

## Brief communication

# Female genital mutilation: an evaluation of the knowledge of French general and specialized travel medicine practitioners

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## Abstract

We investigated the knowledge of female genital mutilation (FGM) among 60 general and 52 specialized travel medicine practitioners. Less than 50% of these practitioners had adequate knowledge of FGM. Only 42.9% declared having encountered FGM. FGM is likely underestimated in health facilities. Medical education and supporting information should be developed to better address and prevent FGM.

**Key words:** Female genital mutilation, medical knowledge, travel medicine, general practitioner

## Introduction

Female genital mutilation (FGM) is one of the most brutal human rights violations, deeply rooted in gender inequalities, as well as deliberate physical and psychological dominance over women.<sup>1</sup> FGM has dramatic impact on the physical and psychological health and sexuality of women and girls who suffer from it.<sup>2–5</sup> It affects their position in the community.<sup>6</sup> FGM is recognized internationally as a violation of the human rights of girls and women: it is considered by World Health Organization and United Nations as a violence against women and a violation of human and children's rights.<sup>7</sup>

Worldwide, the number of girls and women affected by FGM is estimated to be more than 200 million. Before February 2016, the number of women mutilated was estimated at 127 million because we had data only for Africa. Numbers for Indonesia have been then added to this and we have therefore surpassed 200 million in February 2016. These numbers may

increase in the future because we know that FGMs are practiced in many Asian countries: India, Thailand, Sri Lanka, Malaysia, Indonesia and statistical studies are in progress.<sup>8</sup>

In France, the prevalence in sub-Saharan African migrant women and the risk of undergoing FGM for girls visiting friends and relatives in Sub-Saharan African countries are high.<sup>9</sup> However, FGM and its risks seem to be underestimated. The aim of this study was to assess the knowledge of French general and specialized travel medicine practitioners regarding the management and the prevention of FGM.

## Materials and Methods

This prospective study, conducted between March and September 2015, involved general practitioners (GP) of University Paris-Diderot, France ( $n = 247$ ) and travel medicine specialized practitioners (TMP) participating either in an annual Tropical Paediatric

seminar of the French Paediatric Society ( $n = 242$ ) or in the Medical Travel Society National Congress ( $n = 300$ ), which were both held in Paris (789 in total).

Participants were asked to answer a series of 25 questions via e-mail to an online Google doc® medical questionnaire (Supplementary Table 1a).

Characteristics of participants and answers to the questionnaire were described in frequencies and percentage. The characteristics of good responders for epidemiological, clinical, therapeutic and legal knowledge were defined (Supplementary Table 1b). Characteristics were compared between groups by using the  $\chi^2$  test or Fisher's exact test. A  $P$ -value of  $<0.05$  was considered significant (two-sided). Statistical analyses were performed using SAS statistical software (version 9.4; SAS institute). This study was approved by the Ethics Committee of Robert Debré's Hospital.

## Results

In total, 112 questionnaires (14%) were completed online (60 GP and 52 TMP).

The sex ratio (M/F) was 0.35. In total, 64 practitioners (57%) were  $<45$  years old, 40 (35%) had a liberal professional activity, 30 (26%) were at public hospitals, and 23 (20%) worked in an international vaccination centre, mainly in the Ile-de-France region ( $n = 91$ , 81%).

All practitioners had previously heard of FGM. Their sources of knowledge were the media ( $n = 63$ , 56.3%), current practice ( $n = 61$ , 54.5%), post-graduate training ( $n = 47$ , 42%), medical journal articles ( $n = 37$ , 33%) and medical school ( $n = 27$ , 24%). Overall, 104 (92.9%) believed they had an important role in the FGM prevention, but only 48 had encountered an FGM situation or a risk of child FGM (42.9%). Sixty (54.9%) had already discussed FGM with patients at the initiative of their patients.

Seventy (85.4%) believed they could successfully recognize an excision during a clinical examination, female practitioners were more likely than male (49 women vs 21 men,  $P = 0.50$ ). However, only 33 of the practitioners (29%) were currently examining the genital areas of young girls who were about to travel to a FGM high incidence area. Sixty-six (59%) were aware of surgical rehabilitation opportunities.

Only 23 practitioners (20.5%) gave correct answers to the questions and cases report related to juridical procedures of an FGM discovery or a FGM risk detected for a child. Finally, five practitioners (4%) had previously reported child abuse for FGM or risk of FGM. The following reasons were described as difficulties for reporting child abuse: fear of deteriorating the doctor/patient relationship ( $n = 28$ , 25%), the lack of information tools adapted to families ( $n = 28$ , 25%), the risk of stigmatizing the families ( $n = 23$ , 21%) and the complexity of the child abuse reporting procedure ( $n = 21$ , 19%).

Fifty-six practitioners (50%) correctly answered the clinical questions (GPs:  $n = 34$ , 8.9% vs TMPs:  $n = 22$ , 39.3%,  $P = 0.13$ ), and 31 (27.7%) correctly answered the epidemiological questions (GPs:  $n = 21$ , 67.7% vs TMPs:  $n = 10$ , 32.3%,  $P = 0.06$ ). The proportion of correct answers to therapeutic questions was higher for GPs ( $n = 41$ , 62.1%) compared with TMPs ( $n = 25$ , 37.9%)  $P = 0.03$ . There was no significant difference for the juridical answers (GPs:  $n = 10$ , 43.5%, TMPs:  $n = 13$ , 56.5%,  $P = 0.28$ ) (Supplementary Table 2).

## Discussion

A few study has investigated the knowledge of practitioners on the management and prevention of FGM: like our studies, they showed that we need to determine better health professional's attitudes.<sup>10</sup> First, our study suggests a globally low level of knowledge about the epidemiological, clinical, management and legal procedures concerning FGM, even though all clinicians stated that they had heard about FGM. This might be related to insufficient university education of the practitioners. Because FGM is a critical global health issue, this topic should be taught early during medical education. The better knowledge about FGM by young and female practitioners compared with older and male practitioners may be related to a better awareness of this issue during the last few years and to a specific sensitization of women compared with men about FGM.

Second, this study underlines a likely underestimation of the FGM issue. The majority of responders were working in Paris and the surrounding region where the incidence of FGM is the highest in France due to a high concentration of sub-Saharan African migrants. In 2009, the number of mutilated women was estimated to be 53 000.<sup>3</sup> In this population, the risk of FGM is also high in girls returning to the countries of their parents to visit friends and relatives. Only 42.9% stated that they had faced this problem, and only 29.5% had examined the genital area of young girls who were about to travel to areas of FGM risk. In addition to lack of education on this subject, we could hypothesize that there are also obstacles in discussing this subject with families, as it is related to a sexual issue. These results are supported by the study of Andro and Pourette,<sup>9</sup> in which women with African backgrounds in France indicate the silence of gynaecologists with regard to their mutilation. Women deplore that their practitioners never broach the subject. Information leaflets about FGM and their prevention could engender a supportive discussion between clinicians and women and/or the families.<sup>11,12</sup>

Third, our study notes the lack of knowledge about legal procedures that should be performed to prevent or to report FGM. In 1993, the WHO declared that FGM is a human rights violation.<sup>13</sup> In France, FGM is a crime and could lead to a fine of 150 000 euros and 15 years in prison.<sup>14</sup> Our study shows that practitioners are reluctant to report FGM or the risk of FGM as a child abuse to the child protection authorities.

Our study had several limitations. This survey yielded low overall response rates, especially in practitioners who specialized in travel medicine; moreover, the characteristics of the non-responders were not available. However, these respondents were probably the most interested in FGM, so these findings likely underestimate the proportion of practitioners who have poor knowledge about FGM. Finally, the number of responses is relatively low, limiting the capacity of this study to draw any definitive conclusions about the knowledge of FGM among practitioners.

## Conclusion

This study demonstrates the lack of information among medical practitioners in France despite the high prevalence or risk of FGM. Therefore, there is a need to urgently improve the dissemination of information to prevent future mutilations through a

better knowledge of legal procedures. Systematic education on this topic in the medical curriculum could address this issue of the lack of information among practitioners. In addition, specific informational tools for practitioners and families could facilitate the prevention and management of FGM.

**Conflict of interest:** None declared.

## Supplementary Data

Supplementary data are available at *JTM* online.

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