FGC health implications & resettlement considerations

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Amber Fouts/The New York Times

ALARMING TREND 02.06.15

Nina Strochlic

The U.S. Female Genital Mutilation Crisis

Estimates released today show more than half a million girls living in America have been cut or are at risk of being cut—more than triple the figure from the first nationwide count.

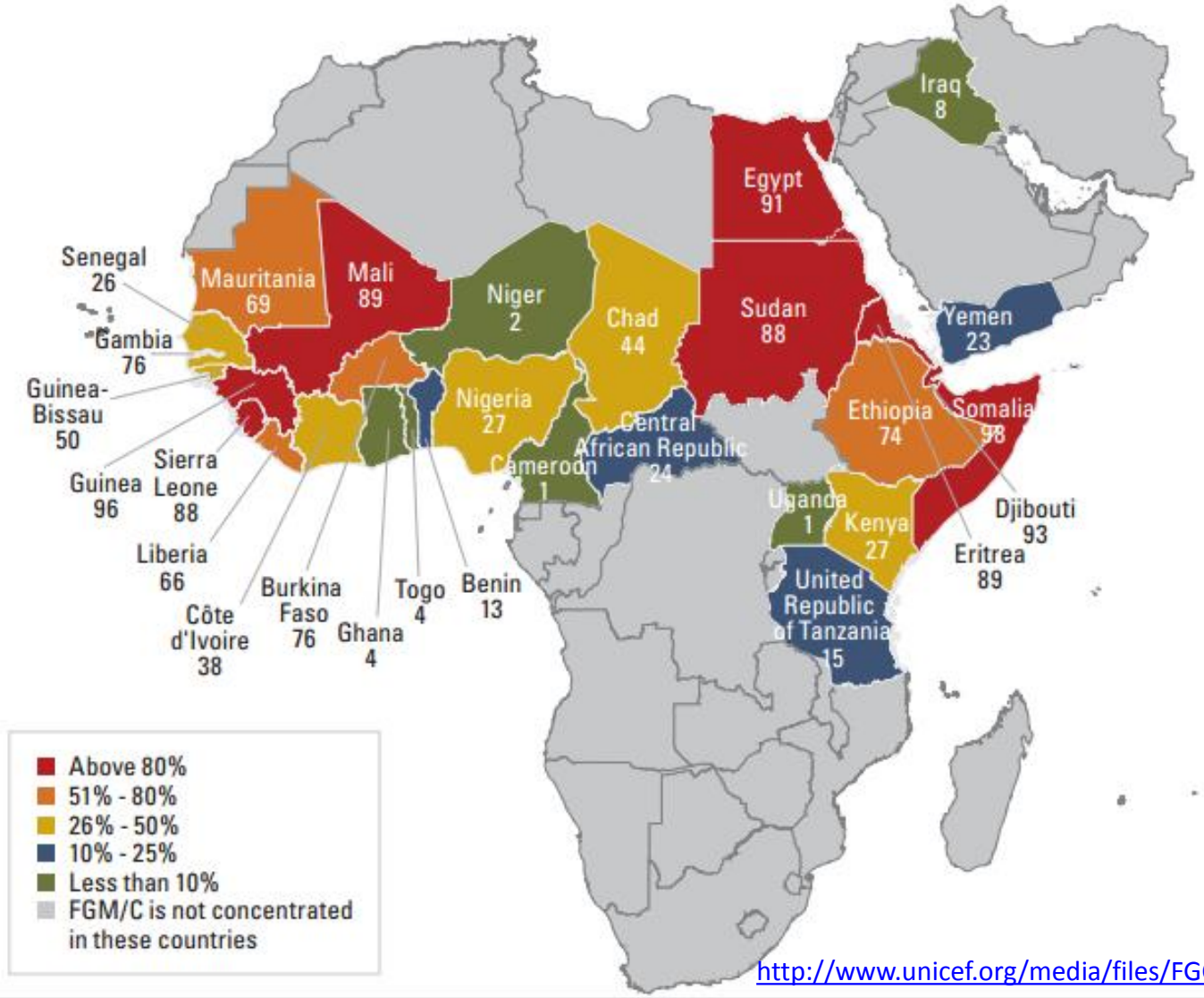
Since the practice of female genital mutilation was outlawed by the United States in 1996, the federal-level crackdown has been swift and unforgiving. In the [illegible] 2 states would add their own bans, and "vacation cutting," or

“FGM includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons”.

World Health Organization, 2013

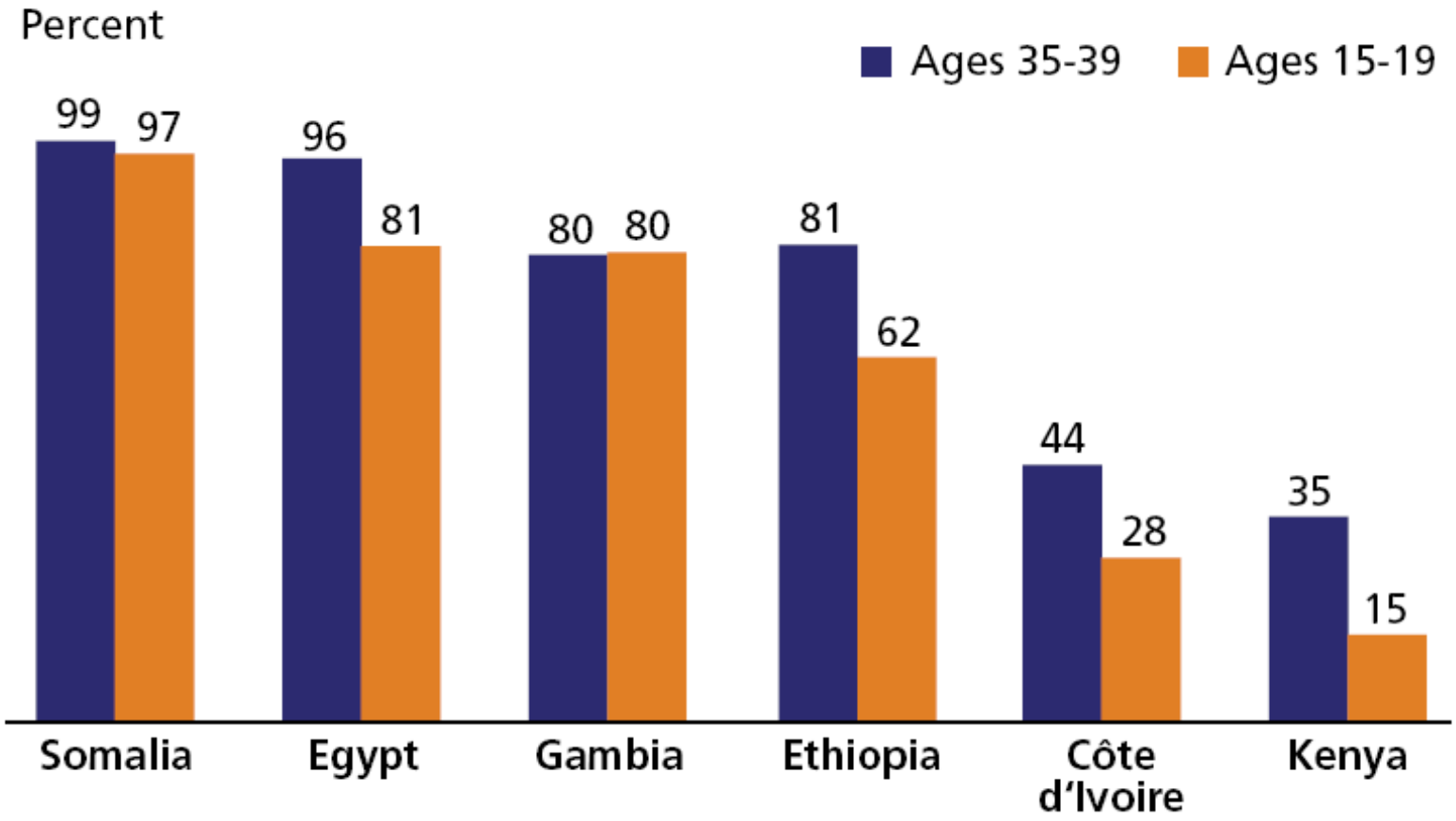
Map 4.1 FGM/C is concentrated in a swath of countries from the Atlantic Coast to the Horn of Africa

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country



http://www.unicef.org/media/files/FGCM_Lo_res.pdf

Prevalence Among Younger and Older Women



Overview

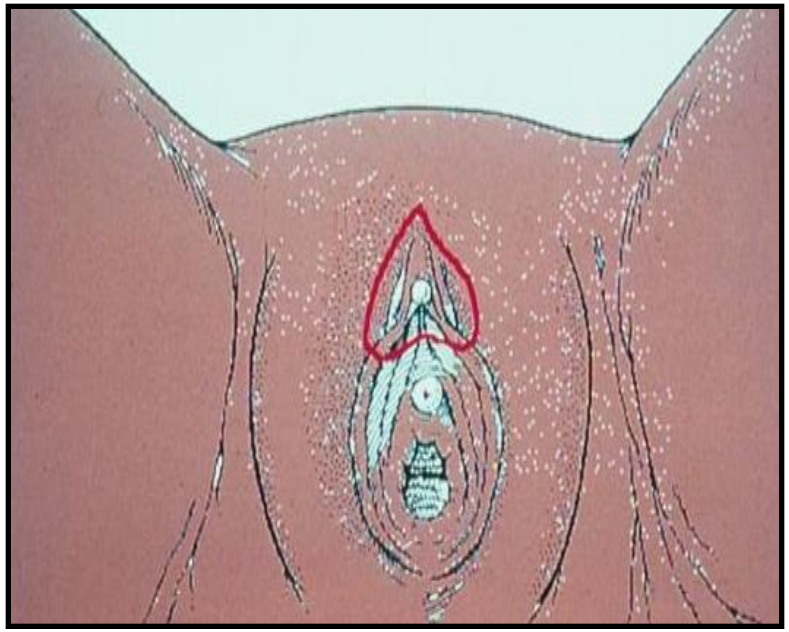
Trends

*M*otivation

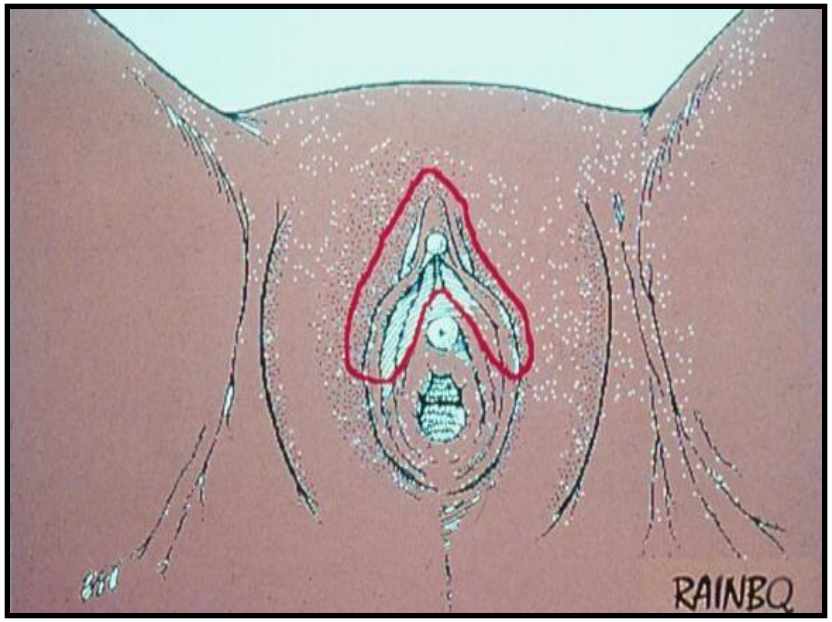
social acceptability

Type	Description
Type I	Partial or total removal of the clitoris and/or the prepuce (clitorectomy)
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 creating of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
Type IV	Unclassified

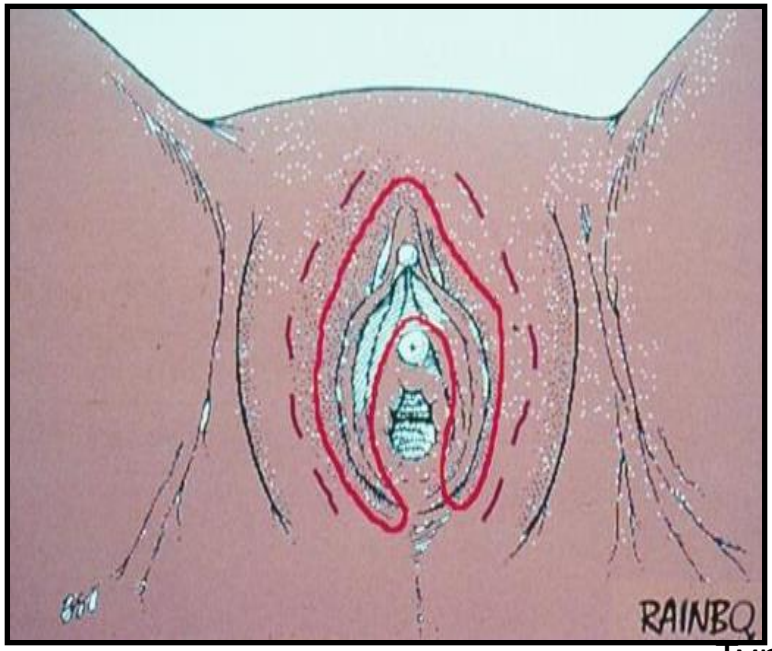
WHO, 2008



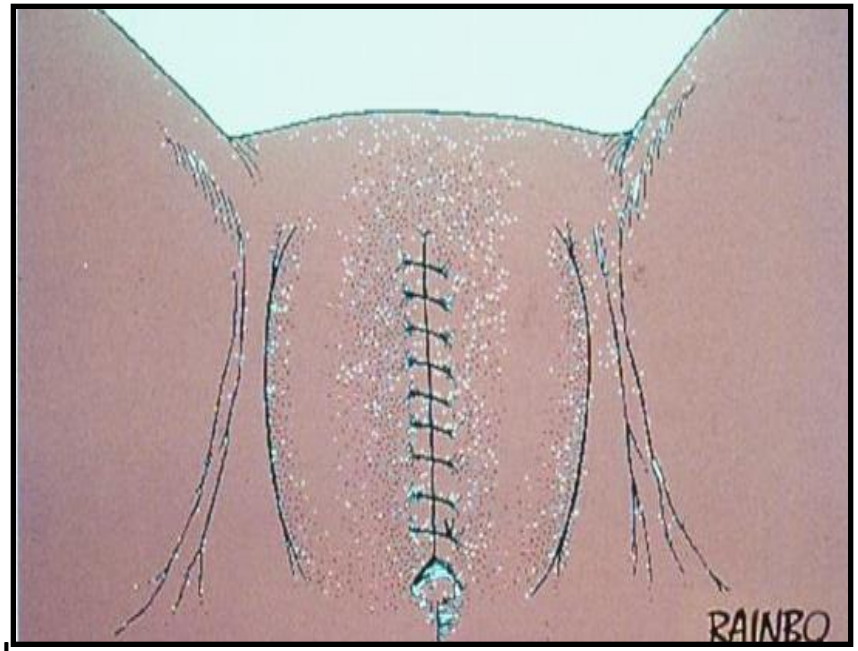
Type I



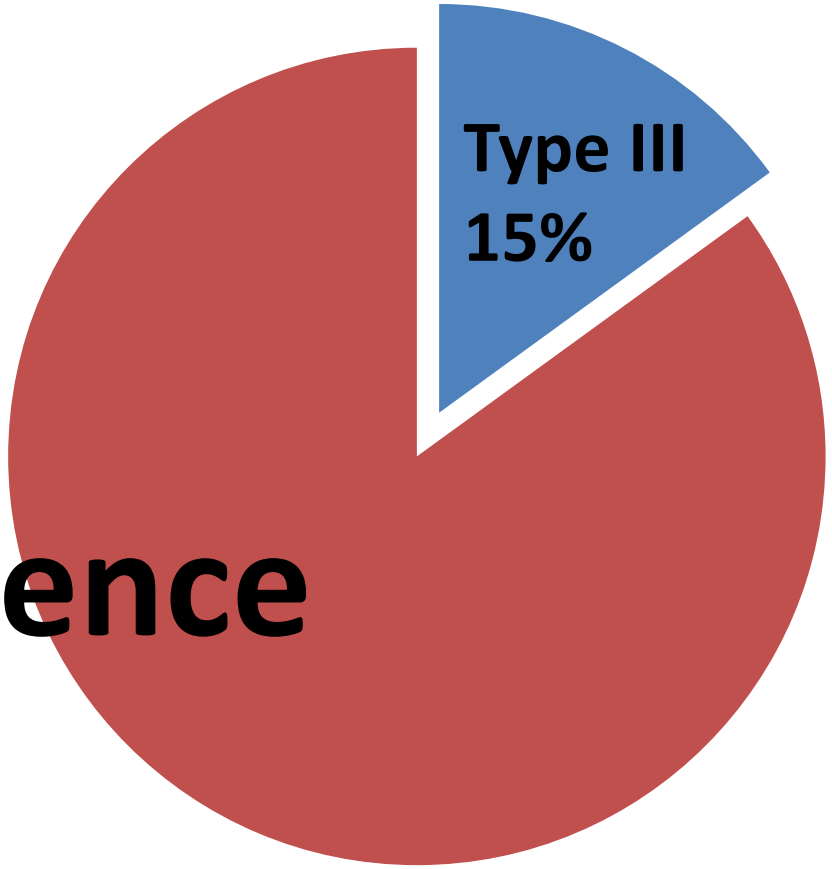
Type II

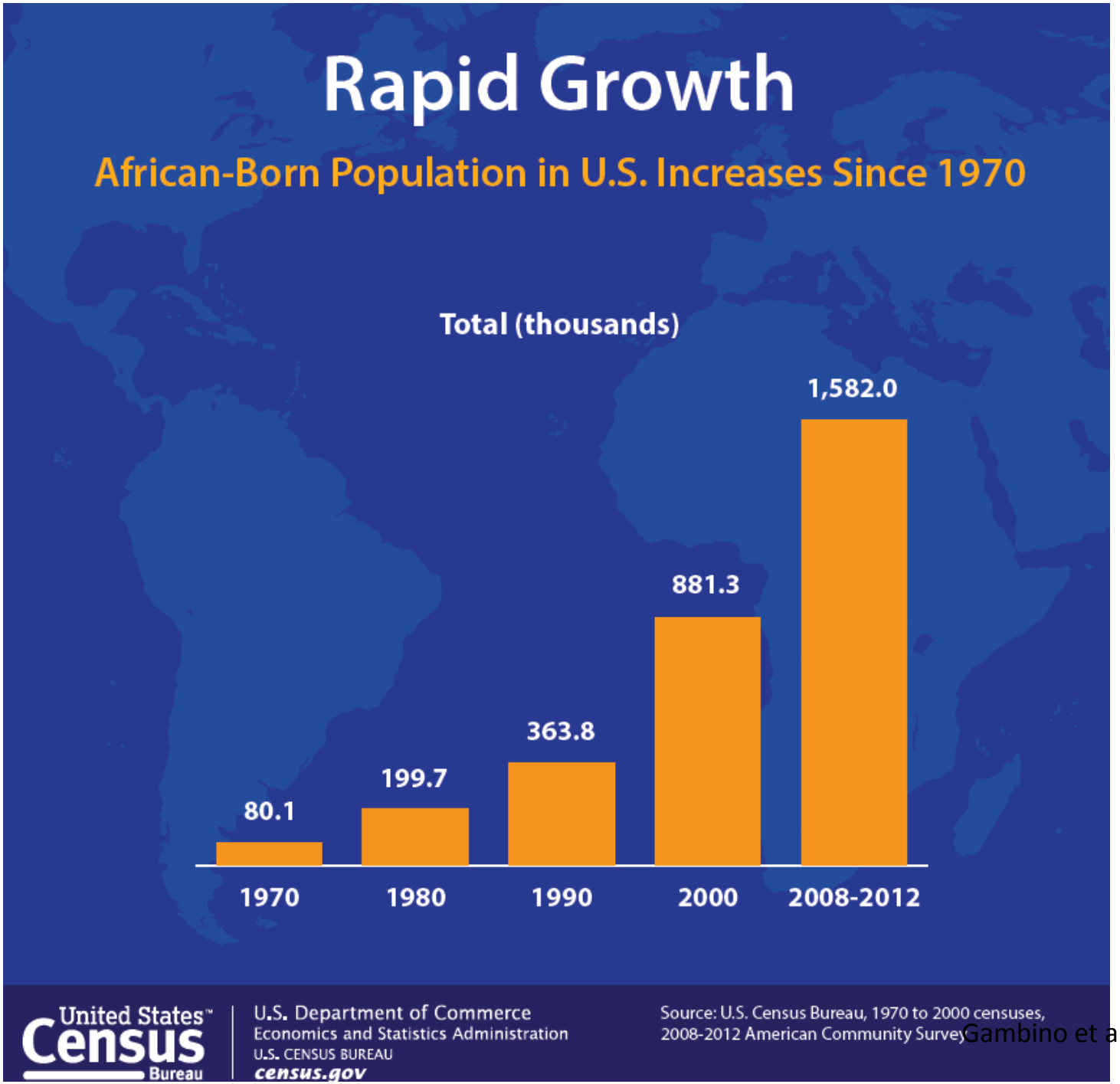


Type III

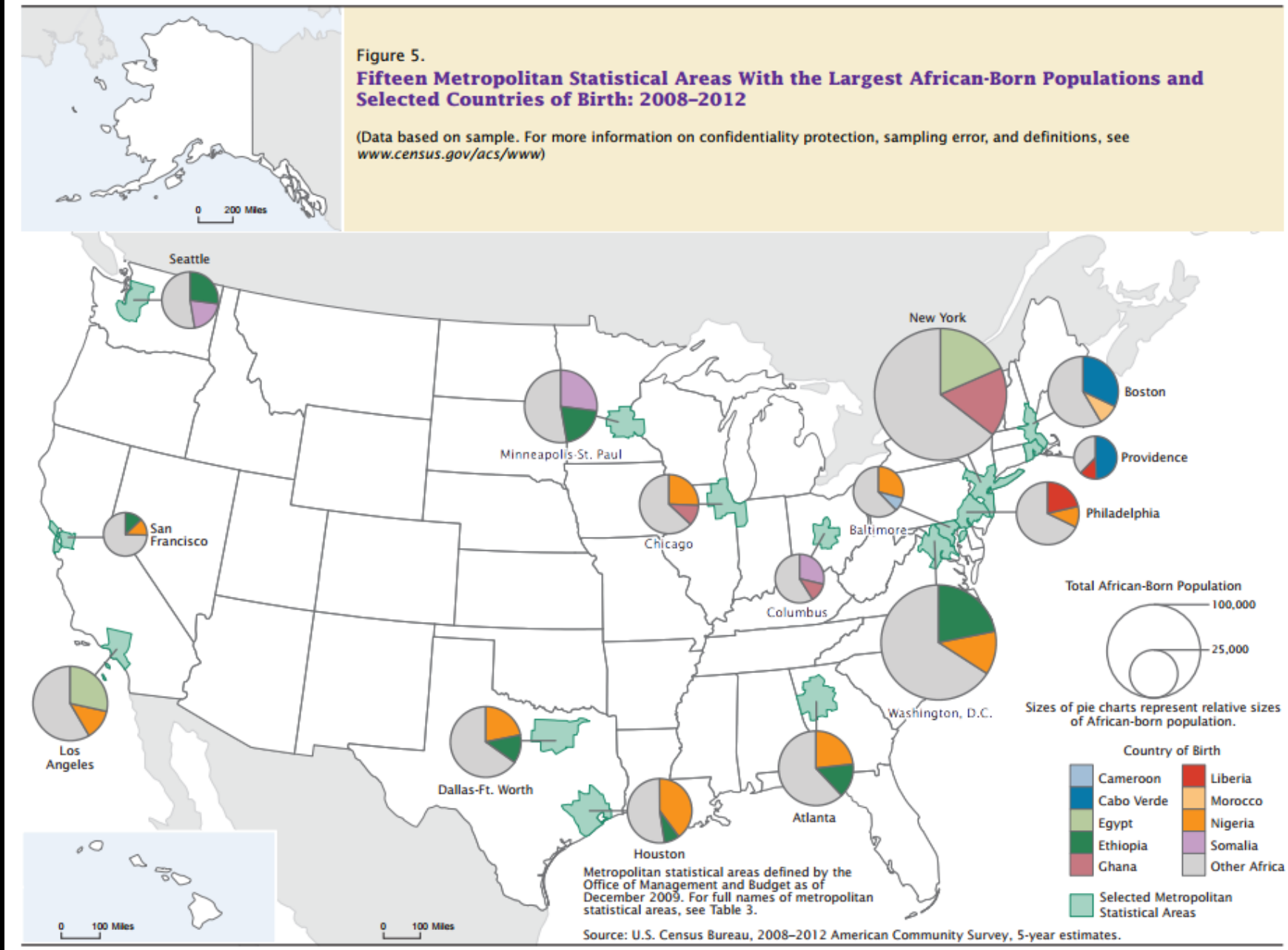


Prevalence





Gambino et al., 2014



Gambino et al., 2014

FGM/C

FEMALE GENITAL MUTILATION CUTTING

PRB

INFORM EMPOWER ADVANCE

40% OF WOMEN AND GIRLS AT RISK OF FGM/C LIVE IN FIVE METRO AREAS

TOP 5 METRO AREAS IN THE UNITED STATES

1. NEW YORK
2. WASHINGTON, DC
3. MINNEAPOLIS
4. LOS ANGELES
5. SEATTLE

SHARE AND SPREAD THE WORD ON
ZERO TOLERANCE DAY FEBRUARY 6

Implications

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Department of Population and International Health
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Female Genital Surgeries: The Known, the Unknown, and the Unknowable

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This article reviews the literature on female genital surgeries and examines the extent to which available research supports commonly accepted "facts" about the prevalence and harmful effects of these practices, in particular their possible health complications, and their effect on sexuality. While information regarding the prevalence of female genital surgeries is becoming increasingly available, the powerful discourse that depicts these practices as inevitably causing death and serious ill health, and as unequivocally destroying sexual pleasure, is not sufficiently supported by

Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries

*WHO study group on female genital mutilation and obstetric outcome**

Summary

Background Reliable evidence about the effect of female genital mutilation (FGM) on obstetric outcome is scarce. This study examines the effect of different types of FGM on obstetric outcome.

Methods 28 393 women attending for singleton delivery between November, 2001, and March, 2003, at 28 obstetric centres in Burkina Faso, Ghana, Kenya, Nigeria, Senegal, and Sudan were examined before delivery to ascertain whether or not they had undergone FGM, and were classified according to the WHO system: FGM I, removal of the prepuce or clitoris, or both; FGM II, removal of clitoris and labia minora; and FGM III, removal of part or all of the external genitalia with stitching or narrowing of the vaginal opening. Prospective information on demographic, health, and reproductive factors was gathered. Participants and their infants were followed up until maternal discharge from hospital.

Findings Compared with women without FGM, the adjusted relative risks of certain obstetric complications were, in women with FGM I, II, and III, respectively: caesarean section 1·03 (95%CI 0·88–1·21), 1·29 (1·09–1·52), 1·31 (1·01–1·70); postpartum haemorrhage 1·03 (0·87–1·21), 1·21 (1·01–1·43), 1·69 (1·34–2·12); extended maternal hospital stay 1·15 (0·97–1·35), 1·51 (1·29–1·76), 1·98 (1·54–2·54); infant resuscitation 1·11 (0·95–1·28), 1·28 (1·10–1·49), 1·66 (1·31–2·10), stillbirth or early neonatal death 1·15 (0·94–1·41), 1·32 (1·08–1·62), 1·55 (1·12–2·16), and low birthweight 0·94 (0·82–1·07), 1·03 (0·89–1·18), 0·91 (0·74–1·11). Parity did not significantly affect these relative risks. FGM is estimated to lead to an extra one to two perinatal deaths per 100 deliveries.

Interpretation Women with FGM are significantly more likely than those without FGM to have adverse obstetric outcomes. Risks seem to be greater with more extensive FGM.

Review Article

The Obstetric Consequences of Female Genital Mutilation/Cutting: A Systematic Review and Meta-Analysis

Rigmor C. Berg and Vigdis Underland

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Received 27 April 2013; Accepted 10 June 2013

Academic Editor: Johanne Sundby

Short term

Bleeding
Genital tissue swelling
Infection
Urination problems
Wound complications

Long term

Urinary tract infections
Vaginal infections
Cysts/neuromas
Sexual sequelae

Obstetric

Prolonged labor

Tears

Instrumental delivery

Obstetric hemorrhage

Cesarean section

Psychological

Fear

PTSD

Confounding influence of resettlement

American Journal of Obstetrics and Gynecology (2005) **193**, 475–82

ELSEVIER

American Journal of
Obstetrics & Gynecology
www.ajog.org

Increased risk of adverse pregnancy outcome among Somali immigrants in Washington state

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Received for publication May 24, 2004; revised November 5, 2004; accepted December 2, 2004

Journal of Transcultural Nursing
21(3) 220–227

DOI: 10.1177/1043659609358780
http://tcn.sagepub.com
SAGE

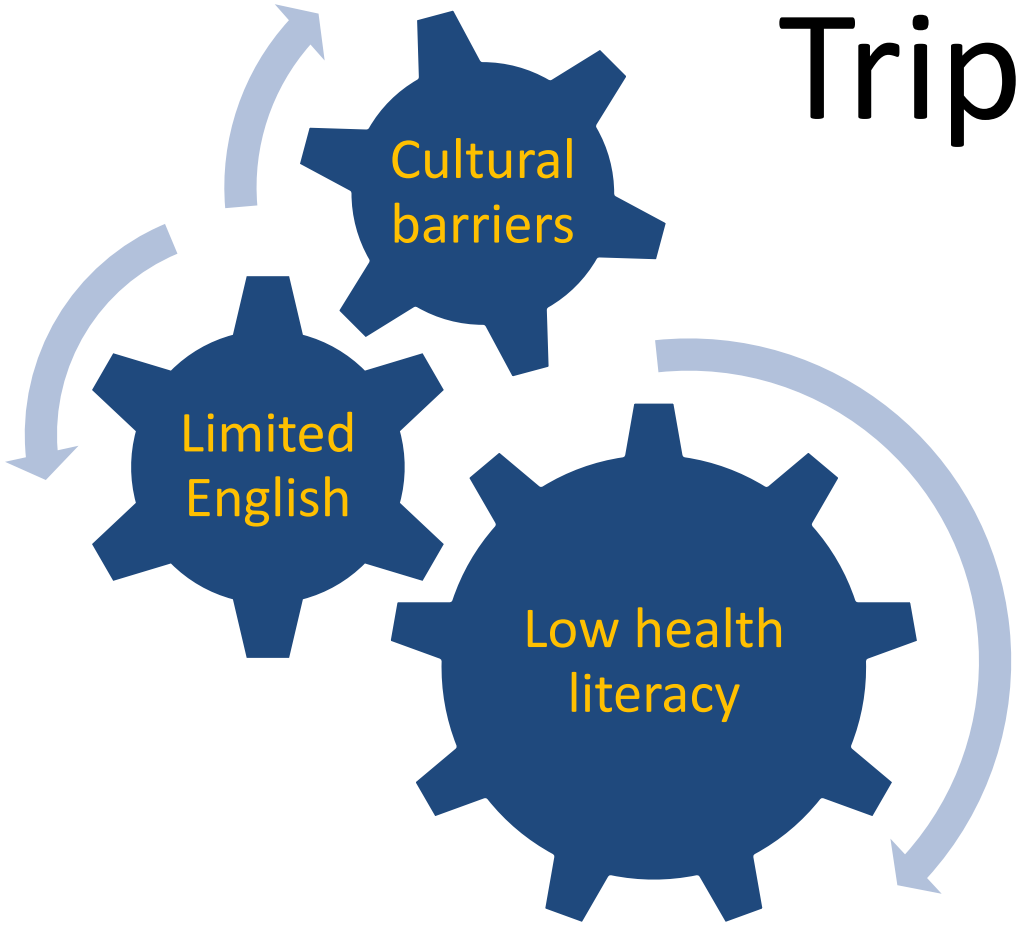
"They Get a C-Section . . . They Gonna Die": Somali Women's Fears of Obstetrical Interventions in the United States

Elizabeth Brown, MD, MPH[1], Jennifer Carroll, MD, MPH[1], Colleen Fogarty, MD, MSc[1], and Cristina Holt, MD, MSc[1]

Abstract

The authors explore sources of resistance to common prenatal and obstetrical interventions among 34 Somali resettled adult women in Rochester, New York. Results of individual interviews and focus groups with these women revealed aversion to or outright fear of cesarean sections because of fear of death and substantial resistance regarding other obstetrical interventions. Because Somali women expressed resistance to many common U.S. prenatal/obstetrical care practices, educating health professionals about Somali women's fears and educating Somali women about common obstetrical practices are both necessary to improve maternity care for non-Bantu and Bantu Somali women.

Triple threat



Schyve, 2007

FEMALE GENITAL MUTILATION/CUTTING

FGM/C

PRB

INFORM
EMPOWER
ADVANCE

IN THE UNITED STATES

507,000 WOMEN AND GIRLS

HAVE UNDERGONE OR ARE AT RISK OF FGM/C

SHARE AND SPREAD THE WORD ABOUT

ZERO TOLERANCE DAY FEBRUARY 6

Evidence?

- Elgaali, M., Strevens, H., & Mardh, P. A. (2005). Female genital mutilation - an exported medical hazard. *European Journal of Contraception and Reproductive Health Care, 10*(2), 93-97. doi:10.1080/1362518040020945
- Essen, B., Binder, P., & Johnsdotter, S. (2011). An anthropolgoical analysis of the perspectives of somali women in the west and their obstetric care providers on caesarean birth. *Journal of Psychosomatic Obstetrics & Gynecology, 32*(1), 10-18. doi:10.3109/0167482X.2010.547966
- Johnsdotter, S., Moussa, K., Carlbom, A., Aregai, R., & Essen, B. (2009). "Never my daughters": A qualitative study regarding attitude change toward female genital cutting among ethiopian and eritrean families in Sweden. *Health Care for Women International, 30*(1-2), 114-133. doi:10.1080/07399330802523741
- Lundberg, P. C., & Gerezgiher, A. (2008). Experiences from pregnancy and childbirth related to female genital mutilation among Eritrean immigrant women in sweden. *Midwifery, 24*(2), 214-225.
- Vissandjee, B., Kantiebo, M., Levine, A., & N'Dejuru, R. (2003). The cultural context of gender, identity: Female genital, excision and infibulation. *Health Care for Women International, 24*(2), 115-124.

Updates

OWH call center & in-service

CDC Expert meeting

OWH Listening Session

Challenges

Practical realities related to measurement

Extent to which evidence guides policy

Community engagement


MOTHER & BABY
LABOR & DELIVERY
10