WHAT IS FEMALE GENITAL CUTTING?

The World Health Organization defines female genital cutting (FGC) as ‘all procedures that include partial or total removal of female genital organs or other injury to female genital organs for non-medical reasons’.

‘Female genital mutilation’ is the term used in Australian and Victorian legislation, but the preferred way to refer to the practice using culturally sensitive language is ‘female circumcision’ or ‘traditional cutting’.

The practice is referred to as FGC throughout this document.

The age at which circumcision occurs varies from infancy to 15 years.

TYPES OF FGC

<table>
<thead>
<tr>
<th>TYPE I</th>
<th>CLITORIDECTOMY</th>
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<tr>
<td>Partial or total removal of the clitoris and/or prepuce.</td>
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<th>TYPE II</th>
<th>EXCISION</th>
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<tr>
<td>Partial or total removal of the clitoris and labia minora, with or without excision of labia majora</td>
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<th>TYPE III</th>
<th>INFIBULATION</th>
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<td>Narrowing of vaginal orifice with creation of a covering seal by cutting and appositioning labia minora and/or labia majora, with or without excision of the clitoris.</td>
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<th>TYPE IV</th>
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<td>All other harmful procedures, including pricking, piercing, incising.</td>
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PREVALENCE RATES AND TYPES OF FGM/C IN THE PREVALENCE COUNTRIES

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<tr>
<th>CATEGORIES</th>
<th>COUNTRIES</th>
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<tr>
<td>Almost universal FGC, over 30% FGC Type III</td>
<td>Sudan (north), Somalia, Eritrea, Djibouti</td>
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<tr>
<td>High national prevalence of FGC, WHO Type I and II</td>
<td>Egypt, Ethiopia, Mali, Burkina Faso, Gambia, Guinea, Sierra Leone</td>
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<tr>
<td>Moderate national prevalence of FGC, WHO Type I and II</td>
<td>Central African Republic, Chad, Cote D’Ivoire, Guinea Bissau, Iraq (Kurdistan), Kenya, Liberia, Mauritania, Nigeria, Senegal, Togo</td>
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<tr>
<td>Low national prevalence of FGC, WHO Type I and II</td>
<td>Benin, Cameroon, Ghana, Niger, Democratic Republic of Congo, United Republic of Tanzania, Togo, Uganda, Yemen</td>
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Supporting women who have undergone FGC to have a cervical screen

- If the woman discloses FGC during her preliminary appointment, in order to build rapport and her trust, you may need to offer a subsequent appointment for return consultation.
- Offer the woman the Cervical Screening & FGC translated fact sheet in her language.
- Reassure the woman that the consultation is private and confidential.
- Use simple English to explain the importance of cervical screening and its purpose.
- Arrange for a female interpreter if required.
- Let the woman know she can bring a friend or relative with her to the appointment.
- Encourage the woman to ask questions.
- Remind the woman she can stop the test at any time.
- Instruct the woman on calming and deep breathing techniques to help her relax.

 HOW TO ASK ABOUT FGC?

- As a health practitioner you will need to use your judgement and experience to determine if and when to ask about FGC.
- While the practice of FGC may conflict with your own value system, it is important for you not to show judgement in your words or reactions. Do not use the term ‘mutilation’ or make comparisons to ‘normal’ genitals.

SAMPLE QUESTIONS

1. Which country were you born in?
   Cross check her country of origin with the prevalence of the practice in her country.

2. I understand that traditional cutting is a common practice in your country, would you mind if I asked you if you have been circumcised or have had traditional cutting? It is important for me to know before I examine you.
   Some women don’t know if they have been circumcised and when it may have occurred.

3. Have you had a Pap test before?

4. Have you ever had an uncomfortable Pap test experience in the past? If so, it may be helpful to let me know why this was difficult for you?

5. I will need to look at you then I can make a decision if I can do the cervical screening test.
   You will need to assess the level of difficulty performing the test; if you are in doubt please don’t continue and refer her to a specialist hospital.

POSSIBLE HEALTH IMPLICATIONS

Short term
- Severe pain
- Excessive bleeding
- Shock
- Psychological trauma
- Infection
- Urinary retention
- Death

Long term
- Reproductive tract infection
- Complication during pregnancy and childbirth
- Infertility
- Painful period
- Psychological issues e.g. depression/PTSD
- Difficulty in undergoing cervical screening

Clinical considerations
- Medium-sized Pederson speculum is the preferred option
- Select the most appropriate position for examination
- Application of lubrication on the speculum edges may be useful