Government of **Western Australia**
North Metropolitan Health Service
WA Cervical Cancer Prevention Program

Female Genital Cutting/Mutilation (FGC/M) & cervical screening - A guide for practitioners

What is Female Genital Cutting/Mutilation?

The World Health Organisation defines female genital cutting/mutilation (FGC/M) as a "traditional harmful practice that involves the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons".

'Female genital mutilation' is the term used in Australian and Western Australian legislation, but the preferred way to refer to the practice using culturally sensitive language is 'female circumcision' or 'traditional cutting'.

While the practice is referred to as FGC/M throughout this document, it is imperative that culturally sensitive and competent language is used when speaking with women. Many women who have experienced FGC/M do not see themselves as mutilated.

It is a deeply rooted cultural practice which reinforced the context of gender definition. In many cultures, girls and women who are 'cut' are deemed to be more marriageable with the perception of them being honourable.

The age at which circumcision occurs varies but is most often between two and eight years of age.

While the practice of FGC/M may conflict with your own value system, it is important for you not to show judgement in your words or reactions. Do not use the term 'mutilation' or make comparisons to 'normal' genitals.

While this resource refers to 'women', cervical screening should be accessible for all people with a cervix, including those that do not identify as a woman.

Top 10 local government areas in the Perth metropolitan area home to culturally and linguistically diverse women: Stirling, Gosnells, Canning, Wanneroo, Swan, Melville, Cockburn, Joondalup, Bayswater and Armadale.

Source: Office of Multicultural Interests, Department of Local Government, Sport and Cultural Industries, Government of Western Australia based on the 2016 ABS Census.

Percentage of girls and women aged 15 to 49 years who have undergone FGC/M:

90-99% Somalia, Guinea, Djibouti

80-89% Mali, Egypt, Sudan, Sierra Leone, Eritrea

70-79% Burkina Faso, Gambia

60-69% Mauritania, Ethiopia

40-49% Indonesia, Guinea-Bissau, Liberia

30-39% Chad, Côte d'Ivoire

20-29% Senegal, Central African Republic, Kenya

10-19% Yemen, Nigeria, Maldives, United Republic of Tanzania

1-9% Benin, Iraq, Ghana, Togo, Niger, Cameroon

Type 1 - Clitoridectomy

Partial or total removal of the clitoris and/or prepuce.

Type 2 - Excision

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

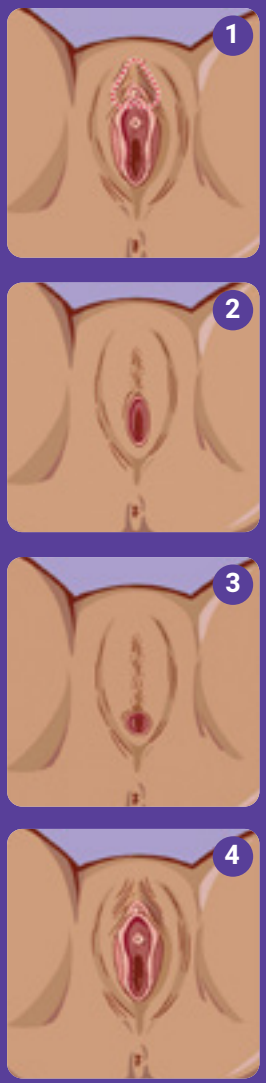
Type 3 - Infibulation

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

Type 4 - Unclassified

All other harmful procedures including:

- Pricking, piercing or incising the clitoris and/or labia
- Stretching of the clitoris and/or labia
- Cauterisation by burning of the clitoris and surrounding tissue
- Scraping of the tissue surrounding the vaginal orifice or cutting of the vagina
- Introduction or insertion of corrosive substances or herbs into the vagina to cause bleeding for the purposes of tightening and narrowing it.



How to ask about FGC/M

All women who may be affected by FGC/M should be asked about it. Here are some sample questions:

1. **Which country were you born in?**
   Cross check the woman's country of origin with the prevalence of practice in that country.
2. **I understand that traditional genital cutting is a common practice in your country. Would you mind if I asked you if you have been circumcised or have had traditional cutting? It is important for me to know before I examine you.**
   Some women don't know if they have been circumcised and when it may have occurred.
3. **Have you had a Cervical Screening Test before?**
   Some women may know of this as a Pap smear or Pap test.
4. **Have you ever had an uncomfortable cervical screening experience in the past? If so, it may be helpful to let me know why this was difficult for you?**
   Negative past experience is a known barrier to cervical screening.
5. **To help inform your decision about how best to complete a Cervical Screening Test, I may need to look at you first.**
   You will need to assess the level of difficulty performing the test; if you are in doubt please do not continue and refer the woman to a specialist hospital.

Possible health implications

- Difficulty passing urine such as:
  - » Nocturia (frequency of void at night)
  - » Intermittent flow of urine
  - » Incomplete emptying of the bladder (post void residual)
- Dysmenorrhea (painful menstruation)
- Prolonged menstruation (lasting longer than five days)
- Scarring or cysts around the genital area
- Difficulty undergoing cervical screening
- Difficulty with sex such as:
  - » Dyspareunia (painful intercourse)
  - » Unable to have penetration
- Infertility
- Complications during pregnancy and childbirth
- Psychological issues
- There is also a risk of contracting a blood-borne virus from the equipment used to perform FGC/M. Screening may be undertaken for HIV, Hepatitis B and C.

Cervical screening

Almost all cases of cervical cancer can be prevented through regular screening.

There are two options for all asymptomatic women aged 25-74 years to have a Cervical Screening Test (CST). These options, which are both accessed through a healthcare provider, include:

- A clinician-collected cervical sample; or
- A self-collected vaginal sample.

Self-collection is an important option for women who may feel uncomfortable with a vaginal examination using a speculum. It tests for the presence of human papillomavirus (HPV) only. Therefore, if HPV is detected, the woman will need to return for a clinician-collected cervical sample or be referred for colposcopy.

Self-collection should be completed in a private room at a healthcare facility using the red-topped COPAN FLOQSwab®. The woman should be educated on how to correctly complete the test, with resources such as the ***National Cervical Screening Program – How to take your own sample for an HPV test*** available.

Clinical considerations

- Have cervical screening equipment available for women to see and handle. This may include a small or paediatric speculum or COPAN FLOQSwab® 552C for self-collection.
- Select the most appropriate position for the examination.

Supporting women to have a CST

- If the woman discloses FGC/M during the preliminary appointment, in order to build rapport and trust, you may need to offer a subsequent appointment for return consultation.
- Reassure the woman that the consultation is private and confidential.
- Use simple English to explain the importance of a CST, with consideration that a woman from a refugee background may not have received this education previously or had a test before.
- Arrange for a female interpreter if required.
- Let the woman know she can bring a friend or relative with her to the appointment.
- Encourage the woman to ask questions.
- Remind the woman she can stop the test at any time.
- Instruct the woman on calming and deep breathing techniques to help relax.
- Offer the woman written information in her language.

Small speculum by Welch Allyn. FLOQSwabs® 552C by COPAN (red top)

Metropolitan referral service

For referral of patients who have had FGC/M and are symptomatic, e.g. dyspareunia, menstrual issues, voiding dysfunction:

King Edward Memorial Hospital
374 Bagot Road, Subiaco WA 6008
Phone: (08) 9340 2222

For more information

- Visit wiki.cancer.org.au to access the National Cervical Screening Program clinical guidelines
- Access up-to-date policies at www.health.gov.au/resources/collections/national-cervical-screening-program-policies

Acknowledgements

This resource has been adapted with permission from Cancer Council Victoria and Women's Health West FARREP Program. The illustrations have been used with permission from the NSW Education Program on FGC/M (NSW Health), March 2022.

Further resources

- King Edward Memorial Hospital: Cervical screening for health professionals www.kemh.health.wa.gov.au/cervical
- National Education Toolkit for Female Genital Mutilation/Cutting Awareness www.netfa.com.au
- WNHS online FGC/M e-learning module https://nmhs.elearn.net.au/enrol/index.php?id=584

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