Female genital cutting (FGC) & cervical screening: A guide for practitioners

Cancer Council Victoria · PapScreen Victoria · women's health west

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.

*DISCLAIMER; THESE PICTURES ARE NOT REPRESENTATIVE AND CAN VARY. DRAWN IMAGES ARE FROM THE 'CARE PLAN FLOW CHART' FAMILY PLANNING VICTORIA, 2012.

PHOTOS USED WITH PERMISSION FROM DR KHAIRUL MOHAMED-NOOR.

PREVALENCE RATES AND TYPES OF FGM/C IN THE PREVALENCE COUNTRIES

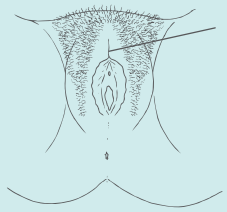
CATEGORIES	COUNTRIES
Almost universal FGC, over 30% FGC Type III	Sudan (north), Somalia, Eritrea, Djibouti
High national prevalence of FGC, WHO Type I and II	Egypt, Ethiopia, Mali, Burkina Faso, Gambia, Guinea, Sierra Leone
Moderate national prevalence of FGC, WHO Type I and II	Central African Republic, Chad, Cote D'Ivoire, Guinea Bissau, Iraq (Kurdistan), Kenya, Liberia, Mauritania, Nigeria, Senegal, Togo
Low national prevalence of FGC, WHO Type I and II	Benin, Cameroon, Ghana, Niger, Democratic Republic of Congo, United Republic of Tanzania, Togo, Uganda, Yemen

SOURCE: Source: Macfarlane A & Dorkenoo E (2014) *Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk*, City University & Equity Now, London, UK.

TYPES OF FGC

TYPE I
CLITORIDECTOMY

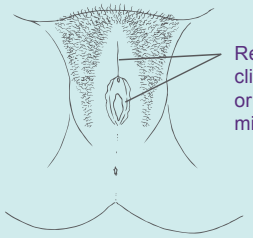
Partial or total removal of the clitoris and/or prepuce.



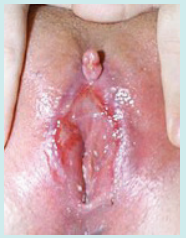
A. Prepuce removal only or
B. Prepuce removal and partial or total removal of the clitoris

TYPE II
EXCISION

Partial or total removal of the clitoris and labia minora, with or without excision of labia majora

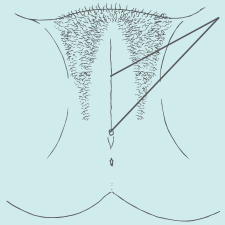


Removal of the clitoris plus part or all of the labia minora

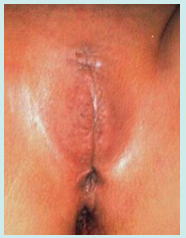


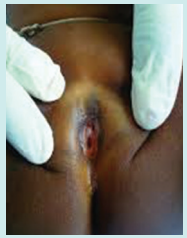
TYPE III
INFIBULATION

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.



Removal of part or all of the labia minora, with the labia majora sewn together, covering the urethra and vagina and leaving a small hole for urine and menstrual fluid





TYPE IV

All other harmful procedures, including pricking, piercing, incising.

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

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.

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

Metropolitan services for referral for women who have undergone type III

Royal Women's Hospital
Well Women's Clinic
20 Flemington Road, Parkville
Telephone 8345 3037

Mercy Hospital for Women
Well Women's Clinic
163 Studley Road, Heidelberg
Telephone 8458 4880

Sunshine Hospital
Women's Clinic
176 Furlong Road, St Albans
Telephone 8345 1333 (select option 2)

THIS RESOURCE HAS BEEN DEVELOPED VIA A COLLABORATION WITH PAPSCREEN VICTORIA AND WOMEN'S HEALTH WEST FARREP PROGRAM

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