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Health professionals lack knowledge about female genital mutilation

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Health practitioners need more resources and expert guidelines to provide appropriate medical and psychological treatment for women and girls that have had female genital mutilation or cutting, says a new review of the evidence by University of Sydney scholars.

Published today in the open access journal *BMC International Health and Human Rights* the review's authors say more research is needed to assess the attitudes of health professionals' and to raise their awareness about this harmful practice.

It is estimated that 100-140 million women worldwide have experienced FGM/C procedures. These procedures involve the partial or full removal of female genitalia for non-medical reasons. FGM/C is usually performed on girls aged from 1 month to 15 years. It can result in long-term complications such as recurrent urinary infections, birthing problems, vaginal tears and psychological problems. It is illegal in many African and high income countries.

Researchers from the University of Sydney and the Children's Hospital at Westmead, Sydney, assessed the findings of 18 studies as part of their review. Eight studies originated in African countries and ten were done in high income countries (see table 1 in paper for list of countries). Most study participants were gynecologists, obstetricians and midwives. None of the reviewed studies involved pediatricians.

The review found that health professionals' knowledge of FGM/C and its

associated complications varied according to their work setting. For example, one study reported that knowledge was high in a specialist clinic that cares for pregnant women with FGM/C. However, most studies reported that knowledge of FGM was limited, especially among health professionals in high income countries.

A survey of Australian and New Zealand obstetricians and gynecologists revealed that 21 per cent of RANZCOG Fellows had been asked to re-suture women's vaginas after giving birth and that 11 had done so at least once. Known as infibulation, the procedure involves the narrowing of vaginal opening by cutting and repositioning the inner or outer labia, with or without removal of the clitoris.

Lead author, Dr Yvonne Zurynski of the University of Sydney, said: "Despite FGM/C usually being performed on young girls, none of the papers we reviewed had canvassed the views of pediatricians, GPs or family doctors. This is regrettable because pediatricians and GPs are key health professionals who see children and may be involved in the management of complications of FGM/C and, most importantly, in the prevention of FGM/C."

"A number of studies from Egypt reported wide acceptance of FGM/C among health professionals if it was done in a medical setting by a doctor. However, as there are no health benefits to FGM/C and considerable health risks, the medicalization of FGM/C sets a dangerous precedent which perpetuates this practice.

Dr Yvonne Zurynski said: "There were also some reports from high income countries of doctors indicating that they would agree to re-infibulate (re-stitching of the vagina to re-close it) a woman after she gave birth to ensure she continues to be accepted in her community and to protect her from potentially having the procedure performed by 'traditional practitioners'."

The researchers note that one limitation of their review was the quality of the studies they examined, many of which had small sample sizes and low response rates. They recommend further research to determine knowledge gaps and educational needs of clinicians, including pediatricians, general practitioners and community health workers and comment that this will be particularly important with increasing immigration to high income countries of girls and women from countries where FGM/C is still customary.

More information: dx.doi.org/10.1186/s12914-015-0070-y

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