Consequences of Female Genital Mutilation on Health of Migrant and Second Generation Women: Results from a National Survey in France

Armelle ANDRO, Emmanuelle CAMBOIS, Marie LESCLINGAND.

Short abstract

The ExH survey conducted in 2007-2008 in France on a sample of 714 women who have undergone FGM provides a means to understand and measure the consequences of FGM on the health and reproductive lives of mutilated women living in a context of high level healthcare services. Thanks to a "control" sample of 2168 not mutilated women interviewed under the same conditions, we were able to identify the risks of pathologies and complications specifically linked to FGM. Regarding both the reproductive and sexual health, the consequences of FGM have rarely been measured, notably in the host countries of immigrant women. This survey contributes new data in this area and also breaks new ground by addressing the consequences of FGM in relation to disability, broadening the field of investigation to other dimensions of daily life and well-being. The results will shed new light on the medico-social consequences of FGM.

Extended abstract

Background:

WHO estimates that 5% of victims of female genital mutilation (FGM) live in countries of the North. The existence of this practice in Europe can be tracked back to the migratory flows of populations from sub-Saharan Africa. The European countries concerned, France in particular, have addressed the issue through the law, by imposing severe penal sanctions, and through preventive measures by organizing information and awareness campaigns to combat the practice. Although these measures have helped to reduce the incidence of FGM among the youth of populations from high-risk countries, many mutilated women in France today are enduring the physical, psychological and social consequences of FGM in the absence of an appropriate public health policy to address their specific needs.

Though the consequences of this mutilation may be dramatic, the question has rarely been studied. The few surveys conducted so far have shown that mutilated women suffer a wide range of pathologies, though their true extent is unknown. Sequels include infections that may result in sterility; often severe obstetrical complications during childbirth; serious problems of incontinence; and beyond these physical injuries, a risk of depression and persistent difficulties in their reproductive life (5). Studies performed in countries where FGM is practiced focus mainly on the gynecological and obstetrical sequel of genital mutilations (3, 6, 7) and have served to map a detailed inventory of the complications associated with FGM. Genital mutilations are well documented in countries of origin, especially via the Demographic and Health Surveys (9), but much less so in host countries. In Europe, a few studies have been conducted in Sweden, the United Kingdom (4) and in Italy (2).

Data and method:

Whether before their arrival or during return trips to their home country, many African women and girls living in France undergo FGM. Estimates based on French public statistics indicate that 55,000 adult mutilated women were living in France in 2004 (1). The first national survey on FGM aims to gather new data on the health status of mutilated women and to identify the health risks specifically associated with FGM. The aim of the *"ExH: Excision et Handicap"* (FGM and disability) survey, supported by French public health institutions, is to study the consequences of FGM on the health and quality of life of the women concerned and thereby to define their specific care needs.

The ExH survey breaks new ground by addressing the question of genital mutilation in relation to disability. In this innovative perspective and in a different direction than the ione

followed by WHO in its classification[1], we apply the benchmarks of disability (impairments, functional limitations, restrictions of activity) to measure the consequences of FGM at several levels: medical, functional and social. This approach provides indicators to assess levels of intervention for appropriate health care policy. This is the first survey on the consequences of FGM for health and well-being (a) in a host country and (b) in general population.

In the purpose of measuring the specific impact of FGM on health, data were collected with both mutilated and non-mutilated women in a quantitative case-control survey. Data collection took place in 2007-2008 on a sample of women consulting mother-and-child hospital services and health centers in five regions of France. The survey covers 714 women with FGM (migrants or second generation), and a control sample of 2168 migrant or second generation women (non-mutilated) interviewed under the same conditions, in same health centers. The survey used a questionnaire administered in a face-to-face interview. With the women's authorization, a section was also filled in by physicians delivering information on disease diagnosis and any obstetrical complications. Given the high sensitivity of questions on this intimate and painful issue for women, the study has been cautiously supervised by public health ethics committee.

Respondents have been asked about their health throughout their life, notably their gynecological health, and about any functional difficulties or limitations in various aspects of daily living (sexuality, personal hygiene, etc.). The reproductive histories of all women were recorded in detail, for each pregnancy, whether or not it reached term. Therapeutic or elective abortions and miscarriages were thus recorded. Information was also obtained on conditions of delivery and characteristics of the newborn. For targeted women, the questionnaire ends with a module on the context of FGM: type of mutilation, age and conditions under which it was practiced, respondent's opinions and spouse's attitude to wife's mutilation and to the practice in general.

Results:

This information will enable us to measure precisely the prevalence of the various health complications in each sample and to pinpoint the specific experiences of women who have undergone FGM. In addition, the impact of social context on health and well-being will be assessed. We're looking for I;proving the knowledge of aggravating factors on health and well-being in women lives.

The case-control study reveals more health difficulties for mutilated women comparing to others, in term of diseases, disorders, complications, functional difficulties and limitations in daily life. Looking at statistical analysis, FGM is associated with specific risks: urinary and gynecological infections, feelings of sadness and discouragement, more severe pain and discomfort associated with pain, genoa during sexual intercourse.

The social background has little influence on health risks for mutilated women in this study (logistic regression and multivariate united).However, having more than one partner in life increases risk (sadness, discomfort in the reports) and some variables of social inclusion (employment, language skills) reduce them.

****

(1) ANDRO A LESCLINGAND M, 2007. – « Female genital mutilation: The situation in Africa and in France », Population and Societies n°438, October 2007.

[1] WHO classifies the health consequences of FGM in three categories: immediate complications such as severe pain, shock, haemorrhage, urine retention, and infection; long-term health consequences such as pelvic infections, sterility, menstrual problems, difficulties during pregnancy and childbirth (more frequent perineal tears and foetal distress), vesicovaginal and rectovaginal fistulas resulting in incontinence; psychological and social consequences, such as reduced sexual pleasure and psychiatric disorders (anxiety, depression).

(2) CATANIA L, ABDULCADIR O, PUPPO V, VERDE JB, ABDULCADIR J, ABDULCADIR D, 2007. - Pleasure and orgasm in women with Female Genital Mutilation/Cutting (FGM/C). Journal of sexual medecine, ‘(6), novembre 2007.

(3) DARE F. O., OBORO V. O., FADIORA S. O., ORJI E. O. et SULE-ODU A. O., 2004. – Female genital mutilation: an analysis of 522 cases in South-Western Nigeria, *Journal of Obstetrics and Gynaecology*, vol. 24, n° 3, p. 281-283.

(4) ESSÉN Birgitta, SJÖBERG Nils-Otto, GUDMUNDSSON Saemundur, ÖSTERGREN P.-O. et LINDQVIST Pelle G., 2005. – No association between female circumcision and prolonged labour: a case control study of immigrant women giving birth in Sweden, *European Journal of Obstetrics and Gynecology and Reproductive Biology*, vol. 121, n° 2, p. 182-185.

(5) JONES Heidi, DIOP Nafissatou, ASKEW Ian et KABORE Inoussa, 1999. – Female genital cutting practices in Burkina Faso and Mali and their negative health outcomes, *Studies in Family Planning,* vol. 30, n° 3, p. 219-230.

(6) MORISON L., SCHERF C., EKPO G., PAINE K. et WEST B., 2001. – The long-term reproductive health consequences of female genital cutting in rural Gambia: a community-based survey, *Tropical Medicine and International Health*, vol. 6, n° 8, p. 643-653.

(7) NOUR N. M., 2006. – Urinary calculus associated with female genital cutting, *Obstetrics and Gynecology* vol. 107, n° 2, pt. 2, p. 521-523.

(8) WHO*,* 1996. – *Female genital mutilation : Information kit .* – Geneva, World Health Organisation, . p.

(9) YODER P. Stanley, ABDERRAHIM Noureddine et ZHUZHUNI Arlinda*,* 2004. – *Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis .* – Calverton (Maryland), ORC Macro, 65 p. (DHS Comparative Reports No. 7).