Module 9 : Mutilations génitales féminines

jeudi 19 mai 2022

AFRANUM

Modules de formation numérique **AFRAVIH**

FGM/C

Excision

Mutilations sexuelles féminines

FGM/MGF

Female genital cutting

Infibulation

Circoncision féminine

Sexe coupé

Female genital modifications

World Health Organization

… all procedures that involve the ***partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons***

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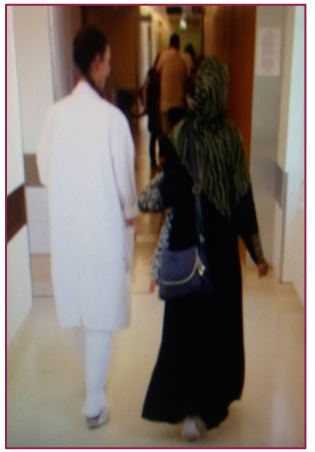
Consultation “MGF”

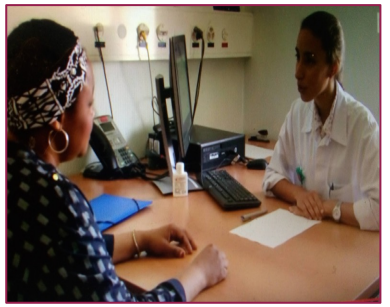
- Depuis 2010, 250-300 RDV/an
- >20 origines, surtout corne de l’Afrique
- 40% Chrétiennes, 60% Musulmanes



1) Accueil, prise en charge, chirurgies

2) Prévention. Information art.124 du Code penal suisse

3) Recherche, divulgation



4) Collaborations inter/multidisciplinaires

5) Formation, sensibilisation

6) Expertises médicolégales, certificats (asile)

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HUG Hôpitaux Universitaires Genève

Network against female genital cutting Switzerland

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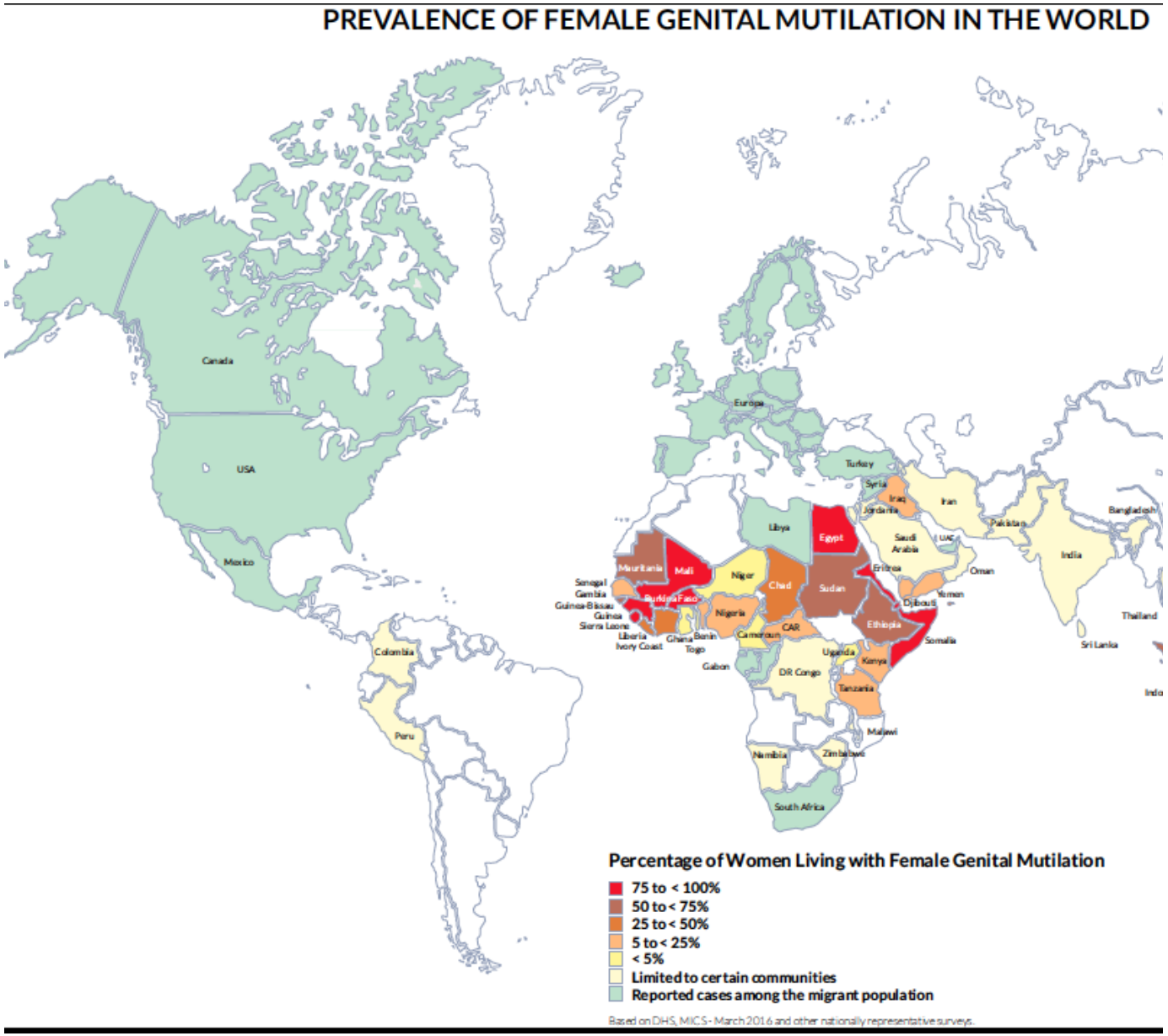
- **200 millions de femmes et filles dans plus de 30 pays du monde**
- **¼ médicalisation**
- **600.000 en Europe**
- **513.000 aux USA**



Equality Now, EIGE and Unicef 2019

https://data.unicef.org/topic/child-protection/female-genital-mutilation/

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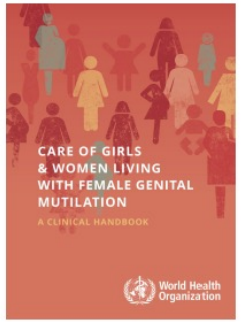
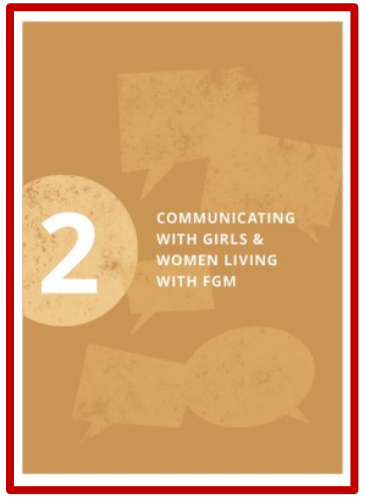
1. Communication : penser à et savoir comment poser la question

- ✓ **Vous êtes originaires de…..Venez vous d'une zone où l'excision était pratiquée ou se pratique encore?**
- ✓ **Savez-vous si vous avez été coupée? Excisée? …**
- ✓ **Interprète certifiée**
- ✓ **Avoir conscience des différences entre groups ethniques**
- ✓ **Termes utilisés, regard, langage corporel**

WHO clinical handbook



2018



2022

PERSON-CENTRED COMMUNICATION FOR FEMALE GENITAL MUTILATION PREVENTION
A FACILITATOR'S GUIDE FOR TRAINING HEALTH-CARE PROVIDERS

Training aims:
1. to build the knowledge of health-care providers on FGM, including the types of FGM, the associated health consequences, and the legal and ethical aspects of the practice;
2. to explore and clarify their own values and attitudes towards FGM and the medicalization of the practice;
3. to build the knowledge and skills of health-care providers on person-centred communication for the prevention of FGM; and
4. to address the ethical and legal implications of medicalized FGM, and to build the skills of health-care providers to resist requests to do FGM.

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Lack of (correct) diagnosis and documentation

CLINICAL ARTICLE

Missed opportunities for diagnosis of female genital mutilation

Jasmine Abdulcadir [a,*], Adeline Dugerdil [b], Michel Boulvain [a], Michal Yaron [a], Christiane Margairaz [c], Olivier Irion [a], Patrick Petignat [a]

Int J Gynaecol Obstet. 2014 Jun;125(3):256-60

Diagnosis of FGM reported in medical files.

Diagnosis and classification	N (%)
Correct classification of FGM	34 (26.4)
Genitalia reported as normal (FGM not mentioned in medical history or vulvar exam)	48 (37.2)
Incorrect classification	28 (21.7)
Incorrect classification or genitalia reported as normal in the same file	19 (14.7)
Total	129 (100.0)

FGM/C= ICD code

Table 2. Examples of FGM/C codes according to ICD national modifications

ICD version	Countries	Code	Diagnosis
ICD-10 2016 (International Version)	For example: UK[15]	Z91.7	Personal History of Female Genital Mutilation
ICD-10-AM (Australia)	Australia, Ireland, Slovenia[16]		
ICD-10-FR (France)	France[16]		
ICD-10-GM (Germany)	Germany, Switzerland, Austria[16]	Z91.7	Personal History of Female Genital Mutilation
		Z91.70	Personal History of Female Genital Mutilation, Type unspecified
		Z91.71	Personal History of Female Genital Mutilation, Type 1
		Z91.72	Personal History of Female Genital Mutilation, Type 2
		Z91.73	Personal History of Female Genital Mutilation, Type 3
		Z91.74	Personal History of Female Genital Mutilation, Type 4
ICD-10-CM (USA)	USA, Belgium, Luxembourg, Portugal, Spain[16]	N90.81	Female Genital Mutilation status
		N90.810	Female Genital Mutilation status, unspecified
		N90.811	Female Genital Mutilation Type I status
		N90.812	Female Genital Mutilation Type II status
		N90.813	Female Genital Mutilation Type III status
		N90.818	Other Female Genital Mutilation Status
ICD-9-CM (USA	Italy[16]	629.2	Female Genital Mutilation status
		629.20	Female Genital Mutilation status, unspecified
		629.21	Female Genital Mutilation Type I status
		629.22	Female Genital Mutilation Type II status
		629.23	Female Genital Mutilation Type III status
		629.29	Other Female Genital Mutilation Status

Toutes spécialités…infectiologues, spécialistes HIV

- **Questionnaire entre 6 et 12.2019 à toutes les femmes à partir de 18 ans originaires d'un pays considéré "à risque", HIV positives et suivies dans la Cohorte HIV Suisse**

1. Avez-vous subi une excision pendant votre enfance ?
2. Si la réponse est oui; avez-vous déjà eu l'occasion d'en discuter avec un professionnel de la santé (médecin, infirmière, etc.) ?

- 583 éligibles sur 6 mois
- 196 **(37%): question non administrée**

Information about FGM/C among women interviewed about it	N (n tot=387)	% (tot=100%)
I have undergone FGM/C	**81**	**21**
I have not undergone FGM/C	**287**	**74**
Question administered but not answered	**9**	2.3
Question administered but not understood	**10**	2.6

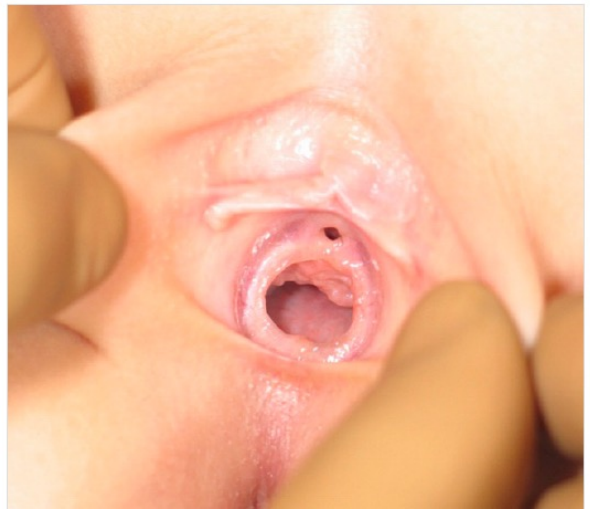
56/81 (70%) women had never discussed about their FGM/C with a healthprofessional before

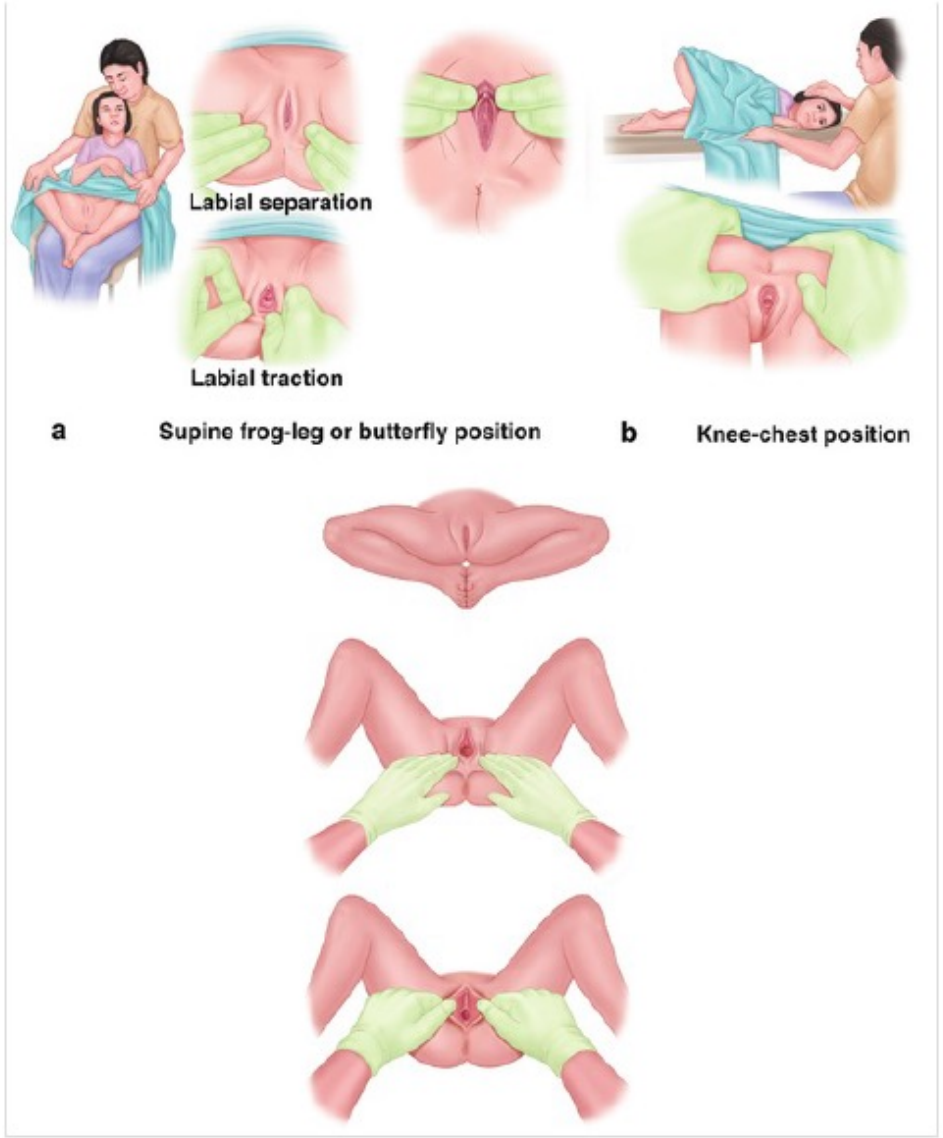
Geographical origin	History of FGM/C
Eastern Africa	**52 (64%)**
Western Africa	**24 (30%)**
Middle Africa	3 (4%)
Northern Africa	1 (1%)
Western Europe	1 (1%)
Total	81

Mauri et al, 2022. Under review

2. Examen clinique: connaitre les types et les possibles complications

Fig. 2 Prepubertal examination. (Courtesy of Elise Dubuc)





Evaluation d'une personne excisée

- Immédiatement après l'MGF
- Référée pour l'MGF ou une complication
- Pendant une consultation pour une autre raison

Current Commentary

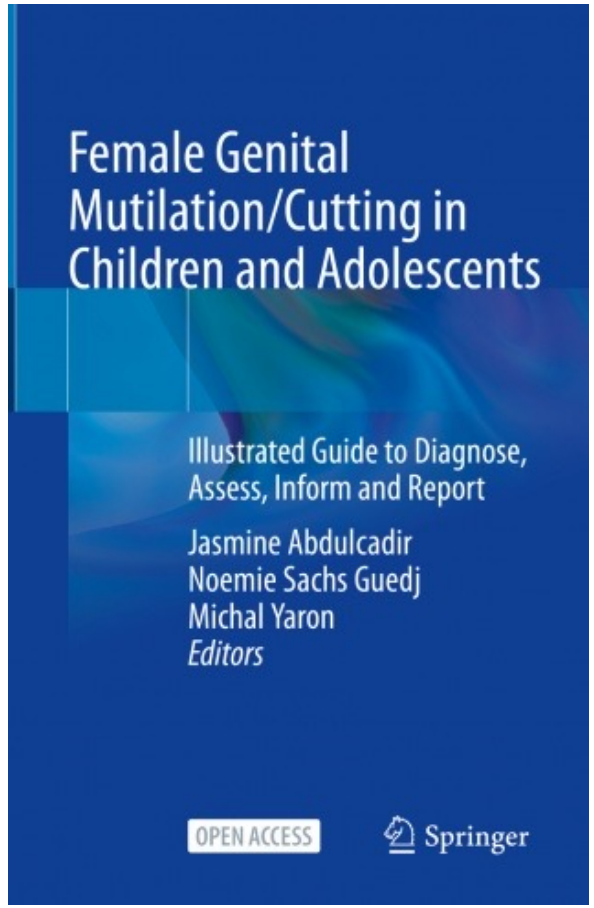
Female Genital Mutilation

A Visual Reference and Learning Tool for Health Care Professionals

Jasmine Abdulcadir, MD, Lucrezia Catania, MD, Michelle Jane Hindin, PhD, Lale Say, MD, Patrick Petignat, MD, and Omar Abdulcadir, MD

VOL. 128, NO. 5, NOVEMBER 2016

OBSTETRICS & GYNECOLOGY



THE JOURNAL OF
SEXUAL MEDICINE

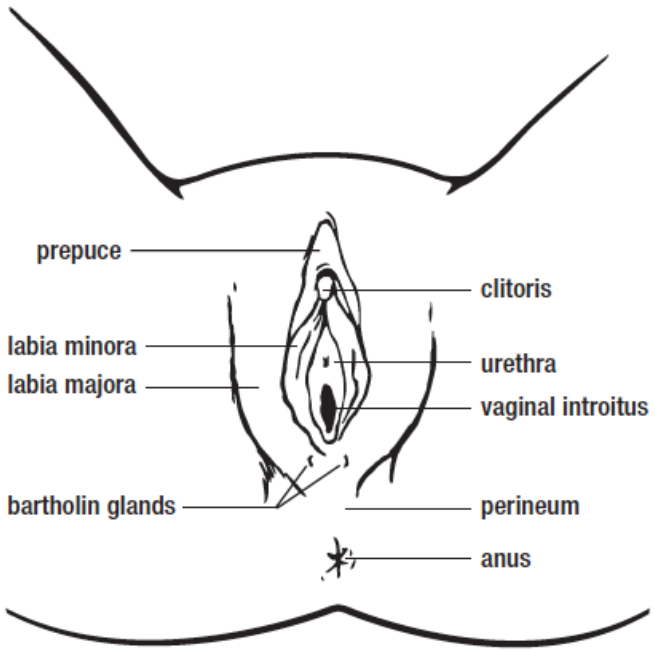
SURGEONS CORNER

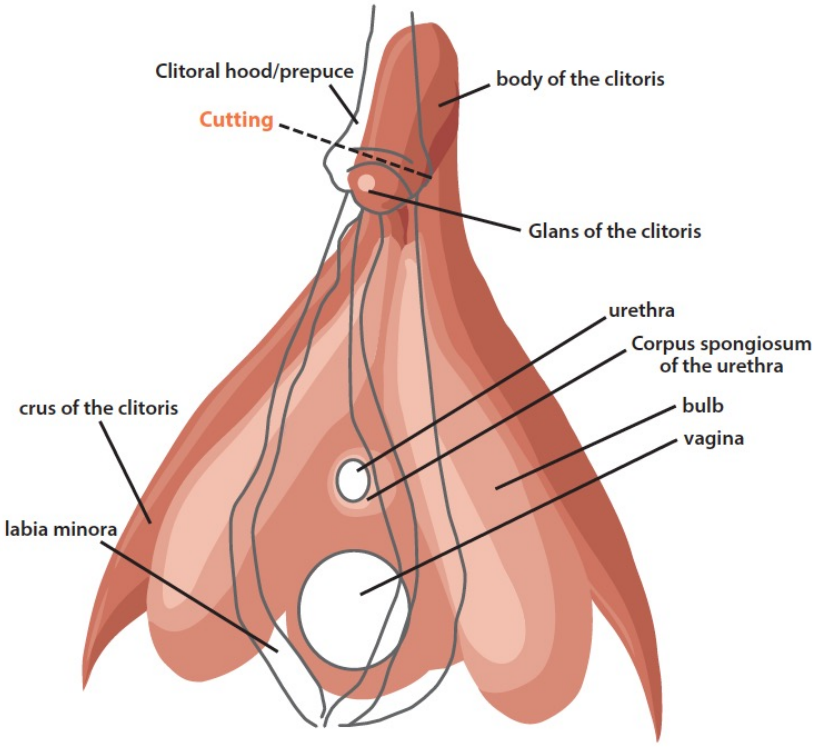
Defibulation: A Visual Reference and Learning Tool

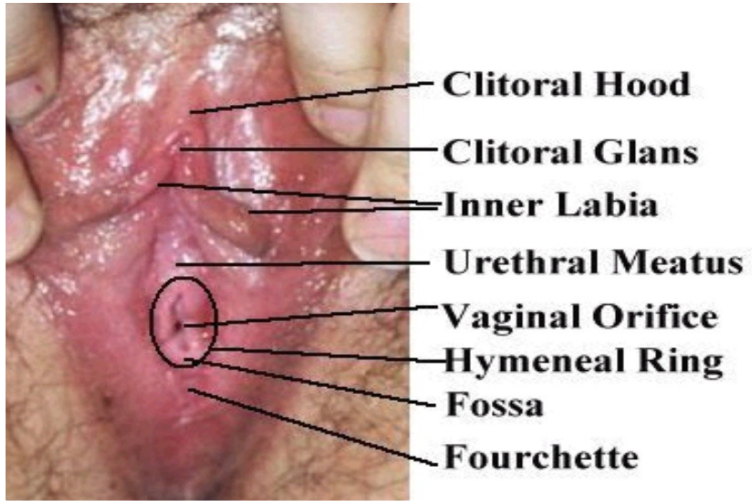
Check for updates

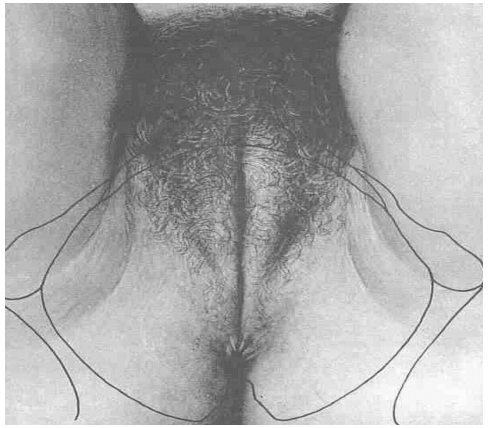
Jasmine Abdulcadir, MD, PD,[1,2] Sandra Marras, MD,[1] Lucrezia Catania, MD,[3] Omar Abdulcadir, MD,[3] and Patrick Petignat, MD[1]

J Sex Med 2018;15:601–611.

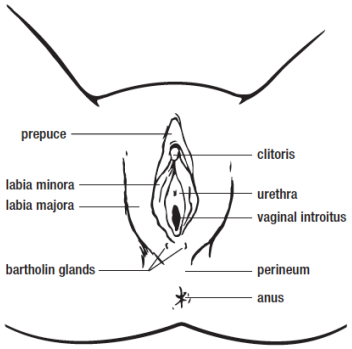

prepuce
clitoris
labia minora
urethra
labia majora
vaginal introitus
bartholin glands
perineum
anus

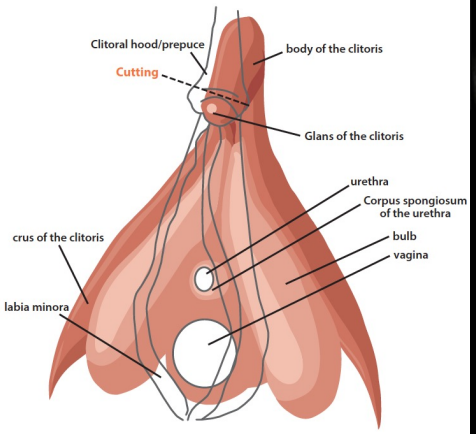

Clitoral hood/prepuce
body of the clitoris
Cutting
Glans of the clitoris
urethra
Corpus spongiosum of the urethra
bulb
vagina
crus of the clitoris
labia minora

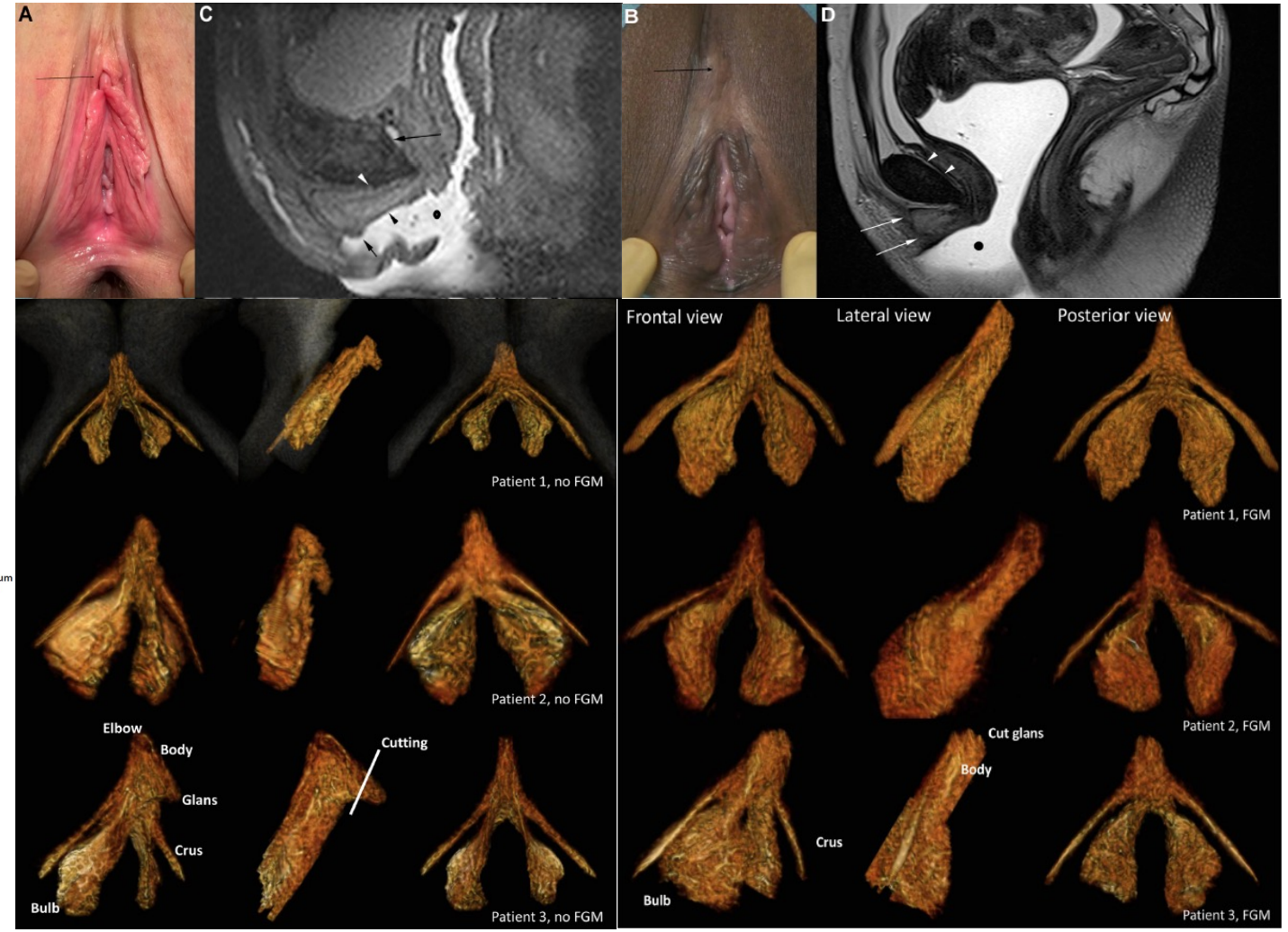

Clitoral Hood
Clitoral Glans
Inner Labia
Urethral Meatus
Vaginal Orifice
Hymeneal Ring
Fossa
Fourchette



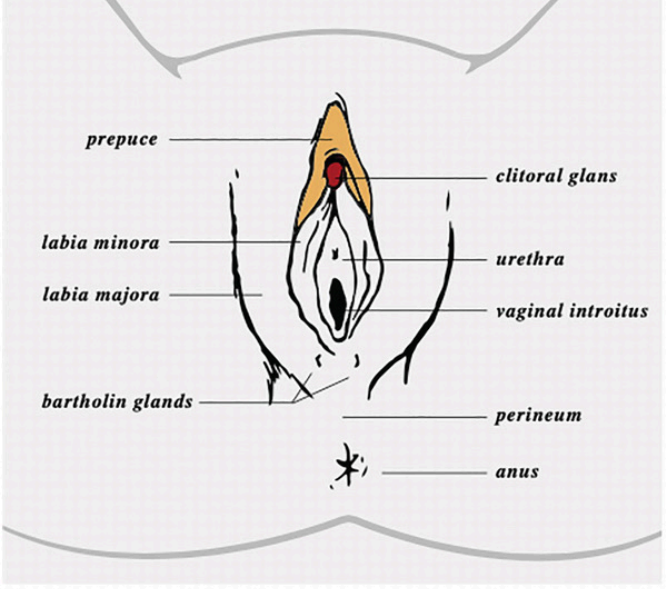
CERTAINES TYPES AFFECTENT LE CLITORIS





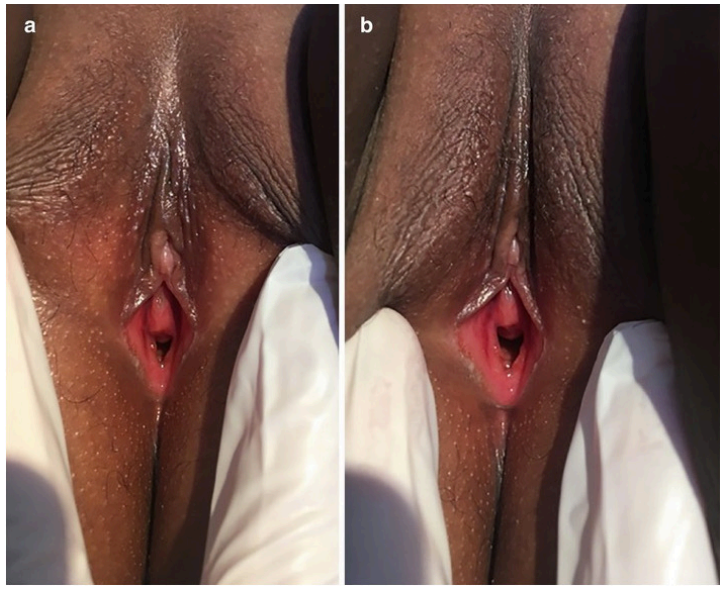


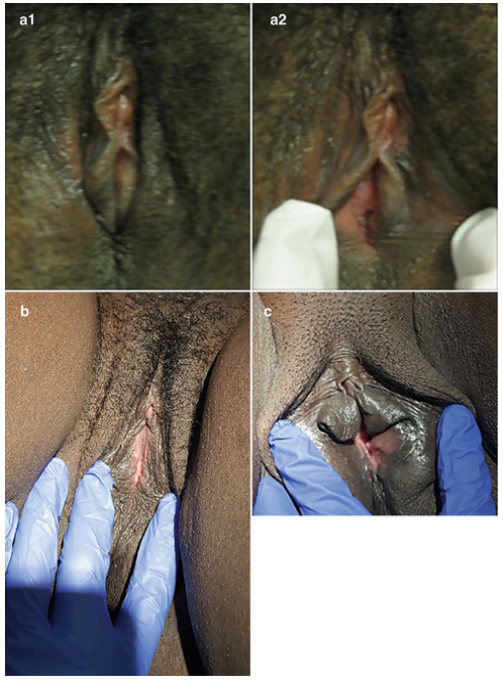
Abdulcadir J, et al. Sexual Anatomy and Function in Women With and Without Genital Mutilation: A Cross-Sectional Study. J Sex Med. 2016 Feb;13(2):226-37



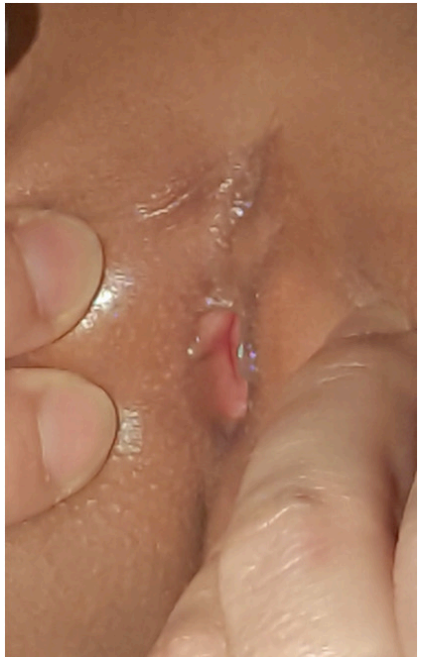
Type Ia: removal of the prepuce/clitoral hood (circumcision)

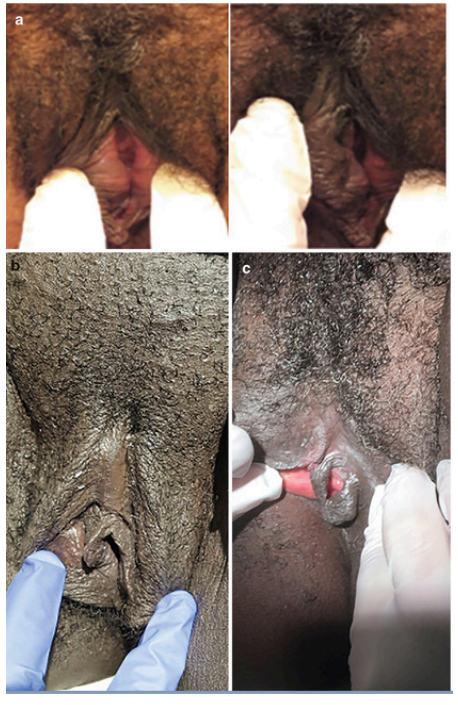
+ **Type Ib:** removal of the clitoral glans with the prepuce (clitoridectomy)





MGF type Ia





MGF type Ib

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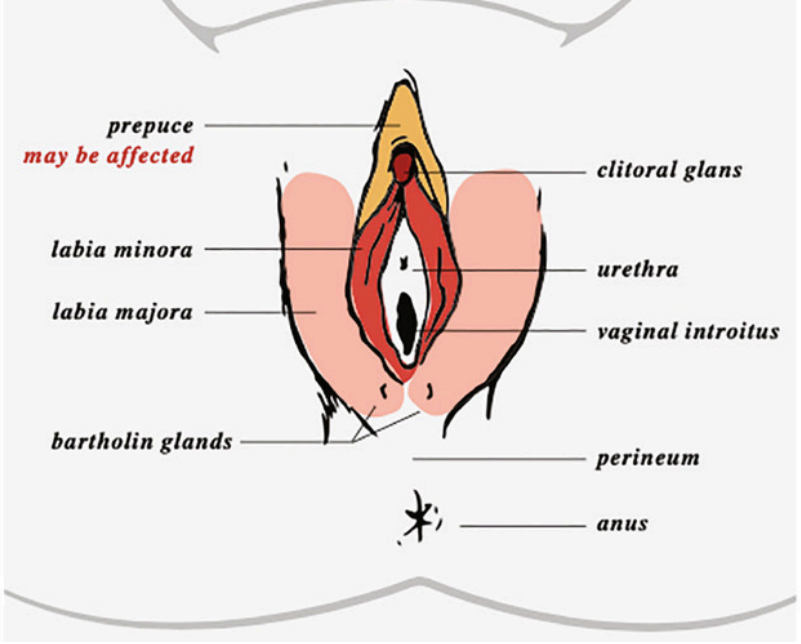
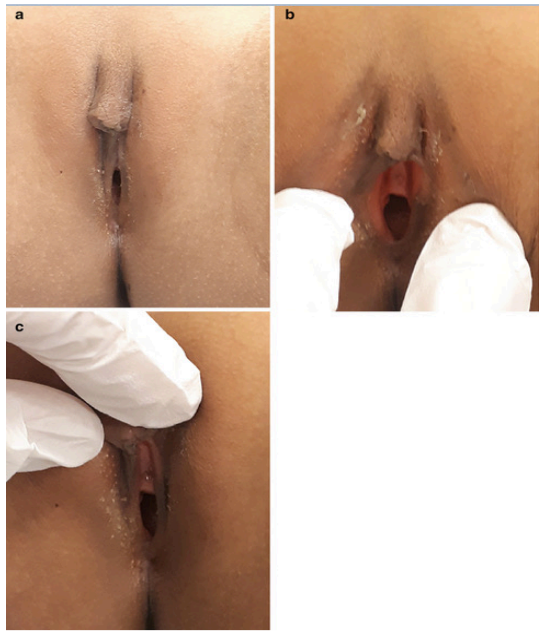
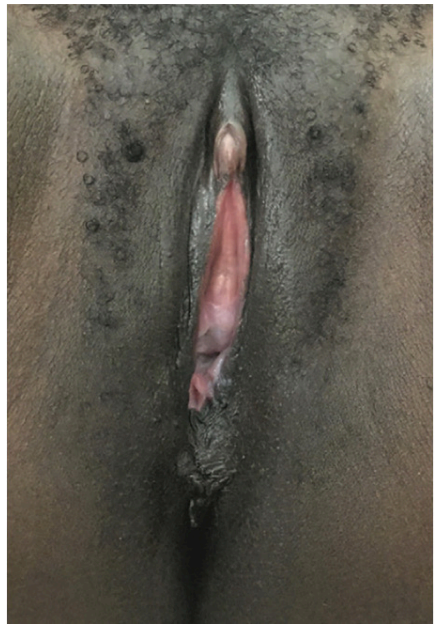
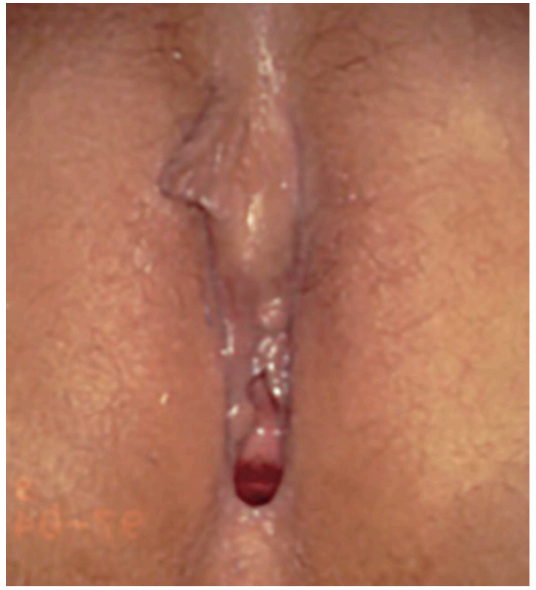
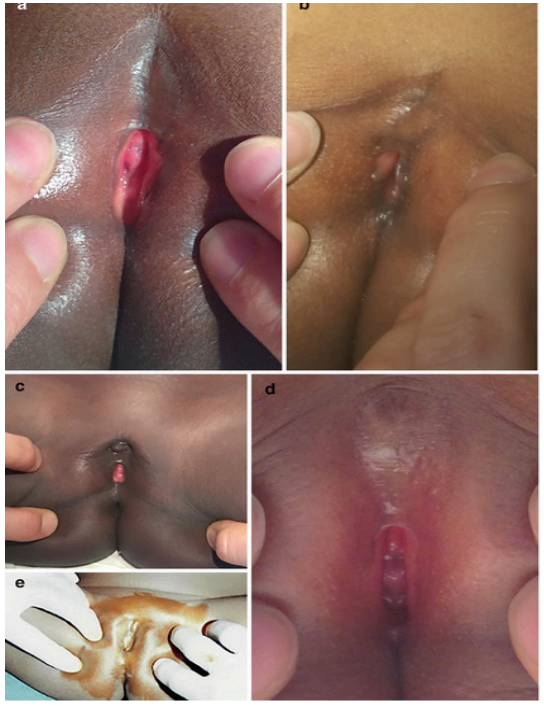


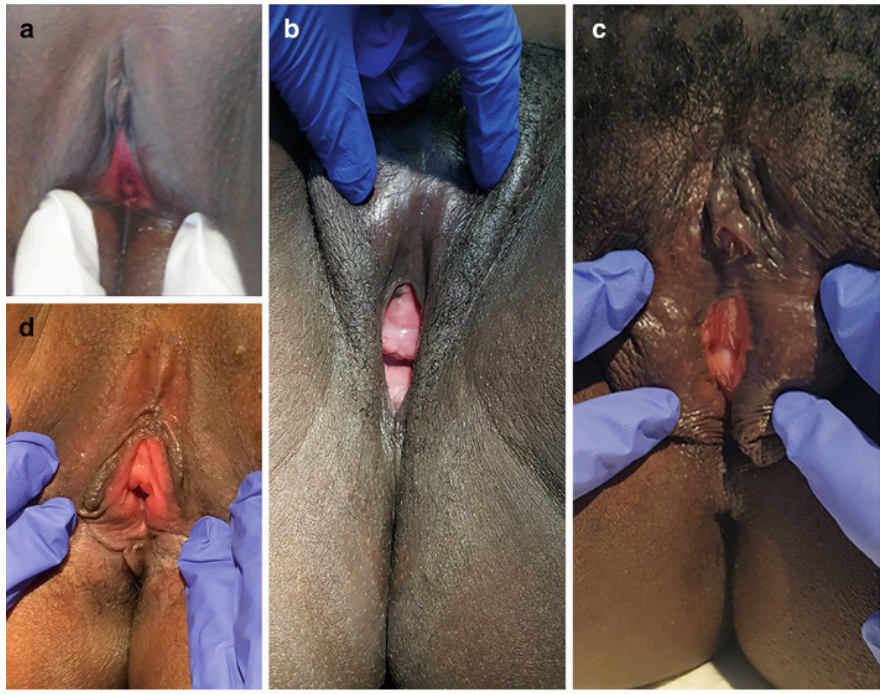




MGF type IIa

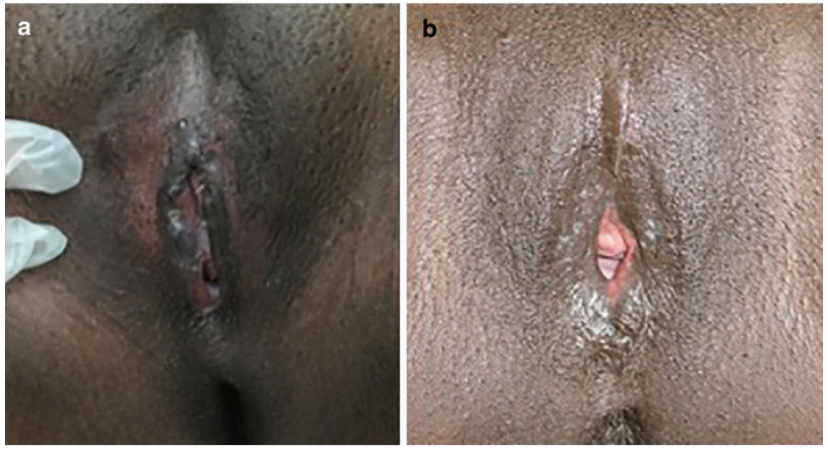


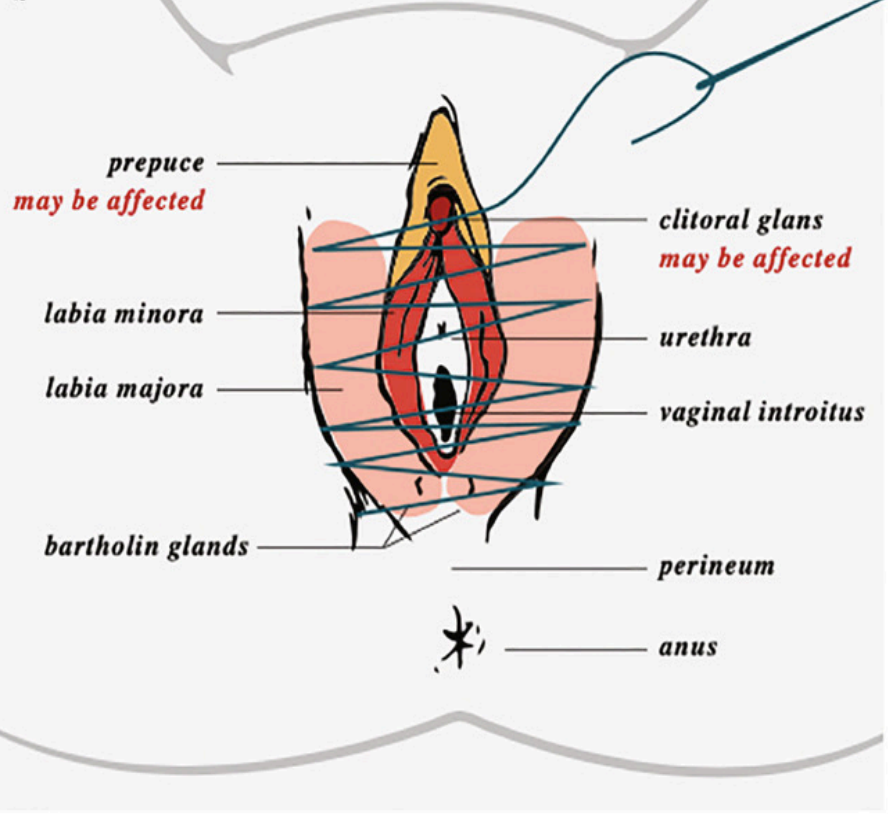


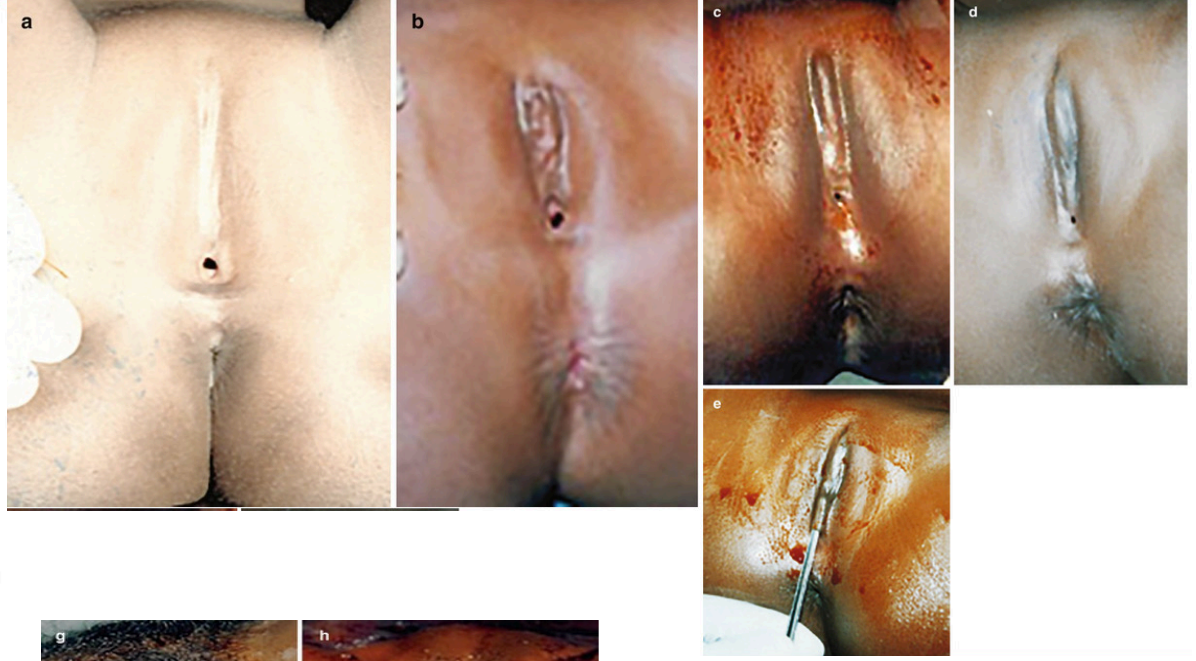


MGF type IIb

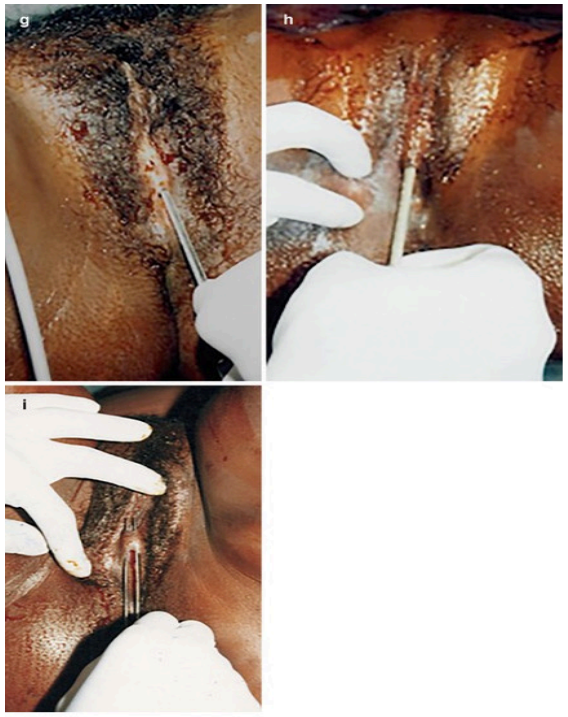
MGF type IIc

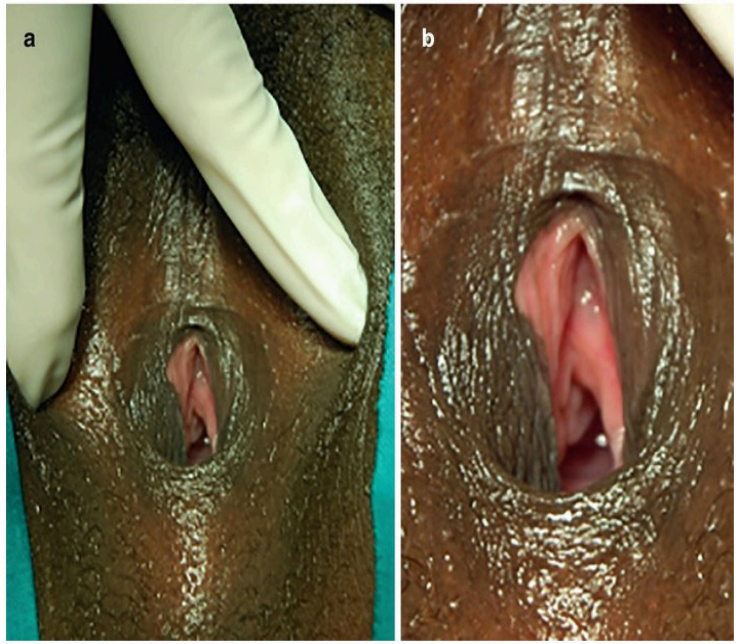






MGF type IIIa





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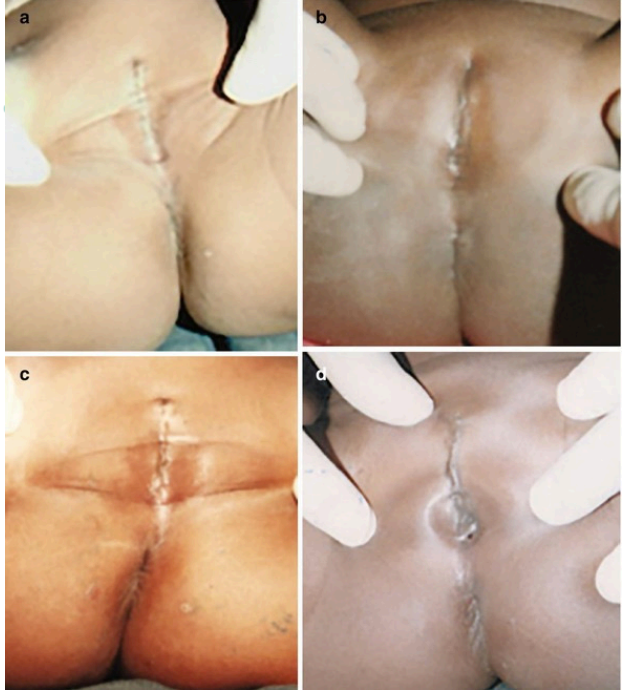
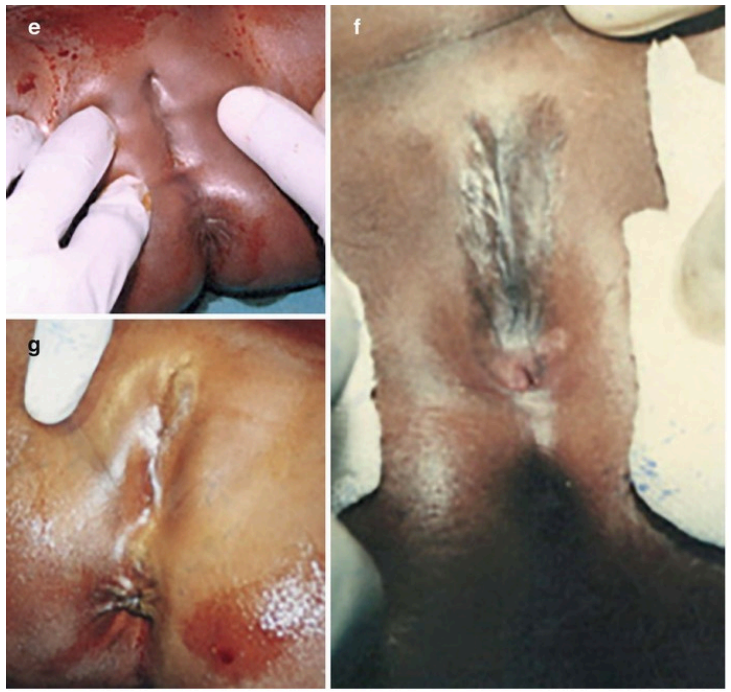
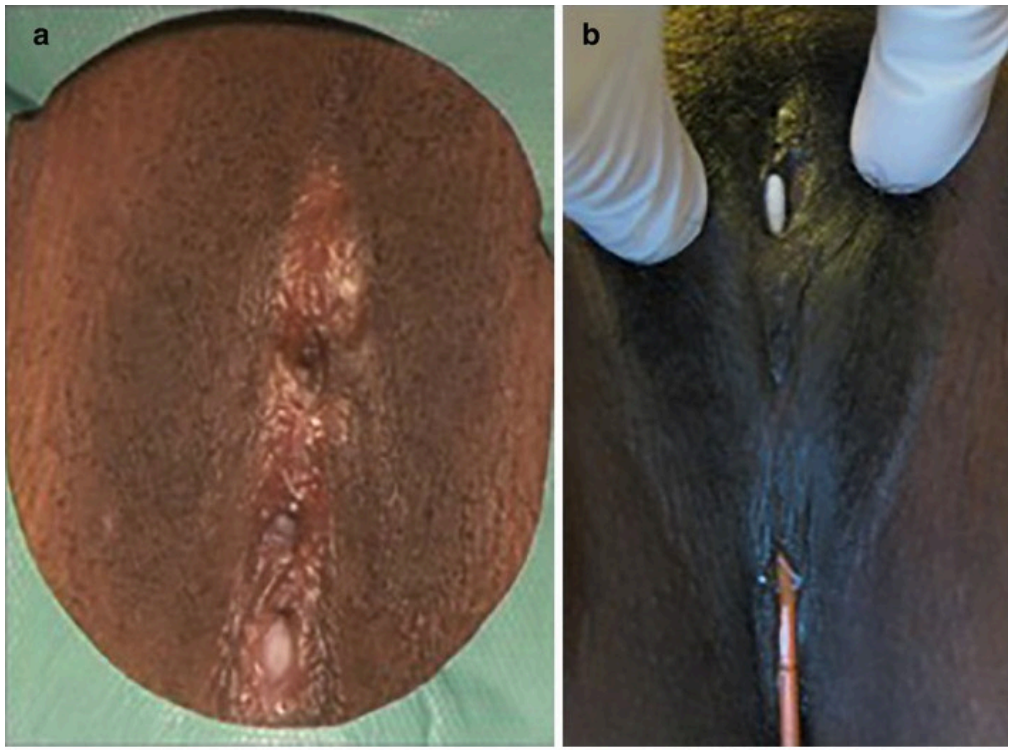




MGF type IIIb



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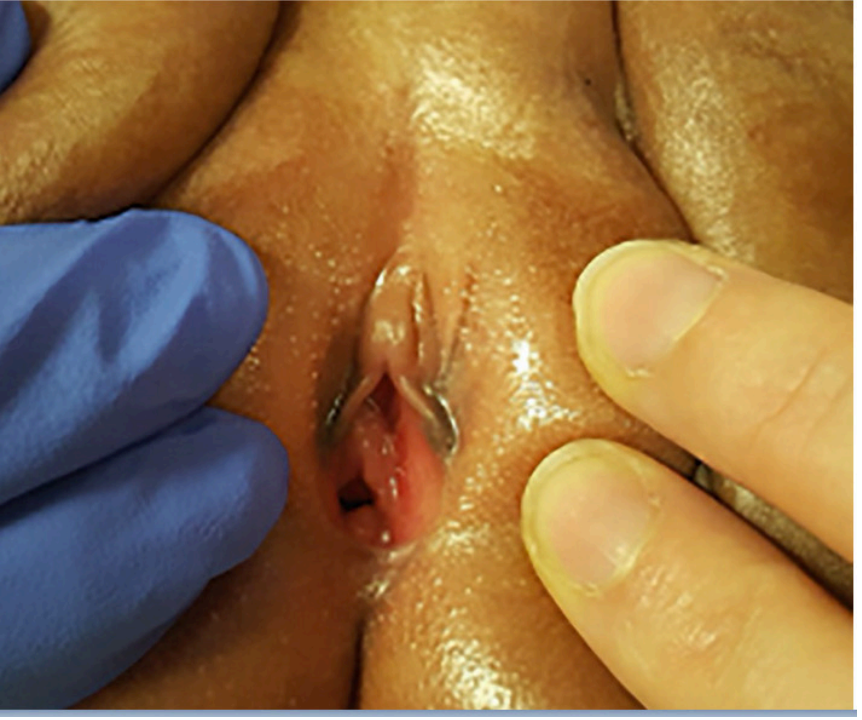

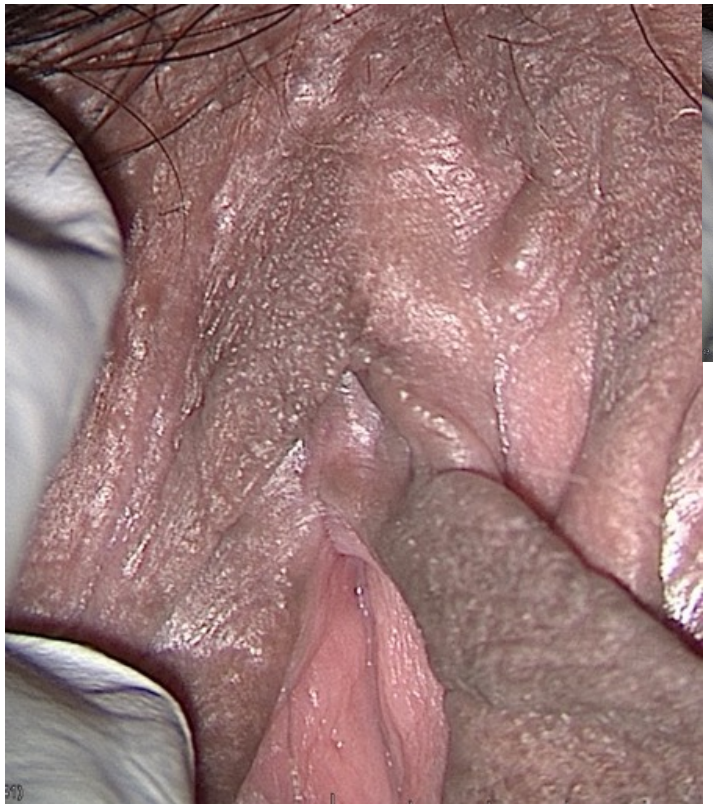

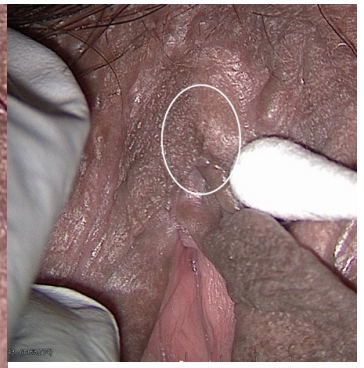

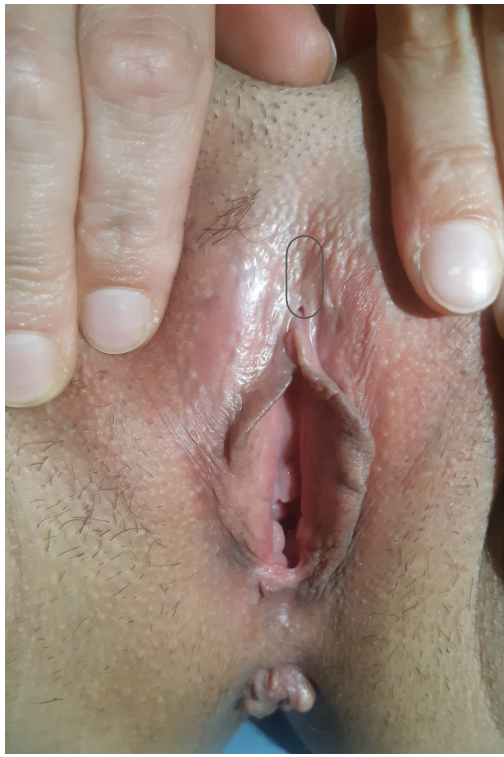

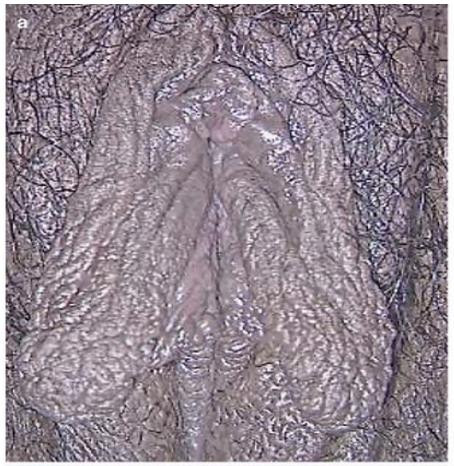

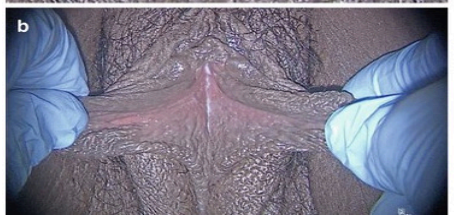

MGF type IV

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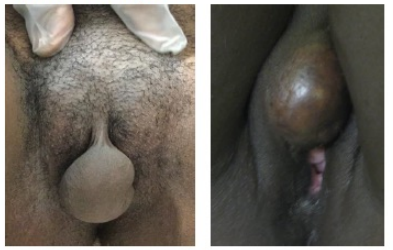
CONSEQUENCES PSYCHOPHYSIQUES VARIABLES

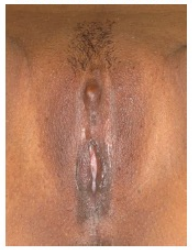
Immédiates

Tardives

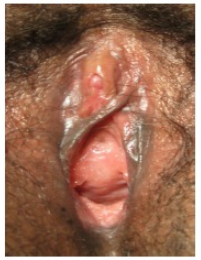
Epidermoid cysts

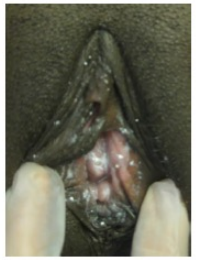


Neuroma of the clitoris

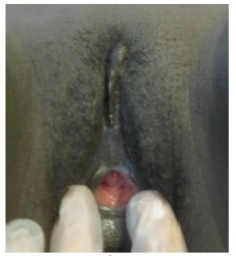


Bridles

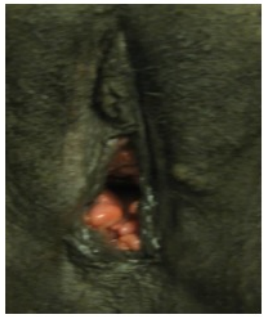




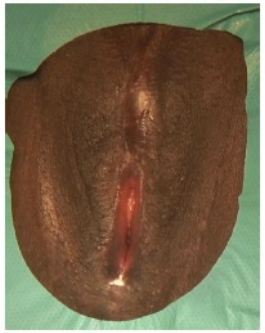
Hypertrophic scar/Keloid



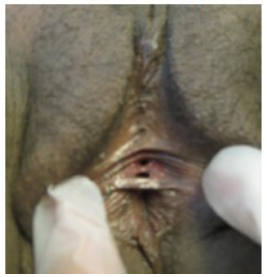
Obstetric complications

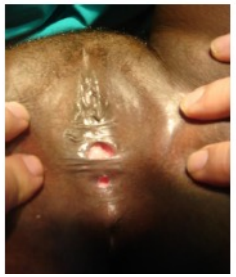


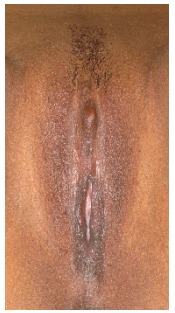
Fourchette's recurrent injuries during sex resulting in scar tissue



Obstructed/Rainy micturition

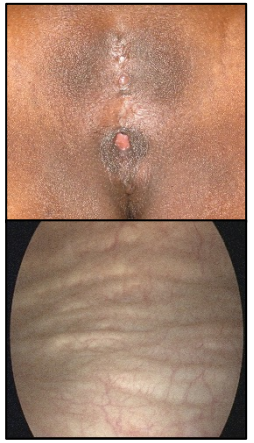






Abdulcadir 2012-2016

Urinary complications



Original research

BMJ Global Health

A systematic review and meta-analysis of the consequences of female genital mutilation on maternal and perinatal health outcomes in European and African countries

Fatoumata Sylla ,[1] Caroline Moreau,[1] Armelle Andro[2]

What are the new findings?

- Delivery settings, individual factors, study design and analytical strategies are important when predicting maternal and perinatal morbidity related to FGM.
- Our subgroup analyses revealed contrasting risks according to context, with elevated risks of episiotomy in Europe versus elevated risks of postpartum haemorrhage in Africa, and increased risks of caesarean section among primiparous women.

Results We identified 106 unique references, assessed 72 full-text articles and included 11 studies. We found non-significant elevated risks of instrumental delivery, caesarean delivery, episiotomy, postpartum haemorrhage, perineal laceration, low Apgar score and miscarriage/stillbirth related to FGM. Heterogeneity was present for most outcomes when combining all studies but reduced in subgroup analyses. The risk of caesarean delivery was increased among primiparous women (1.79, 95% CI 1.04 to 3.07) such as the risk of episiotomy in European specialised settings for women with FGM (1.88, 1.14 to 3.09). In Africa, subgroup analyses revealed elevated risks of postpartum haemorrhage (2.59, 1.28 to 5.25). The most common reported type was FGM II. However, few studies provided stratified analyses by type of FGM, which did not allow an assessment of the impact of the severity of typology on studied outcomes.

DIVERSES CONSEQUENCES A LONG TERME, DOULEURS

FACTEURS BIOLOGIQUES

1. MGF type III

- Dyspareunie, pénétration difficile
- Infections génito-urinaires récurrentes (PID)
- Complications urinaires (par ex. OAB)
- Fissures, cicatrices commissure postérieure
- Ré-infibulation

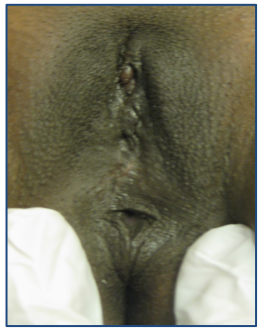
2. BRIDES/ADHERENCES/PHIMOSIS du CLITORIS

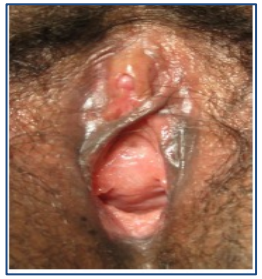
- Dyspareunie
- Clitorodynie
- Douleurs lors de certains mouvements

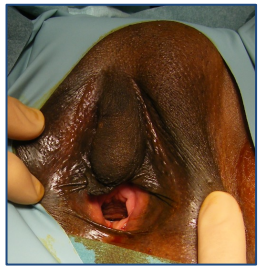
3. KYSTES

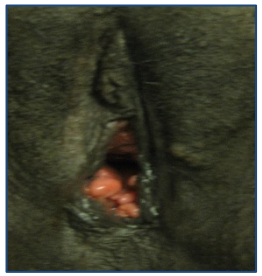
- Épidermoïde
- MullerIenne
- **Névrome**
- Granulomes

4. TRAUMA OBST









FACTEURS PSYCHOLOGIQUES

1. **TRAUMA, PTSD**
2. **ANXIETE**
3. **DEPRESSION**
4. **AUTRES EVENEMENTS TRAUMATIQUES**

Guerre, viol, mariage forcé/d'enfants, migration, conséquences psychologiques et physiques, pertes

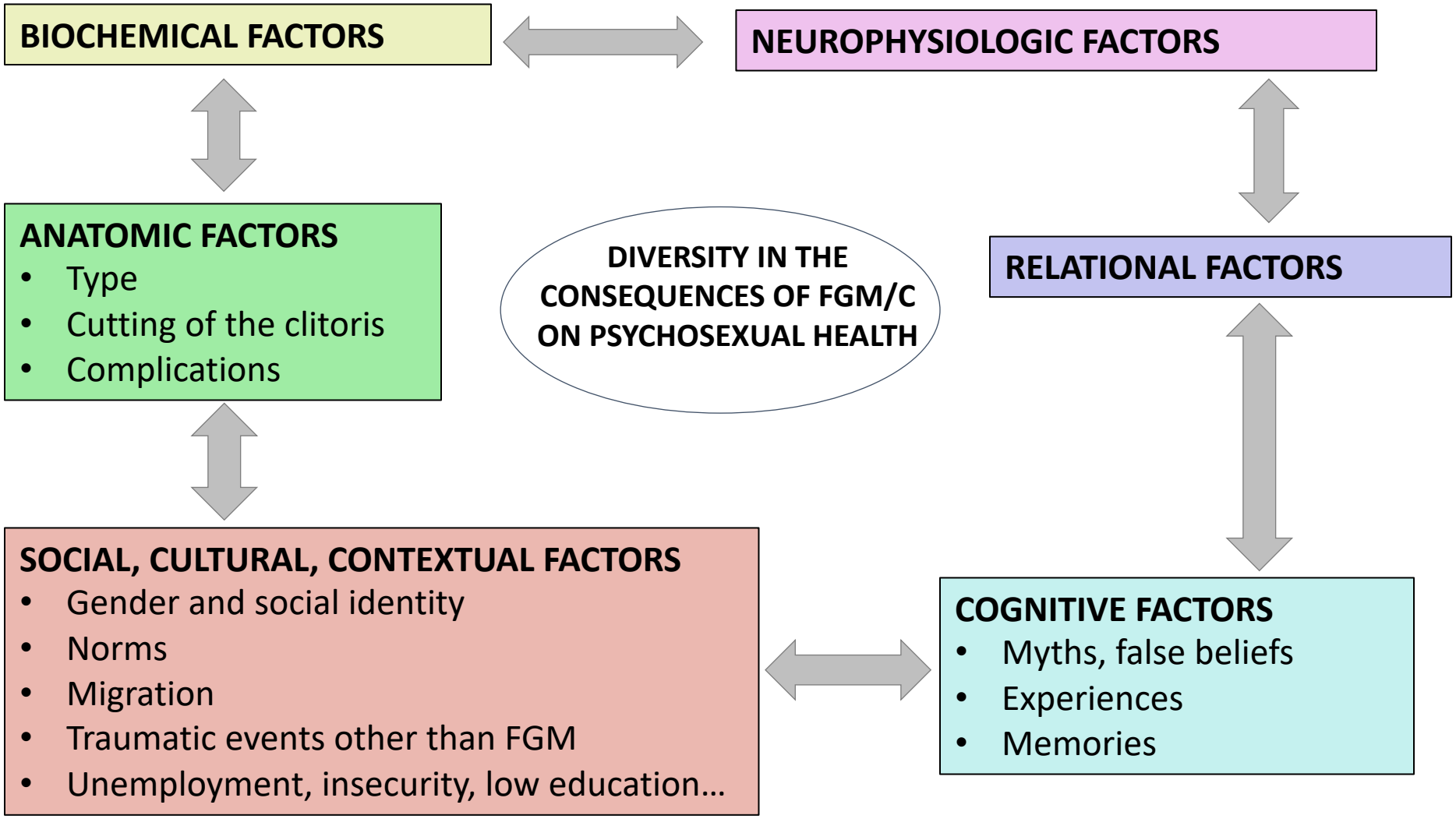
FACTEURS SOCIOCULTURELS ET RELATIONNELS:

- DOULEUR DANS LE CONTEXTE MIGRATOIRE
- MIGRATION
- PARTNER(S)

GPPD/ vaginisme
Hypertonicité périnéale

- Abdulcadir J, Catania L. Comment on Connor paper. 2020 Arch Sex Behav.
- Bazzoun Y, Aerts L, Abdulcadir J. Chronic vulvar pain after Female Genital Mutilation/Cutting: a retrospective study. 2021 Sexual Medicine. Accepted

FGM/C and PSYCHOSEXUAL HEALTH



- Abdulcadir J, Catania L. Comment on Connor paper. 2020 Arch Sex Behav.

FACTEURS PSYCHOLOGIQUES

BMJ Global Health

BMJ

Is female genital mutilation/cutting associated with adverse mental health consequences? A systematic review of the evidence

Abdalla SM, Galea S. *BMJ Global Health* 2019;**4**:e001553. doi:10.1136/bmjgh-2019-001553

"…A considerable number of women are capable of coping with most impediments and may regard the ritual as 'normal' and not sickening…"

"Diversity in interpreting the events and the level of remembrance as crucial for experiencing psychopathology"

Knipsher 2015

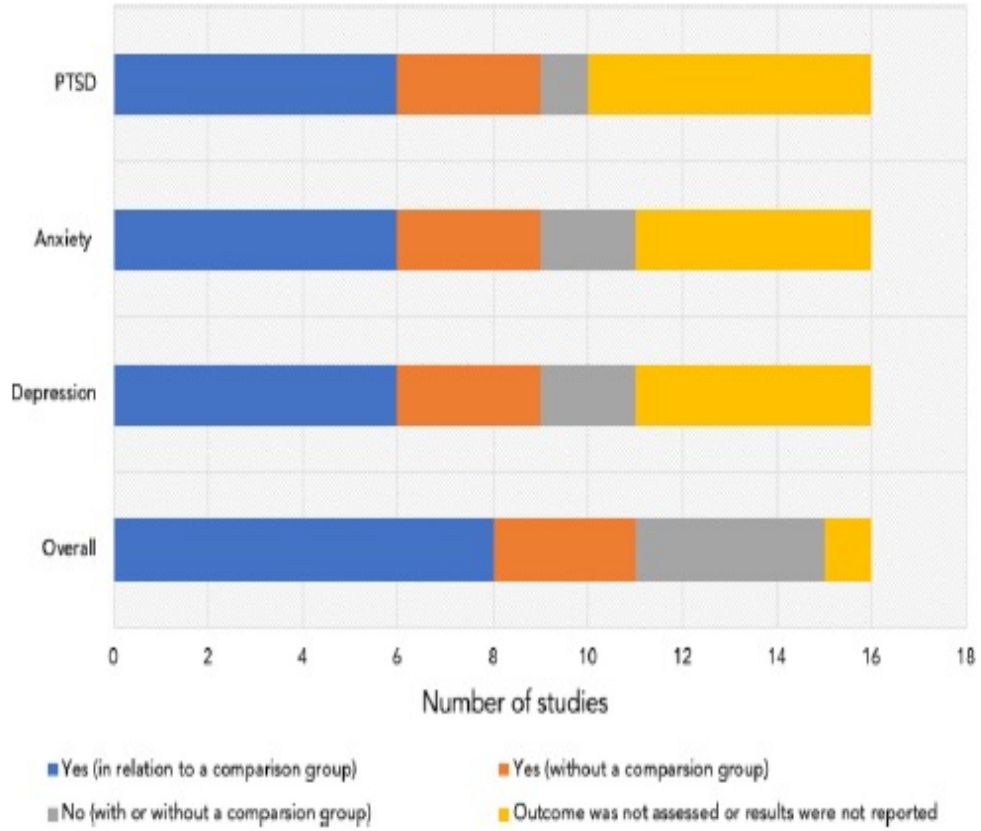


Figure 3 Overview of studies examining the association between FGM/C and adverse mental health outcomes. FGM/C, female genital mutilation/cutting; PTSD, post-traumatic stress disorder.

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AFRAVIH

Other past traumatic events

Table 1 Sociodemographic and background information

Variable	n (%) n=124
Past violent events	
Physical	5 (4.0)
Psychological	10 (8.1)
Sexual	4 (3.2)
Several (psychological/physical/sexual)	37 (29.9)
None	64 (51.6)
No answer	4 (3.2)

Past violent events other than FGM/C and forced or arranged marriage, age at FGM/C of more than 10, a period of staying in Switzerland of less than 6 months, and nulliparity **were significantly associated with higher scores for distress and impact of pelvic floor symptoms**, independently of known risk factors such as age, weight, ongoing pregnancy and history of episiotomy.

Binkova A, Uebelhart M, Dällenbach P, Boulvain M, Gayet-Ageron A, Abdulcadir J. A cross-sectional study on pelvic floor symptoms in women living with Female Genital Mutilation/Cutting. Reprod Health. 2021 Feb 12;18(1):39

FACTEURS SOCIOCULTURELS

- **> 30 PAYS**
- **Education et attitude sur MGF/beauté/fidélité/mariabilité…religions, cultures, langues….**
- **Mythes, normes, croyances, tabous**
- **Migration. Acculturation. Mariages inter-ethniques**

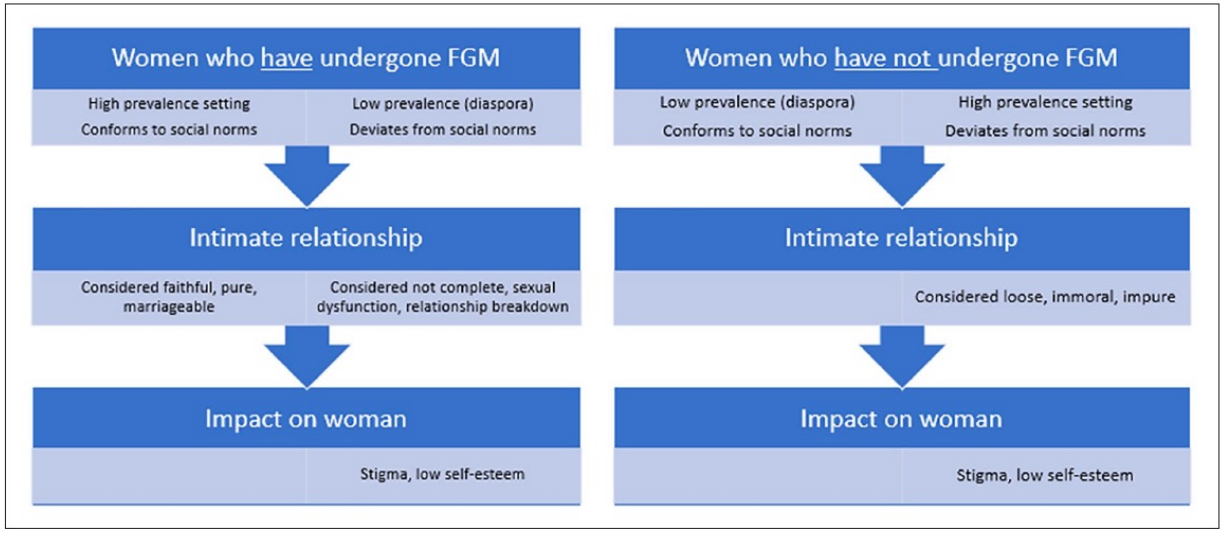


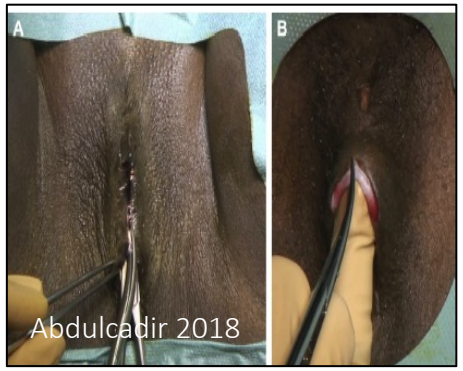
Figure 3. FGM status can affect women differently in high prevalence versus diaspora settings.

O'Neill S, Pallitto C. The Consequences of Female Genital Mutilation on Psycho-Social Well-Being: A Systematic Review of Qualitative Research. 2021 Qualitative Health Research

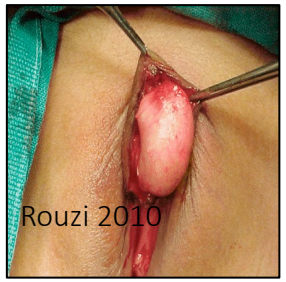
3. TRAITEMENTS

CHIRURGICAUX

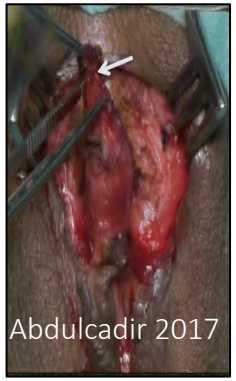
- **Désinfibulation**

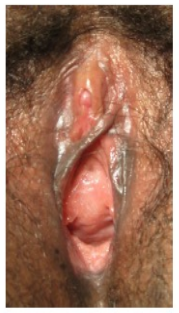


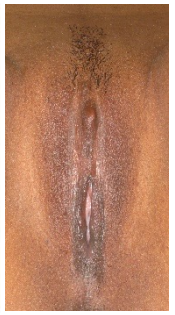
- **Chirurgie d'autres complications:**
  kystes, phimosis, brides…

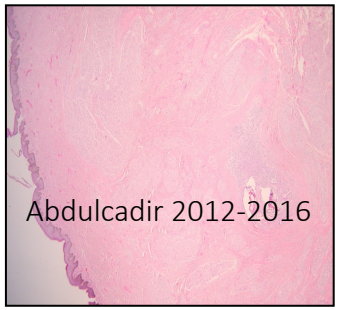


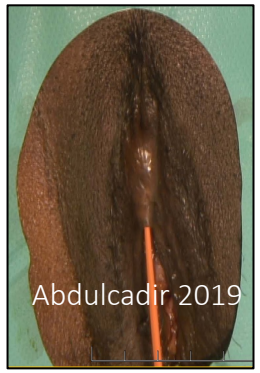
- **Reconstruction du clitoris**











NON CHIRURGICAUX

- **Information/Education**
- **Physiothérapie**
- **Thérapie psychosexuelle**
- **Prise en charge d'autres traumas**
- **CBT**
- **Thérapie de couple**

Berg. BJOG 2018

Defibulation:
a visual reference and learning tool

Jasmine Abdulcadir[1,2], Sandra Marras[1], Lucrezia Catania[3], Omar Abdulcadir[3], Patrick Petignat[1]

[1] Department of Obstetrics and Gynecology. Geneva University Hospitals. Geneva. Switzerland
[2] Faculty of Medicine. University of Geneva. Geneva. Switzerland
[3] Regional Referral Centre for the Treatment and Prevention of FGM, health promotion of immigrant woman. Department of Maternal and Child integrated activity. University of Florence. Florence. Italy

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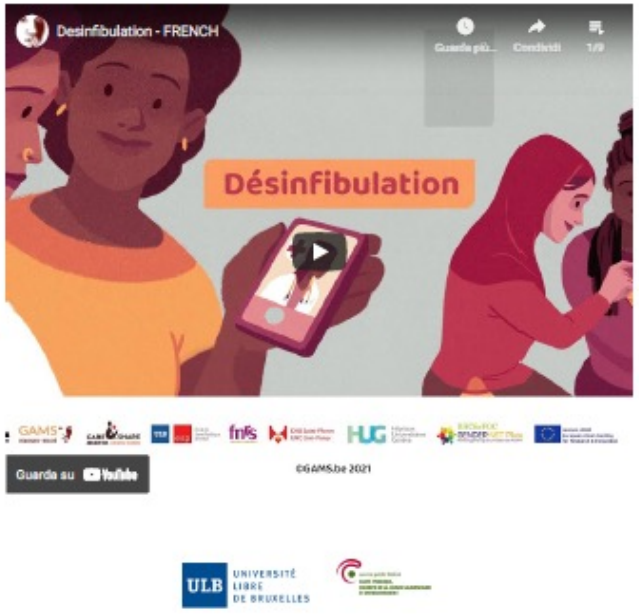
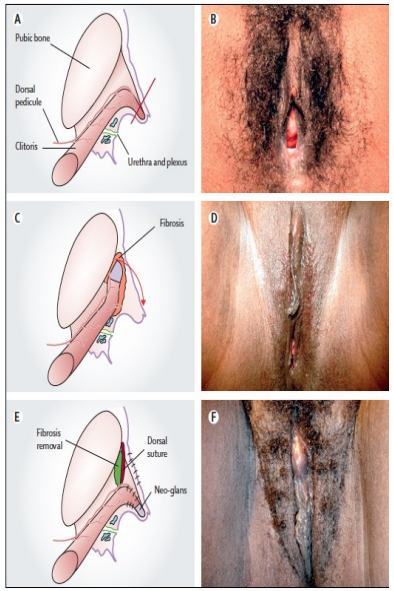
https://www.youtube.com/watch?v=S9UWBmDBzac



LA RECONSTRUCTION DU CLITORIS EST UNE RÉEXPOSITION



Foldès 2004-2012

Figure 4 Aspect anatomique du clitoris à 6 mois (pigmentation incomplète).
Anatomical aspect of the clitoris to 6 months (incomplete pigmentation).

Figure 5 Aspect anatomique du clitoris à 12 mois (pigmentation complète).
Anatomical aspect of the clitoris to 12 months (complete pigmentation).

Ouedraogo et al. 2017

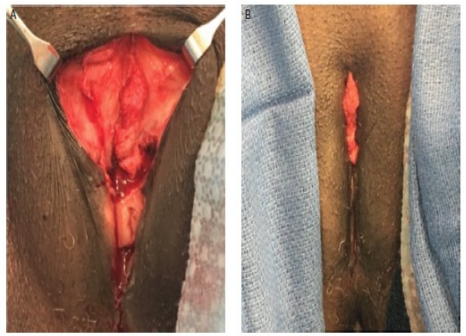
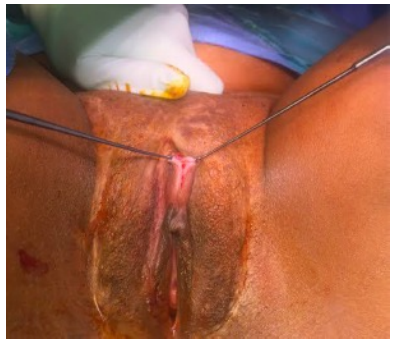
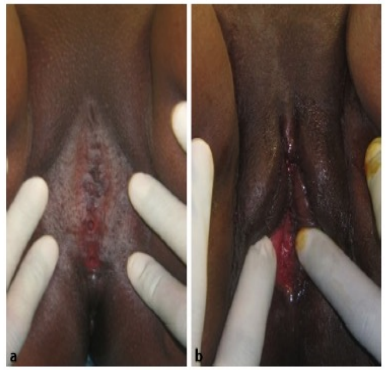


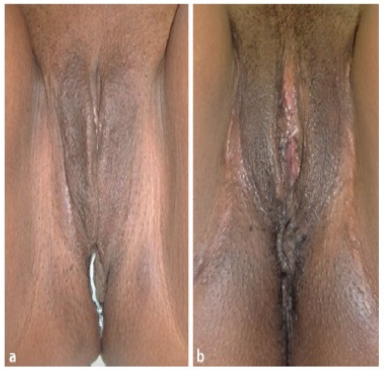
Figure 2. (A) Wide release of the superficial scar tissue and/or webbing between the labia majora in a circumferential manner around the clitoris was performed to allow for visualization of the urethral meatus. The dissection proceeded from superficial to deep until the entire residual palpable clitoris was released down to the pubic bone. (B) The labia majora were rolled medially and sutured to the periosteum in a two-layer fashion using 3-0 PDS and 4-0 chromic sutures.

Chang et al. 2017
Christopher 2021



Botter et al. 2021





O'Dey 2017

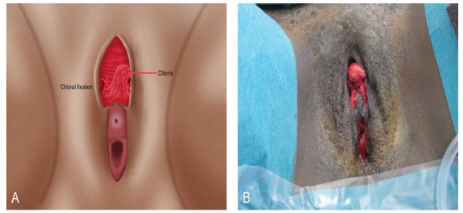


Fig. 3. A and B. Clitoris in its anatomic position. Illustration by Minés Casimiro and David Moreno Alfaro. Used with permission.
Mañero and Labanca. Clitoral Reconstruction After Genital Mutilation. Obstet Gynecol 2018.

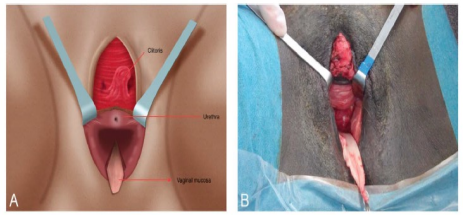
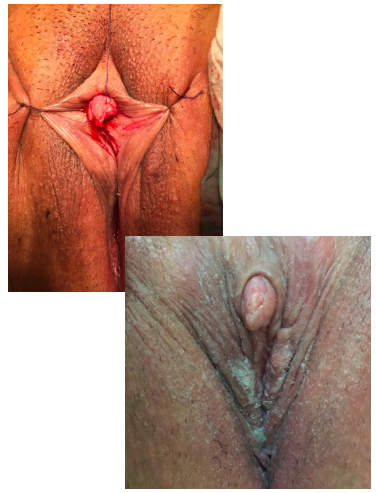


Fig. 4. A and B. Vaginal mucosa dissection. Illustration by Minés Casimiro and David Moreno Alfaro. Used with permission.
Mañero and Labanca. Clitoral Reconstruction After Genital Mutilation. Obstet Gynecol 2018.

Mañero, Lablanca 2018



Wilson, Zaki 2021

'I want what every other woman has': reasons for wanting clitoral reconstructive surgery after female genital cutting – a qualitative study from Sweden

CULTURE, HEALTH & SEXUALITY
https://doi.org/10.1080/13691058.2018.1510980

Malin Jordal, Gabriele Griffin & Hannes Sigurjonsson

- Qualitative study
- **N = 17, 19-56 yo**
- **≥10 years in Sweden**

5 themes:

1. **Symbolic restitution: undo the FGM/C**
2. **Repair of visible stigma**
3. Improved sexual response and intimacy **through physical, psychological and symbolic repair**
4. Personal project, feeling of hope
5. Pain treatment

Reconstructing Sexuality after Excision: The Medical Tools

Michela Villani

MEDICAL ANTHROPOLOGY
https://doi.org/10.1080/01459740.2019.1665670

- Qualitative study
- **N = 108 records**
- **France**

- **Dimensions of the reconstruction:**

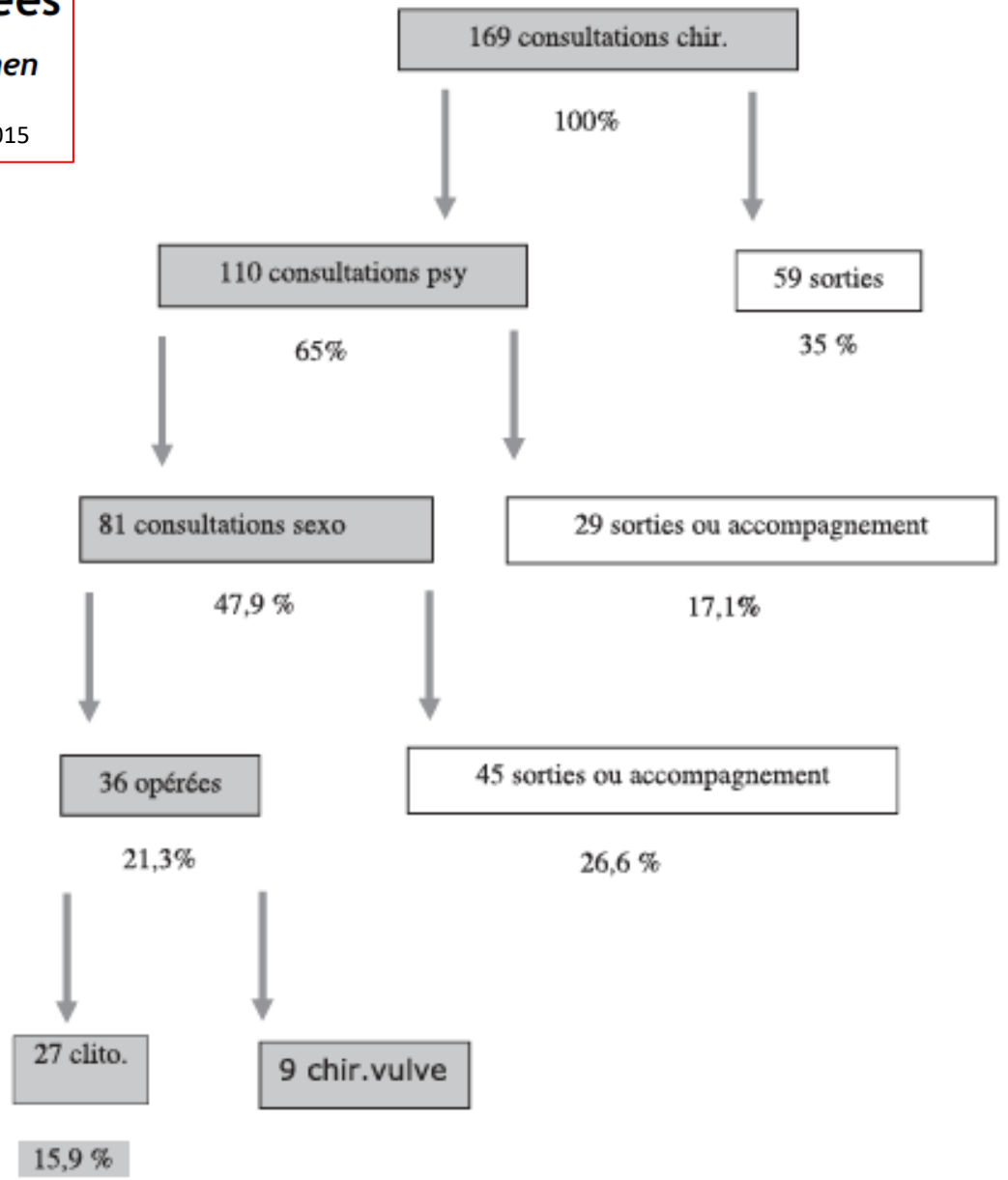
1. **SYMBOLIC:** Well-being - Rehabilitation of the clitoris. Feeling "normal" and "paid back" from betrayal / violence / rage
2. **SEXUAL:** Sexuality - Reeducation to touch oneself, adaptation to new sensations / feelings, living sexuality differently (pleasure and desire)
3. **IDENTITY:** Identity, self-esteem, body image. Abandon a "stigma / handicap"
4. **PHYSIO-PATHOLOGY:** Pain - Physical reconstruction

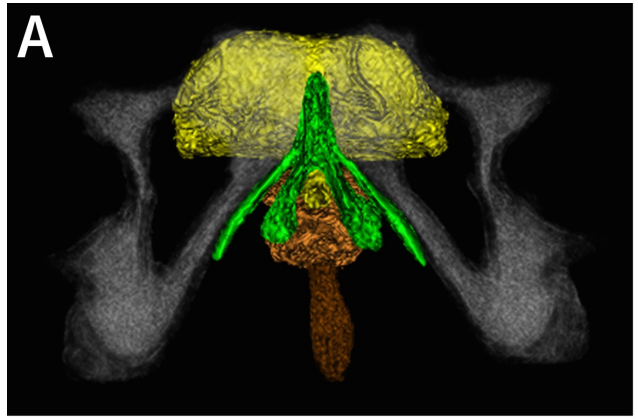
Intérêt de la prise en charge pluridisciplinaire des femmes excisées

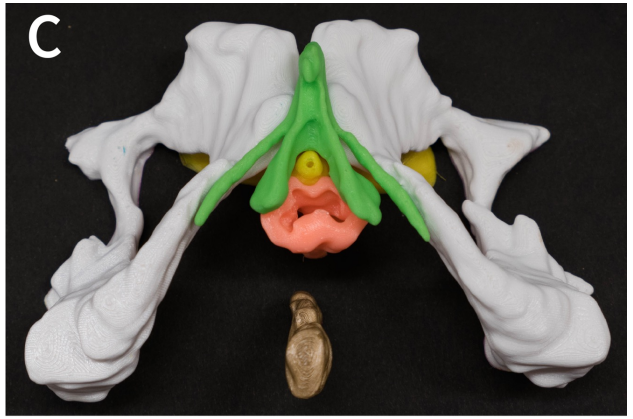
Benefits of multidisciplinary care for excised women

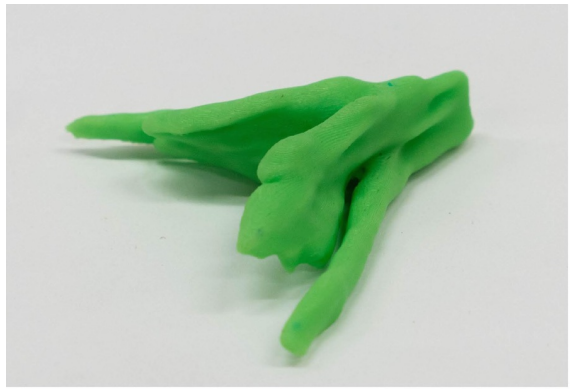
E. Antonetti Ndiaye*, S. Fall, L. Beltran 2015

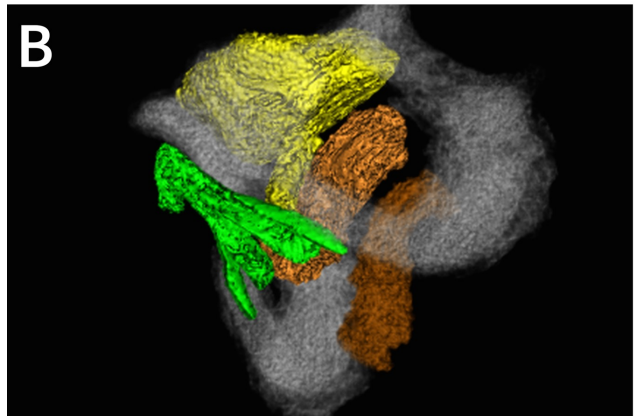
- PRISE EN CHARGE MULTIDISCIPLINAIRES
- **Chirurgie: 27/169 (15.9%)**
- Dépistage d'autres traumas: 82/110, surtout de nature sexuelle (61 mariages forcés, 52 viol pdt l'enfance, autres: abuse / war / political violence)

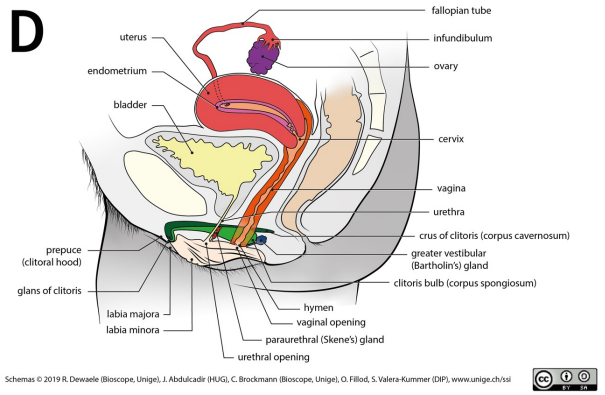


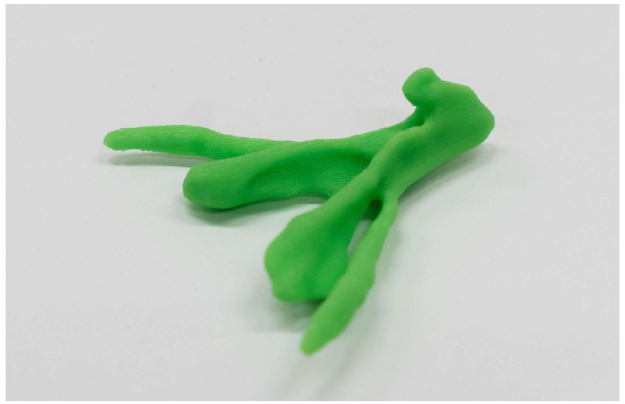










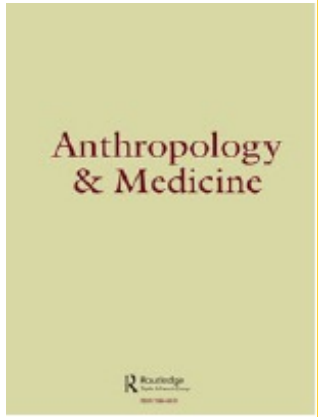


Abdulcadir J, Dewaele R, Firmenich N, et al. In Vivo Imaging–Based 3-Dimensional Pelvic Prototype Models to Improve Education Regarding Sexual Anatomy and Physiology. J Sex Med 2020;17:1590–1602.

Pleasure, womanhood and the desire for reconstructive surgery after female genital cutting in Belgium

https://doi.org/10.1080/13648470.2021.1994332

Sarah O'Neill, Fabienne Richard, Cendrine Vanderhoven & Martin Caillet



"I think that I am not normal, not like other women. I have pleasure during sex and enjoy it very much but there is something missing. In the gaze of others there is always something missing."

NEED OF MULTIDISCIPLINARY (PSYCHOSEXUAL) CARE

4. Prévenir et protéger

Include **both parents**

Body integrity-Human rights-Family and child health. Promotion of cultural change. LAW

Information. Education Certified interpreter

Prevention

RISK ASSESSMENT

Collaboration with other health professionals (peds, ObGyn, Travel medicine, etc.) and local organization

Since pregnancy

Male perspectives on FGM among communities of African heritage in Italy

Lucrezia Catania, Rosaria Mastrullo, Angela Caselli, Rosa Cecere, Omar Abdulcadir and Jasmine Abdulcadir

Table III Attitude toward FGM/C

Country	*In favor*	*Contrary*	n
Benin	0	5	5
Egypt	5	1	6
Eritrea	1	7	8
Ethiopia	0	4	4
Nigeria	3	4	7
Somalia	6	6	12
Total	15	27	42

Note: Out of 50 men, eight did not express any attitude

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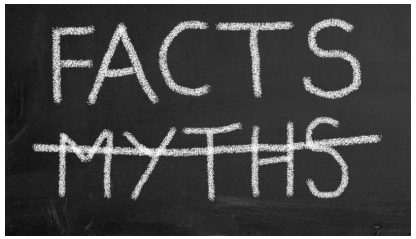

SORBONNE UNIVERSITÉ

Abdulcadir

AFRAVIH

EN CONCLUSION

1. **Aborder** le sujet de manière respectuese, culturellement informée, **compétente et professionnelle**
2. **Reconnaitre** les types et les éventuelles complications
3. **Prendre en charge** avec les traitements adéquats (multidiscplinarité) et une correcte **information**
4. **Prévenir et protéger** en cas de risque

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