

FEMALE GENITAL CUTTING: WHEN GLOBAL HEALTH IS LOCAL



Philadelphia International Women's Project



INTERNATIONAL INSTITUTE
of Minnesota



U.S. COMMITTEE
FOR REFUGEES AND IMMIGRANTS
INTERNATIONAL INSTITUTE OF ERIE



LEARNING OBJECTIVES

1. Learn about the practice of Female Genital Cutting and potential impacts.
2. Begin to form a cultural, societal, and legal context for the health of FGC survivors
3. Learn more about available programs including training in Pennsylvania.



UNMET NEEDS OF AFRICAN WOMEN IN THE US AFFECTED BY FGC ...

The Office on Women's Health (DHHS) recognized that that there is a growing group of women from some of these countries who have experienced Female Genital Cutting and...

OWH perceives that they have unmet health care needs *and* that health care providers in the US are not well trained to help them in culturally competent ways.

In the interest of addressing these needs, OWH became interested in funding outreach and care for women with FGC or at risk of FGC.

THE ONE COMMUNITY PROGRAM

- The One Community Program is a workshop developed collaboratively by the **U.S. Committee for Refugees and Immigrants (USCRI)**, the *International Institute of Erie (IIE)*, and the **International Institute of Minnesota**. It is funded by the U.S. Office of Women's Health.
- The goals of the program are to provide education to the Somali community and other refugee and immigrant groups about health-related cultural issues, especially regarding Female Genital Cutting (FGM/C).





RESPONDING TO THE NEED: PHILADELPHIA INTERNATIONAL WOMEN'S PROJECT

Philadelphia International Women's Project (PIWP) is a 3-year, grant-funded program that aims to build a comprehensive, community-based care system to support women living with or at risk of FGC in Philadelphia. PIWP aims to reduce barriers to care and increase community capacity through four major goals:

- 1) Community Engagement
- 2) Peer-to-peer Support
- 3) Clinical Services
- 4) Provider Education



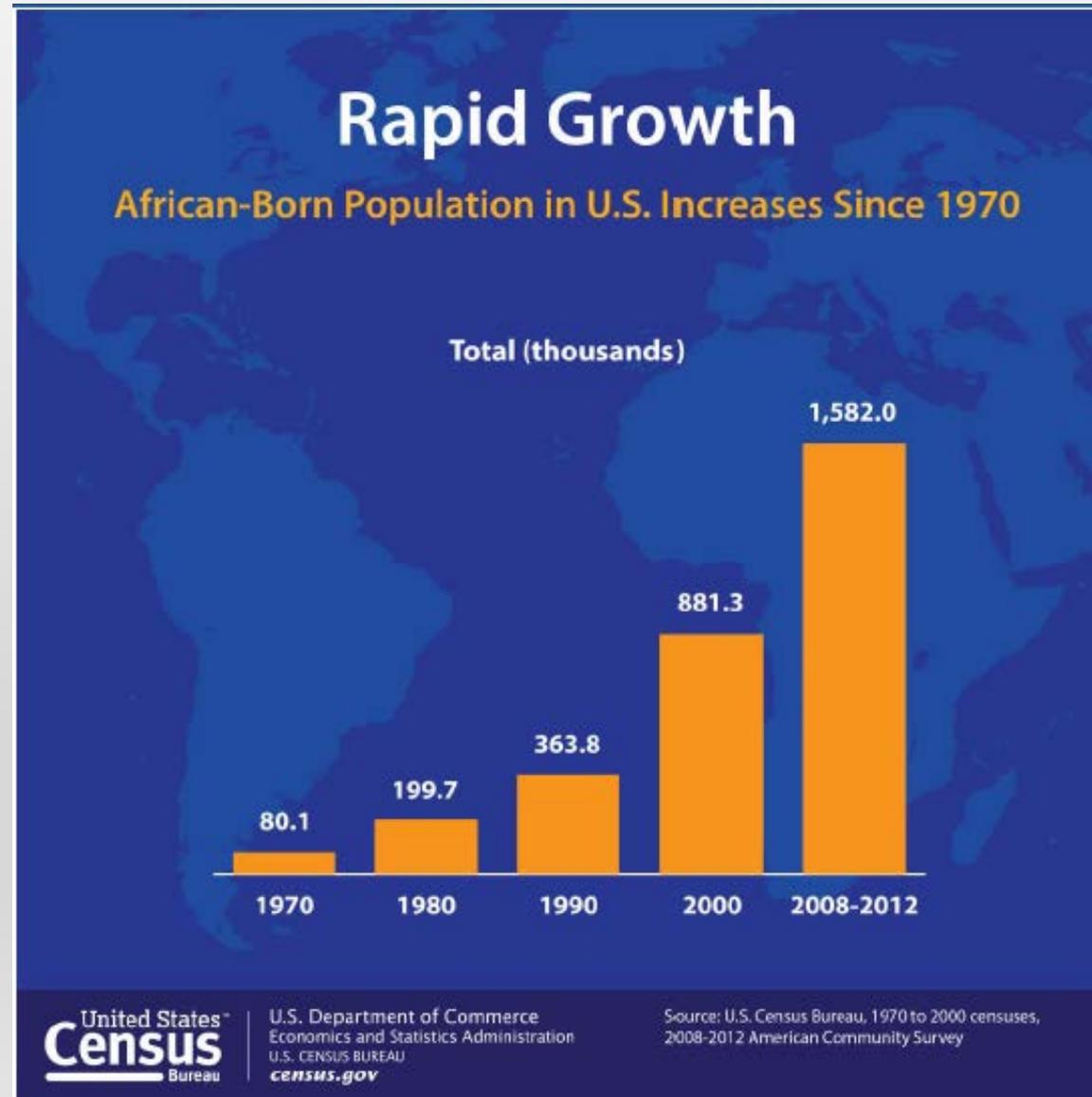


IMPACT OF MIGRATION IN PENNSYLVANIA

The US is currently experiencing its largest wave of immigration since the beginning of the 20th century.

- Example: “ Among its peer regions, Philadelphia has the largest and fastest growing immigrant population, which now comprises over 12 % of the total population.”
 - One in 10 families in Philadelphia speak a language other than English at home.
- Over several decades, Erie has become home to just under 20,000 refugee/immigrants who speak a language other than English at home.
- Our refugee/immigrant population is *very* diverse:
 - Asian, African, Latin American, Caribbean, Middle Eastern, European

NEW POPULATIONS AND NEW NEEDS..





FEMALE GENITAL MUTILATION/CUTTING (FGM/C)

“Female Genital Mutilation comprises all procedures that involve the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons.”

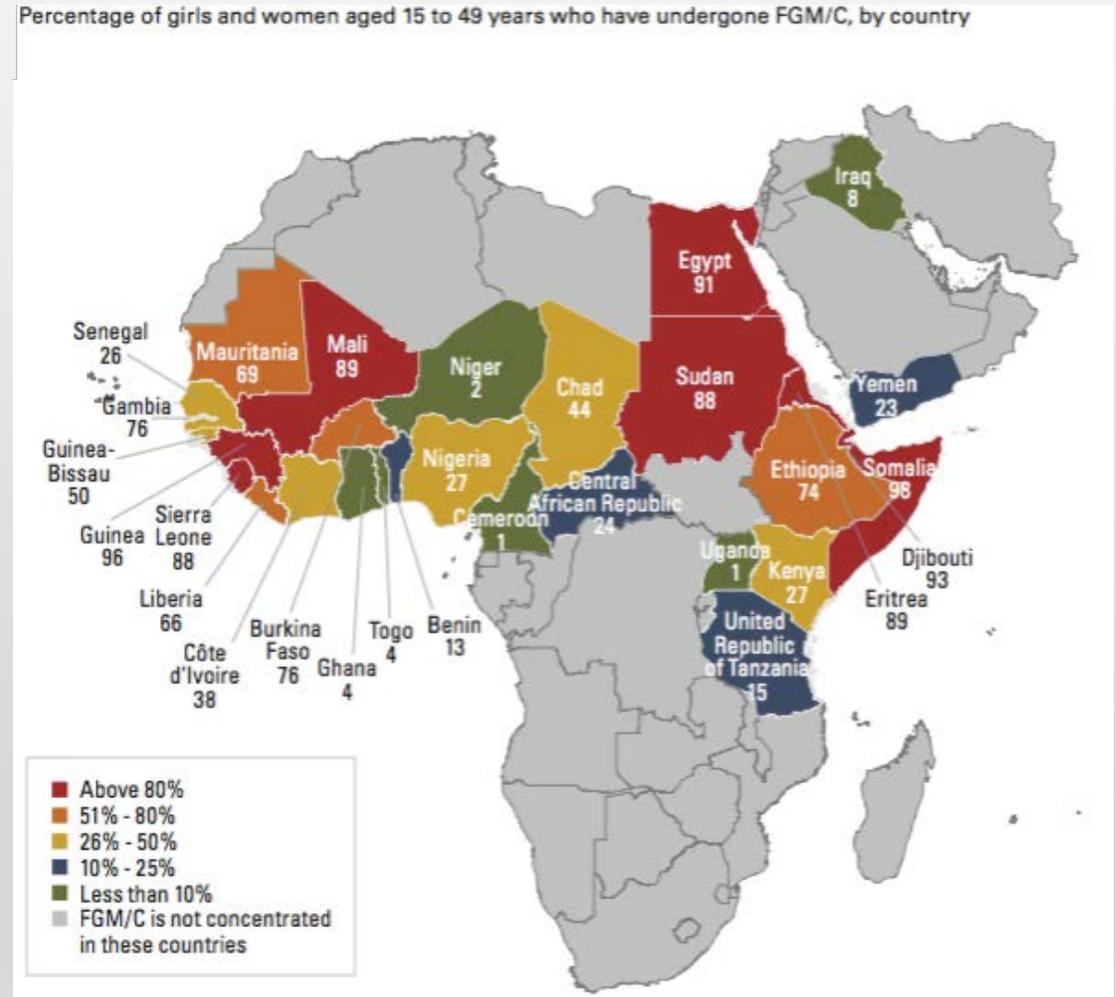
World Health Organization

WIDESPREAD CULTURAL PRACTICE

UNICEF Data: surveys in 19 countries, 8 more added in 2016

- 200 million women and girls affected in 30 countries
- Additional recent data shows the practice is widespread in *Indonesia*, and prevalent in parts of *India*, *Pakistan*, and *South America*

United Nations Children's Fund, *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, UNICEF, New York, 2013.





TERMINOLOGY AND THE 'TYPES'

Terminology

- Circumcision
- Female Genital Mutilation
- Female Genital Mutilation / Cutting
- Cutting
- L'excision
- Sunna

Types

- WHO recognizes 4 types of FGM/C (Types I, II, III & IV), but these designations do not necessarily correspond to regional language terms or local way of classifying cutting.

WHEN, HOW, BY WHOM

When?

- In half of the countries most girls are cut before the age of 5. In the rest – between 5 and 14.

How?

- Unsanitary instruments (razor blades, scissors, knives, sharp stones, and shards of glass), no anesthesia.

By Whom?

- In nearly all countries –
 - Traditional Practitioners
 - Usually women
- In some countries – doctors or other licensed health professionals, sometimes referred to as medicalized cutti



WHY? A DEEPLY EMBEDDED SOCIAL NORM...

- Predates religions
- Social acceptance
- Rite of passage
- Preserve chastity, Ensure marriage
- Hygiene
- Enhance sexual pleasure for men



“Sunna” – Arabic word meaning ‘tradition’ or ‘duty’

- Families uphold the practice because they believe it is the right thing to do and that their society expects them to do it.
- *a social convention that is self-enforcing.*



MEDICAL CONSEQUENCES

Immediate:

- Hemorrhage (4-19%): resulting anemia, hypotension, shock, and death
- Pain: anesthesia is rare, pressure placed on struggling child has resulted in clavicular, humeral, femoral fracture
- Infection (15%): cellulitis, abscesses, tetanus, gangrene, septic shock, HIV
- Swelling/poor healing
- Urinary problems: oliguria, urinary retention (12%), lacerations of urethra, bladder, vagina

Long-term:

- Gynecologic: dysmenorrhea, vaginal infections (26%), HIV, vaginismus, neuromas
- Urinary: meatal obstructions and urethral strictures, straining and retention, chronic infections, stones
- Obstetric: infertility, trauma/lacerations at birth, cesarean delivery, postpartum hemorrhage, neonatal resuscitation/death, episiotomy breakdown, sepsis
- Sexual: dyspareunia, apareunia, decreased satisfaction
- Trauma/Self-image/scarring: including keloids, fibrosis, hematocolpos, inclusion cysts, abscesses



QUOTES FROM COMMUNITY NEEDS ASSESSMENT

"I never know what problems are from my circumcision and what ones are from normal female things. I would like to ask a doctor about that."

"My friends from Liberia don't take care of themselves. They don't want to "expose" [the circumcision] – it is something taken from them and they don't want anyone to see. If they knew it was okay to see my friends would come. Should I tell them its ok to come here?"

"I don't like this subject and I'm not interested in discussing."

THOUGHTS ON FGM/C - ERIE

- (S)- I disagree with FGC and I do not support even though I have been circumcised.
- (E)- I still believe in the Sunna. The girl will not suffer.
- (W)- I am against FGM.
- (B)- I am 100% against FGM/C. I never believed in it.

MEET OUR PROJECT PARTNERS...

Drexel University Women's Care Center

...delivering comprehensive OB/GYN and Family Planning services

Nationalities Service Center (NSC)

...providing comprehensive client-centered services to empower immigrants and refugees in the Philadelphia region

African Family Health Organization (AFAHO)

...connecting African and Caribbean immigrants and refugees to critical health care





MEET OUR PROJECT PARTNERS...

The National Area Health Education Center (AHEC)

...curriculum development for our provider training.

MHEDS

...providing medical services and initial health screenings to refugees/immigrants.

Susan Hirt Center for Community Outreach, Research, and Evaluation

...curriculum development for our women's training

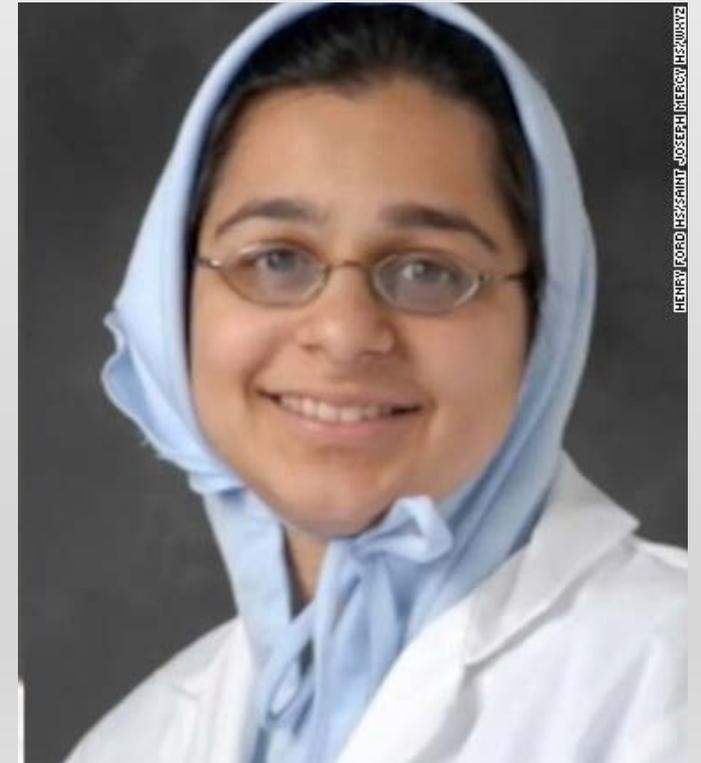


MEETING CHALLENGES

- Community Outreach to break barriers and reduce stigma
- Coordinate with local community groups, affected women, and key stakeholders in government, social services, law, and health care
- Multilingual Peer Educators serve as “cultural brokers” to guide clients through the program and inform culturally competent services
- Education for residents, providers, and staff increases our capacity to meet patient needs
- Building network of contacts for legal aid to asylum seekers
- Gathering data, info, and experiences to contribute to the literature and inform future programs

Dr. Jumana Nagarwala – 1st Physician Arrested in the U.S.

- Dr. Jumana Nagarwala, 44, U. S. citizen; medical school at Johns Hopkins; ER physician in Detroit;
- Member of the Dawoodi Bohra religion (origins in Yemen, but spread to India, Sri Lanka, Pakistan);
- 1st physician arrested in U. S. after Federal complaint filed April 12, 2017;
- Magistrate Mona Majzoub ordered Nagarwala to be held in federal detention with no bond on the grounds that the charges involve children, that she is a flight risk with financial resources and a danger to the community.





Barriers to care we hope to address...

FGC SURVIVORS DON'T SEEK MEDICAL CARE

- May feel ashamed
- May not realize that other women are not circumcised
- May worry about her social standing after seeking care
- May not know that care is available
- May be compelled to remain silent
- May distrust the medical system / have bad prior experience

U.S. PROVIDERS ARE UNPREPARED!

- Receive little if any education or training in medical school or residency
- Are unprepared for the emotional consequences of the procedure among their patients AND in their own reactions
- Are unaware/uncertain of the legal and ethical issues surrounding surgical procedures



THE IMPORTANCE OF CULTURAL COMPETENCE

- Fear, shame, and guilt may prevent disclosure of trauma history.
- Patients may be afraid of legal/immigration repercussions of seeking care
- Speaking about the ritual is taboo in some cultures
- Providers may lack knowledge, experience, training, and may bring their unexamined opinions
- Patient may not pathologize her experiences
- Provider gender may influence patient's comfort with disclosure
- Language and translation carries potential for misunderstanding

QUESTIONS...CONTACT US

TELEPHONE

