Female Genital Mutilation/Cutting: Global Health Implications & EBP Prevention Strategies

Contributors: Maura Waldron, RN, MSN; Kate McMinimee, RN, MSN; Katie Shipley, RN, MSN

Introduction
- Female Genital Mutilation/Cutting (FGM/C) affects over 125 million females worldwide
- Estimated 500,000 females at risk within the US
- Stems from specific cultural, social, and religious beliefs.
- Involves the partial or total removal of the female external genitalia for non-medical reasons.
- Its elimination is supported by WHO, UNICEF, and UNFPA.
- School based nurses are in a unique position to identify victims of FGM and those at risk to increase elimination efforts

Background Information

Type 1 (Sunna): Partial or total removal of the clitoris and/or the prepuce. Also known as a “clitoridectomy”.

Type 2 (Excision): Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora.

Type 3 (Infibulation): The vaginal opening is narrowed by cutting and bringing together the labia minora and/or the labia majora, with or without the removal of the clitoris.

Type 4: All other harmful procedures to the female genitalia for non-medical purposes i.e. piercing, incising.

Reasons: Cultural tradition, proper sexual behavior, social pressure, cultural ideals of femininity

FGM/C outlawed in US in 1996 but each state has a different law regarding FGM/C prohibition.

European countries apply a variety of techniques to dissuade FGM/C procedures with varied success.

Purpose
- The objective of this presentation is to explore the cultural context FGM/C, effective prevention strategies for elimination of FGM/C, and the possible medical role of a school based nurse in caring for patients with FGM/C both within the United States and abroad.

Health Implications
- Immediate Pain, Shock, Hemorrhage, and Sores
- Infertility
- Increased need for Cesarean sections, episiotomies
- Increased perineal scarring from reinfibulation
- Obstetric fistulas
- Higher Infant mortality and lower APGAR Scores
- Long term social and psychological implications from procedure and long term health complications

At Risk Population
- Females birth to 15 years
- Membership in certain Ethnic Groups
- Low Income and education
- Rural residency
- East and West African heritage or residency
- Family history of FGM/C

Dosage
- Data on the age at which Nigerian females undergo FGM/C

Methods
- Databases: CINAHL, Scopus, Nursing Reference Center, PubMed, Up to Date
- Criteria: included female genital cutting, mutilation, female circumcision, prevention, interventions, prevalence, care, implications, nursing, obstetric care excluding articles published prior to 2009

Literature Review Results
- Tostan community engagement, human-rights based education program resulted in widespread diffusion of information, decreased prevalence approval rates of FGM/C
- A systematic review of eight controlled before-and-after studies found community engagement techniques showed the greatest increase in percentage of those who wanted to abandon FGM/C.
- All eleven certified nurse midwives who participated in an educational program on caring for patients with FGM/C reported increased confidence in their ability to provide culturally competent care.
- The United Kingdom created Multi-agency Practice Guidelines identifying the role of school based nurses in FGM/C elimination efforts. The guidelines also include resources to be utilized and a hotline for potential FGM/C case reporting and support.

Potential Role of School RN
- Increased exposure to at risk females.
- In a trusted position possibly leading to more disclosures
- Opportunity and responsibility to recognize and identify girls at risk
- Utilization of Multi-agency Practice Guidelines
- Integration of Risk Assessment Tool

Acknowledgements: We would like to acknowledge and thank Rush University College of Nursing and Sigma Theta Tau International and the Rush University Gamma Phi Chapter for their support of our research. Specifically Lynn Mohr, MS, APN, PCNS-BC, CPN; Tanya Friese, DNP, RN, CNL; and Monique Reed, PhD, MS, RN for their reviews and edits.