



**TRAJECTOIRES MIGRATOIRES
ET SANTÉ AUTOUR DE LA NAISSANCE**
REGARDS CROISÉS SUR LES PRATIQUES ET LA RECHERCHE

Bruxelles | 2-3 février 2017

Outils médicaux et socioculturels pour la prise en charge des femmes avec mutilations génitales féminines

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MUTILATIONS GÉNITALES FÉMININES

Excision

Mutilations sexuelles féminines

FGM/MGF

Female genital cutting

Infibulation

Circoncision féminine

Sexe coupé

Female genital modifications



*... all procedures that involve the **partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons***

MUTILATIONS GÉNITALES FÉMININES

Implications **Médico-chirurgicales**
Socio-culturelles
Légales/Asile

Abdulcadir 2014

Diagnosis of FGM reported in medical files.

Diagnosis and classification	N (%)
Correct classification of FGM	34 (26.4)
Genitalia reported as normal (FGM not mentioned in medical history or vulvar exam)	48 (37.2)
Incorrect classification	28 (21.7)
Incorrect classification or genitalia reported as normal in the same file	19 (14.7)
Total	129 (100.0)

WHILE THE **EXACT NUMBER** OF GIRLS AND WOMEN

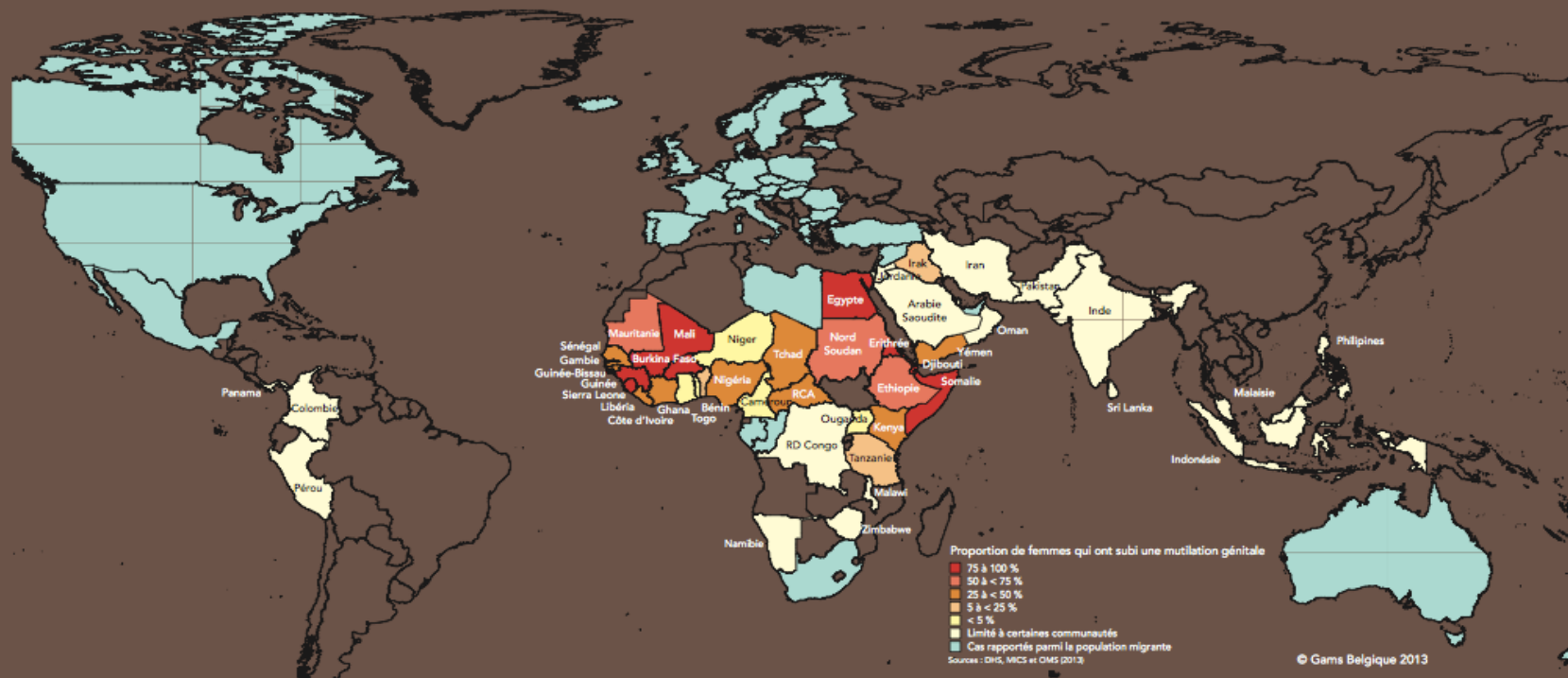
WORLDWIDE WHO HAVE UNDERGONE FGM/C **REMAINS UNKNOWN,**

AT LEAST **200 MILLION** GIRLS AND WOMEN IN

30 COUNTRIES HAVE BEEN SUBJECTED TO THE PRACTICE

Unicef 2016

PRÉVALENCE DES MUTILATIONS GÉNITALES FÉMININES DANS LE MONDE



Pays	Prévalence % 15-49 ans	Pays	Prévalence % 15-49 ans
Bénin	12,9	Mali	85,2
Burkina Faso	75,8	Mauritanie	72,2
Cameroun	1,4	Niger	2,2
Côte d'Ivoire	38,2	Nigéria	30,0
Djibouti	93,1	Nord Soudan	69,4
Egypte	91,1	Ouganda	1,4
Érythrée	88,7	Rép. centrafricaine	35,9
Ethiopie	74,3	Sénégal	25,7
Gambie	78,3	Sierra Leone	88,3
Ghana	3,8	Somalie	97,9
Guinée	95,6	Tanzanie	14,6
Guinée-Bissau	44,5	Tchad	44,2
Irak	8,1	Togo	3,9
Kenya	27,1	Yémen	38,2
Libéria	45,0		

LES MUTILATIONS GÉNITALES FÉMININES SONT UNE PRATIQUE TRADITIONNELLE POUVANT ENTRAÎNER DE GRAVES CONSÉQUENCES SUR LA SANTÉ DES FILLES ET DES FEMMES TOUT AU LONG DE LEUR VIE. ELLES SONT CONDAMNÉES PAR LES CONVENTIONS INTERNATIONALES DES DROITS HUMAINS.

CLASSIFICATION

Current Commentary

Female Genital Mutilation

A Visual Reference and Learning Tool for Health Care Professionals

Jasmine Abdulcadir, MD, Lucrezia Catania, MD, Michelle Jane Hindin, PhD, Lale Say, MD, Patrick Petignat, MD, and Omar Abdulcadir, MD

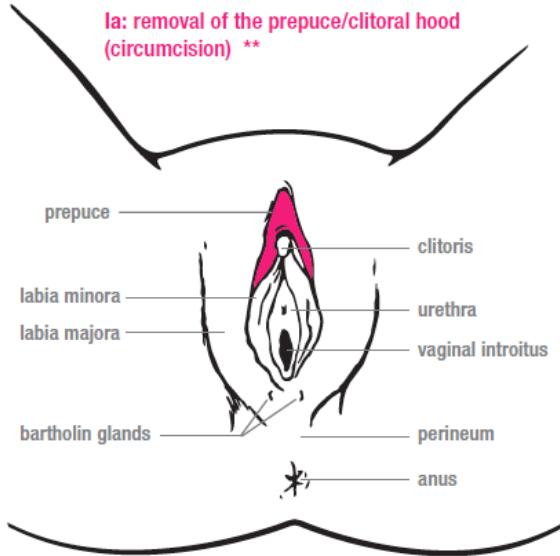


(Obstet Gynecol 2016;0:1–6)

FGM Type I

Partial or total removal of the clitoris* and/or the prepuce (clitoral hood)

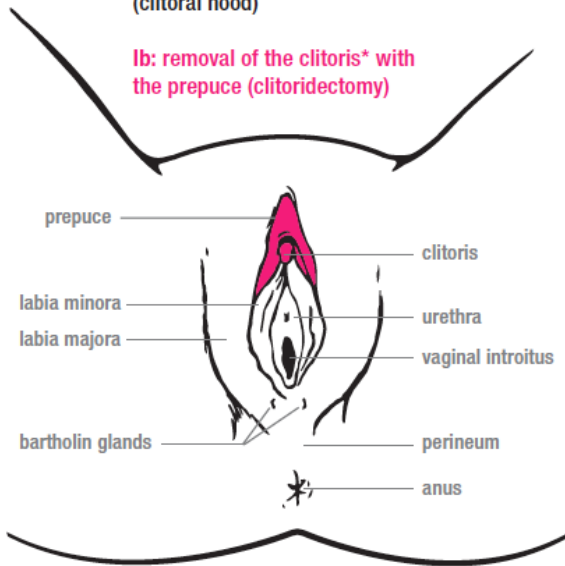
Ia: removal of the prepuce/clitoral hood (circumcision) **



FGM Type I

Partial or total removal of the clitoris* and/or the prepuce (clitoral hood)

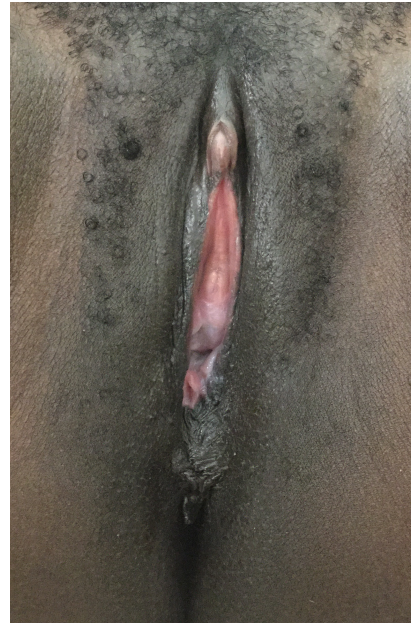
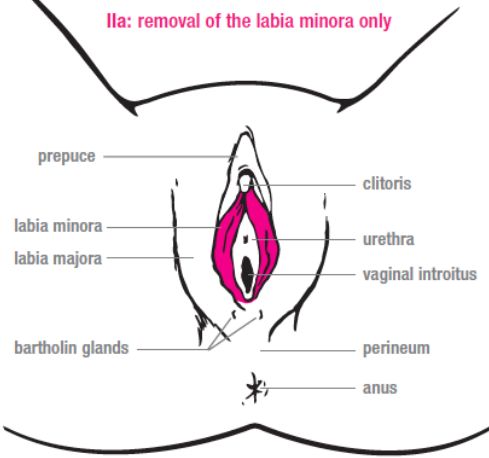
Ib: removal of the clitoris* with the prepuce (clitoridectomy)



FGM Type II

Partial or total removal of the clitoris* and the labia minora, with or without excision of the labia majora (excision).

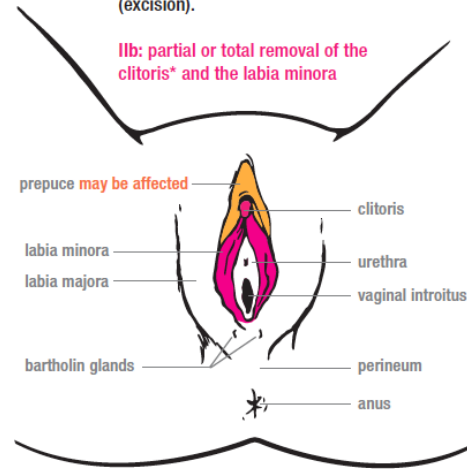
IIa: removal of the labia minora only



FGM Type II

Partial or total removal of the clitoris* and the labia minora, with or without excision of the labia majora (excision).

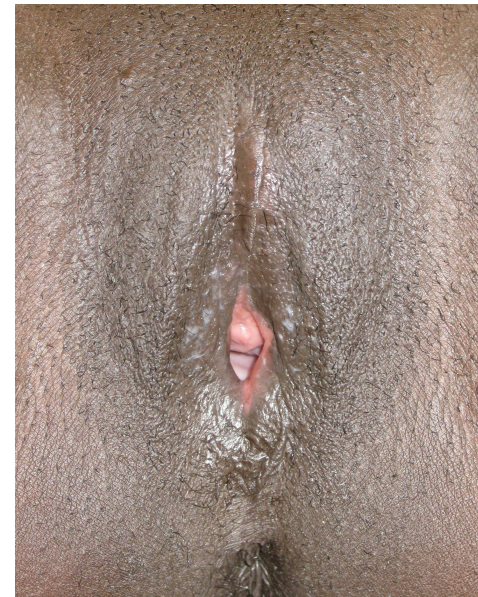
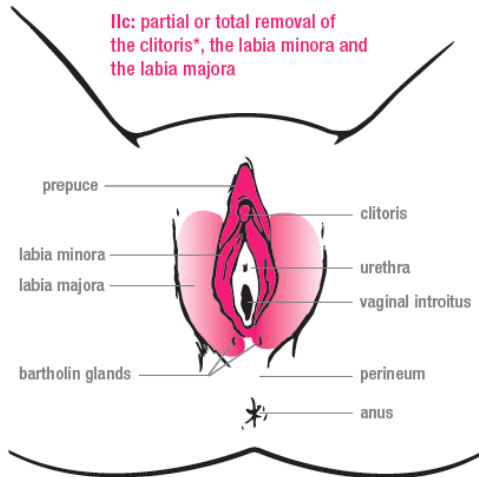
IIb: partial or total removal of the clitoris* and the labia minora



FGM Type II

Partial or total removal of the clitoris* and the labia minora, with or without excision of the labia majora (excision).

IIc: partial or total removal of the clitoris*, the labia minora and the labia majora

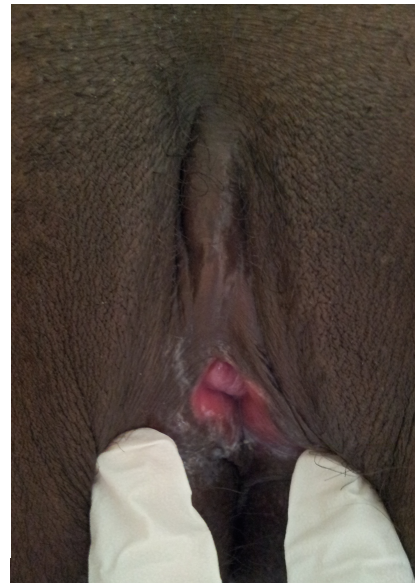
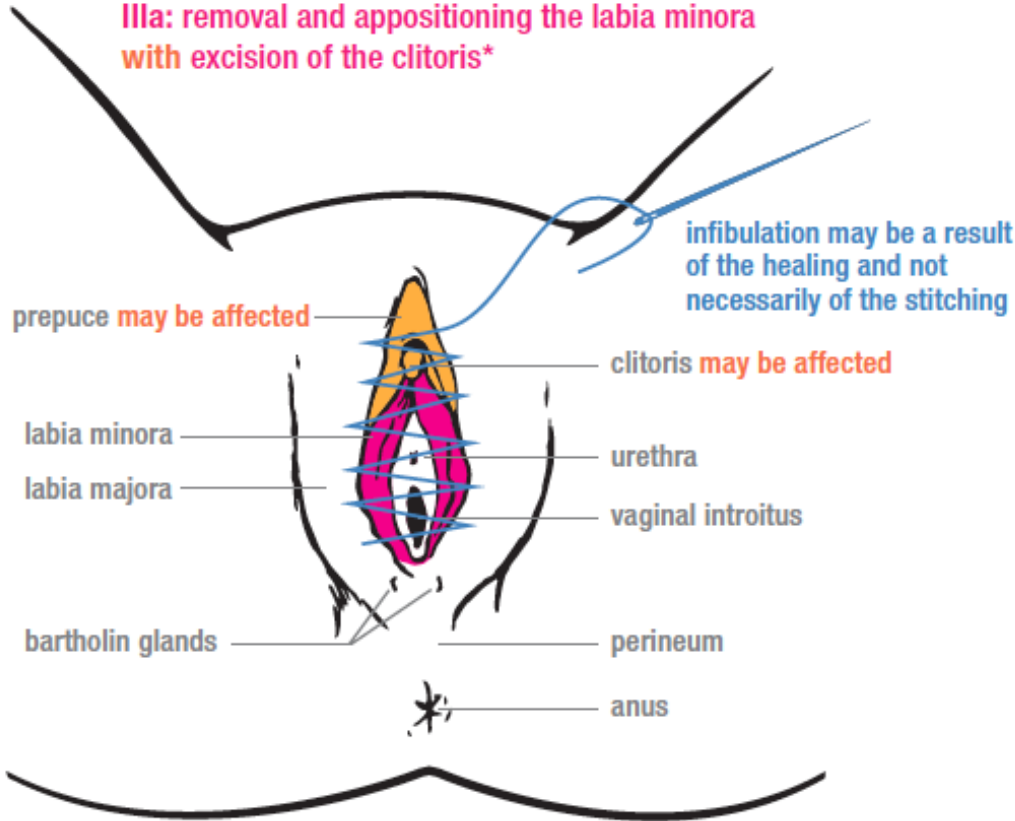


FGM Type III

Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris* (infibulation).

IIIa: removal and appositioning the the labia minora **without** excision of the clitoris*

IIIa: removal and appositioning the labia minora **with** excision of the clitoris*

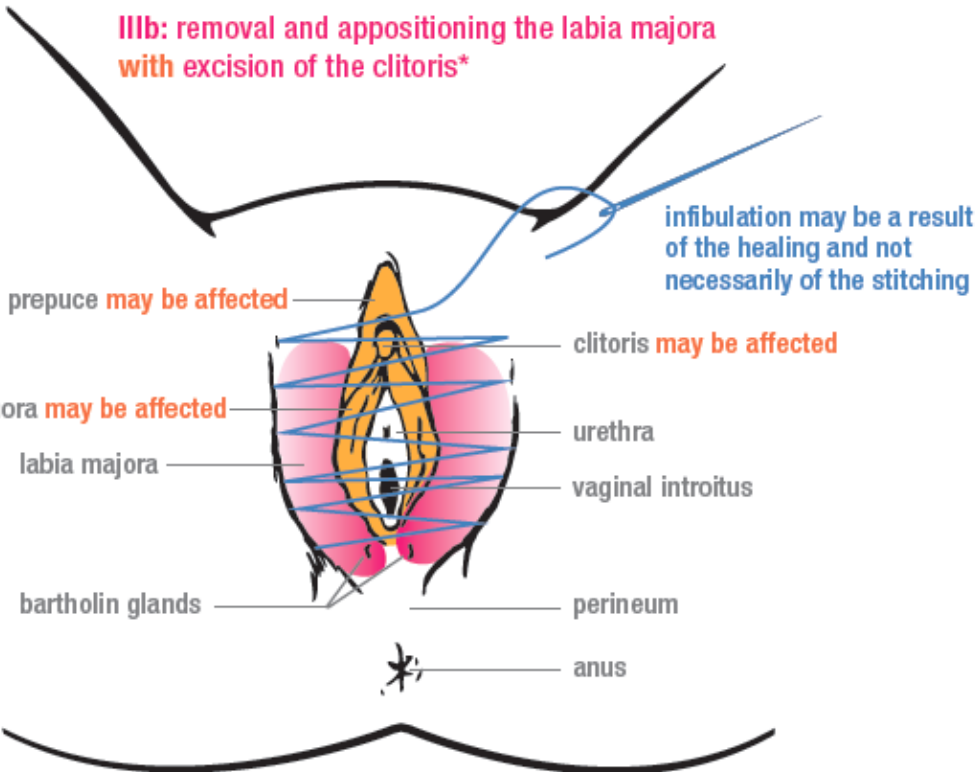


FGM Type III

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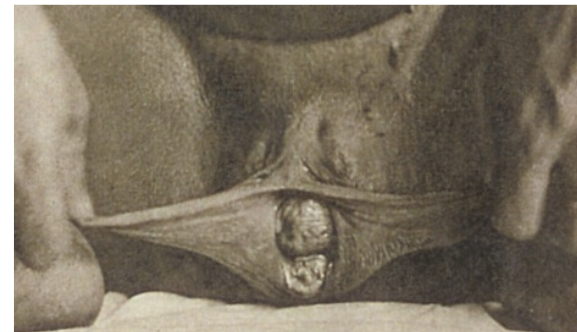
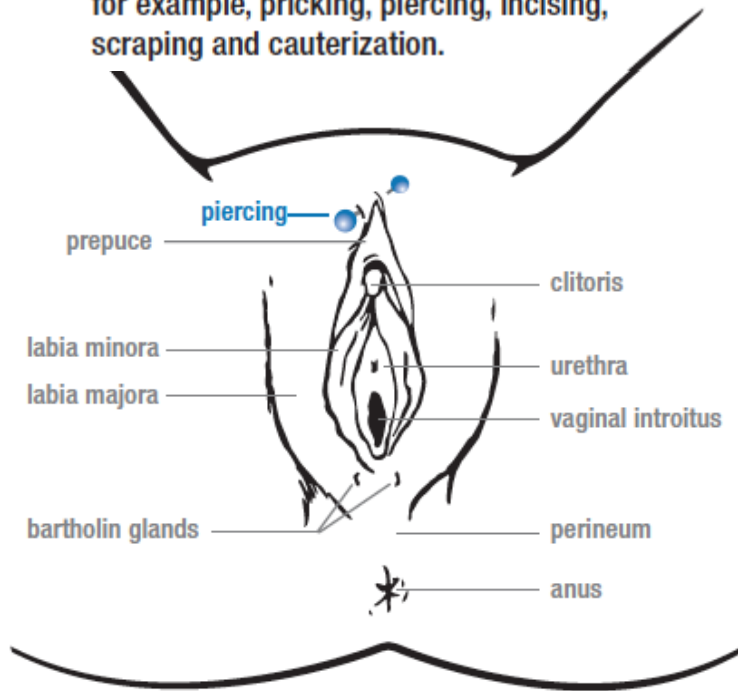
IIIb: removal and appositioning the labia majora **without** excision of the clitoris*

IIIb: removal and appositioning the labia majora **with** excision of the clitoris*



FGM Type IV

Unclassified. All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization.



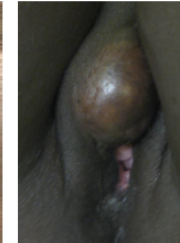
CONSÉQUENCES PSYCHOPHYSIQUES

Court terme

Long terme:

- Infectieuses
- Menstruelles
- Complications de la cicatrice
- Obstétricales
- Génito-urinaires
- Sexuelles
- Psychologiques

Epidermoid cysts



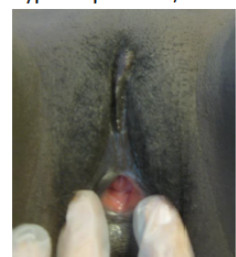
Neuroma of the clitoris



Bridles



Hypertrophic scar/Keloid



Obstetric complications



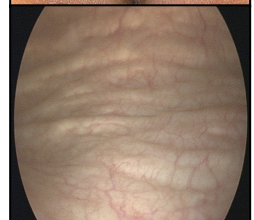
Fourchette's recurrent injuries during sex resulting in scar tissue



Urinary complications



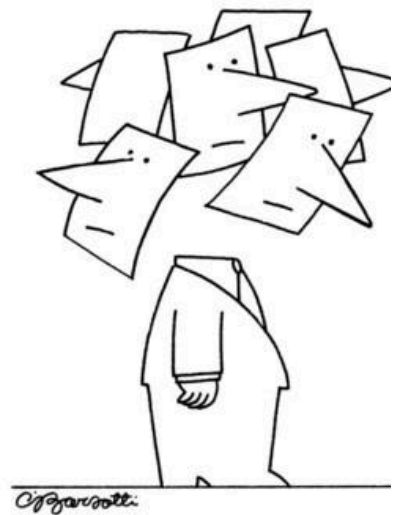
Obstructed/Rainy micturition



CONSÉQUENCES PSYCHOPHYSIQUES

- Type et conséquences
- Age au moment du rituel
- Vécu
- Expérience
- Souvenirs
- Acceptation sociale/Stigma
- Conscience et expression du symptôme
- Coexistence d'événements traumatiques passés, contexte psychosocial

OUTILS SOCIOCULTURELS



Comment entrer en matière? Quel terme?

Health education and clinical care of immigrant women with female genital mutilation/cutting who request postpartum reinfibulation

Jasmine Abdulcadir ^{a,b,*}, Sophie McLaren ^b, Michel Boulvain ^a, Olivier Irion ^a

^a Department of Obstetrics and Gynecology, Geneva University Hospitals, Geneva, Switzerland

^b Faculty of Medicine, University of Geneva, Switzerland

IJOG 2016

- Révision des dossiers des femmes suivies à la consultation « MGF ». 2010-2014
- 196 dossiers (132 en période périnatale)
- 28,4 ±7 ans
- 8 femmes ont insisté pour être reinfibulées: SUIVI LONG TERME

Patient	Time spent in Switzerland, mo	Country of origin	Employment	Parity	Age at FGM/C, y	Long-term complications of FGM/C	Type of delivery	Defibulation	Previous reinfibulation	Episiotomy	Sex of the neonate
1	7	Eritrea	No	0	-	None	Vaginal	During labor	No	Yes	Female
2	-	Sudan	No	1	-	None	Vaginal	During previous delivery	No	Yes	Female
3	69	Somalia	Yes	2	5	Superficial dyspareunia	Vaginal	During labor	No	No	Male
4	-	Sudan	Yes	1	7	None	Vaginal	During labor	Yes, in Sudan	No	Male
5	-	Eritrea	No	3	0	None	Vaginal	No	No	No	Female
6	-	Sudan	No	0	10	None	Vaginal	During previous delivery	No	No	Male
7	-	Eritrea	No	1	1	None	Vacuum assisted	During labor	No	No	Male
8	1	Eritrea	No	0	-	None	Emergency cesarean	During labor	No	No	Male

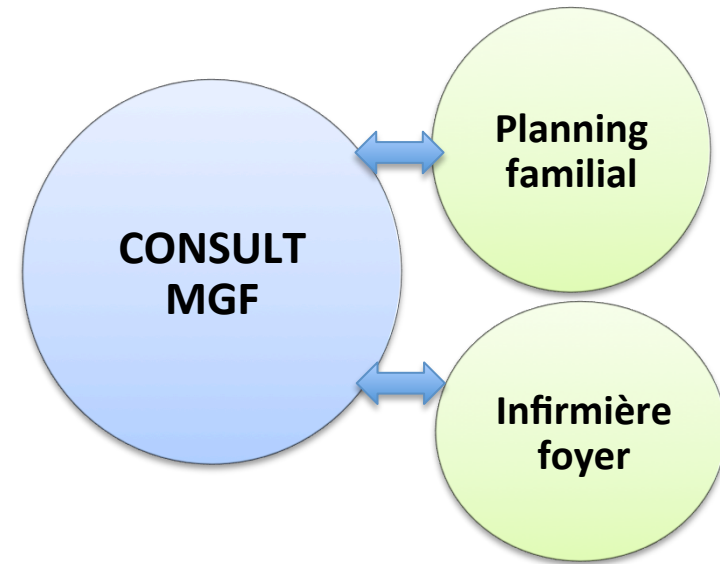
Pourquoi une femme demande à être ré-infibulées, après un accouchement par ex?

- Sentiment de honte/impureté
- Peur de rejet par communauté/mari
- Pratique étrangère et contraire à ses traditions/valeurs
- Sensations et aspect nouveaux engendrés difficiles à accepter
- Retrouver ce qui est la normalité

DÉSINFIBULATION

Désinfibulation

- Chirurgie simple
- Changement complexe
- Rappel de possibles évènements passés traumatiques autres que la MGF
- **PROMOTION DE SANTE DE LA FEMME INFIBULEE**
- **A tout moment: grossesse/accouchement/autre**
- Diminution du risque obstétrical
- Complications psychosexuelles et uro-gynécologiques
- Possibilité d'examens gynécologiques

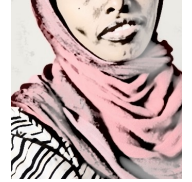


DÉSINFIBULATION

Pour nous, les
soignants



Pour elle,
la femme



.....

.....

Quoi faire si une femme demande une réinfibulation?

Interprète certifié

Discussion des changements (dessins)

Temps

**Clarifier les avantages
de la désinfibulation**

**Explorer les croyances, craintes,
mythes sur les organes
désinfibulés ou intacts**



**Offrir une information et éducation à la
santé correctes de façon respectueuse.
Possibilité de choix entre désinfibulation
partielle et totale. Respecter ce choix!**

Partner

Réducation périnéale et promotion de santé globale dans le post-partum

OUTILS MÉDICAUX



PRISE EN CHARGE DES COMPLICATIONS

1. Plainte

Embarras /Honte
Mauvaise réception médicale
Stigmatisation

2. Pas de plainte

Complication non reconnue
ou non référée comme telle

3. Pas de plainte mais
questionnement sur soi
même (normalité, image
corporelle, sexualité)

Pas de complications
Ne pas induire une
complication!

FACTEURS SOCIOCULTURELS, RELATIONNELS, COGNITIFS

- Normes Socioculturelles
- Acceptation sociale
- Mariabilité
- Identité de genre
- Image corporelle
- Expression sexuelle
- Mythes, croyances

Migration:
conscience?
stigmatisation?
conflits?

S. Johnsdotter: WAS, Glasgow 2011

Sweden Somali **young** women arrived to Sweden already circumcised, have to deal with national campaigns condemning FGM and the public message they are 'sexually mutilated' and **deprived of their ability to enjoy sex and experience orgasm**.....

These young women have to make their sexual débuts in lack of knowledge about the potential of their own sexuality.

CONSÉQUENCES PSYCHOPHYSIQUES

- **Génito-urinaires:** dysurie, IUB ou vaginites récidivantes, PID, vessie hyperactive, urétrites, calculs, hydronéphrose, lésions urètre; flux menstruel obstrué....

MGF TYPE III: DÉSINFIBULATION

Antibiothérapie/Cystoscopie/
urethroplasie....

Abdulcadir 2013, Davenport 2014, Mayo Clinic 2013

- **Cicatricielles:** chéloïdes, kystes épidermique, brides, abcès, fusion des lèvres

Rouzi 2010

- **Névromes post-traumatiques du clitoris**

TRAITEMENT CHIRURGICAL



Fernández-Aguilar S 2003
Schjøtz HA 2012 Abdulcadir
2012 Abdulcadir 2014

CONSÉQUENCES PSYCHOPHYSIQUES

Mayo Clinic 2013 Berg 2014

- **Infertilité:** objet de débat. Multifactoriel: obstacle mécanique/dyspareunie/PID/ problèmes psychosexuels...
- **Complications obstétricales**

MGF TYPE III: DÉSINFIBULATION

EML: bas seuil mais pas d'office

Suivi obstétrical, réparation des déchirures, suivi post-partum

CONSÉQUENCES PSYCHOPHYSIQUES

- **Sexuelles:** dyspareunie, désir/lubrification/orgasme/plaisir diminués

MGF TYPE III: DÉSINFIBULATION. COUNSELING, THÉRAPIE PSYCHOSEXUELLE. PRISE EN CHARGE DE TOUS LES FACTEURS CONTRIBUANT à LA SANTÉ SEXUELLE DU COUPLE

- **Psychologiques:** PTSD, troubles anxieux, dépression...
SOUVENT MUTIFACTORIELLES

Mental health problems associated with female genital mutilation

Jeroen Knipscheer,¹ Erick Vloeberghs,² Anke van der Kwaak,³ Maria van den Muijsenbergh^{2,4}

BJPsych Bulletin (2015), **39**, 273–277, doi: 10.1192/pb.bp.114.047944

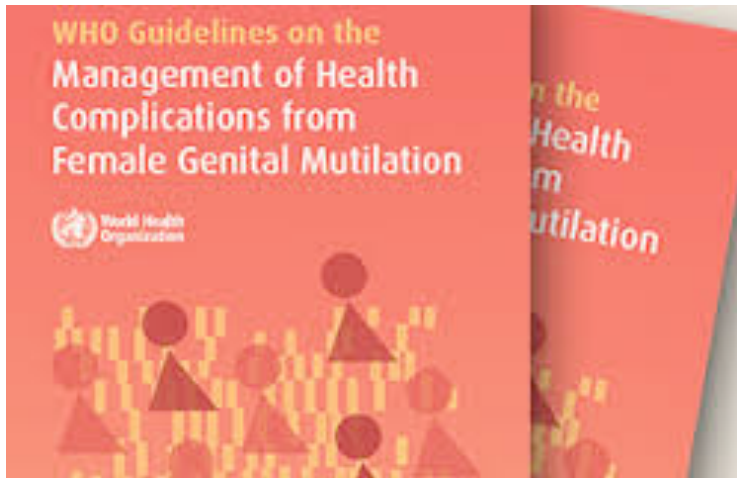
A considerable number of women are capable of coping with most impediments and may regard the ritual as 'normal' and not sickening...Diversity in interpreting the events and the level of remembrance as crucial for experiencing psychopathology.

PSYCHOTHÉRAPIE, CBT

RECONSTRUCTION DU CLITORIS



GUIDELINES



2016

WHO: Inconclusive evidence to state a recommendation in favor of clitoral reconstruction

Female Genital Mutilation and its Management



Royal College of
Obstetricians &
Gynaecologists

Green-top Guideline No. 53

2015

RCOG: Clitoral reconstruction should not be performed because current evidence suggests unacceptable complication rates without conclusive evidence of benefit

- De plus en plus de demandes
- **Dysfunction sexuelle augmentée chez les jeunes femmes migrantes**

“A New View of Woman’s Body. A fully Illustrated Guide”
by the Federation of Feminist Women’s Health Centers

Les femmes avec MGF ont la **majorité des
organes sexuels érectiles**

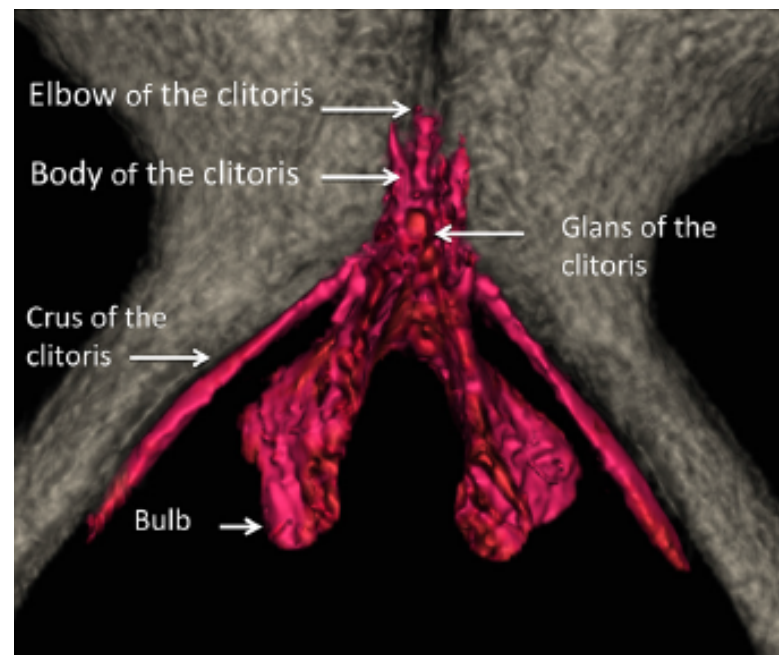
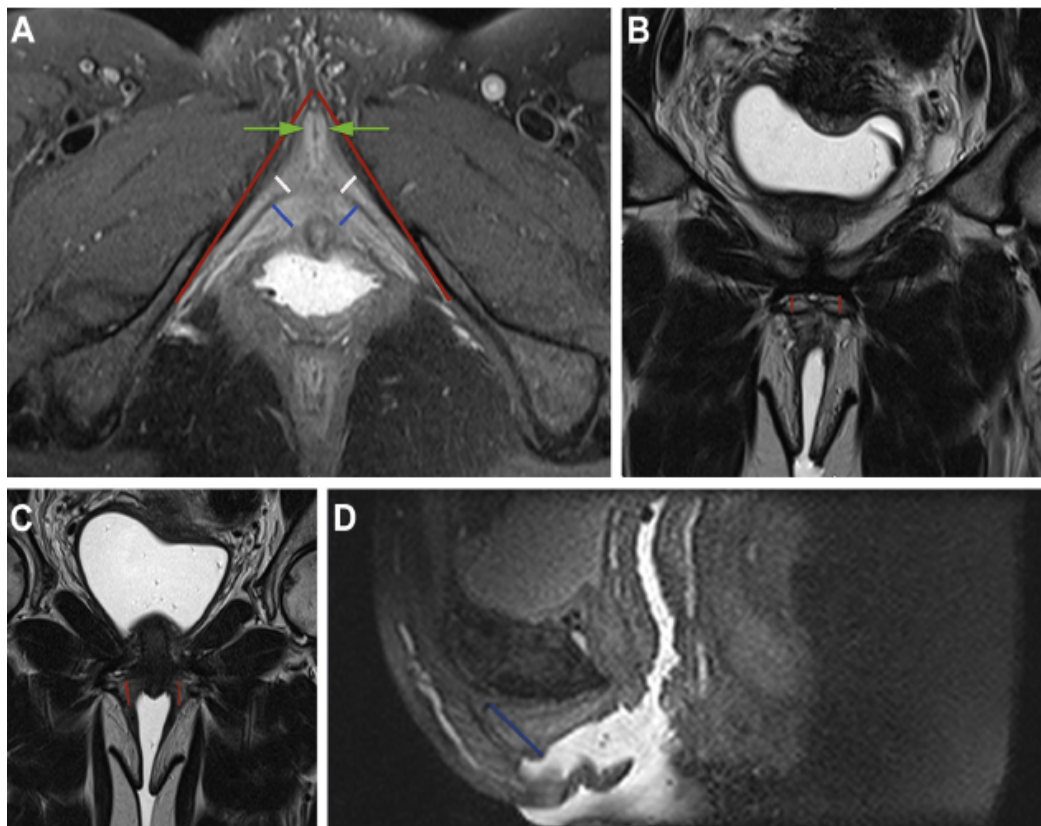
Les femmes en bonne santé avec MGF réfèrent
orgasme et satisfaction sexuelle



Sexual Anatomy and Function in Women With and Without Genital Mutilation: A Cross-Sectional Study

Jasmine Abdulcadir, MD,^{1,2} Diomidis Botsikas, MD,^{1,3} Mylène Bolmont, PhD Candidate,⁴ Aline Bilancioni, RN,¹ Dahila Amal Djema, MD,³ Francesco Bianchi Demicheli, MD,¹ Michal Yaron, MD,¹ and Patrick Petignat, MD¹

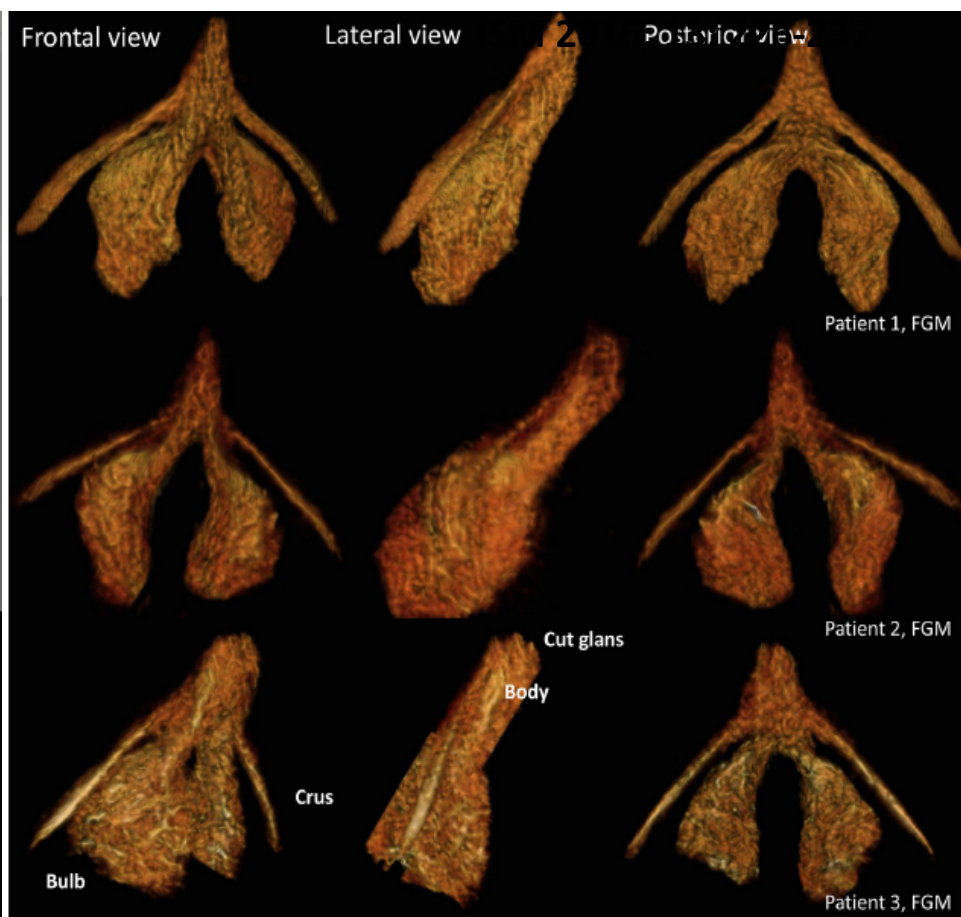
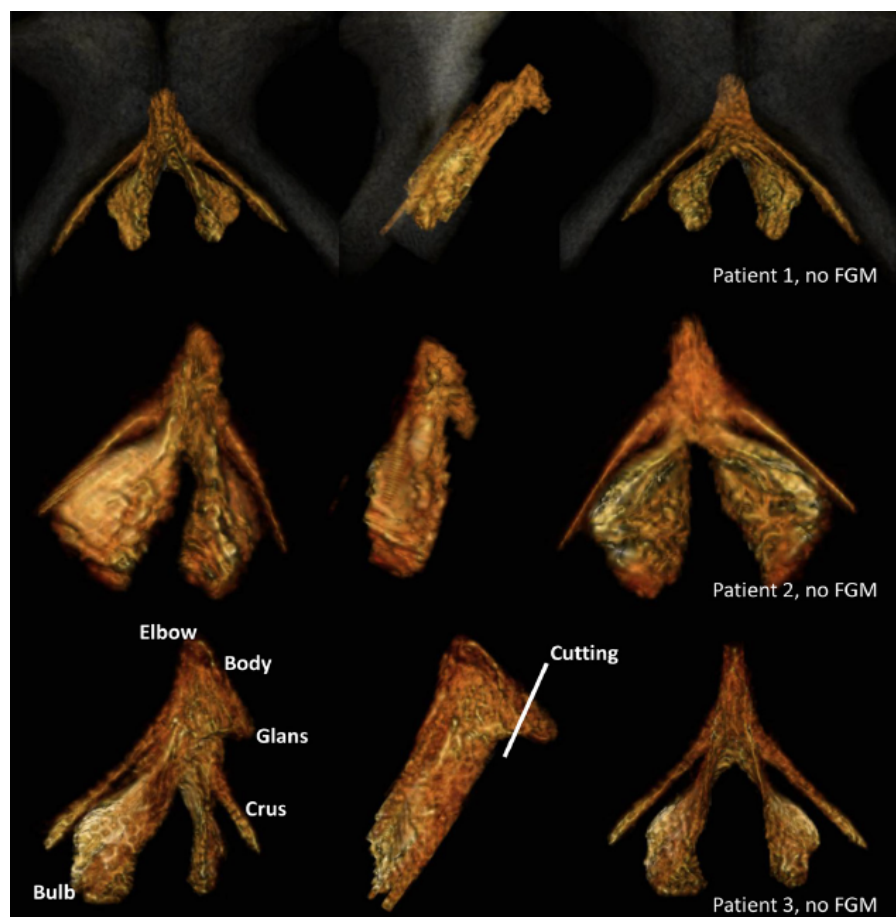
JSM 2016; 13: 226-237





Sexual Anatomy and Function in Women With and Without Genital Mutilation: A Cross-Sectional Study

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RE-EXPOSITION DU CLITORIS

~~RECONSTRUCTION DU CLITORIS~~

ÉVIDENCE DISPONIBLE

A systematic review of the evidence on clitoral reconstruction after female genital mutilation/cutting

Jasmine Abdulcadir^{a,b,*}, Maria I. Rodriguez^a, Lale Say^a

^a Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland

^b Department of Obstetrics and Gynecology, Geneva University Hospitals, Geneva, Switzerland



www.figo.org



International Journal of Gynecology and Obstetrics 129 (2015) 93–97

- Thabet 2003, Foldes 2004 and 2012, Ouedraogo 2013

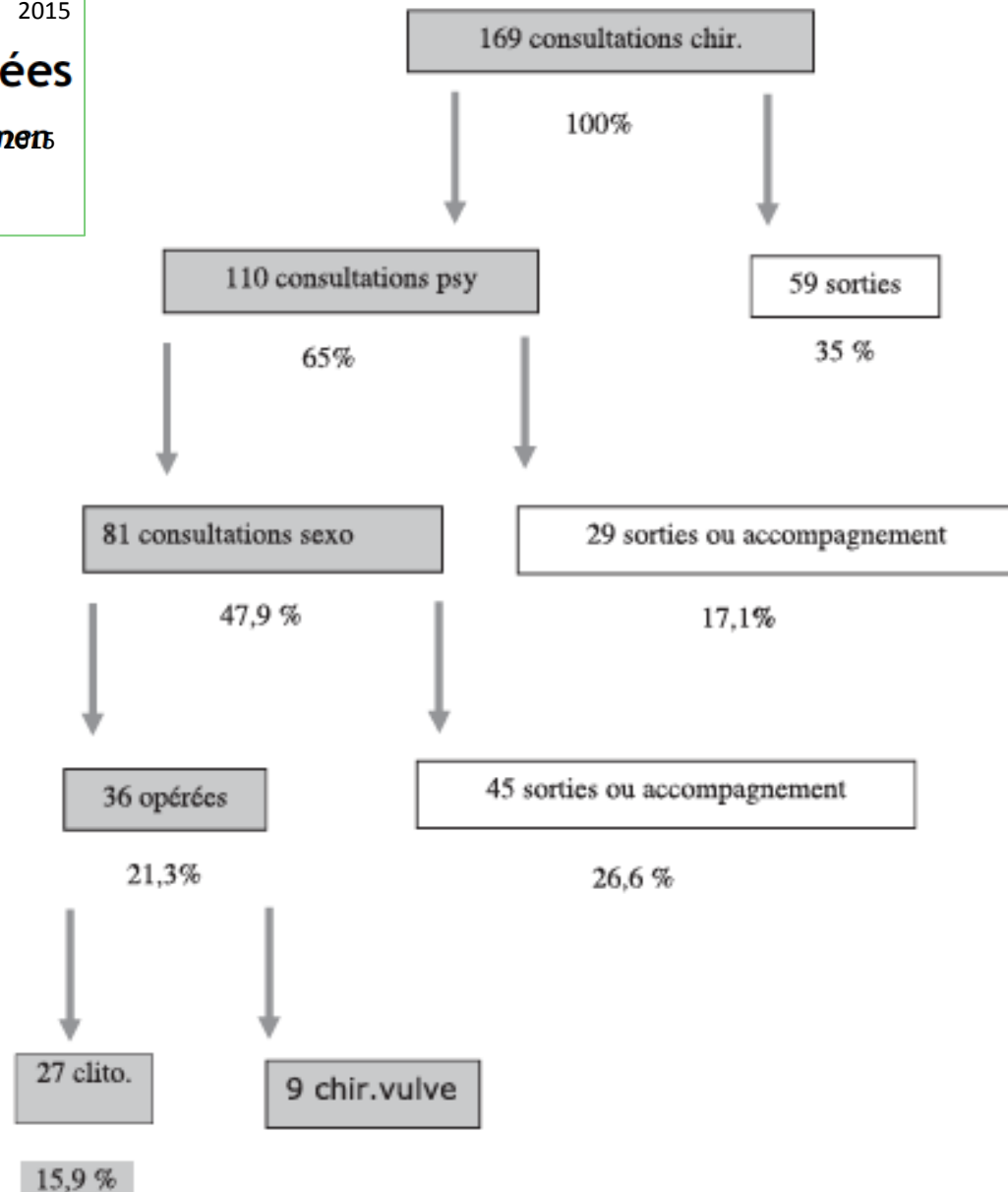
Intérêt de la prise en charge pluridisciplinaire des femmes excisées

2015

Benefits of multidisciplinary care for excised women

E. Antonetti Ndiaye*, S. Fall, L. Beltran

- Suivi long et multidisciplinaire
- **Besoins satisfaits sans chirurgie: chirurgie chez 27/169 (15,9%)**
- **Dépistage de traumatismes coexistant autres que la MGF: 82/110 événements traumatiques passés, spécialement de nature sexuelle** (61 mariage forcé, 52 viol pendant l'enfance, autre: abus/guerre/violences politiques)



Case Report

Posttraumatic Stress Disorder Relapse and Clitoral Reconstruction After Female Genital Mutilation

*Jasmine Abdulcadir, MD,
Francesco Bianchi Demicheli, MD,
Alexia Willame, MD,
Nathalie Recordon, PsyS,
and Patrick Petignat, MD*

Teaching Points

1. Women who have experienced female genital mutilation are at risk for posttraumatic stress disorder.
2. New pain at the site of the female genital mutilation, such as after clitoral reconstruction, may elicit memories of the past female genital mutilation and trigger relapse of posttraumatic stress disorder symptoms.
3. Postoperative pain control with adequate analgesia and psychosexual care can ameliorate adverse events after clitoral reconstruction.

WHO 2016



Best practice statement 4: Information, education and communication (IEC) interventions regarding FGM and women's health should be provided to girls and women living with any type of FGM



Recommendation 5: Sexual counselling is recommended for preventing or treating female sexual dysfunction among women living with FGM



Recommendation 4: Cognitive behavioural therapy (CBT) should be considered for girls and women living with FGM who are experiencing symptoms consistent with anxiety disorders, depression or post-traumatic stress disorder (PTSD)



Best practice statement 3: Psychological support should be available for girls and women who will receive or have received any surgical intervention to correct health complications of FGM

.... **Asymptomatic women who request surgery:** reservations. Where interventions are performed on the basis of clinical judgment, always start with the least invasive procedure available

AND....Do not focus only on FGM: Global mental and sexual health promotion