

Female Genital Mutilation: Health professionals' knowledge, attitudes and educational needs

Yvonne Zurynski on behalf of the APSU FGM Study Reference
Group and Research Team

- First systematic review of international literature on the attitudes, knowledge, practice and educational needs of health professionals
- First National Survey of Australian Paediatricians
 - Attitudes
 - Knowledge
 - Practice and educational needs

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Systematic Literature Review

Only 18 relevant publications

- 8 from African countries (*Nigeria, Gambia, Sudan, Egypt*)
- 10 from high income countries (*Italy, UK, Australia and New Zealand, USA, Spain, Belgium, Sweden, Switzerland*)
- Almost all had surveyed O&G or midwives
- NO surveys focussed on Paediatricians
- 2 studies included paediatricians amongst a mixed group of health professionals



Do health professionals in high income countries see FGM?

- 59% UK health care professionals
- 80% UK labour ward staff
- 87% UK O&G
- 47% ANZ O&G had seen women with complications of FGM
- 51% Swiss O&G (73% in the French-speaking region)
- 16% Spanish of health professionals; 19% of paediatricians
- 58% Belgian O&G
- 60% Swedish O&G
- 43% USA midwives

Do health professionals perform FGM procedures?

4 studies from Africa

- 8% of Gambian nurses and midwives (2013)
69% - “FGM/C is practiced in my household”
- 81% Sudanese midwives (2012)
- 14% Nigerian nurses (2006)
58% would perform FGM/C “if compelled to do so”
- 19% Egyptian physicians (2009)

Do health professionals perform FGM procedures?

- 5 studies from high income countries

(UK, ANZ, Belgium, Sweden and Switzerland):

- O&G or midwives had been asked to perform FGM - mainly re-infibulation (or re-stitching) after a woman gave birth, or to perform FGM on a child
- Some O&G had performed a re-infibulation procedure



World Health Organisation has condemned the involvement of health professionals in FGM procedures.

“In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized. WHO strongly urges health professionals not to perform such procedures.”



Trained health professionals who perform female genital mutilation are violating girls' and women's right to life, right to physical integrity and right to health. They are also violating the fundamental medical ethic to “do no harm.”

National Survey of Paediatricians and other child health specialists

- Survey was sent to 1311 Australian paediatricians who regularly participate in APSU activities
- Those who did not respond within 2 weeks were sent 3 weekly reminders

497 (38%) responded



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Female genital mutilation: Survey of paediatricians' knowledge, attitudes and practice

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ABSTRACT

The study objective was to determine paediatricians' experience with female genital mutilation (FGM) in Australian children and adolescents. A cross-sectional, pilot-tested national survey of paediatricians practising in Australia and contributing to the Australian Paediatric Surveillance Unit was conducted. Clinicians' knowledge, attitudes and clinical experience

Respondent characteristics

Variable		N=497	(%)
Gender	Male	255	51.3
	Female	242	48.7
Age (Years)	<35	4	0.8
	35-49	209	42.2
	50-64	217	43.8
	>=65	65	13.2
State of practice	New South Wales	221	44.7
	Victoria	94	19.0
	Queensland	90	18.1
	Western Australia	44	8.9
	South Australia	37	7.5
	Northern Territory	5	1.0
	Tasmania	4	0.8
Speciality	General paediatrician	204	41.2
	Paediatric sub-specialist	202	40.8
	General with speciality interest	45	9.1
	Obstetrics and Gynaecology	2	0.4
	Other	42	8.5
Practice type	Hospital-based	346	71.0
	Community-based	141	29.0

70.2% trained in Australia
 18.6% trained overseas
 11.2% trained overseas and in Australia

Knowledge about the law, human rights and obligations to report

	Agree N(%)	Disagree N(%)	Unsure N(%)
All types of FGM are harmful	482(97.4)	5(1.0)	8(1.6)
All types of FGM are illegal in Australia	463(93.9)	5(1.0)	25(5.1)
FGM is a violation of human rights	483(98.2)	3(0.6)	6 (1.2)
Notification of FGM to child protection services is mandatory	399(81.8)	7(1.4)	82(16.8)

Australian paediatricians' beliefs about FGM

	Agree N(%)	Disagree N(%)	Unsure N(%)
In some cultural groups FGM is a traditional practice	431(87.6)	25(5.1)	36(7.3)
FGM is a required by religion	57(11.6)	281(57.0)	155(31.4)
FGM is performed in children in Australia	295(60.0)	34(6.9)	163(33.1)
FGM is performed overseas in children who are residents of Australia	357(73.9)	12(2.5)	114 (23.6)

Paediatricians' beliefs about where FGM is practised

96% - Africa

60% - Middle East

15% - Asia

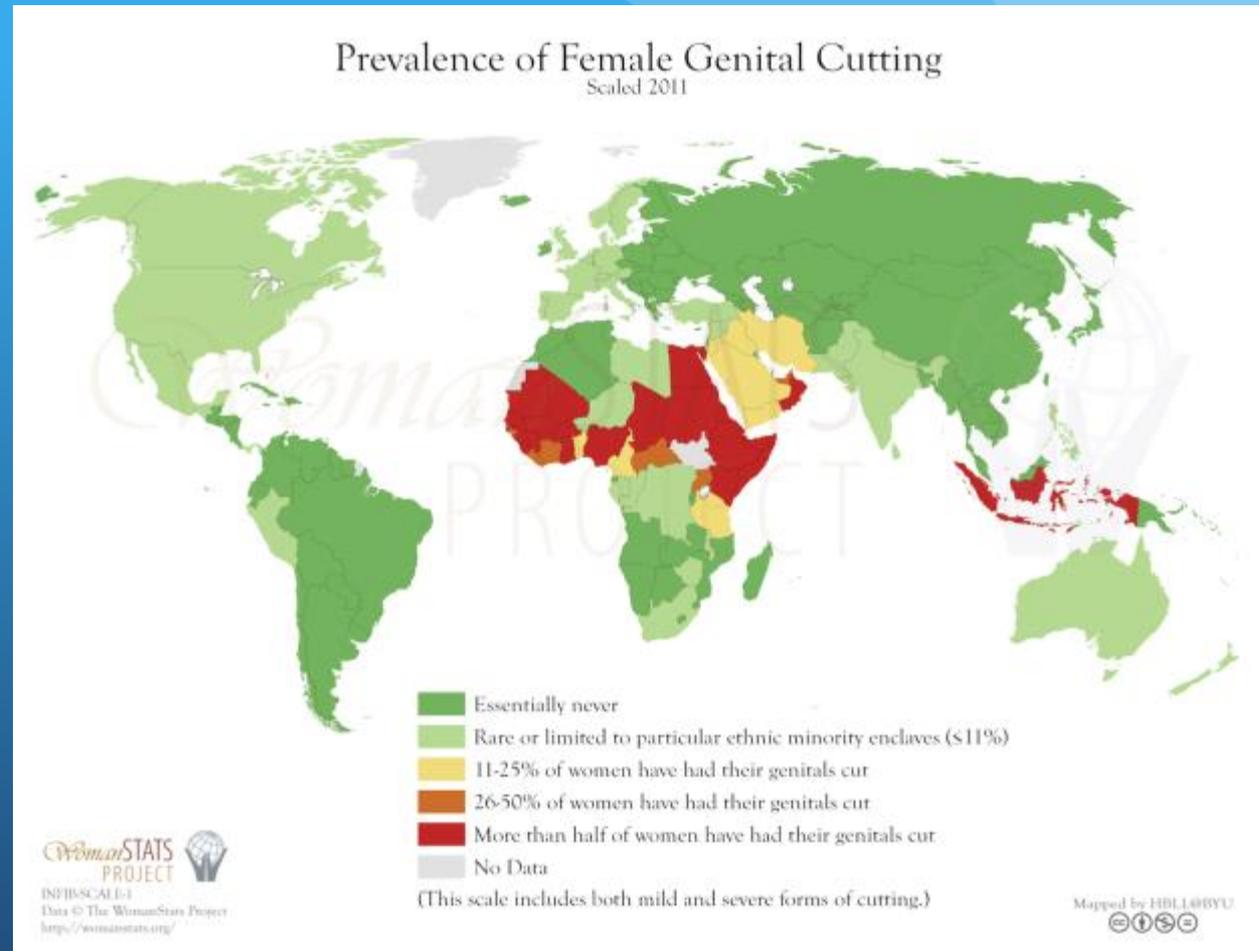


Image from WomanStats Database
<http://www.womanstats.org/>

Knowledge about short-term and long-term complications

77% aware of short-term complications including:

- 45% Infections
- 39% Urinary tract problems
- 27% Pain
- 21% Bleeding
- 25% Sexual health
- 13% Psychological problems
- 13% Scarring

90% aware of long-term problems

- 23% Sexual health
- 20% Psychological problems
- 5% Fertility/obstetric problems

Psychological problems and fertility/obstetric problems are under-recognised by paediatricians

Awareness of guidelines and policies on FGM

	Aware N (%)
RACP-DPCH* Female Genital Mutilation Cutting Policy	238 (48.8)
RACP-DPCH* Genital Examination in Girls and Young Women: A clinical practice guideline	200 (41.0)
WHO statement on Female Genital Mutilation	300 (62.0)
Family Planning Victoria National resource on FGM	44 (9.3)

RACP-DPCH: Royal Australasian College of Physicians Division of Paediatrics and Child Health

Education about FGM

Only 14% had ever had any education about FGM:

- Post-graduate medical training
- Self directed learning activities

Paediatricians wanted educational resources:

- 65% - educational materials for themselves
- 56% - wanted educational resources for patients/families including fact sheets
- 57% - guide on the recognition and classification of FGM and a guide to their obligations under Australian law
- 50% - a guide on how to talk to families about FGM and the cultural context of FGM
- 56% - evidence-based on-line module
- 45% - a guide on genital examination in young children
- 56% - list of specialised services with expertise in FGM in children and a referral guide

Conclusions

- Most Australian paediatricians were aware of FGM and complications
- Many believe that FGM is performed in Australia and that children are being taken overseas for FGM procedures
- Most were unaware that the practice of FGM is prevalent in parts of Asia (Indonesia, Malaysia)
- Few have had any education about FGM
- Only ~20% recognise psychological problems as a complication of FGM
- Less than half were aware of the RACP Policy on FGM/C or the clinical guide to genital examination in girls and young women
- Paediatrician called for evidence-based, culturally sensitive educational resources for themselves and for patients/families

Where to from here?

- Evidence-based educational resources and clinical guidelines written from the child health perspective
- Educational resources for patients and families
- Specialist multidisciplinary referral services:
Paediatrics, child protection, paediatric gynaecology, social work, psychology. Links with general practice and community
- More research is needed to further determine the size and scope of the impacts of FGM in Australia and to determine the needs of other health professionals who may see children with FGM e.g.:
GPs, nurses, community health workers

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- **Research Group:** Dr Premala Sureshkumar, Dr Marie Deverell, Ms Amy Phu, Prof Elizabeth Elliott
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