

Female Genital Mutilation/Cutting: An Issue for Australia

Elizabeth Elliott on behalf of the APSU FGM Study
Reference Group and Research Team.

Background

- 200 million girls/women living with FGM
- Lifelong physical, social, sexual and psychological impacts
- Increasing immigration to Western Countries from high prevalence countries - Africa, Asia
- Limited data on FGM (UK, NZ, Canada, Australia)

FGM predominantly in children but...

Medical literature

- reports mainly on women
- written from O&G perspective
- limited data internationally on children and FGM
- Few data on health professionals' knowledge, attitudes and practice (especially paediatricians)
- No published information on Australian paediatricians' clinical practice regarding FGM

Australian Department of Health and Ageing: grant to APSU/RACP, 2013

- Systematic Review HP knowledge, attitudes, practice
- National Survey of Australian Paediatricians
 - Knowledge, Attitudes, Practice
- National Survey Paediatricians' Clinical Practice:

National Survey of Paediatricians and other child health specialists

- **First round:** Survey was sent to 1311 paediatricians who regularly participate in APSU activities
- After 2 weeks non-responders sent 3x weekly reminders
497 responded; 814 did not
- **Second Round:** Non-responders (814) very brief survey asking whether or not they had seen a child with FGM in the last 5 years and if so how many?

506 responded

Total responses: $497+506 = 1003/1311$ (76.6%)

Have you ever seen a child (<18y) with FGM in your clinical career?

- 497/1131 (38 %) response*
- 50(10%) reported seeing at least one child with FGM in career
- Ask about FGM during a medical history
 - Never/rarely 91%
- Look for FGM during a clinical examination
 - Never/rarely 63%

Have you seen a child (<18y) with FGM in the last 5 years?

- 1003/1311 (76.6%) responses
- 23(2.3%) reported seeing at least one child
- Some saw more than one
 - mainly doctors working in refugee clinics
- Total of 59 children with FGM were seen in the last 5 years

Only published study of children with FGM presenting to a health service in developed world. London Safeguarding Clinic (Hodes, 2015, Arch Dis Child)

n=27, no cases performed in UK, 15% <1y; 35% performed by a 'doctor'

Characteristics

Detailed data 31/59 children
90% refugees

Age at diagnosis (years)	N (%)
• 0-5	2 (8)
• 5-10	8 (32)
• 10-15	11 (44)
• 15-18	4 (16)

Country of birth of child	N (%)
• Kenya	7 (24.1)
• Sudan	7 (24.1)
• Australia	3 (10.3)
• Eritrea	3 (10.3)
• Ethiopia	2 (6.9)
• Sierra Leone	2 (6.9)
• Somalia* (UK 67%)	2 (6.9)
• East Africa	1 (3.4)

Country of birth of parents: mother/father

Birthplace	N (%)
• Somalia	24 (44.4)
• Eritrea	12 (22.2)
• Unknown	5 (9.2)
• Sierra Leone	2 (6.9)
• Sudan	4 (7.4)
• Ethiopia	2 (3.7)
• India	2 (3.7)
• Indonesia	1 (1.9)

Country of birth of child	N	Country where FGM was performed	N
Sudan	7	Sudan	3
		Malaysia	2
		Eritrea	1
Kenya	9	Kenya	4
		Sudan	3
		Somalia	2
Eritrea	3	Eritrea	2
		Somalia	1
Australia	3	Australia	2
		Indonesia	1
Sierra Leone	2	Sierra Leone	2
Uganda	1	Somalia	1
Somalia	1	Somalia	1
Egypt	1	Egypt	1

FGM Type: WHO classification

Type	N(%)
• Type 1 (clitorectomy)	10(38.5)
• Type 2 (excision)	5(19.2)
• Type 3 (infibulation)*	5(19.2)
• Type 4 (other)	6(23.1)
• UK: Type 1 (2); Type 4 (11).	
• UK: No type 3	

Complications

- Urinary dysfunction 6(75%)
 - dysuria, UTI, enuresis, peri-urethral bleeding
- O&G problems: 2(25%)
 - dysmenorrhea, vulvar vaginitis, sexual problems, fertility problems
- Urinary tract infection 3(37%)
- Psychological problems 2(25%)
- Chronic pain 1(12%)

Referral*

Service	N (%)
• O&G	19(76.0)
• Social Work	16(64.0)
• Child Protection	13(52.0)
• Psychology/Counselling	1(4.0)
• Surgery	1(4.0)
• Enuresis service	1(4.0)

* No special clinics/services exist for children in Australia

Are paediatricians approached by families to perform FGM in children ?

- 3 paediatricians were asked by families to perform FGM in their child
- 10 paediatricians were approached by families for advice on where to have FGM performed
- 1 child born in Australia was taken to Indonesia to have the FGM procedure

Limitations and Strengths

Likely under-represents the number of children with FGM in Australia because:

- Retrospective survey - recall bias
- Many children with FGM will not see a paediatrician
- No systematic data collection on FGM in Australia
- Health professionals don't ask or examine for FGM
- Limited knowledge about FGM

But current, national, unique data, only data from Australia, systematically collected, amongst scarce data internationally

Conclusions

- FGM is seen in children resident in Australia
 - all types, 40% diagnosed <10y
- FGM has been performed in Australia
 - 2 prosecutions
- Australian children taken overseas for FGM
- Children present with medical and psychological complications
- Paediatricians have been approached by families for advice on where to get FGM done
- Paediatricians have been asked by families to perform FGM in their child (? Medicalisation of FGM)

Implications

- Educational resources and opportunities for paediatricians and other health professionals
- Clinical guidelines for paediatricians who care for children with FGM
- Specialist referral services e.g. multidisciplinary FGM clinic in UK
- Systematically collected data to objectively describe the size and scope of FGM in Australia, populations at most risk, and trends in prevalence
- Mandatory reporting ?
- PREVENTION

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- **Research Group:** A/Prof Yvonne Zurynski, Dr Premala Sureshkumar, Dr Marie Deverell, Ms Amy Phu, Prof Elizabeth Elliott,
- 1000+ paediatricians who completed the survey