



# **AGENCY FOR CULTURE AND CHANGE MANAGEMENT**

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## **FGM CONFERENCE** **BIRMINGHAM, THURSDAY 27 – 05 – 2004**

Scripts and Speeches

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**FEMALE GENITAL MUTILATION CONFERENCE  
BIRMINGHAM – THURSDAY, 27 MAY 2004**

**Speech by Dr. Haseena Lockhat**

**CHAIR'S WELCOMING REMARKS**

It is a privilege to be here and to have been asked to chair this event.

I would like to begin by welcoming every one of you here today. It's great to see so many of you giving up your valuable time to join this important conference.

\* \* \* \* \*

Some of you may be familiar with the topic of FGM - perhaps from having encountered cases in your own work, or having heard about it or watched the odd documentary or reading the Marie Claire article a few years back.

Others might think it's interesting to hear about, but not something they are likely to come across in the UK, or that it's not their problem.

Whatever may be people's understanding, FGM is a growing concern as it affects more women and girls than we probably even realise. Recent figures indicate that 74000 first generation African immigrant women in the UK have undergone a form of FGM, and that up to 20000 women and girls are 'at risk' of it.

However, these figures may differ from other surveys, as we do not have any reliable methods of collating prevalence data.

\* \* \* \* \*

FGM is not a new phenomenon. Few individuals may be aware that FGM is a practise that has existed in many civilisations and in EVERY continent at some point in time.

This includes the UK and other western countries, where it was commonly performed on women and girls up until the end of the nineteenth century, for treatment of various kinds of "female pathology".

However, little evidence or reference to FGM being a western practice remains in anthropological literature - as is often the case with obsolete and disreputable practices.

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It was in the 1980's that FGM resurfaced and attracted media attention when it became known that some private clinics in London were performing circumcision on girls and women from overseas.

**SPEECH BY DR. HASEENA LOCKHAT**

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Whilst this triggered the government to bring in what was then the Prohibition of Female Circumcision Act (1985) to prevent health professionals from carrying out these procedures, it did not eliminate the practice.

The devastation of civil war and famine in certain parts of Africa at the same period brought greater number of refugees, asylum seekers, and economic migrants who continued with their cultural practice either illegally or abroad, since the Act did not prohibit children from being taken out of the country for the purpose of circumcision.

That is why the government recently strengthened the 1985 Act, by bringing in the 2003 FGM Act, which makes it illegal for children to be taken out of the country for the purpose of circumcision.

\* \* \* \* \*

However there are many who feel that the government and institutions need to do a lot more - and go beyond legislation by adopting and implementing a holistic program of action.

There are many local positive initiatives in the UK, and I have been moved by the selfless efforts of women, men and organisations such as the ACCM, working day and night in parts of the country. So there is a real opportunity to support these local initiatives, to co-ordinate their work, and to share good practice, to make a real difference.

There is also an opportunity to learn from elsewhere, as I did during my visits to Egypt, Kenya, and the Gambia, where co-ordinated efforts involving local religious and community leaders are helping to eliminate the centuries-old cultural practice. I am pleased to say that Sarah McCulloch will be touching on the international perspective this afternoon.

\* \* \* \* \*

As you go through the day, I am sure you will get a lot out of hearing our speakers talking to you from their different areas of expertise. The main message that I hope people will be taking away with them, is that FGM is an issue that each and every one of us needs to be informed about, as it's quite possible that you may encounter a case of FGM in your own agency.

It's important, therefore, that awareness is raised and that we can all be agents of change, by sharing and acting upon what is learnt today, for the welfare of women and girls. **END.**

**FEMALE GENITAL MUTILATION CONFERENCE  
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**Speech by Mr. Nelson Kaggwa  
Trustee, Secretary Agency for Culture State**

**BISMILLAHI RAHMAN RAHIM**

Good morning to you, and welcome to this; the second in a series of conferences being held throughout the UK, by the Agency for Culture and Change Management, in collaborate and support by the Home Office. Thank you for your time, to come here today. I implore you to listen, to learn, but also to contribute to the debate, as we progress through the day. FGM is as old as most cultures are but not as old as mankind. We know from history, that it crept into human culture as a result of a woman that wanted to prove her chastity to a gallivanting husband. Gradually it became the norm in some cultures. There is no religious grounds for it. Judaism, Christianity and Islam. The three oldest religious do not advocate it.

The Agency for Culture and Change Management came about in 1997. At which time, I saw numerous cultures move into the North and North East of England from Northeast Africa. I got to know about their FGM practice initially through conversations and interaction about a number of their community needs. I understood that girls were even being shipped from UK to be cut about and sewn like old being shipped from UK to be cut about and sown like old cloth. I tried to talk to some people in the affected community to start a project that would help the young girls not be subjected to this. I got no support. I was told that you cannot even talk about the matter after much frustration one morning I got up and wrote the articles and memorandum of Association, and summoned a few like minded people, from various backgrounds who were concerned about the barbaric act of FGM: we agreed to be Trustees of ACCM to sensitise not only the affected communities, but medical practitioners, schools, society and the Government to the problems relating to FGM.

We got an immediate hostile reaction. Some circumcised women who work in health departments and many in the communities led a campaign to stop us. Their view is that we were putting in public what is supposed to be secret “Their secret” we had made start-up grant applications; there were interrupted by malicious adverse references our volunteers and workers were verbally attacked in the streets most young men in the affected communities say they do not want to be married to a circumcised woman, she always has some form of sickness you will notice the increasing number now intermarrying with other communities so why do the older women still pursue a game of cut and paste at a loss for the future of the young women? It is due to lack of information I therefore implore you to work tirelessly to provide information as a key to eradicate FGM.

There are many men from the affected communities who have for long been struggling with their women folk, to stop FGM: I know a man who said to his wife that “you are planning to go to Somalia, but do not take my daughter, as I know that you will do when you get there” It is now known that when girls are taken to these counties they are coarsed into thinking and accepting that it is a good thing to be circumcised.

In search of social acceptance in particular for marriage with the fear of exclusion many young girls and their parents adhere to the FGM custom therefore the work to combat FGM goes on and on we recently heard of a family that went on holiday to Africa staying in a Plash hotel where they called in the razor woman and circumcised their children leaving the country quickly Hotel staff were horrified to find a blooded room calling in the police suspecting someone had been murdered there the police investigating later concluded they were a tribe that practise FGM, had arrived from Europe with teenage daughters and an old woman with a dirty handbag had been seen come to the hotel.

In Uganda during the civil war in the 80's, A Ugandan-Somali girl joined the resistance movement and as they went through combat situations she one time through girl talk with girls from other tribes wanted to find out if they too were done..... To their shock and her shock, she was the only one done. She realised she had been mutilated not cleaned she returned to her village with Kalashnikov found the old woman who did this to her and end was tragic.

Other speakers today will deal with the health, legal and social issues relating to FGM. Therefore I shall not touch those however let me tell you what the propagators of FGM say: they say that the practice is their culture so it is good because it is their culture they say that it is for family honour because girls will not have sex outside marriage that it is for preservation of chastity and virginity they say that it is a custom and tradition handed down to them so they have to continue in it that is for the hygiene and cleanness.

For the well being of women let us work to stop FGM I urge you to promote information to deliver information to inform the perpetrators and potential victims that all their claims for FGM are nothing but evil subjecting women to torture and a life sentence of writhing in pain. Thank you. The series of conferences we are holding are minority to grant awareness of the 2003 Act relating to FGM. I shall stop here for now.

Thank you.

**Nelson Kaggwa**

**FEMALE GENITAL MUTILATION CONFERENCE  
BIRMINGHAM – THURSDAY, 27 MAY 2004****Speech by Ms. Amina Ahmed  
Family Support Worker, Agency for Culture and Change Management**

My name is Amina Ahmed; I am a Development Family Support Worker, for Agency for Culture and Change Management.

I am from Somali where my father and other family members still live.  
I am proud to be a Somali and I am proud of my heritage and culture.

We are a proud people who have many good strong values, but we have one practice. Female Genital Mutilation, which causes pain and long term suffering to girls and women. This practice has gone on for years, centuries and is a deeply rooted in the community's way of life.

In my own experience I remember I was playing with my friends enjoying a nice sunny day, when my friends suddenly turned against me and said they did not want to play with me because I was not done, or that I was unclean. I put pressure on my Mother to have myself done so I can be like my friends.

My Grandma and my Mother had often told me that one day I will be done to look like everyone else so I can get married and have children. I believed them since it was common for girls to be done.

One day, I remember I was wearing a beautiful colourful dress when my Mum called me, I was held by the strongest women who sat on my chest holding my legs, hands and leaving me breathless and motionless.

There was an old woman who was holding a small bag containing what I saw was dirty old scissors, sharp knives, sewing thread and thorns.

This woman was the circumciser and she had no medical training or experience and even her eye sight was not good. She cut me up, removed my clitoris and my precious genitals and put them in a bag and threw them away to be eaten by cats.

I remember the painful, harmful and deadly moments and I cried and screamed but could not escape. The scars, the pain and the health problems I suffered are still with me today and will never ever go away. This happened to every girl who went through it.

I could not escape and was told afterwards not to discuss what had happened to me, because was for my good, my secret, belief, culture and for the dignity of our future and my family. I was told that everyone had this done to them.

I realised FGM was rootless, baseless and had no benefit for the women nor their lives after leaving Somalia. When I found out that not girls are circumcised I started to ask questions to find out more about this culture which I had been told was part of my religion and yet other Moslem communities were not doing it!

**SPEECH BY MS. AMINA AHMED**

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Today, it is a different century and I am campaigning against FGM, whether it is done for dignity, belief, beauty or pleasure. I am fighting the practice to protect girls and women so they do not go through what I went through.

FGM is against the law, human rights and is violence against girls and women. I beg all of you here today to - Please and please let us work together and stop this practice.

Talk to parents, community leaders and all those you feel can make a difference - just changing the attitude of one mother will save a whole generation.

I would like to call upon the government and those in power to provide the support and funding resources needed to help fight to eliminate the practice in the UK and abroad.

I would like to request professionals not to shy away from raising issues or asking questions. It is the only way we can get the message across to communities who practice FGM.

I would like to thank our funders and everyone who supports us with our work and campaign towards the elimination of FGM. I also thank my colleagues for the courage braveness to standing up to the hostile community to continue the campaign.

Please take back the information and help us with our fight against FGM.

Thank you

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**FEMALE GENITAL MUTILATION CONFERENCE  
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**Ms. Christine Gould,  
Child Protection Coordinator, Sheffield City Council**

**Policy Statement**

Sheffield ACPC recognises that, whilst there is no intent to harm a child through FGM, the practice can directly cause serious short and long term complications. Consequently, the practice of FGM is seen as a Physically Abusive Act.

It is the aim of Sheffield ACPC to prevent the practice of FGM in a way that is culturally sensitive and with the fullest consultations with community representatives and professional agencies.

All agencies should be alert to the possibility of FGM and their policy should include a preventative strategy that focuses upon Education as well as the protection of children at risk of serious harm.

A child who has undergone FGM should be seen as a child in need and offered services as appropriate. Medical assessment and therapeutic services must be considered at a strategy meeting.

- If a woman has already undergone FGM and this comes to the attention of any professional, consideration needs to be given to any Child Protection implications, e.g. for younger siblings, extended family members, and a referral made to Social Services or Police if appropriate
- If the woman is a mother or has the care of children, a referral should be made to Social Services or Police and a Strategy Meeting convened.

**The Legal Position**

FGM is a criminal offence under the Prohibition of Female Genital Mutilation Act 2003

It is an offence under the Act to arrange, procure, aid or abet female genital mutilation.

Parents or carers may, therefore, be liable under the Act.

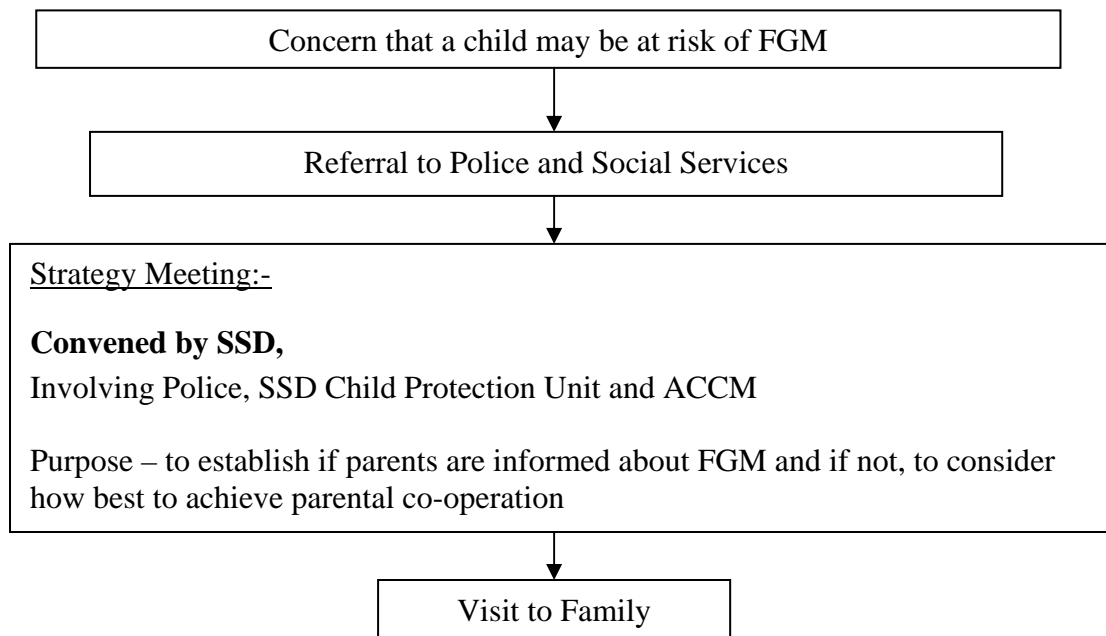
Under the 2003 Act, it is also an offence for a person to conspire to commit or procure FGM outside the country, regardless of the law in the country in which the act is being committed.

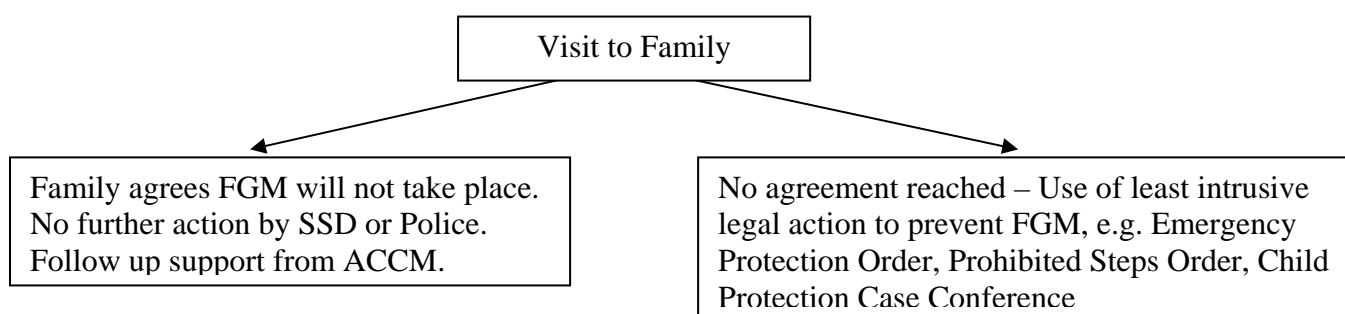
Penalty for disobeying the law is up to 14 years in prison.

**Some indications that FGM may be about to, or already has, taken place**

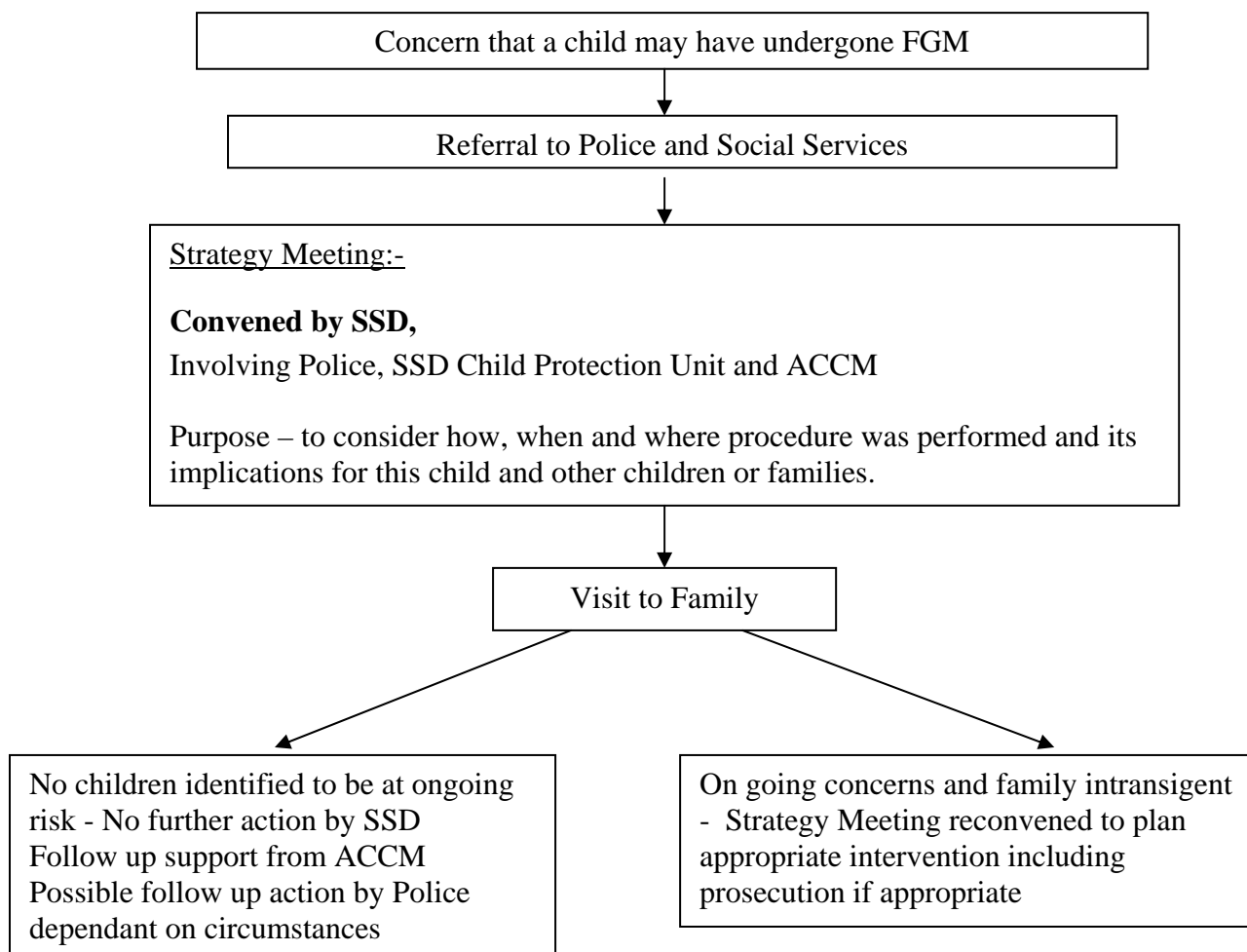
- The family comes from a community that is known to practice FGM, especially if there are elderly women present in the extended family, e.g. Asian, African, Middle Eastern.
- A conversation with a child may refer to FGM e.g. A child may request help to prevent it happening, may express anxiety about a special procedure which may include discussion of a holiday to their country of origin.
- A prolonged absence from school with noticeable behaviour change on return may be an indication that FGM has taken place.
- A child may spend long periods of time away from the class during the day – possibly with bladder or menstrual problems.
- Midwives and Obstetricians will become aware that FGM has taken place when treating a pregnant woman. This should trigger concern for any female child of the family, and result in educational / preventative input via Health professionals in liaison with Support Groups e.g. Agency for Cultural Change Management.

**Child at Risk of Female Genital Mutilation – A Flow Chart**





### Child Has Undergone Female Genital Mutilation – A Flow Chart



**Sheffield's Journey:-**

- 1985/6 - Female Circumcision Act came into force
- 1994 - Concern re Somalian population in Sheffield
- 1995 - Forward Conference held in London.  
- FGM Sub group set up by Sheffield ACPC
- 1996 - Discussions re Policy and Procedures
- 1997 - A policy was drafted
- Dec 1997 - C. 4 documentary "Cutting the Rose"
- 1998 - Investigations into the allegations made
- 1999 - Sheffield ACPC agreed FGM procedures  
- Launch of ACPC Procedures re FGM  
- Programme of training to raise awareness  
- Leaflet re FGM for professionals  
- Health Bus used extensively
- 2002 - Letter sent to all families
- 2003 - Small scale research project commissioned  
- ACPC FGM sub group reconfigured
- 2004 - The Female Genital Mutilation Act (2003)  
- Leaflets for professionals revised  
- ACPC's FGM sub group re-launched  
- Leaflets for parents and young people  
- Module developed for PSHE curriculum.  
- The Health bus re-commissioned.

**FGM – The Legal Position**

- 1861 - Offences against the Person Act
- 1950 - European Convention on Human Rights
- 1979 - Convention on the Elimination of all forms of Discrimination Against Women
- 1985 - Prohibition of Female Circumcision Act

- 1989 - UN Convention on the Rights of the Child
- 2003 - Female Genital Mutilation Act

**FEMALE GENITAL MUTILATION CONFERENCE  
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**Ms. Sarah McCulloch**  
**National Director, Agency for Culture and Change Management**

**AGENCY FOR CULTURE AND CHANGE MANAGEMENT****AIMS AND OBJECTIVES**

- To tackle harmful cultures and promote good cultural change
- To raising public awareness, information & mass media campaigns, advocacy & campaigning
- To developing culturally sensitive services (African Well Woman Clinics) for victims of FGM
- To organising cultural, understanding the law, health and socialising events to raise awareness around issues relating to FGM, reproductive health, HIV/Aids, cancer
- To provide parenting education to look at alternative initiation and rights of the child
- To encouraging greater participation in decision making by communities concerned
- To link with local religious and community leaders to get support with getting the message across communities
- To providing culturally sensitive and relevant information, publicity and other and information education programmes for statutory, voluntary and communities involved
- To lobby local and central politicians

**WHAT IS HAPPENING IN AFRICAN AND WORLD WIDE?****AFRICA**

**Inter-African Union** - based in Addis Ababa, Ethiopia is the major FGM and gender campaigner in Africa

Lobbies governments and has various NGOs in various countries

**Kenya** – In 1982 the then Kenyan President Arap Moi, condemned FGM and called for prosecution of those found to be practicing it. Kenya passed legislation in 1990, but various forms of mutilation still take place.

Various NGOs, including UNICEF, Safe the Children, Inter-African Union and WOMANKIND have developed community programmes centred on health, education, economic and gender to help eliminate the practice.

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## WHAT IS HAPPENING IN AFRICA AND THE UK?

**Uganda** – No law. Anti FGM campaigners such as Communities that Care and the Sebina Women's Community Group have stepped up pressure and anti FGM campaigns with the support of NGOs and government officials. Schools and safe home have been developed to provide education and safety homes for girls who escape from being mutilated.

**Burkina Faso:** Passed law against FGM in 1996. The campaign has concentrated on rehabilitation the practitioners by training them into new economic earning trade, education programmes specialise on human rights for girls and women. Has had a lot of success

**Egypt:** FGM banned in 1958 by President Nasser. The educated elite from the north tends to assume the practice has been banned and no longer exists when it is stop being practiced in the south.

**Ivory Coast:** 1991 the government advised that the national criminal code could be used to prohibit FGM. With the help of NGOs from France and USA programmes are in place to eradicate the practice through community development programmes.

**Sudan:** In Sudan the Ministry of Health launched a campaign against female genital mutilation in 1946 and succeeded in getting a law passed prohibiting infibulations but allowing sunna. The law was primarily a response to pressure by British colonial powers and little action was taken to enforce it.

The Sudan National Committee on Traditional Practices based in Khartoum with several NGOs such as WOMANKIND and RAINBO are working closely with local groups and communities to improve the welfare of girls and women through community development programmes and research.

**Somalia and Somaliland:** - In the last few years there has been an increase in anti FGM campaigns especially in Somaliland. By late last year several circumcisers had given up the practice by handing in their instruments and are now being encouraged to take up another trade. Religious leaders are being encouraged to support the campaign programme.

Centres have opened, such as the Barako Family Health & Education Centre and Save Somali Women and Children, to provide education and health support to women and children.

### OUTSIDE AFRICA

- Europe – laws against FGM in majority of countries and FGM organisations campaigning. Has been prosecutions in France
- Australasian (Australia and New Zealand) – laws against FGM and campaign groups
- USA and Canada – laws against FGM

**OTHER CAMPAIGNERS AND ACTIVITIES:****Inter – Parliamentary Union (IPU)**

- Has - 140 countries as members hold two conferences a year. Britain has Marion Roe – Conservative MP as our representative.
- In March 2002 the Union met in Morocco where a Parliamentary Think-tank for the eradication of FGM was formed. Five members on the panel from UK, Norway, Nigeria, Uganda and Kenya.
- The IPU has also sent FGM eradication deadline for 2010

The Inter- Parliamentary Union (IPU) works closely with African Parliamentary Union and a conference is planned for 2005 in Africa to bring together all parties to persuade national governments to take action against FGM in their countries.

- Amnesty International – 1990's Human Rights campaigns
- WHO and UN - resources for research, health and community development programmes
- UNICEF

**FGM FACT PROFILE****Statistics**

In 1997 The WHO estimated that:

- 130 million girls/women worldwide have undergone FGM
- 2 million girls are at risk of undergoing some form of the procedure every year
- 6,000 girls/women undergo the procedure everyday
- 10% of women who have had FGM die from the short-term effects (haemorrhaging) and shock
- 25% die from recurrent problems (urinary infection, childbirth complications)
- FGM doubles the chance of women dying in childbirth

**FGM practice**

- Age range: from a few days old to about 15 or before marriage or childbirth
- Practitioner: non-medically trained old woman, a traditional midwife or healer, a barber, or a qualified midwife or doctor
- Takes place in: girl's home, circumciser's home, relative /neighbours home, health centre, or at a secrete ceremonial site.
- Instruments used: range from broken glass, a tin lid, scissors, a razor blade or other cutting implements. No medication or anaesthetic is given unless operated on at a medical centre.

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**WHAT IS HAPPENING IN AFRICA AND THE UK?**

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**Factors sustaining the FGM practice**

- FGM is a deeply-rooted cultural practice in many African, some Middle East and Asian communities
- Practice often protected by parents and family especially older women
- Promotes Chastity and promiscuity
- Hygienic
- Stops still births
- An economic earner for the practitioners

**WAY FORWARD ON THE CAMPAIGN TRAIL**

- FGM is complex and will not be eradicated overnight – this is a long-term campaign
- FGM practicing communities are mobile - needing multi-national and multi-agency collaboration
- Our determination, voices and actions must be matched by funding resources
- Educational and community programmes must be in place
- New laws are not enough if not strongly backed and supported by governments
- Education and training programmes must be on going
- Relevant information and resources should be readily available particularly to communities in user-friendly formats

**FINALLY: Please take the information and do something to protect children and women. If you can convince one parent not to mutilate their daughter you will have saved a generation.**

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**Ms. Marion Jones**  
**Nurse Practitioner - South Birmingham Primary Care Trust**

Notes from presentation, by Marion Jones Nurse Practitioner Homeless Centre Birmingham City Council.

Marion gave a brief outline of her role as nurse practitioner working with homeless families in Birmingham.

FGM is an integral part of the health assessment for the NP when addressing health issues.

Most frequently presenting health needs fatigue, back and lower abdominal pain, urinary symptoms headaches. Help had previously been sort for these health problems.

As the NP is based at the centre fulltime the residents have time to become familiar with my being there and a trusting relationship can begin.

Many get to know of me by word of mouth from within their communities. By helping one another soon become aware of you.

Beware of interpreting services you need to insure that the interpreter you use is not pro FGM and preferably female.

My experience is that not all women are comfortable speaking with a 3<sup>rd</sup> party present even one from their own community.

How to ask to ask the question

Direct- have you been closed/circumcised/cut.

The question is not asked at the first meeting unless the woman is pregnant.

Also discuss social issues so that the women are aware that FGM is not the main focus of the assessment.

Majority of residents who have undergone FGM have spent time in Europe and have had children in European countries therefore infibulation has already been reversed.

Pregnant women are referred early to the African Well Women Clinic in Birmingham for assessment of the FGM and to plan and discuss reversal.

All women who are experiencing problems that may be related to their FGM are referred to African Well Women Clinic.

**Raising the legal issues**

I seek the views of the family to FGM and always ask if it is their intention to have their daughter circumcised

I outline the new FGM act and inform them that FGM is illegal in the UK and illegal to travel to another country for the purpose of FGM.

Also explain to pregnant women they will not be reinfibulated after the baby is delivered.

**What is happening in Birmingham?**

Birmingham does have a multi agency group of professionals who are working towards raising awareness of FGM across the city we also offer training and advice.

Estimated number of Somali people living in Birmingham is 12-25,000. But we only have 1 AWWC and 2 midwives who run the clinic part time with no protected time for work on FGM.

Ideally we would like to see community based gynaecological and psychological services for these women.

**FEMALE GENITAL MUTILATION CONFERENCE  
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**Dr. Diana Fothergill**  
**Consultant Obstetrician & Gynaecologist, Jessop Wing, Teaching Hospitals**

**Implications for Health Professionals**

- Requests for reversal
- Difficulty with intercourse
- Concern about examination in labour and advice about childbirth
- Education about legal position in UK
- Advice for accompanying friends and relatives
- Educating staff- nurses, doctors and midwives to be alert to potential problems

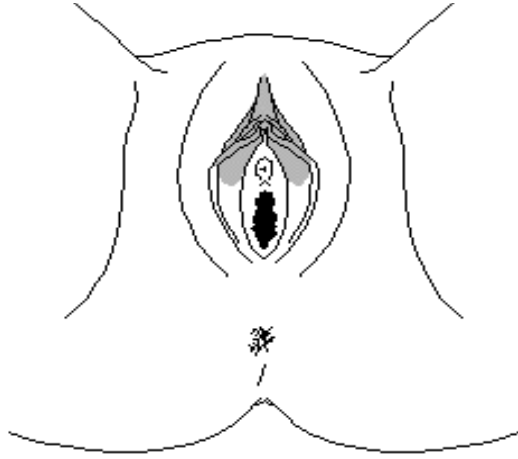
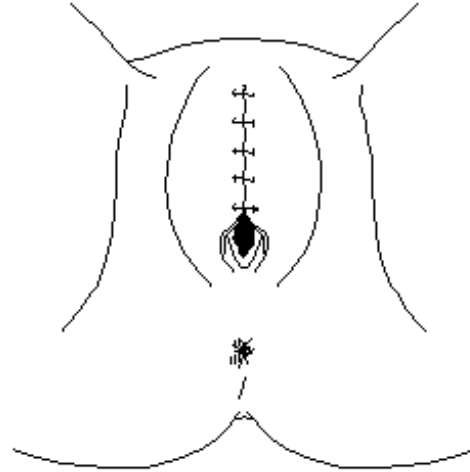
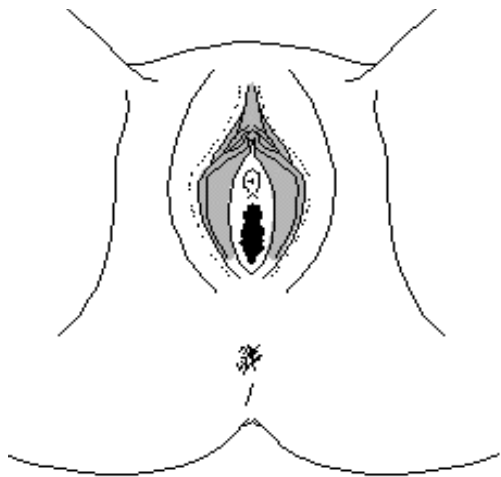
**Social issues**

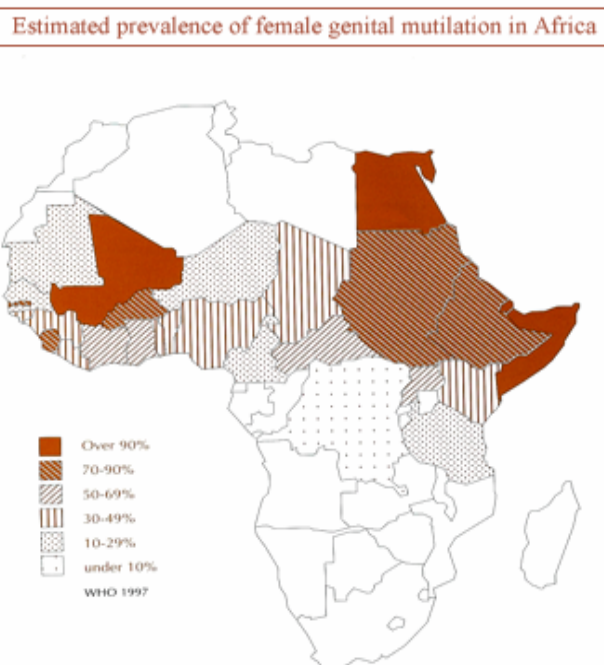
- Access to health services- high DNA rate, but expect immediate treatment
- Need for interpreters- but may not be able to talk with member of own community
- Concern about rejection from close knit community

**FGM- also known as circumcision or cutting -what is it?**

**Type I – Circumcision: Removal of the prepuce**



**Type II – Excision: Cutting of prepuce and clitoris with all or part of the labia minora****Type III – Infibulation**

**FGM – Where is it done?**

Africa - especially sub-Saharan

Wide spread in Sudan, Somalia, Ethiopia, Sierra Leone

Parts of Kenya, Nigeria and Uganda, Egypt

Seen in UK mainly in immigrants from Eritrea, Somalia, Ethiopia and Yemen.

**FGM – The Practice**

- village elder woman or traditional birth attendants/ midwives
- no anaesthetic
- razors, broken glass or knives- non sterile
- often herbal pastes applied, and legs bound
- age varies -few days to 14-16, mostly 4-8y

### **Immediate Complications**

- Haemorrhage
- Shock due to pain as well as blood loss
- Infection- tetanus , septicaemia, gangrene
- urine retention
- Damage to adjacent tissues-may lead to incontinence
- death

### **Long Term Complications**

- Difficult micturition- recurrent UTIs
- Incontinence
- Chronic pelvic infections, Infertility
- Vulval abscesses, dermoid cysts
- Keloid , Neurinoma
- Dysmenorrhoea
- Sexual dysfunction
- Haemorrhage
- Psychological
- Increased risk of transmission of HIV
- Obstructed labour
- FGM doubles the risk of death in childbirth
- Increases risk of stillbirth by 3-4 times
- Reinfibulation after childbirth carries risk of further haemorrhage

### **What is the Evidence**

Okonofu et al (2002)

1836 women in S Nigeria,

- 45% circumcised ( 71% type I 24% type II)
- Circumcised women more likely to report
- lower abdominal pain (OR1.54)
- smelly vaginal discharge (OR 2.81)
- genital ulcers (OR 4.38)

More obstetric complications- tears and stillbirth

### **Morison et al 2001- Rural Gambia**

- 1157 women 15-54 yrs examined
- 58% had FGM (most Type II performed aged 4-7yr)
- Bacterial vaginosis OR 1.66
- HSV1 OR 4.71
- No sig. increase in vulval tumours, dyspareunia, infertility or other reproductive tract infections

### **Northwick Park 1995**

- >5% deliveries to African Women
- 50 women attended African Well Woman clinic in 6 months, 13 non pregnant- mostly requesting deinfibulation
- av. age of infibulation 6.7 (1-13)
- 7 of 14 primigravid patients had inadequate introitus to allow management of labour

### **Guys & St Thomas (Momoh et al 2001)**

- 116 women attending clinic 1997-8
- Complications present in 86% of Type III
- Most women pregnant and referred by midwife
- 20% of pregnant women would allow, or seriously consider, daughter to be circumcised
- 4 women had daughters who were already circumcised- 3 of these did not know it was illegal in UK

### **Agency for Culture and Change Management**

- Education of professionals- O&G, FP , midwives, GPs ,health visitors, SW
- Work with child protection team
- Somali women's health day
- Drop in African Well Woman's Clinic
- FCSG
- Counselling

### **Legal Issues in the UK**

Prohibition of Female Circumcision Act 1985  
 Female Genital Mutilation Act 2003

- Illegal to excise, infibulate or otherwise mutilate the whole or any part of the labia majora or clitoris ... or to aid, abet counsel or procure the performance by another person...
- Children's Act 1989 allows L.A. to apply for court order to stop a child being taken abroad for mutilation
- Practice also banned in Sweden, Norway, France and Belgium