

Caring for Women Affected by Female Genital Cutting

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Objectives

- ✓ Global Overview
- ✓ FGC Classification
- ✓ Health Outcomes
- ✓ FGC in the West
- ✓ Clinical Care
- ✓ Legal Ramifications
- ✓ Policy Implications

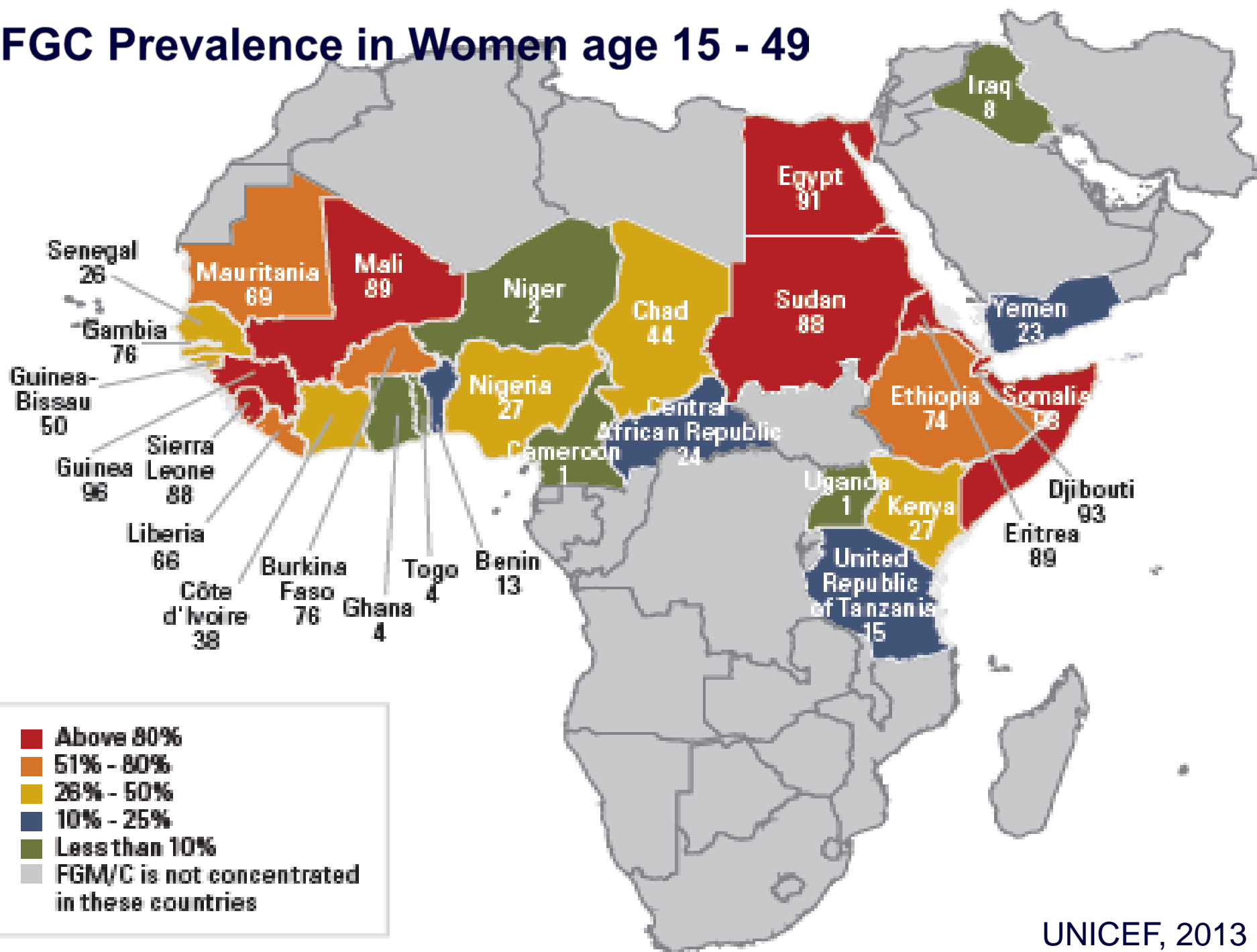
Historical Perspectives

- Ancient Egypt -- 200 BC
- Origins are cultural rather than religious
 - » Predates Islam
 - » Exists among many religious groups
 - » Not mandated by any religion
- Practiced across all educational levels and social strata

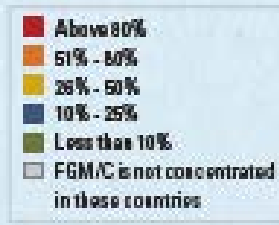
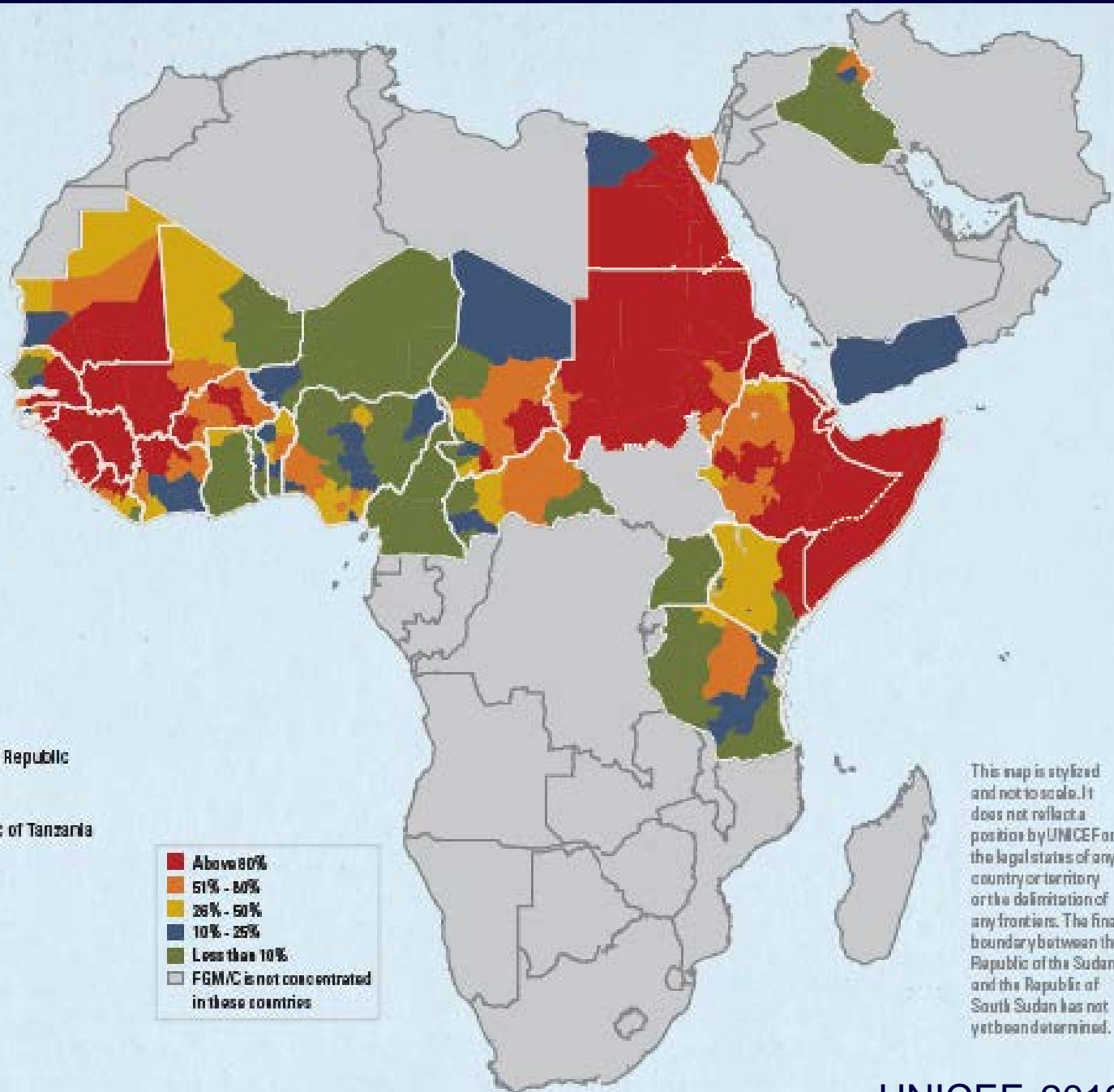
A Global Perspective



FGC Prevalence in Women age 15 - 49

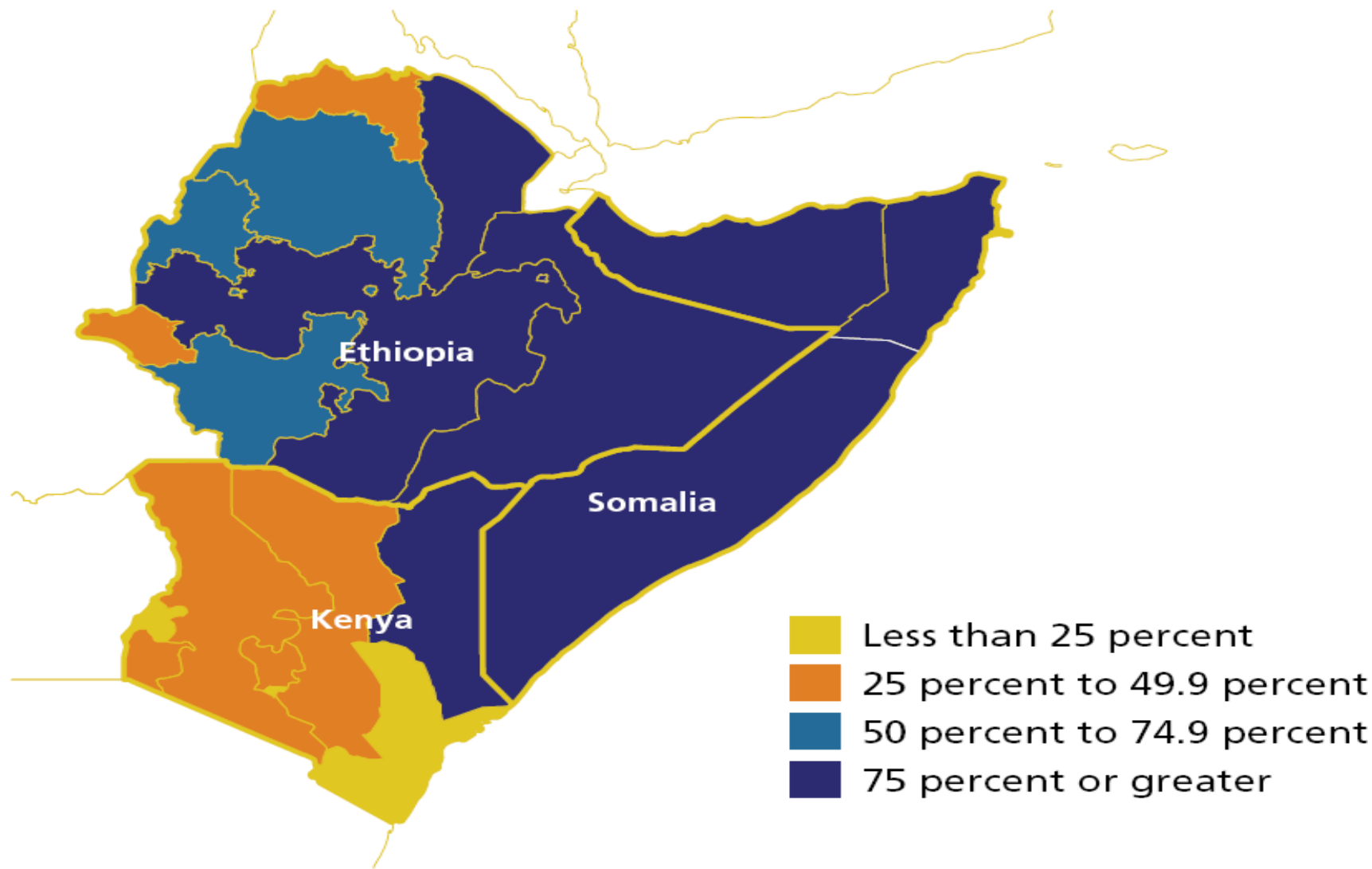


| | |
|-----|-----------------------------|
| 98% | Somalia |
| 96% | Guinea |
| 93% | Djibouti |
| 91% | Egypt |
| 89% | Eritrea |
| 89% | Mali |
| 88% | Sierra Leone |
| 88% | Sudan |
| 76% | Gambia |
| 76% | Burkina Faso |
| 74% | Ethiopia |
| 69% | Mauritania |
| 66% | Liberia |
| 60% | Guinea-Bissau |
| 44% | Chad |
| 38% | Côte d'Ivoire |
| 27% | Kenya |
| 27% | Nigeria |
| 26% | Senegal |
| 24% | Central African Republic |
| 23% | Yemen |
| 15% | United Republic of Tanzania |
| 13% | Benin |
| 9% | Iraq |
| 4% | Ghana |
| 4% | Togo |
| 2% | Niger |
| 1% | Cameroon |
| 1% | Uganda |



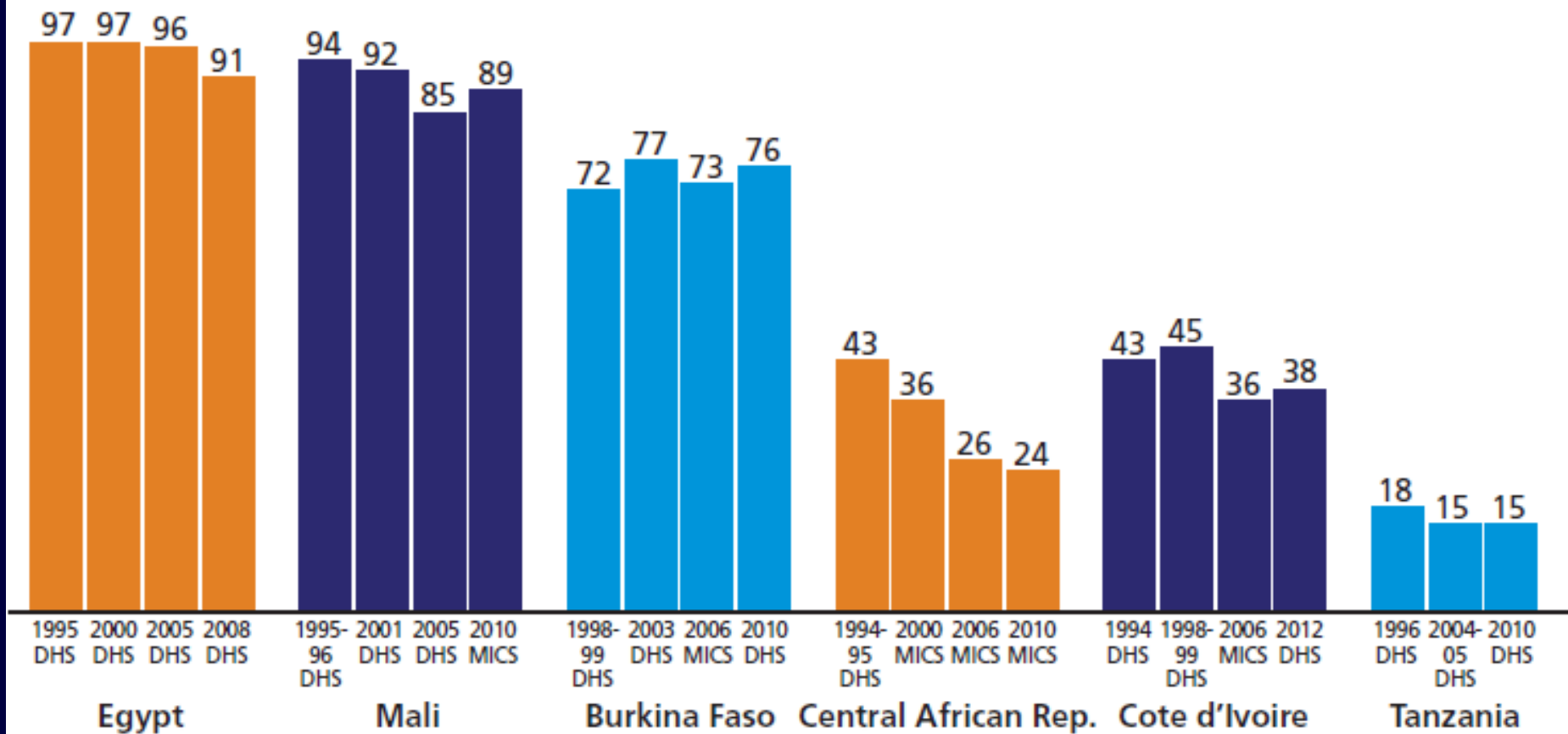
This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal states of any country or territory or the delimitation of any frontiers. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

Variations Within and Across Borders

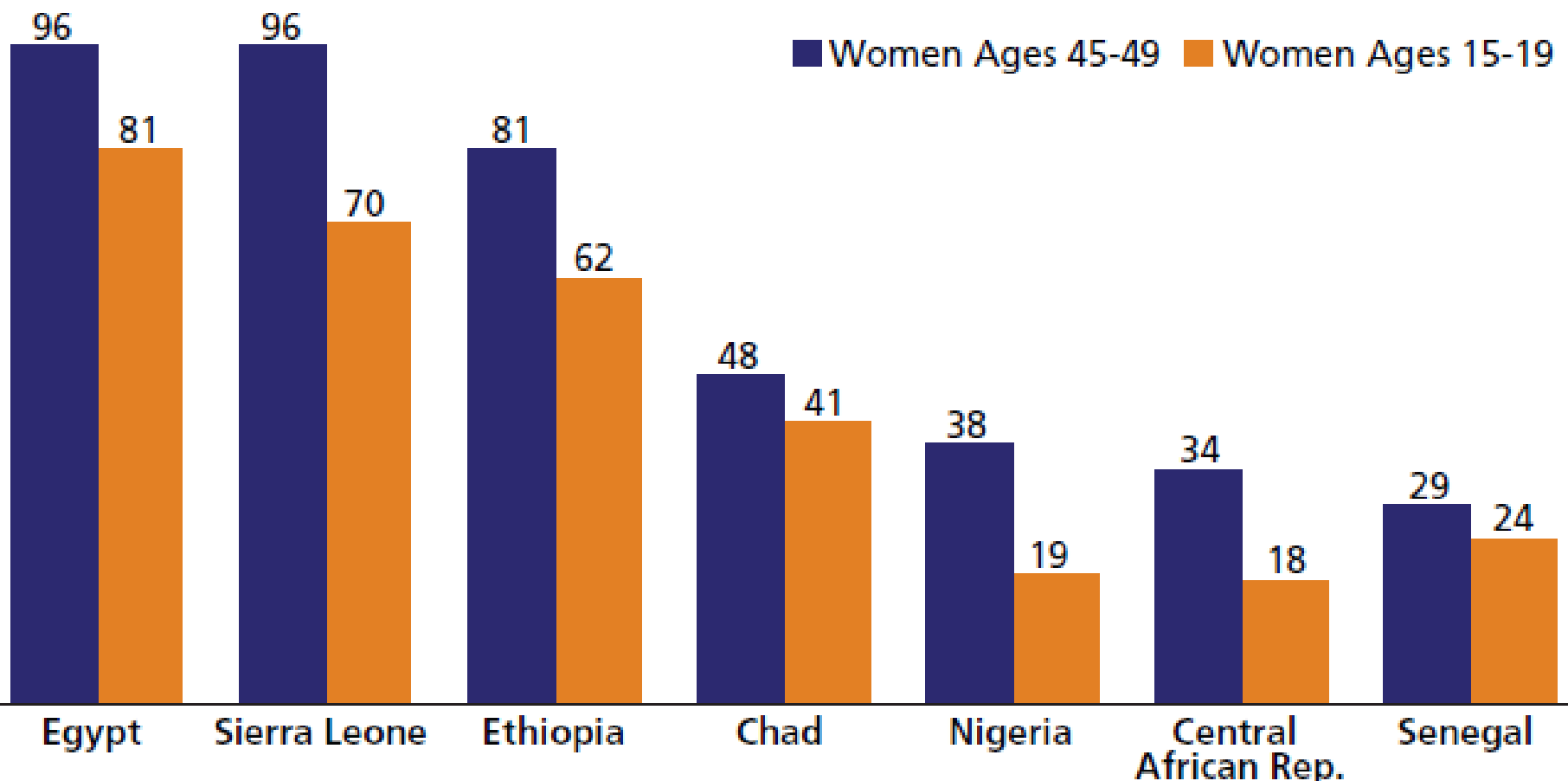


Trends in FGC Prevalence

Percent of FGM/C Among Women Ages 15-49



Prevalence of FGC Among Younger and Older Women



WHO CLASSIFICATION

“Any procedure that involves partial or total removal of external female genitalia or other injury to female genital organs whether for cultural or non-therapeutic reasons”

Female Genital Cutting (FGC)

Different Types of FGC

Type I – Excision of prepuce with/without excision of part or all of clitoris

Type II – Excision of prepuce and clitoris together with partial or total excision of labia minora.

Type III – Infibulation: This involves excision of the clitoral hood and clitoris, labia minora & majora, and re-approximation of the cut edges to produce a scar pictured on the right with a neo-introitus.

Short-Term Morbidity

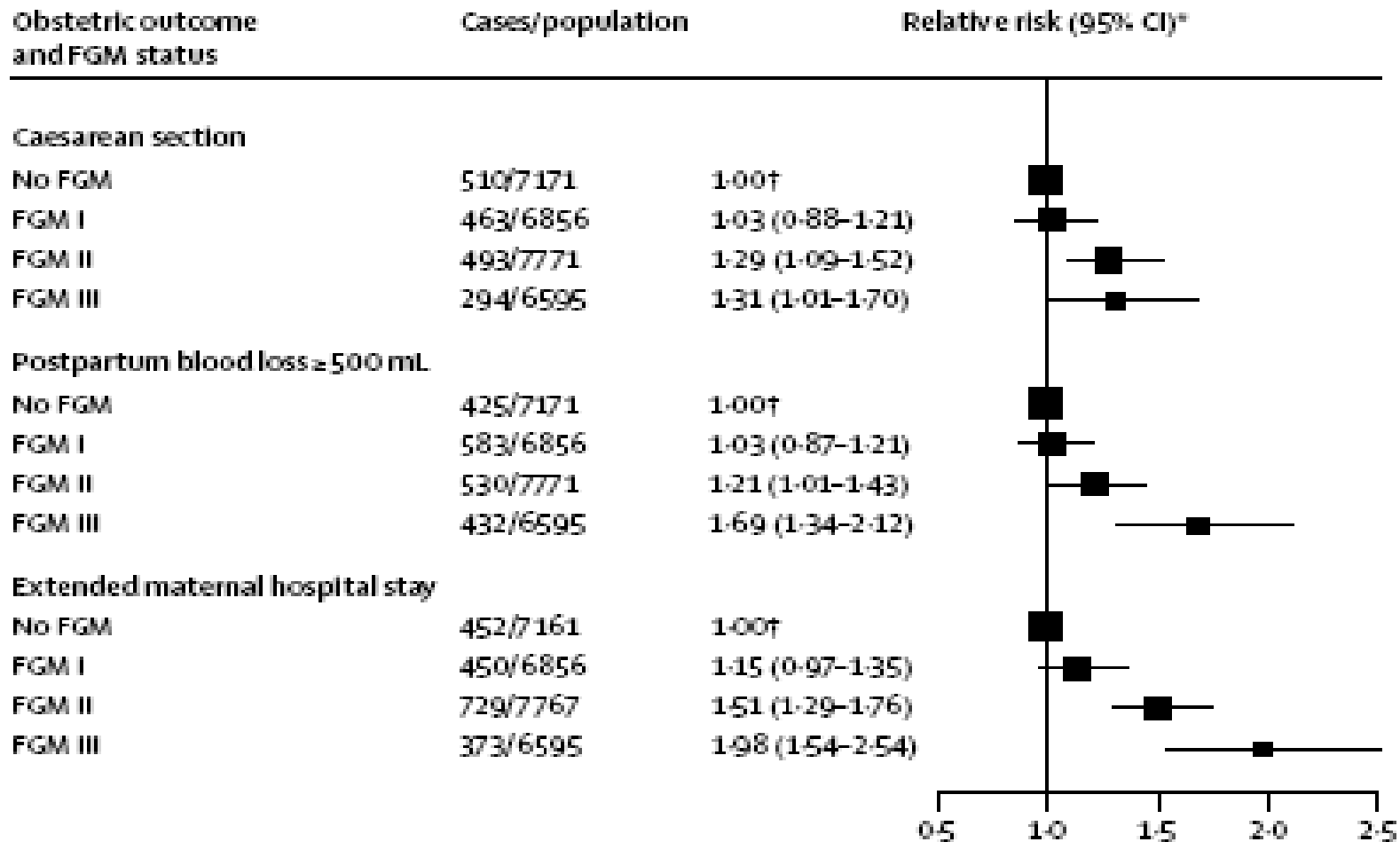
- Shock
- Hemorrhage
- Infection
- Urinary Retention
- Injury to Adjacent Structures
- Sepsis/Abscess formation
- Death

Type-Dependent Long-Term Morbidity

- Voiding difficulty
- Epidermal Inclusion cysts/Sebaceous cysts
- Dyspareunia
- Scarring/Keloids
- Recurrent Vaginitis
- Hematometra
- Hematocolpos
- Chronic Urinary Tract Infection
- PTSD
- Depression
- Anxiety
- Psychosexual dysfunction
- Chronic Pelvic Pain
- Pelvic Inflammatory Disease
- Infertility
- Clitoral Neuroma
- HIV (theoretical)

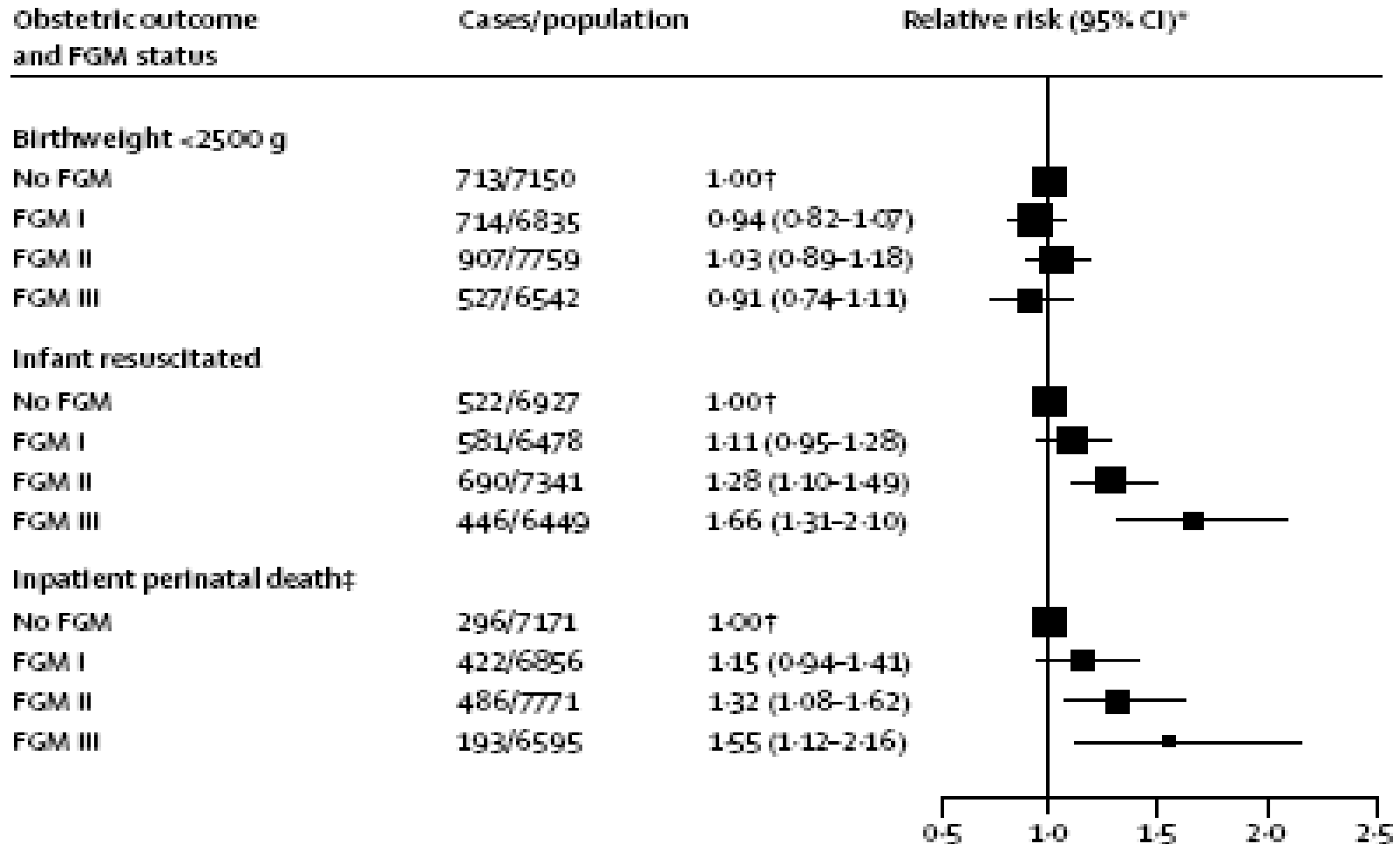
Female Genital Cutting and Maternal Obstetric Outcome

Prospective cohort of 28, 393 women delivering across 28 obstetric centers in Burkina Faso, Ghana, Kenya, Nigeria, Senegal, and Sudan



Female Genital Cutting and Neonatal Obstetric Outcome

Prospective cohort of 28, 393 women delivering across 28 obstetric centers in Burkina Faso, Ghana, Kenya, Nigeria, Senegal, and Sudan



Female Genital Cutting in the WEST



FGC in the West

- Increased immigration of FGC-affected populations to the West.
- Nearly exclusive focus in the literature only on Somali immigrant populations
- Lack of universal incorporation into educational curricula for health care providers
- Research suggests that Western providers *are not prepared to care for affected women.*

Rapid Growth

African-Born Population in U.S. Increases Since 1970

Total (thousands)

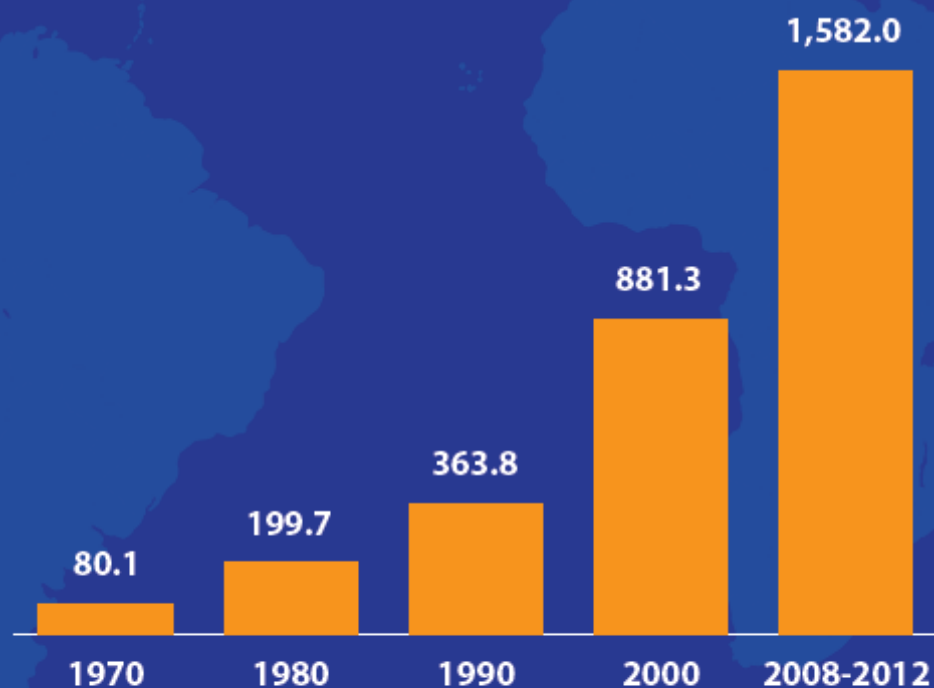
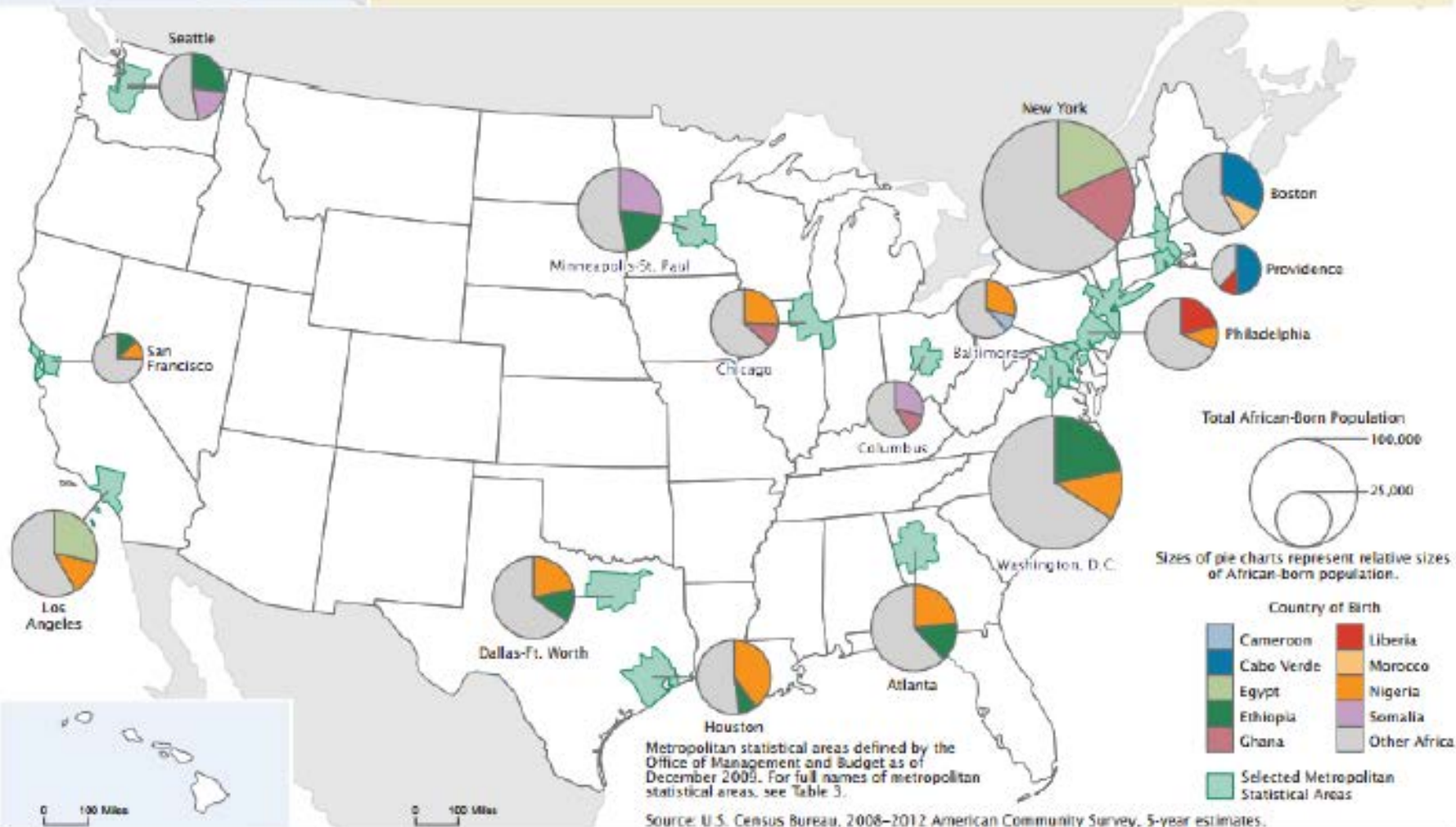


Figure 5.
Fifteen Metropolitan Statistical Areas With the Largest African-Born Populations and Selected Countries of Birth: 2008–2012

(Data based on sample. For more information on confidentiality protection, sampling error, and definitions, see www.census.gov/acs/www)



FEMALE
GENITAL
MUTILATION
/
CUTTING

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

Factors Contributing to Suboptimal Health Outcomes

- Distrust
- Low health literacy
- Verbal miscommunication
- Fear of pain/anxiety, cesarean delivery
- Stigmatization towards cultural practice of Female Genital Cutting (FGC)
- Avoidance/refusal of care/delay seeking needed care

Challenges Faced By Health Care Providers

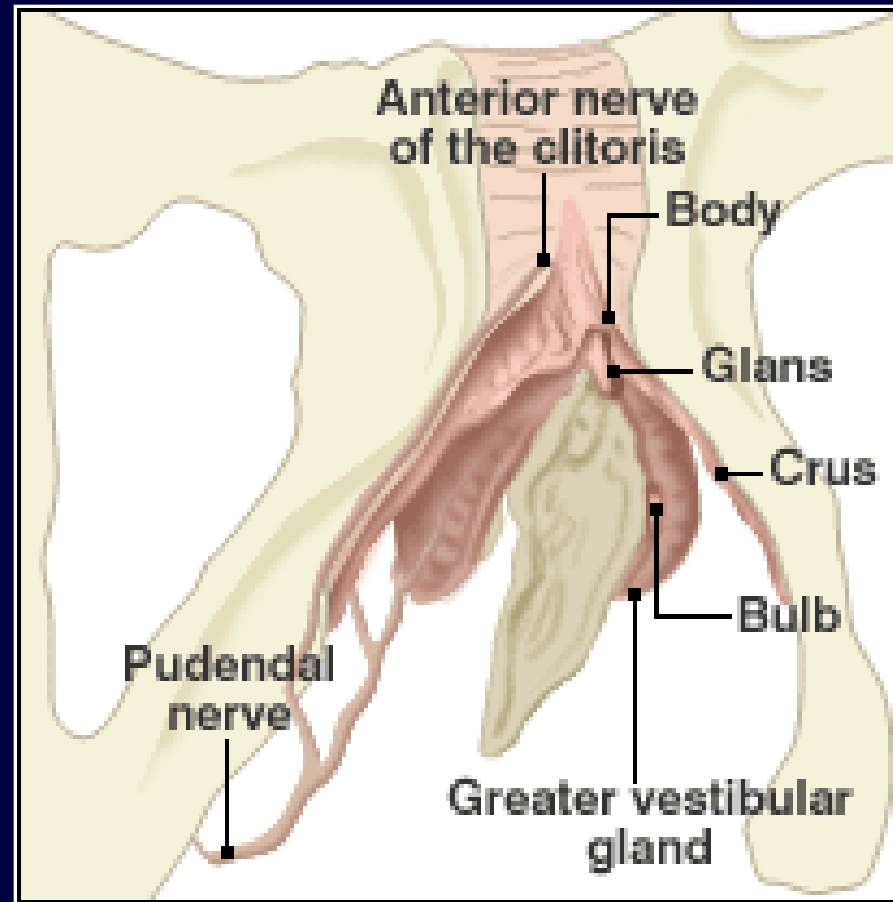
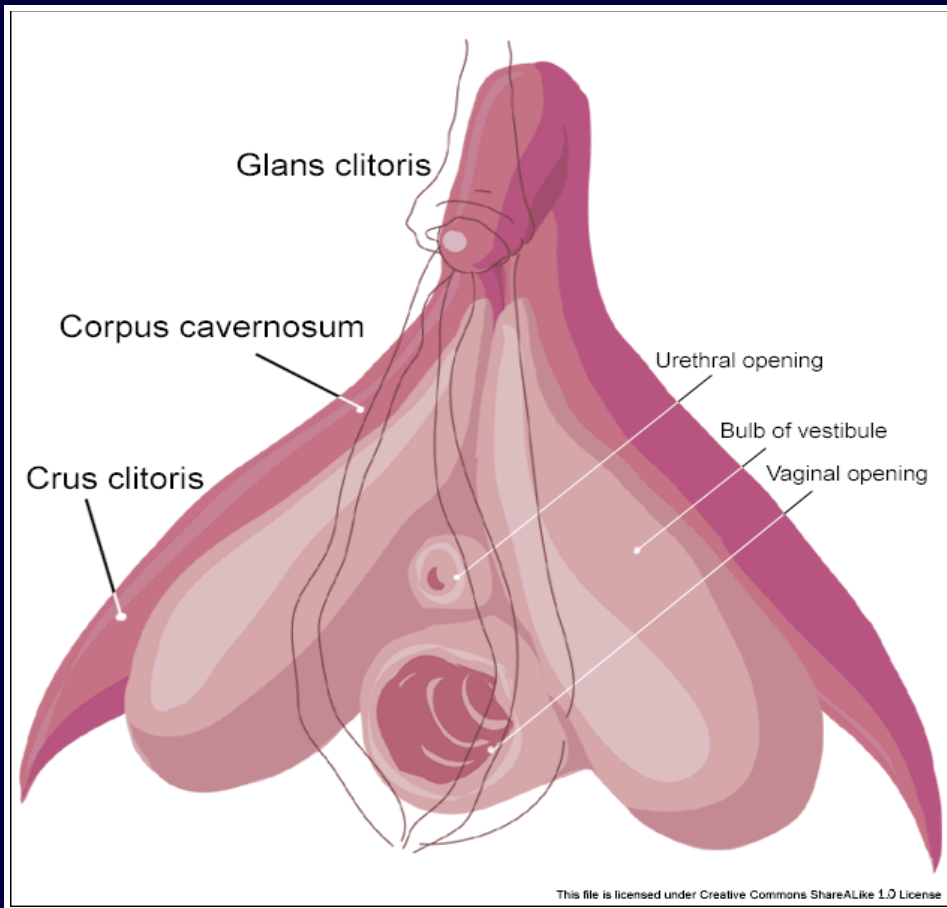
Difficulty Performing Exams/Procedures on
women with Type III FGC (Infibulation)

- » Discomfort with Vaginal exams
- » Assessment Cervical dilation
- » Speculum exam
- » Transvaginal Ultrasound
- » Bladder catheterization
- » Application IUPC, FSE

Defibulation

- Prior to coitus, prior to pregnancy, during 2nd trimester
- Avoids acute problems at time of delivery
- At onset of labor, vaginal introitus adequate for vaginal exams and any interventional procedures
- Avoids excessive blood loss at delivery
- Provide counseling on post-operative expectations (i.e. change in stream of urine/menstrual flow)

Clitoral Anatomy



ACOG The American College
of Obstetricians and
Gynecologists

Women's Health Care Physicians

ACOG

THE AMERICAN CONGRESS OF
OBSTETRICIANS AND GYNECOLOGISTS



**Defibulation: Restoring Normal Female
Anatomy Following Genital Mutilation**
**First Prize ACOG Film Festival May 2008,
New Orleans, LA**

Karolynn Echols, MD, FACOG
Director of Education, Research, and Urodynamics
Division of Female Pelvic Medicine and Reconstructive Surgery
Cooper University Hospital, NJ

FGC Diagnosis Codes

| FGC Diagnosis | ICD-9 | ICD-10 |
|--|--------|---------|
| Female Genital Mutilation, Unspecified | 629.20 | N90.810 |
| Female Genital Mutilation, Type I | 629.21 | N90.811 |
| Female Genital Mutilation, Type II | 629.22 | N90.812 |
| Female Genital Mutilation, Type III | 629.23 | N90.813 |
| Other Female Genital Mutilation | 629.29 | N90.818 |

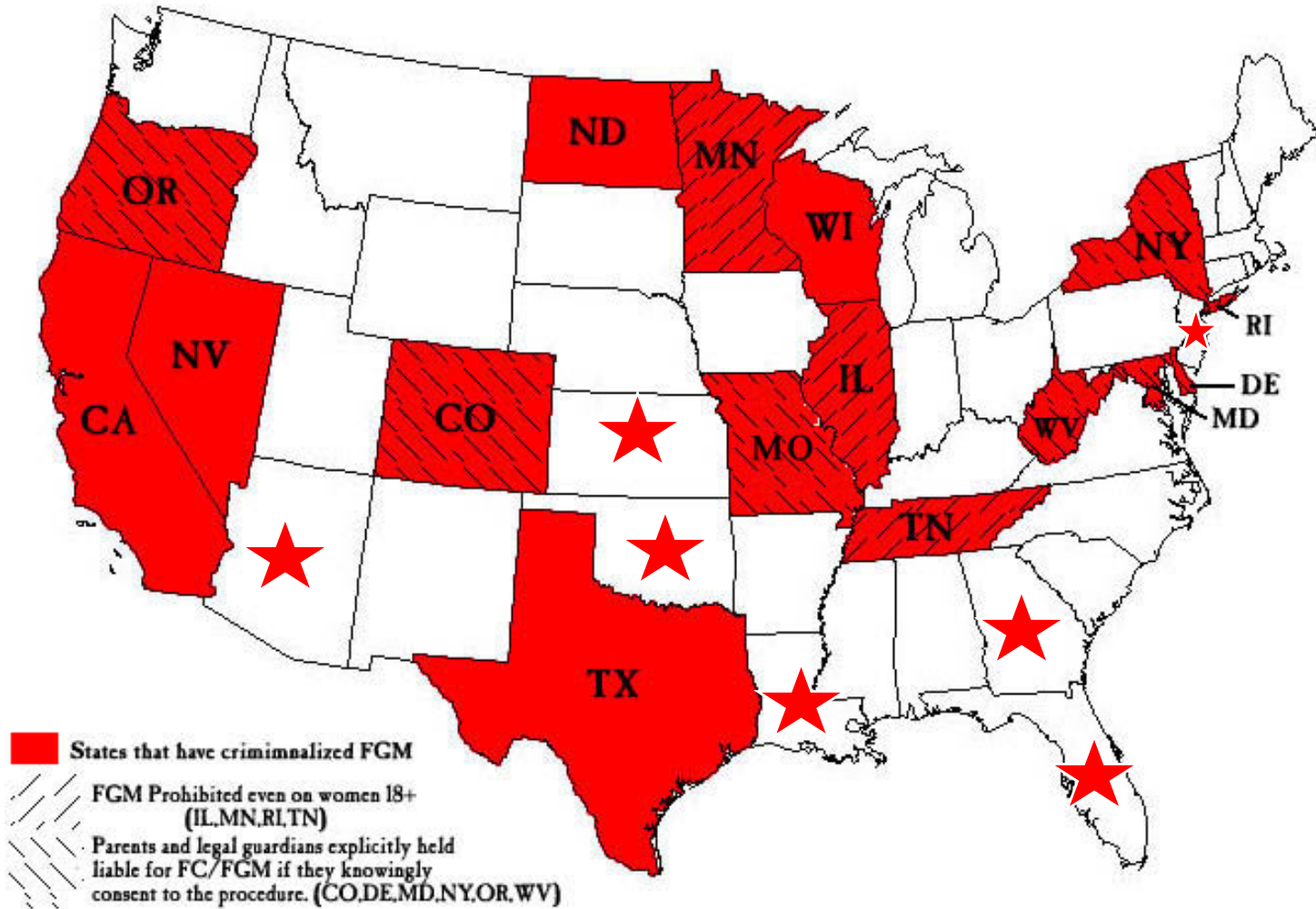
CPT Code Defibulation

- 56441 Lysis of labial adhesions
- 56800 Plastic repair of introitus

For complicated procedures, add the -22 modifier and document any additional physician work

United States Legislation for Female Circumcision/Female Genital Mutilation

Source: Female Genital Mutilation: A Guide to Laws and Policies Worldwide by Nahid Toubia



NOTES:

CA: Punish doctors and Parents. Parents sentence: One year + regular penalty for child endangerment.
CA, CO, MN, NY, OR: Additional provisions for education and outreach to relevant communities.

(Last updated 2/7/2007)

U.S. TIMELINE of Legislation

Congress passes
“Federal Prohibition
of Female Genital
Mutilation Act.”



1996

“Transport for Female Genital
Mutilation Act” (*Girls Protection
Act*) protects female minors from
being taken out of the country for
FGM (*vacation cutting*).



2013

Resolution passed by UN
General Assembly
“Intensifying Global Efforts
for the Elimination of
Female Genital Mutilations”
– towards global legislation
against FGM.



2012

“Zero Tolerance for Female
Genital Mutilation Act”
introduced to the House of
Representatives urging
Federal strategy to prevent
and respond to FGM.



2015



Dad sentenced to 10 years for circumcising daughter

The Atlanta Journal-Constitution

Published on: 11/02/06



Khalid Adem, 31, who was born in Ethiopia, reacts to the verdict in Gwinnett County.

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of Obstetricians and
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Women's Health Care Physicians

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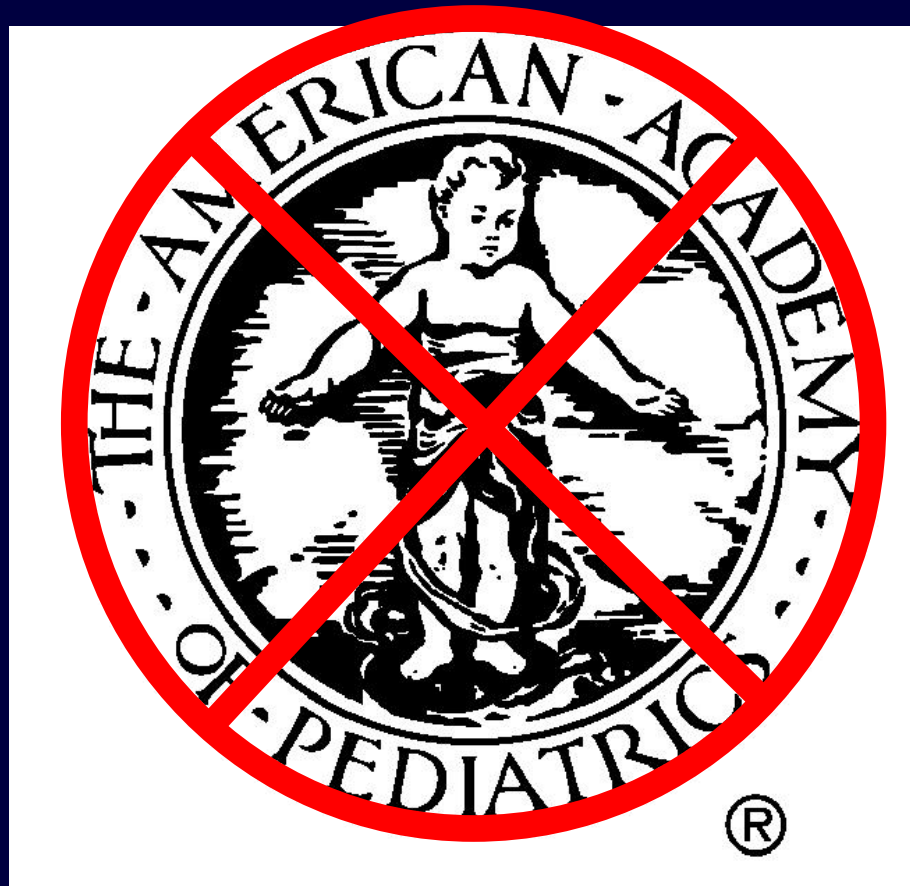
ACOG committee opinion
Female genital mutilation

Number 151 — January 1995

Committee on Gynecologic Practice

Committee on International Affairs

**AAP 2010 Revised Policy Statement
Ritual Genital Cutting of Female Minors
advocates including option of 'Ritual Nick'**





Seven Things to Know about Female Genital Surgeries in Africa

BY THE PUBLIC POLICY ADVISORY NETWORK ON FEMALE GENITAL
SURGERIES IN AFRICA

Western media coverage of female genital modifications in Africa has been hyperbolic and one-sided, presenting them uniformly as mutilation and ignoring the cultural complexities that underlie these practices. Even if we ultimately decide that female genital modifications should be abandoned, the debate around them should be grounded in a better account of the facts.

HHS awards \$6 Million to Improve Female Genital Cutting-related Health Care Services for Women and Girls in the United States

- **Arizona Board of Regents on behalf of Arizona State University, Tempe, Arizona**
- Family Health Centers of San Diego Inc., San Diego, California
- Maine Access Immigrant Network, Portland and Lewiston, Maine
- Nationalities Service Center, Greater Philadelphia, Pennsylvania
- African Cultural Alliance of North America, Philadelphia, Pennsylvania
- U.S. Committee for Refugees and Immigrants, Minneapolis, Minnesota and Erie, Pennsylvania
- United States Conference of Catholic Bishops, Minneapolis, Minnesota, San Antonio and Houston, Texas, Salt Lake City, Utah, and Arlington, Virginia
- The George Washington University, Metropolitan Washington, D.C.

The Debate Continues....

- Health and Human Rights
- Need for evidence-based clinical guidelines/protocols
- Involvement of men (partners/spouses)
- Debate over medicalization Female Genital Cutting
- Alternative strategies to influence attitudes/behavior towards FGC

Policy Implications

- Engage in community education, bi-directional learning, and trust-building among women, men, religious and community leaders
- Train providers to be able to distinguish the types of FGC and associated morbidities, and provide accurate documentation
- Provide appropriate culturally-sensitive counseling
- Establish consensus guidelines on the management of FGC
- Conduct rigorous multi-site research that establishes accurate estimates of girls at risk and national prevalence rates.



REFUGEE WOMEN'S HEALTH CLINIC

Locally Accessible.
Globally Minded.
Overcoming Barriers.
Empowering Women.

Referrals

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