

Female Genital Mutilation

KY AAP Immigrant Child Health Task Force Case

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CASE:

A newborn female name Khadra presents to her primary care pediatrician for her first visit after hospital discharge. Before walking in to the room, you review the hospital records and note a few things: The family speaks Somali, mom's name is Hawa and she is 22 years old. The pregnancy was complicated by "FGM type 3" requiring a procedure called infibulotomy (or de-infibulation) early in active labor and after which mom delivered a healthy term newborn female vaginally.

You follow this family as their pediatrician for several years for routine child health maintenance and eventually at their daughter Khadra's 8-year-old preventative health examination the family mentions that they will be travelling back to Africa to visit family over the holidays. You know this visit is an opportunity that may put Khadra at risk of undergoing a female circumcision or FGM procedure herself.

DISCUSSION:

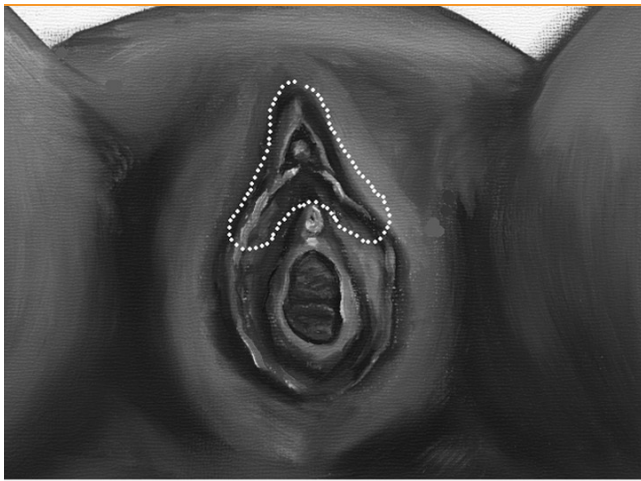
What is FGM?

- Female Genital Mutilation (or FGC/cutting) is defined by the World Health Organization as “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons”

Type 1

Partial or total removal of clitoris and/or prepuce

In Somali, colloquially referred to as “Sunna” type



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Type 2

Total or partial removal of clitoris and the labia minora +/- excision of labia majora

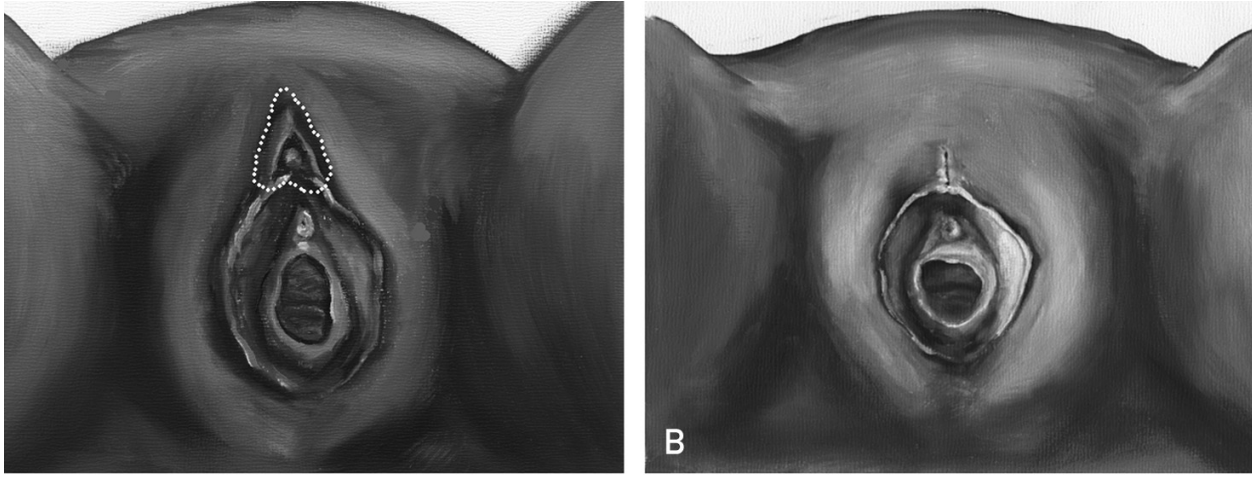


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Type 3

Narrowing of vaginal opening by cutting and sewing the labia minora and/or labia majora with or without excision of clitoris; infibulation

In Somali, colloquially known as “Pharaonic” type



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Type 4

All other harmful practices to female genitalia for non-medical purposes

- Stretching
- Pricking
- Piercing
- Incising
- Scraping
- Cauterizing

*Images from Jessica Stanton, MD artist published in Hearst AA, Molnar AM. Female genital cutting: an evidence-based approach to clinical management for the primary care physician. Mayo Clin Proc. 2013;88(6):618-629

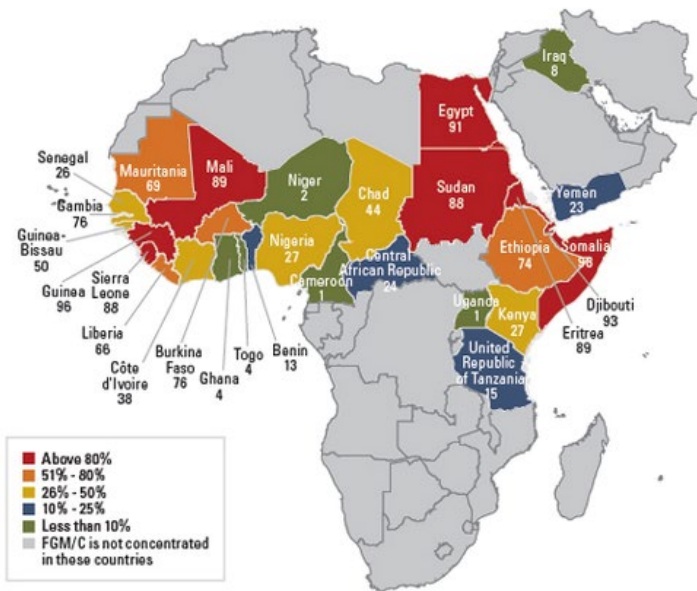
How common is FGM? Where is this procedure done?

FGM has been performed on at least 200 million girls and women in 31 countries, most in Africa. Each year, over 4 million girls are at risk of undergoing FGM.

(<https://www.unicef.org/protection/female-genital-mutilation>)

In the US, in a report published in 2016 the CDC estimated that 513,000 women and girls were at risk for undergoing FGM based on prevalence in country of origin. However, European studies have found that immigrants are less likely to have their daughters cut. (Exterkate M. Female genital mutilation in the Netherlands: prevalence, incidence and determinants. Utrecht (Netherlands): Pharos Centre of Expertise on Health for Migrants and Refugees; 2013.)

Percentage of girls and women aged 15 to 49 years who have undergone FGM, by country (<https://www.who.int/reproductivehealth/topics/fgm/prevalence/en/>)



Source : UNICEF, 2013

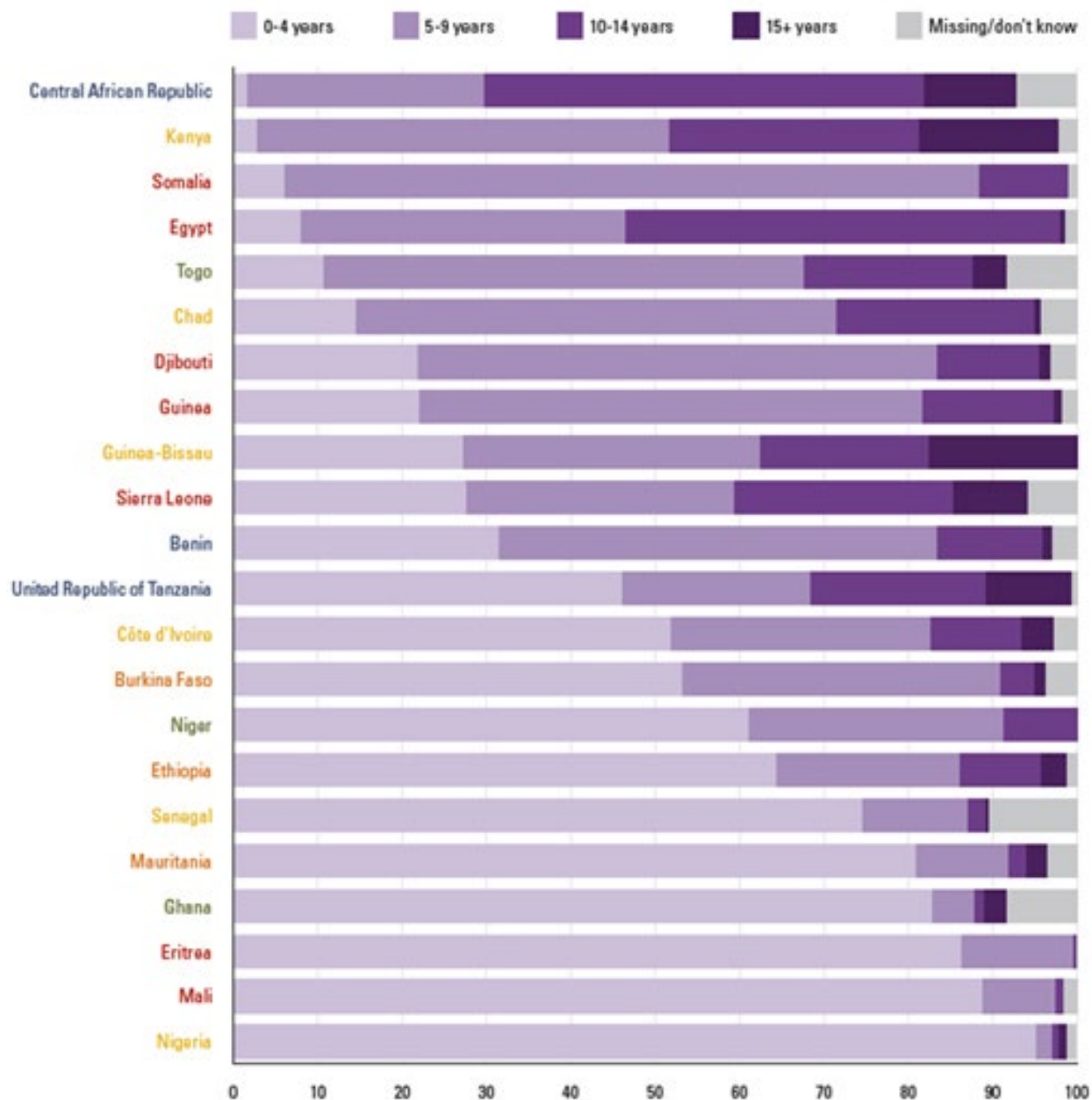
Who performs this procedure?

Depending on typical practices in the country of origin, FGM may be performed by a traditional practitioner, a traditional birth attendant, nurse/midwife, or medical doctor. In Somali culture, this is often done by a traditional practitioner while in Egypt, doctors and midwives often perform the procedure.

When is this procedure done?

FGM is typically performed before the onset of puberty. In some countries, especially those which practice Type 1, the procedure is done in infancy. Whereas in those countries in which Type 3 is more prevalent, the procedure is done later, often between 6-12 years. In Somali culture, the procedure is often done around 8 years of age.

Percentage distribution of ages at which girls have undergone FGM as reported by their mothers, UNICEF 2013 (<https://www.who.int/reproductivehealth/topics/fgm/prevalence/en/>)



GOING BACK TO THE CASE:

How do you counsel families about FGM?

Language is important—use the terms “circumcision” or “cutting” instead of FGM

Involve both parents. Sometimes, one parent will be against the practice but the other parent (or a grandparent) will consent to the procedure. In a number of published reports, this is often the father who is against the procedure but her mother or grandmother who insists on having the girl cut.

Ask about beliefs regarding the practice. Find out what the family’s culture believes about the practice. Do your friends talk about circumcision? What is good about circumcision? What is bad about circumcision? What does your religion recommend regarding this practice? It is often easier to ask questions about “your culture”, “your neighbors”, or “your religion” as a way to indirectly ask beliefs. A parent may be reluctant to say “I think this is a good practice” knowing about legal ramifications, but may share what others say with more candor.

Discuss plans for or concerns about cutting. This can be a difficult conversation. Engendering trust with your patient’s family is critical. However, your obligation to protect the pediatric patient is important. Ask the family how would you feel raising a daughter in America who has not been cut? How would your daughter feel if she were not cut? How would her future husband perceive her if she is not cut?

Inform the family of US and Kentucky laws. Start with “are you aware of laws pertaining to female circumcision in our state?”

Educate the patient about her rights. Discussions of FGM are often considered taboo with young girls. In the country of origin, girls are often surprised when undergoing circumcision. Ask your patient if she is aware that some girls undergo a cultural practice in which her genital area is cut. Just as we often educate our pediatric patients on appropriate touch, teaching a girl from a culture with a tradition of this practice that this is harmful and that she can share with us concerns about genital cutting.

What legal protections are in place to protect children against FGM?

Crime under federal law punishable by up to 5 years in prison for person performing procedure as well as parent/caregiver who knowingly allows the procedure since US Congressional law passed in 1996

Congress passed a new law in 2013 making it illegal to knowingly transport a girl out of the United States for the purpose of cutting

April 2, 2020 KY legislature passed a law outlawing FGM in Kentucky.

- Creates a new section of KRS Chapter 508 to define “female genital mutilation” and creates the Class B felony of female genital mutilation
- Creates a new section of KRS Chapter 211 to require the Department for Public Health in the Cabinet for Health and Family Services to develop, produce, and disseminate educational materials related to female genital mutilation
- Amends KRS 15.334 to require law enforcement training on female genital mutilation
- Amends KRS 311.595 to require a conviction of female genital mutilation to result in mandatory revocation of a physician’s license
- Creates a new section of KRS Chapter 413 to permit civil action for female genital mutilation for ten years
- Amends KRS 620.020 to include female genital mutilation in the definition of “abused or neglected child”
- Amends KRS 620.030 to provide that if a person knows or has reasonable cause to believe that a child is a victim of female genital mutilation, then that person shall immediately make an oral or written report to the appropriate authorities
- Creates a new section of KRS Chapter 620 to require a report on female genital mutilation reports to the Cabinet for Health and Family Services

Example Discussion Transcription:

Doctor: That is exciting that your family will be traveling to Somalia this summer. I am sure Khadra will meet lots of extended family and see many new things! I am aware of a traditional practice of cutting girls in Somali culture. Have you and your husband talked about this practice?

Mom (Hawa): We do not discuss that.

Dr.: Do you talk about it with your friends and neighbors? What do they think?

Mom: Some people say it is good, some say it causes a lot of problems. Many people think our religion requires it, but I heard a trusted sheikh say that it is a bad practice.

Dr: How would you feel about raising a daughter in the US who has not been cut?

Mom: I worry she would not find a good husband. You know, men like girls who are clean and pure.

Dr: Are you aware of laws in the US and Kentucky pertaining to this practice?

Mom: I heard it is illegal to do here in the US.

Dr: Are you also aware that it is illegal to travel outside the US and have this done?

Mom: No!

Dr: This is considered a form of child abuse. Any health care provider who becomes aware of this procedure done on a child has to report to child protective services. We want to do what is best for kids—and this cultural practice is harmful to girls.

Mom: I didn’t know

Dr: Hawa, I would like to share a little bit with your daughter about this. (To Khadra) Have you heard about a traditional practice among Somalis where girls are cut in their private genital area?

Daughter (Khadra): I don’t think so

Dr: For many years, girls about your age were cut in their private genital area. Now we know this is a harmful and dangerous practice. It is also against the law in the US and Kentucky. If you become worried that this might be done to you, you can call me or even the police.

Mom: I will tell your dad about this and the trouble it could bring. We will also tell our family in Somalia so no one tries to do this.