



## Research article

# Female genital mutilation: Survey of paediatricians' knowledge, attitudes and practice



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## ARTICLE INFO

## Article history:

Received 9 November 2015

Received in revised form 11 February 2016

Accepted 17 March 2016

## Keywords:

Female genital mutilation

Paediatric practice

Knowledge and attitudes

Medical education

## ABSTRACT

The study objective was to determine paediatricians' experience with female genital mutilation (FGM) in Australian children and adolescents. A cross-sectional, pilot-tested national survey of paediatricians practising in Australia and contributing to the Australian Paediatric Surveillance Unit was conducted. Clinicians' knowledge, attitudes and clinical experience with FGM, awareness of clinical guidelines and education/training needs were recorded. Of 1311 paediatricians surveyed, 497 (38%) responded. Fifty-seven percent were aged 50 years or more, and 51.3% were males. Over half believed that FGM was performed in children in Australia and most were aware of its complications, but few asked about or examined for FGM. Fifty (10.3%) had seen at least one case of FGM in girls aged <18 years during their clinical career, including 16 (3.3%) in the past 5 years. Most were aware that FGM is illegal in Australia (93.9%), agreed all types of FGM were harmful (97.4%) and agreed that FGM violated human rights (98.2%). Most (87.6%) perceived FGM as a traditional cultural practice, although 11.6% thought it was required by religion. The majority (81.8%) knew notification of FGM to child protection authorities was mandatory. Over half (62.0%) were aware of the WHO Statement on FGM, but only 22.0% knew the WHO classification of FGM. These novel data indicate a minority of paediatricians in Australia have clinical experience with or education about FGM. Educational programs, best-practice clinical guidelines and policies are required to address knowledge gaps and help paediatricians identify, manage and prevent FGM in children.

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## 1. Introduction

Female genital mutilation (FGM) is defined by the World Health Organisation (WHO), as the partial or total removal of the external genitalia, or other injury to the female genital organs for non-medical reasons. FGM is generally performed in girls under 15 years of age ([World Health Organisation, 2008](#)).

In 2008, the WHO estimated that between 100 and 140 million girls and women living worldwide have undergone FGM and that three million are at risk of FGM every year in Africa alone ([World Health Organisation, 2008](#)). In 2016, the United Nations International Children's Emergency Fund (UNICEF) estimates that at least 200 million girls and women have undergone FGM, and the greatest prevalence of FGM among girls aged under 14 years is reported in Gambia (56%), Mauritania (54%) and Indonesia (~50%) ([United Nations Children's Fund, 2016](#)). FGM is practised in 29 countries in Africa, the Middle East and Asia ([United Nations Children's Fund, 2013](#)). Many migrants from these countries settle in Europe, the United Kingdom, North America and Australasia. In 2011, estimates from the Australian Bureau of Statistics indicated that more than 109,000 women and girls living in Australia originated from countries where FGM is traditionally practised ([Family Planning Victoria, 2014](#)).

FGM may have serious adverse short and long term impacts on health and well-being and is considered a violation of the human rights of the child ([World Health Organisation, 1999](#)). FGM is illegal in many countries including Australia, North America, UK and throughout Europe. Although, there is no federal legislation on FGM in Australia, six of the eight States and Territories currently legislate against the practice of FGM ([Mathews, 2011](#)).

Although many high-income countries are home to large numbers of immigrants from countries where FGM is practiced, limited information is published on FGM in children and adolescents in these societies.

In a recent UK study of 17 girls with FGM, the procedure was done by a healthcare professional in 71.0%, none in the UK ([Hodes, Armitage, Robinson, & McCreighton, 2015](#)). In a systematic literature review by our group we showed that knowledge, attitudes and practice regarding FGM among paediatricians had seldom been studied anywhere in the world ([Zurynski, Sureshkumar, Phu, & Elliott, 2015](#)). In a survey of 385 of members of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), clinicians reported that they knew or suspected that FGM is performed in Australia and New Zealand ([Moeed & Grover, 2012](#)). Thus, Australian clinicians must be alert to FGM and have access to the knowledge and expertise required to provide specialised care.

Following a national workshop on FGM convened by the Australian Government Department of Health in 2013 we successfully tendered for a research project on FGM in children and adolescents. The aim of our study was to conduct a national survey through the Australian Paediatric Surveillance Unit, to document Australian paediatricians' knowledge, attitudes and clinical practice regarding FGM in children and adolescents and to understand their educational needs.

## 2. Methods

### 2.1. Definition

In accordance with the WHO ([World Health Organisation, 2008](#)), we defined FGM as the partial or total removal of any or all of the external genitalia, or other injury to the female genital organs (including cutting, piercing, stretching, cauterisation, scraping and infibulation), that was performed for non-medical reasons. Elective cosmetic procedures including labioplasty and piercing were excluded.

### 2.2. Participant recruitment

All child health specialists ( $N = 1340$ ), predominantly paediatricians (71%) who are in child health practice and regularly contribute to national surveillance of rare diseases ([He, Zurynski, & Elliott, 2009](#)) conducted by the Australian Paediatric Surveillance Unit (APSU) were invited to complete a once only survey on FGM between April and June 2014. An email with a link to an online survey was sent; 200 requested a paper questionnaire. Twenty-nine on extended leave were excluded, leaving 1311 eligible participants. Non-responders were sent three reminders at three-weekly intervals. Following this, we sought limited data from the remaining non-responders to determine whether or not they had seen any cases of FGM in their practice in the last five years (see [appendix, question 17](#)).

### 2.3. Questionnaire development

The self-administered questionnaire was designed in consultation with a working group of expert clinicians from the disciplines of general paediatrics, child protection, obstetrics and gynaecology. The founder of [African Women Australia \(2014\)](#) was a member of the working group. The questionnaire was piloted for acceptability, content and clarity by ten paediatricians from different specialities at the Sydney Children's Hospitals Network (Westmead). The survey was amended according to feedback.

The final survey requested de-identified information in five domains: clinician demographics; awareness of and attitudes to FGM; clinical practice regarding FGM; knowledge of policies and guidelines about FGM; and training and access to educational resources.

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