Miss Fatima S.

- Thirty-year-old woman from Guinée Conakry
- Female genital mutilation at 5 and 11 years old
- Child marriage at 15 with a friend of her father
- During second pregnancy, diagnosis of HIV
- Discovered by her mother-in-law
- Left her country by herself

Cumulation of violences

- Female genital mutilation
- Child marriage
- Discrimination around HIV
- Physical violence
- Rape
- Torture
- Transactional sex
- Domestic work (human traffic)
Sexual violences and HIV

Female genital mutilation

Acute complications:
- Lesion of adjacent structures
- Transmission of infectious agent
- Urinary retention
- Pain
- Haemorrhage
- Death

Long term complications:
- Urinary complications: stenosis of the urethra
- Pathological scar: fibrosis, cheloids
- Fistula and prolapses
- Chronic pain, clitoridal neuroma
- Repeated urinary infections, vaginal infections

Increase with the extent and severity of the practice and degree of cutting performed

Source: Berg RC, Sembene C. Psychological associations with genital mutilation inwomen with physical health outcomes: a systematic review and meta-analysis. BMJ Open 2016;6:e013490
Psychological andSexological complications

**Psychological:**
- Post traumastic stress disorder
- Anxiety disorder
- Depressive syndrome
- Identity disorder

**Sexological:**
- Anorgasimia
- Absence of libido
- Dyspareunia

Do not depend on the extent of the mutilation


Law throughout the world

- In Africa: 36 countries in Africa punish FGM by a national decree or law
- At the international level: violence against women, violations of human and children’s rights
- In Europe, FGM is a crime

Prevention and screening during consultation of travel medicine

- Prevent and inform parents, children during travel consultations
- Propose health care for women with FGM
- Training on FGM in vaccination centers and for practitioners working with migrant people

Figure 1: Relative risk of adverse maternal outcomes in women with FGM, as compared with women without FGM
Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries, Lancet 2006; 367: 1835–41

Figure 2: Relative risk of adverse infant outcomes in women with FGM, as compared with women without FGM
Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries, Lancet 2006; 367: 1835–41
Health care proposition

Multidisciplinarity

Thank you