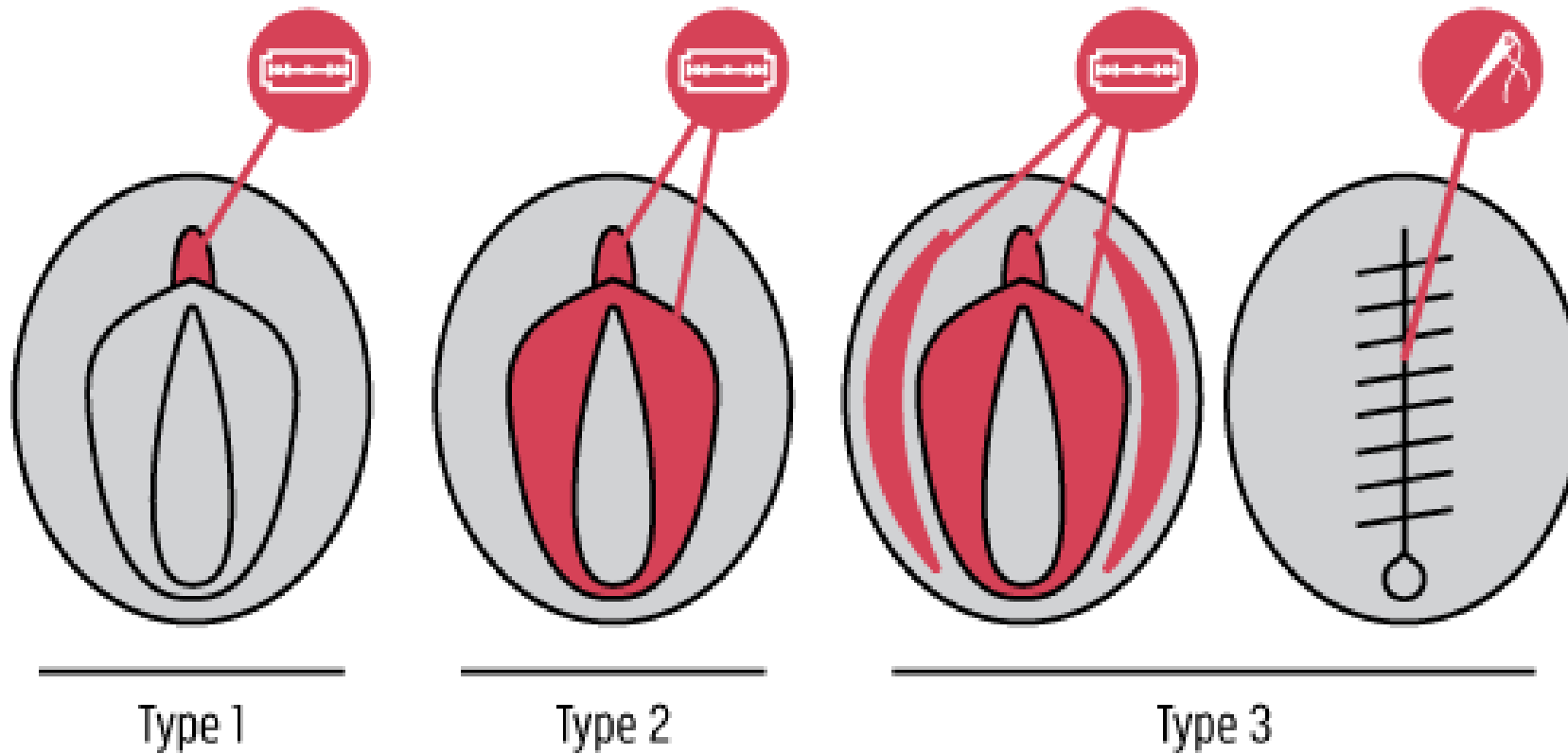
# What is FGM?

- ▶ Female genital mutilation comprises all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. (WHO, 2008)

## World Health Organization Classification (2007)

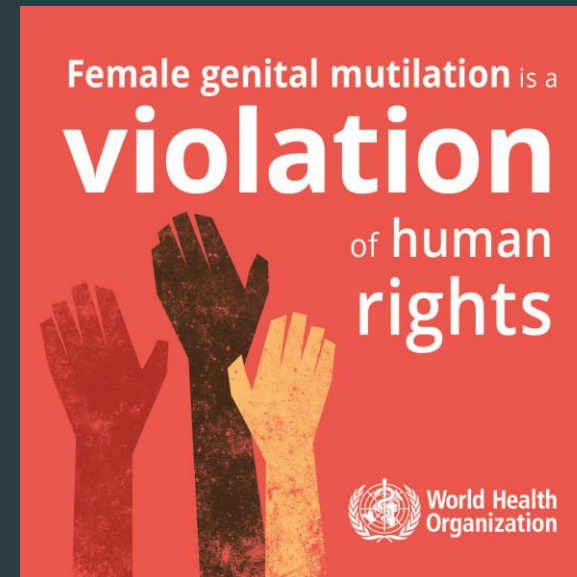
- ▶ Type I — Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
- ▶ Type II — Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
- ▶ Type III — Narrowing of the vaginal orifice with creation of a covering seal by cutting and positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
- ▶ Type IV — All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, stretching, piercing, incising, scraping and cauterization.

## Different types of female genital mutilation



# Why is FGM performed?

- ▶ Cultural tradition
- ▶ Rite of passage into womanhood
- ▶ Social acceptance among peers, community, and elders
- ▶ Religious beliefs
- ▶ Preservation of virginity until marriage
- ▶ Control of sexuality
- ▶ Cultural/aesthetic reasons
- ▶ Hygienic beliefs and myths



# Who performs FGM?

## Who performs FGM?

- Traditional cutters (elderly women) and health professionals

## Where is it performed?

- Home, private clinics and public hospitals.

## Materials used to perform:

- Blade/razor, sharp metal, scalpel, scissors.

## Age at cutting:

- Mainly between 4 and 10, but it can happen before or after this period.



# Scenario: A Concerned Teacher Reports a Case

A primary school teacher, Ms. Angela, notices that *Amina*, a 10-year-old student from a Somali background, has been withdrawn and missing school frequently. One day, Amina confides in her friend that she overheard her parents talking about a “special trip” to visit family abroad during the summer holidays. The friend, aware of FGM through school lessons, tells the teacher that Amina might be at risk.

Concerned, Ms. Angela reports the case to *you*, the social worker.

**Social Worker:** Investigates the case, speaks with Amina and her family, and decides on interventions.

**Amina (The Child):** Feels scared and unsure about what's happening. She may trust the social worker or feel pressured by her parents.

**Amina's Mother:** Firmly believes in FGM as a cultural tradition and may deny any plans for FGM. She insists it is a "family issue" and claims outsiders should not interfere.

**Amina's Father (Optional Role):** Either agrees with the mother or has doubts about FGM but feels pressure from extended family.

**School Teacher (Optional Role):** Expresses concern and wants to ensure Amina is safe.

# Health Complications

## IMMEDIATE HEALTH CONSEQUENCES

- Severe pain, shock and bleeding.
- Difficulty passing urine.
- Psychological trauma.
- Infection.
- Tetanus.
- Transmission of HIV and other viruses
- Death as a result of the above.

## LONG-TERM COMPLICATIONS

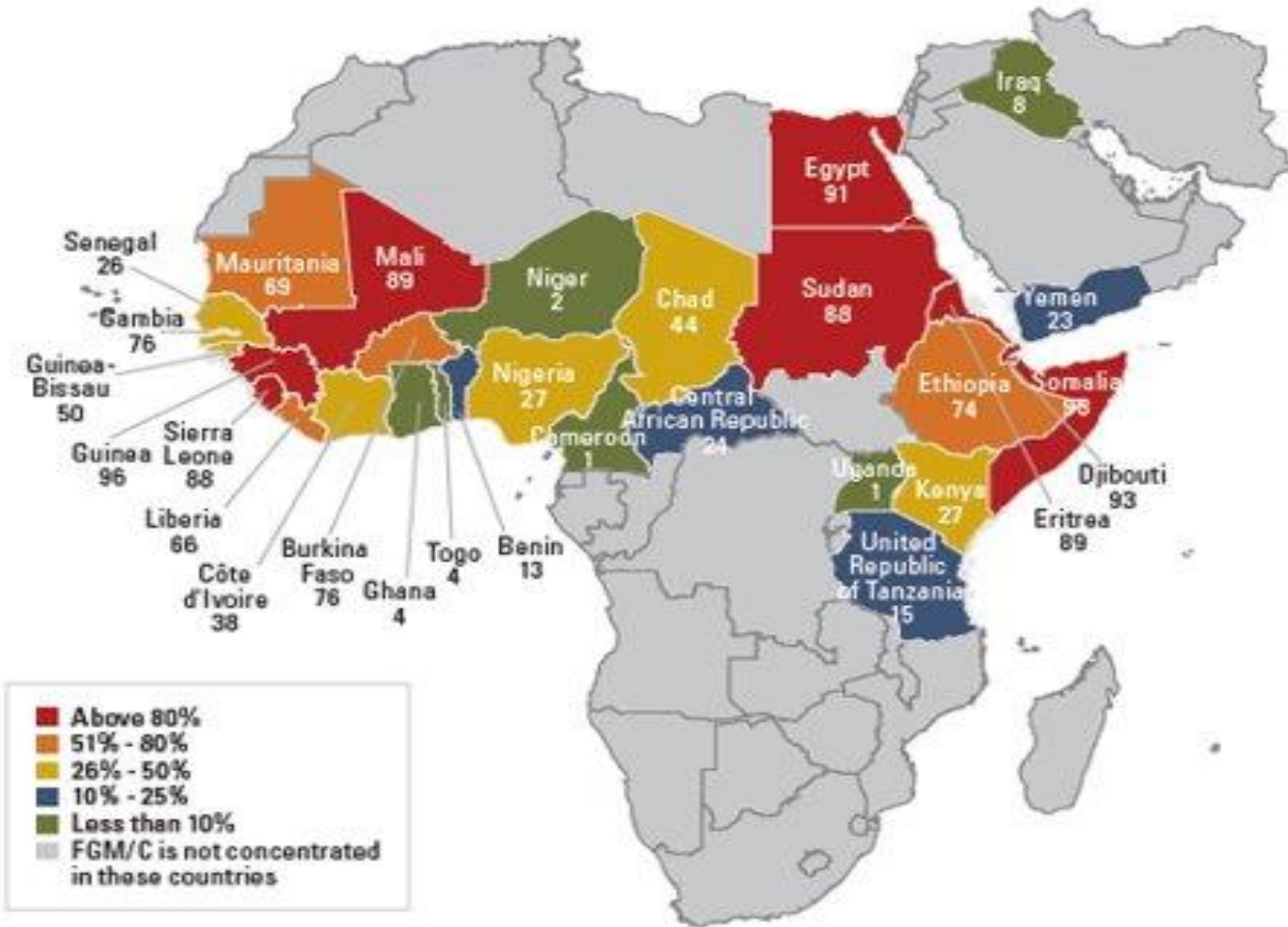
- Chronic urinary and menstrual problems.
- Chronic pain.
- Pelvic inflammatory disease.
- Cysts.
- Increased risk of HIV transmission.
- Infertility.
- Serious problems for mother and baby during childbirth.

# Where does FGM happen?

- ▶ FGM documented in 28 African countries, Asia, and the Middle East. This includes Iraq, Yemen, and Kurdish populations.
- ▶ Demographic data on FGM/C is typically collected every five years through Demographic and Health Surveys and Multiple Indicator Cluster Surveys- nationally representative samples of households interviewed.

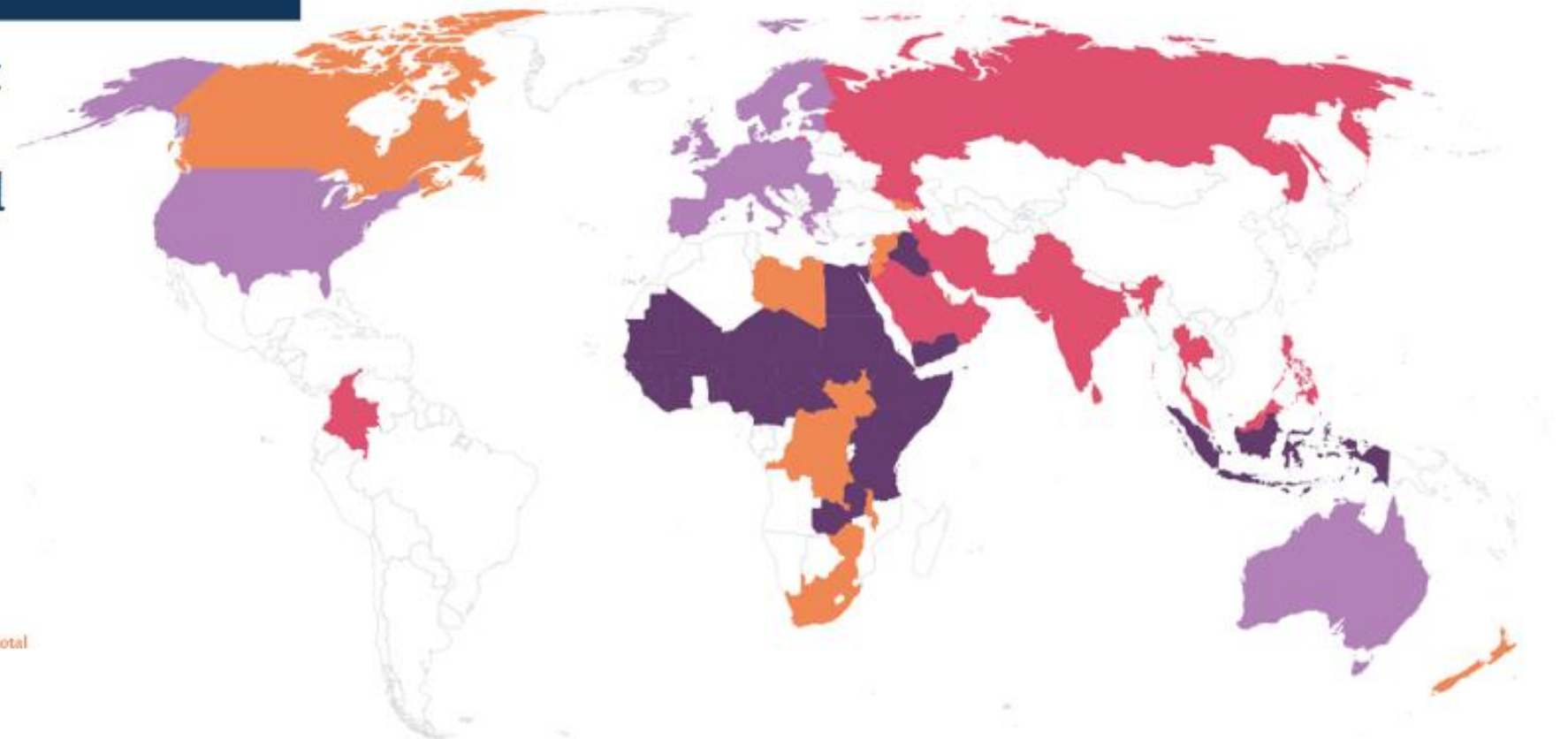
## Facts and Figures

- ▶ WHO estimates 230 million girls and women alive today have undergone some form of FGM. (2024)
- ▶ WHO estimates 3 million girls are at risk annually in Africa.



# FGM/C IS GLOBAL

FGM/C is present in at least 92 countries around the world.



Source: FGM/C: A Call For A Global Response (2020) Equality Now, End FGM EU Network, US End FGM/C Network

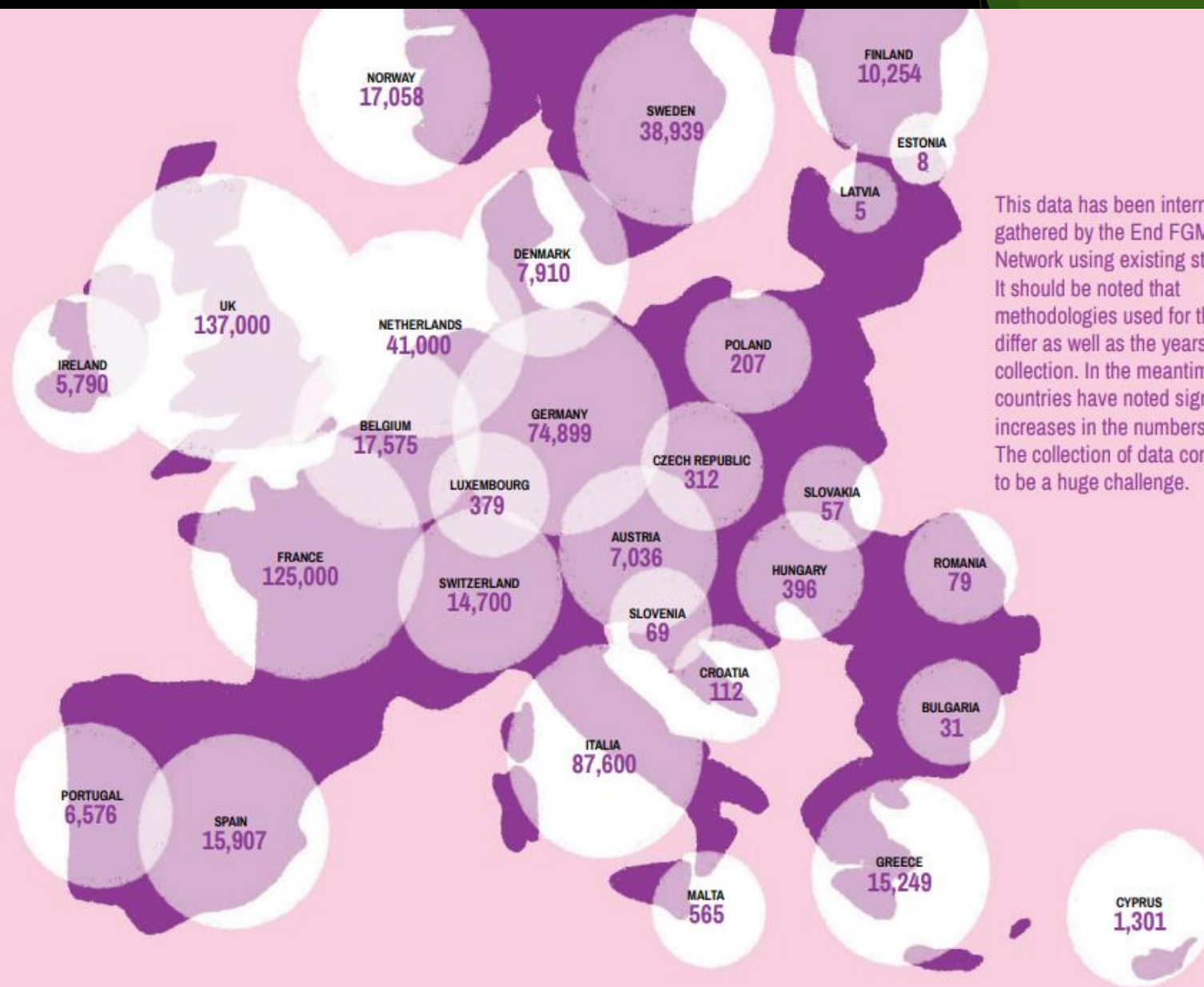
# FGM IN EUROPE

At least 200 million women and girls alive today have undergone FGM and 4.1 million have been subjected to FGM only in 2020.

It is estimated that there are over 600.000 FGM survivors living in Europe and around 190.000 are at risk in 17 countries alone.

## SOURCES

- BELGIUM : Estimation de la prévalence des filles et femmes ayant subi ou à risque de subir une mutilation génitale féminine vivant en Belgique (2018)
- FINLAND: Action plan for the prevention of female genital mutilation (2019)
- FRANCE: Estimate of adult women with female genital mutilation living in France (2019)
- GERMANY: Dunkelzifferstatistik zu weiblicher Genitalverstümmelung in Deutschland, Terre des Femmes (2020)
- IRELAND: AKIOWA estimations based on Ireland's Central Statistics Office (2016)
- ITALY: Stima del numero di donne portatrici di mutilazioni genitali, delle bambine a rischio e dell'attitudine nei confronti della pratica (2019)
- NETHERLANDS: Vrouwelijke Genitale Verminking Omvang en risico in Nederland (2019)
- PORTUGAL: Mutilação Genital Feminina: prevalências, dinâmicas socioculturais e recomendações para a sua eliminação (2015)
- RUSSIA: The practice of female genital mutilation in Dagestan: strategies for its elimination (2018)
- SPAIN: La Mutilación Genital Femenina en España (2020)
- SWITZERLAND: Mutilations génitales féminines : recommandations pratiques, Obstétrica 11/2019
- UK: Prevalence of Female Genital Mutilation in England and Wales: National and local estimates (2015)
- Estimates of first-generation women and girls with female genital mutilation in the European Union, Norway and Switzerland (2016)
- EIGE, Estimation of girls at risk of female genital mutilation in the European Union - Ireland, Portugal and Sweden (2015)
- EIGE, Estimation of girls at risk of female genital mutilation in the European Union



This data has been internally gathered by the End FGM European Network using existing studies. It should be noted that methodologies used for the studies differ as well as the years of data collection. In the meantime, some countries have noted significant increases in the numbers. The collection of data continues to be a huge challenge.

# Ireland's FGM Data

- ▶ Indirect Methodology “extrapolation of FGM countries prevalence data”
- ▶ Used Central Statistics Office Irish National Census and Reception and Integration Agency data.
- ▶ 2022 Census data is now ready to estimate.
- ▶ The 2016 Census data provided statistics to estimate 5,795 women living in Ireland who have undergone FGM.
- ▶ This shows a 53% increase from the 2011 Census data estimating 3,780 women.

Desert Flower

"Translation"

Trt: :40

# Tips to Make checking easier



- ▶ **Equipment Preparation:** Have appropriate equipment ready and visible. Show patients the different speculum sizes available and explain which would be most suitable for their examination.
- ▶ **Patient-Centered Care:** Maintain clear communication throughout the procedure. Be prepared to pause or stop the examination if the patient shows signs of distress or requests to stop.
- ▶ **Language Support:** Arrange appropriate interpreter services in advance when needed. Ensure all documentation and patient information materials are available in the patient's preferred language.
- ▶ **Time Management:** Extended appointment slots

# FGM Consultation

- Non-stigmatising language - survivor, not a victim
  - Survived, experienced, living with, undergone
- Female professional or neutral party translator when requested
- Make no assumptions: Women may not remember, may need time, this is their normal/reality
- Create opportunity for child or woman to disclose
- Sensitive and non-judgmental
  - Better to ask with empathy than not at all!
- Gather information - Is risk of FGM imminent?



# Multidisciplinary FGM Support

- ▶ Obstetrics & Midwives
- ▶ Ambulatory Gynaecology
- ▶ Medical Social Work
- ▶ Community Organisations: LGBT, DSGBV, County Councils...
- ▶ Mental Health
- ▶ Women's Health Physiotherapy
- ▶ CervicalCheck
- ▶ SATU
- ▶ TUSLA & An Garda Siochana
- ▶ **Do you know your local services?**

# Referral and Documentation

- ▶ Woman's comfort in discussing, reported and observed health consequences, safety and risk
  - ▶ Documenting with consent
- ▶ Social work -> support doesn't end at disclosure
- ▶ AkiDwA
  - ▶ Social support, volunteering, community education
- ▶ Irish Family Planning Association
  - ▶ Dublin-based FGM Speciality Clinic
  - ▶ Phone call/email referral by patient or professional
  - ▶ Waitlist of 4-5 months, reflects increasing demand

# UNFPA “True Story”



# Discussion and Questions

- How do you feel about FGM in midwifery?
- Do you know the referral process?
- Do you feel comfortable raising the question to patients?
- This is the time to ask questions!

# Resources

- ▶ AkiDwA Podcast on Spotify - Chat With Us: FGM
  - ▶ <https://open.spotify.com/show/2PLWSaqfN92QioOJRsXmog?si=802278dff7184993>
- ▶ AkiDwA 3rd Edition FGM Handbook for Healthcare Professionals (2021)
- ▶ Irish Family Planning Association
  - ▶ Call 01 872 7088
  - ▶ Email [reception@ifpa.ie](mailto:reception@ifpa.ie)

info@akidwa.ie  
+353 (0)1 8349851



ABOUT US OUR WORK NEWS GET INVOLVED RESOURCES VICTIMS OF CRIME SUPPORT CONTACT



Thank you!

hope@akidwa.ie

**AkiDwa**

AKINA DADA WA AFRICA

Unit 2 Killarney Court, Buckingham Street, Dublin 1, Ireland

info@akidwa.ie

+353 (0)1 8349851

Registered Charity Number 20063641; CHY 17227