Knowledge of General Practitioners in Ireland on Female Genital Mutilation

SURVEY

EGIDE DHALA. February 2013

AkiDwA would like to thank:
All the General Practitioners who responded to the research.
HSE- Social Inclusion Unit for funding AkiDwA FGM work and in particular this research
Pat Guerin for proof reading and editing draft document

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SURVEY

Executive Summary

AkiDwA conducted this survey following its campaign and advocacy work aimed at ending Female Genital Mutilation (FGM), and at supporting women and girl victims of this harmful practice. A total of 64 GPs (general practitioners) from all counties in the Irish Republic participated in the survey. It revealed that a large majority of GPs are not familiar with FGM or its effects on the health of women.

The results show that almost 80% of surveyed GPs in Ireland have no knowledge of FGM or its associated issues, and the same percentage of GPs have never encountered women or girls who have undergone FGM. However 25 FGM patients attended clinics to 12 of the 64 respondent GPs.

As the first point of contact in Irish healthcare services, it is reasonable to expect that GPs would have an understanding of key issues relating to the health of the immigrant population. This was suggested by the HSE National Intercultural Health Strategy (2007-2012). Surprisingly, however, this survey shows that over 65% of GPs were unable to identify symptoms presented by FGM patients. And, as the research reveals, none of these GPs were aware of the referral pathways for providing support and/or information to FGM clients patients who had been victims of FGM. On a positive note, however, almost 80% of surveyed GPs expressed a desire to receive a list of services to which FGM patients could be referred.

The limit or lack of GPs knowledge on FGM and its associated issues has been also noticed in relation to FGM prevalence in Ireland (almost 60% did not know), the Irish law that prohibit it (80% did not know) and even the safeguarding procedures when it's about protecting girls at risk of FGM (25% were unable to answer the question).

This survey is a real step forward as almost 80% of the respondent GPs have shown great interest in being up skilled on FGM. As AkiDwA has been planning to progress further its work on FGM, the present research is a clear evidence of the need among the General Practitioners in Ireland to be trained on FGM health related issues. Also it has been clearly shown that there is a need of a dedicated service as a referral point for the FGM patients.

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I. Introduction

1. Background

a. Definition

Female Genital Mutilation (FGM), also known as Female Genital Cutting or Female Circumcision is defined by the World Health Organisation as any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2012).

Expanding on this definition, the WHO classified FGM into 4 different types, including:

- Type 1: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)
- Type 2: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)
- Type 3: Narrowing of the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
- Type 4: All the other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterisation.

b. History

It is not known where the tradition of FGM originated. This practice has been occurring for thousands of years, starting long before the establishment of both Christianity and Islam. Ancient Egyptian mummies were found circumcised, indicating that the practice dates from as far back as the fifth century B.C. (Dunsmuir & Gordon, 1999).

FGM has been performed by different cultures for centuries. The 'reasons' for the practice, include tradition, rite of passage into womanhood, preservation of virginity until marriage, social acceptance among peers, and on aesthetic grounds (WHO, 2008). These strong cultural factors have seen the traditional practice of FGM maintained across time despite the negative health implications for the girls and women on whom it is performed.

c. Prevalence

FGM is practiced in at least twenty-eight countries in Africa, and can also be found in the Middle East and Asia. The prevalence of FGM varies widely within countries and often depends on tribal and regional traditions and the criteria governing marriage. Globally, it is estimated that between 100 million and 140 million women and girls have undergone FGM and more than three million girls are at risk of FGM every year in Africa alone (WHO, 2008).

The European Parliament's Committee on Women's Rights and Gender Equality estimates that about 500,000 girls and women living in Europe have undergone FGM (Amnesty International, 2009). Using population data from Central Statistics Office (CSO 2011) and global Female Genital Mutilation prevalence statistics, AkiDwA estimates that 3,780 women living in Ireland have undergone FGM.

d. Health consequences

FGM has no health benefits. It involves removing or damaging healthy body parts. This results in damage to a girl's or women reproductive organs. Some of the immediate health consequences of FGM include (WHO, 2008):

- Severe pain, shock and bleeding
- Difficulty passing urine
- Psychological trauma
- Infection
- Death as a result of the above.

Long-term complications include:

- Chronic urinary and menstrual problems
- Chronic pain
- Pelvic inflammatory disease
- Cysts
- Increased risk of HIV transmission
- Infertility
- Serious problems for mother and baby during childbirth

2. AkiDwA work on FGM

Akina Dada wa Africa (AkiDwA), Swahili for sisterhood, is a national network of migrant women living in Ireland and was established in 2001 by a group of African women to address isolation, racism and Gender Based Violence that they were experiencing at that time. The organisation has been working on the issue of FGM since 2001, through raising awareness, promoting migrant women's health, and campaigning for legislation to prohibit the practice. In 2005, consultations with women from communities where FGM is being practiced led to a partnership with the Irish Family Planning Association (IFPA). Both Organisations agreed to develop a National Plan of Action to address FGM in Ireland in 2008. This was supported by a steering committee of diverse stakeholders including children's advocacy groups, women and human rights organisations.

Since 2001 AkiDwA have been campaigning tirelessly for a law to be put into place in Ireland that Ban practice of FGM. In 2009, AkiDwA and the IFPA made representations to the Joint Oireachtas Committee on Health and Children on the need for legislation to prohibit FGM and for the promotion of health services related to FGM. After a decade of campaigning and lobbying The Criminal Justice (Female Genital Mutilation) Act 2012 was signed into law on April 2012, and became effective on September 2012. The act also creates an innovative offence of removal from the State of a girl for the purpose of FGM. The legislation takes a human rights perspective and stipulates that the right to practice one's cultural traditions and beliefs cannot be used to justify FGM, which has been internationally recognised as a form of gender-based violence. Punishment is up to 14 years imprisonment and/or a fine; for a summary conviction, the penalty is a fine of up to €5,000 and/or imprisonment for up to 12 months or both.

AkiDwA and the Royal College of Surgeon's published an information handbook - Female Genital Mutilation: Information for Healthcare Professionals Working in Ireland - to raise awareness among healthcare professionals, second edition of this publication is in the process of been published.

In 2008 AkiDwA produced the first initial statistics of the prevalence of FGM in Ireland this was done by Using Irish 2006 census data from the Central Statistics Office and synthesising it with global FGM prevalence data, a figure of 2,585 women living in Ireland who have undergone FGM was derived, this figure was updated in 2010 and in 2013 after the 2011 census, there are currently 3780 women in Ireland who have undergone through FGM. The current data has shown that despite a decline in inward migration to Ireland the figure of the prevalence of FGM in Ireland continue to increase.

An Bord Altranais Practice Standards for Midwives, which is sent to all registered midwives in Ireland, came into force in July 2010 and now includes a section on FGM, with a reference to AkiDwA website for further information

AkiDwA lobbied to have Female Genital Mutilation (FGM) included in the new Irish national standardized maternity hospital chart under Risk Factors. FGM is now listed in the National Maternity Healthcare. This new form will be used for all women booking for maternity care and includes for the first time at a national level FGM as a risk factor for obstetric care.

To date AkiDwA have delivered awareness raising and training to over 3000 health care professionals, that include medical student and AkiDwA has and continue to raise awareness on FGM at local regional and national level through media, seminars, workshops, conferences and publications

Since 2009 AkiDwA has been the Irish partner on European END FGM Campaign led by Amnesty International

In 2010 AkiDwA established two community forums for dialogue on FGM in Cork and Galway and in February 2013 the organisation established the Community Health Ambassadors- these are dedicated volunteers who are raising awareness on health related issues that pertain to migrant women. AkiDwA had offered training to six women from migrant community that are currently doing outreach work mainly raising awareness on FGM around the country.

In 2012 AkiDwA published an information leaflet for the public- Female Genital Mutilation and the law in Ireland.

3. Objective of the survey

Ireland's National Action Plan to address FGM states that: "many health care professionals and other organisations supporting migrant women are not yet aware of the existence of FGM, the health implications of FGM particularly as they relate to childbirth and/or an appropriate referral pathway including child protection pathways. As a result, women and girls are not able to access the care and services they need and health care professionals and others charged with supporting migrant women are unsure of how to provide appropriate support" (INAP, p.9).

The purpose of the present survey is to ascertain the knowledge of FGM amongst the General Practitioners in Ireland in order to help inform the planning of awareness programmes and support the needs of migrant women and girls who are at risk or affected by FGM in Ireland.

Three specific objectives form the basis of the work that AkiDwA is willing to pursue on FGM, that is:

- To identify training needs of GP / Practice Nurses and gaps in service provision
- To provide information regarding referral agencies for support and counselling
- To improve GPs and Practice Nurse's knowledge and implications of FGM.

4. Methodology

a. Design

This is a narrative study carried out by collecting quantitative data through a designed questionnaire.

b. Study area and data collection

There are approximately 2,600 practicing GPs in Ireland. In order to achieve the survey objectives, a questionnaire was sent to 218 GPs by post with stamped returned envelopes. In addition, questionnaires were sent to 600 GPs by e-mail. The questionnaire probed their level of knowledge on issues related to FGM and thus their ability to make an appropriate health intervention.

Accessing GPs for the purpose of carrying out this research was done through a GP contact list published in the Irish Medical Directory (2012-2013). A random selection of GPs was made throughout all the counties in the Republic of Ireland. More questionnaires were sent to GPs based in places where the population of migrants was greater, using the RIA designated accommodation centres for people seeking asylum as a guideline. Also female GPs were prioritised as female matters are mostly referred to female GPs in Ireland.

Sixty-two of the 218 GPs surveyed by post completed the questionnaire within a month, representing almost a 30 % return. The return from GPs surveyed by email achieved a much smaller return. Of the 600 GPs who received their questionnaires by email, only two responded. The survey outcomes are based on a total of sixty-four completed questionnaires.

c. Structure of the questionnaire

The questionnaire specifically designed for this study is in the appendix. To make the collected data standardised and easy to analyse, closed questions were mostly used. And in order to allow GPs to respond freely, the questionnaire was anonymous and did not request that respondents identify their gender.

d. Data analysis

Data was summarised manually by counting how many respondents chose each option on each item and the count was recorded.

II. Survey Outcomes

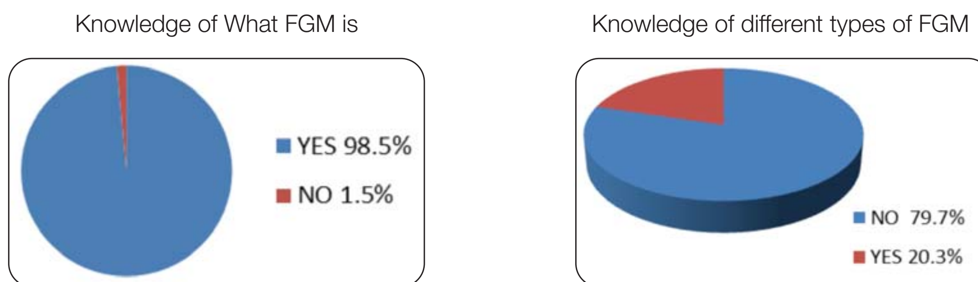
In Ireland, General Practitioners are the first point for accessing heath care. In most surgeries GPs have contracted nurses who may deal from time to time with health issues related to women. On the first question asking to what capacity the participants responded to the survey, it resulted that all 64 respondents were GPs themselves. However it cannot be concluded that practicing nurses have never had to deal with FGM cases in GP surgeries.

Responding on their knowledge of FGM, the majority of GPs, sixty-three, were aware of its existence but only few, thirteen, were able to identify its different types.

Table 1: Knowledge of FGM and its different types by GPs

Knowledge of What FGM is

Knowledge of different types of FGM



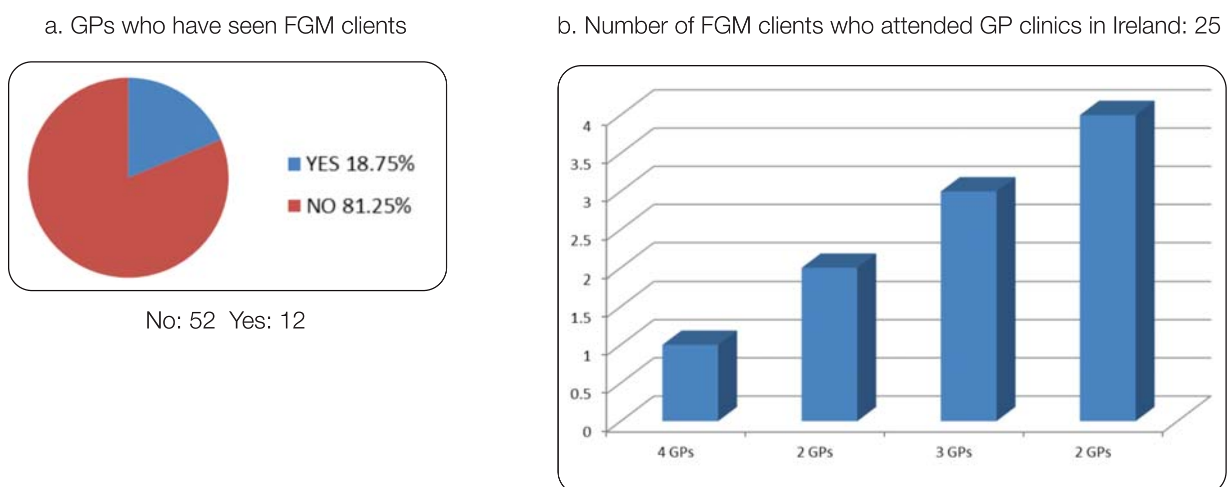
The above figures show that despite knowing what FGM is, the majority of GPs are not able to identify its different characteristics. Is it because of the fact that they have never had to deal with FGM cases in their clinics? Such an assumption cannot be made with certainty. The following section will inform whether or not good knowledge of FGM depends on the encountering experience with women and girls who were victims of the practice.

Through this survey, AkiDwA was able to get an idea on a sampling number of clients with FGM that have attended GP clinics in Ireland. Figures below show whether or not respondent GPs have seen women or girls who have undergone FGM and the total numbers of women who attended GP surgeries in Ireland.

Table 2: GPs who have seen FGM clients and the number of people who attended GP surgeries

a. GPs who have seen FGM clients

b. Number of FGM clients who attended GP clinics in Ireland: 25



No: 52 Yes: 12

A total of twenty-five migrant women who have undergone FGM attended clinics in Ireland to eleven out of sixty-four GPs who responded to the questionnaire.

It is curious to note that the number of GPs who have knowledge of the different types of FGM directly corresponds with the number who has seen clients with FGM in their clinics. One may be attempted to deduct that GPs' deep knowledge of the FGM features depends on their experience of having to deal with the issue. This is not necessarily true, however. Of the twelve respondents who met with FGM patients, only three could differentiate between types of FGM. In addition, one GP had dealt with FGM cases abroad but not in Ireland. Thus only one-third of GPs who met FGM clients can recognize the different types of FGM. The other two-thirds of GPs who had to deal with FGM cases were not aware of its different types. This is likely to cause a deficiency in terms of providing proper care and support.

FGM victims present different types of complications which GPs must be aware of in order to identify the appropriate referral pathways. In fact, according to the World Health Organisation, the symptoms range from physical complications to psychological/emotional ones (WHO, 2008). Asking whether FGM clients presented with physical or psychological/emotional complications, the majority of respondents – forty-two- did not answer the question and twelve of the twenty-two participants who responded to that question were those who have met FGM clients in their clinics.

Table 3: Complications presented by women who have undergone FGM

Type of Complication	GPs with experience of FGM	GPs with no experience of FGM	Total	%
Physical	1		1	1.5%
Psychological/Emotional	3		3	4.7%
Both	6	10	16	25%
None	2		2	3.1%
No Answer		42	42	65.6%

The above figures show clearly that the GPs surveyed have little exposure to FGM cases perhaps explaining their limited knowledge on the issue. The majority of GPs (65.6%) were unable to identify the kind of symptoms FGM victims can present with, reflecting their inexperience of FGM patients. This interpretation is suggested by the fact that 83.3% of GPs who have been exposed to FGM cases could identify either physical or psychological/emotional symptoms, or both in some instances.

Despite the WHO assertion, it appears that the impact of FGM on women has not yet captured the attention of GPs in Ireland and thus limits their capacity to make effective referrals, thereby allowing patients to access adequate support from specialist services.

When asked whether or not they had referral pathways for providing support or information to the FGM clients, all the respondent answered in the negative. This also supports the interpretation that GPs largely remain unaware of the impact of FGM on those women subjected to the practice. On the positive side, a large majority of the respondents (76.6%) were keen to have a referral list that they could use whenever FGM clients attend their clinics.

Table 4: GPs willing to get a referral list for support/information to FGM clients

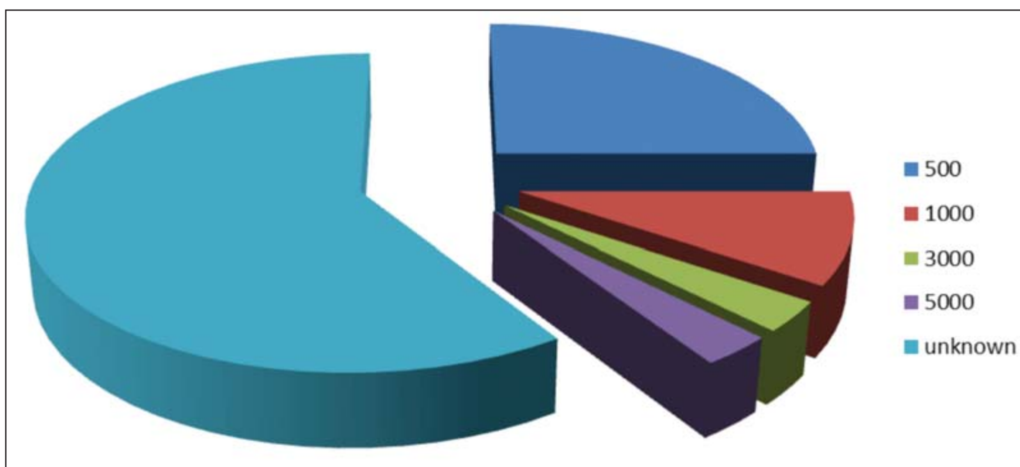
	Yes	No	No Answer
GPs with experience of FGM	8	2	2
GPs with no experience of FGM	41	9	2
Total	**49**	**11**	4

As it appears on the above table, the majority of GPs are in favour of receiving a referral list that they would use whenever they see clients who have undergone FGM and who may have sustained marks. Even respondents who have met with FGM clients in their clinics have expressed the need for a referral list (67.7%). Of the respondents who either did not show interest in getting a referral list or did not answer the question, two commented that they would refer FGM clients to local Gynaecology or counselling services and one said that there were very few migrants living in their area.

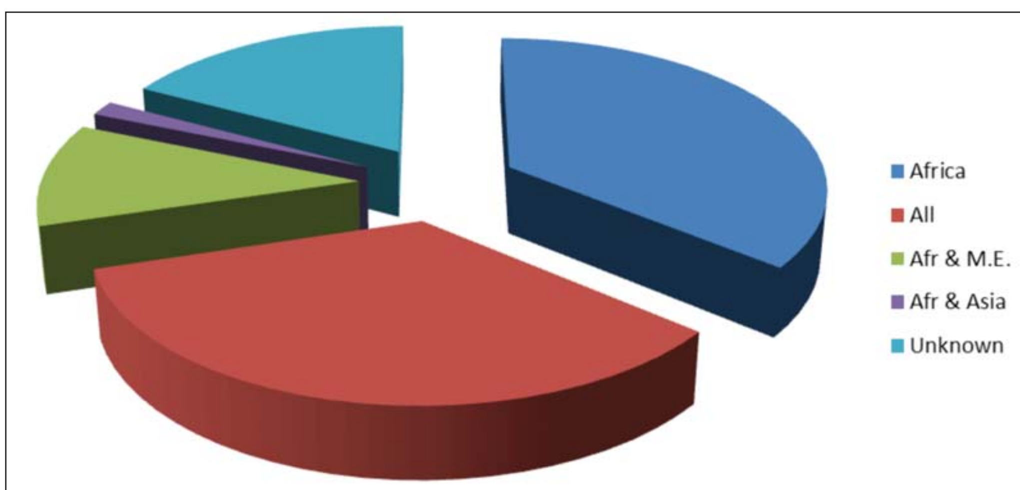
AkiDwA's previous research on the prevalence of FGM in Ireland shows that there are over 3000 migrant women who have undergone female genital mutilation. Questions relating to the number of women in Ireland who had undergone FGM suggest a low level of awareness among GPs of the extent to which it is a medical issue in this country. The majority of respondents (59.3%) either did not answer the question or stated that they did not know. Other respondents under or over estimated the number. Only a small minority (3.1%) were in line with AkiDwA's estimation. In contrast, most GPs (82.8%) were right to think that FGM is mostly performed in Africa, Middle East and Asia. Only few (17.2%) did not respond to the question of where FGM was practised.

Table 5: Estimate on number of FGM victims and countries where it is practised

a. GP estimate on number of FGM prevalence in Ireland



b. Knowledge of GPs on countries where FGM is performed



It is quite understandable that GPs have limited knowledge on the prevalence of FGM in Ireland. This is due to the fact that FGM is a practice that has never existed before in Ireland and indeed most GPs had never met with FGM clients. In fact many of the FGM victims may not approach their family doctors about the issue, as they believe that the practice is justified by their traditional beliefs. In cultures where FGM is deeply rooted, the community tend to endorse the practice, and it is supported by loving parents with what is believed to be the best interests of a young girl at heart (Beliefs & Issues, 2011).

However with regard to countries where FGM is performed, it is clearly demonstrated that GPs are well aware of the fact that African, Middle East and Asian countries have kept very traditional practices which may impact on human health. As underlined by the NIHS, Ireland has embraced cultural diversity and this must be acknowledged by healthcare professionals in order to ensure equality of access to health services.

FGM is not a 'believed cultural' practice that should be tolerated. As a result of AkiDwA's campaign and advocacy with other organisations, the Irish Government banned FGM through the Criminal Justice (Female Genital Mutilation) Act 2012. Nevertheless, the apparent complete lack of knowledge by GPs of FGM regulations in Ireland is a notable feature of this research report. From the surveyed GPs, only 20.3% of the respondents have an average knowledge of the Irish law on FGM.

Table 6: Level of knowledge of the Irish law on FGM

Level of Knowledge	Number of GPs	%
Comprehensive	0	0 %
Average	13	20.3%
No knowledge	51	79.7%

As it appears on the above table, none of GPs in Ireland has a comprehensive knowledge of the law on FGM practice in Ireland and the majority of them (79.7%) don't have any knowledge at all. This figure almost corresponds with the percentage of GPs who don't have in-depth knowledge of the FGM as it is revealed from Table 1 to 3. Also only 2 respondents commented on this question by simply mentioning it as an illegal practice.

As it appears on the above table, none of GPs in Ireland has a comprehensive knowledge of the law on FGM practice in Ireland and the majority of them (79.7%) don't have any knowledge at all. This figure almost corresponds with the percentage of GPs who don't have in-depth knowledge of FGM as it is revealed in Tables 1-3. Two respondents commented on this question by simply mentioning FGM as an illegal practice.

The lack or limited knowledge of the Irish legislation on FGM can impact on the capacity of Healthcare professionals act adequately in relation to safeguarding procedures. And this has been verified by responses collected when asked who they would contact if they suspect that a girl may be at risk of FGM. Even though the majority referred to Social Workers and few to Gardaí as the people to be contacted, it is quite curious to note that 14 of the 64 respondents, almost 25% of GPs, did not indicate how they would deal with such serious cases.

Table 7: On safeguarding procedures, people that GPs would contact

Contact agent	Frequency
Social Worker	41
Gardaí	16
Public Nurse	7
Other	2
No answer	14

Knowing very generally that FGM is a harmful practice that can interfere with human health, and that it is probably illegal, most GPs are conscious that where children are involved, the matter must be brought to the attention of the authorities. However, GPs were strongly of the view that social workers dealing with child protection should be involved as well as the Gardaí. Some of them (17%) were of the view that both social workers and Gardaí must be contacted. Only two respondents thought that they would manage the case differently: one proposed to refer it to the local gynaecology department, and the other preferred dealing directly with it him/ herself.

FGM is a sensitive, hidden and private issue. It is therefore very difficult to identify whether or not it is occurring in Ireland. Currently there is no evidence of the practice happening here. AkiDwA is engaged in an on-going awareness raising programme, and in the training of healthcare professionals, to enable a better understanding of the issue and to ensure future generations are fully protected from this barbaric practice.

Respondent GPs have shown great interest in enhancing their knowledge of FGM, and in building their capacity for effectively treating cases that may present in their clinics. Almost 80% of GPs are keen to receive information on FGM. Figures on Table 8 below show different types of information needed by GPs to improve their understanding of the practice, and build their capacity for dealing with FGM cases.

Table 8: Preferred types of information on FGM by GPs

Types of Information/Support	Frequency	Types of Information/Support	Frequency
Face to Face Training	1	Resource Pack	34
Seminar	3	E-learning Tools	13
Written Information	20	No answer	13

It is interesting to find out from the above figures that around 80% of GPs are very keen to be informed on FGM matters.

III. Conclusion

In the past fifteen years or so, Ireland has become an increasingly diverse multicultural society. This is reflected in the 2002 Census where for the first time a question on nationality was included. The 2011 Census revealed that 12% of the population is comprised of people born abroad. For this reason the HSE adopted a National Intercultural Health Strategy in 2007 to address equality in accessing healthcare for all citizens living in Ireland. Among those citizens, over 2% came from Africa, the Middle East and Asia, all places where FGM is practiced (CSO 2012).

Immigration is indeed a recent phenomenon in Ireland. According to Gilmartin, 1996 marked the first year of a sustained period of net in-migration to Ireland, which lasted until 2009 (Gilmartin, 2012). This explains the lack of experience of service providers when dealing with issues related to the immigrant population, which FGM is one of the most prominent as the results of the survey reveal.

After leading a campaign to protect migrant women and children from FGM, and to support victims, AkiDwA identified GPs as key players, being the first point of contact for most victims.

In general eleven points questioned the knowledge of GPs on FGM, its prevalence in Ireland, its effects on women and girls, the related law or regulation, the referral pathways and safeguarding procedures. The overwhelming majority of GPs who participated in the survey are not aware of FGM related issues and keen to up-skill in this area.

As both the *Ireland Health Intercultural Strategy 2007-2012 and the Ireland's National Plan of Action to Address Female Genital Mutilation* have reached the planned years of implementation, the present survey is an important piece of research that would enhance the need of building capacity of healthcare service providers, especially the General Practitioners, on issues that impact on the health of immigrants which the Female Genital Mutilation is one of the most preponderant.

IV. Recommendation

Based on findings through this survey and in line with health related policies for the immigrant population living in Ireland as well as best model of practice in other European countries, the following recommendations are made:

- Organisations must work with communities not only in dissuading parents from countries where FGM is practised from continuing this inhuman custom, but also in encouraging women who were subjected to the practice to inform their GPs.
- Information and training materials should be developed to support GPs and other healthcare professionals up skilling on healthcare issues specific to immigrant communities, specifically on FGM.
- As part of an Intercultural Health Module, FGM should be mainstreamed as a subject in the curriculum for University students in Medicine. Provision should also be made for training all medical doctors, healthcare professionals, social workers, counsellors, Gardaí etc.
- Ireland needs to establish a One Stop Clinic for provision of services to the victims of FGM that would be based in one of the existing maternity hospitals. This kind of initiative will make the referral pathway straight forward and easier for women to access.
- A co-ordinated approach is needed in addressing FGM to ensure that awareness raising programmes on the issue reach as wide an audience as possible. Similarly, a co-ordinated approach is needed to monitor the effectiveness of the legislation prohibiting FGM.
- An Induction or welcoming pack that includes information on FGM should be made available to all new immigrants arriving in the country.
- In order to achieve the HSE, NIHS and the NAP recommendations, work on FGM needs to be properly resourced.

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VI. Appendix

FGM Survey Questions

1. Please indicate in what capacity you are responding to this survey

   GP ☐ Practice Manager ☐ Other (please specify) ☐

2. Do you know what is FGM?

   Yes ☐ No ☐

3. Would you be able to identify different types of FGM?

   Yes ☐ No ☐

4. Have you seen women or girls in your practice who have undergone FGM?

   Yes ☐ No ☐

   b) If yes, state how many:

5. What symptoms or complications do they present with?

   Physical Complications ☐ Psychological/emotional ☐

   Other (please specify) ☐

6. Do you have referral pathways for providing support/ information to FGM client?

   A. If yes, please explain:

   B. if not would you be interested to get a referral list? Yes ☐ No ☐

   Comments:

7. What do you think the prevalence of FGM is here in Ireland?

   500 ☐ 1000 ☐ 3000 ☐ 5000 ☐

8. In which of the following countries / areas is FGM practised?

   Africa ☐ Asia ☐ Middle East ☐ All of the above ☐

9. What is your level of knowledge of the Irish law on FGM?

   No knowledge ☐ Average ☐ Comprehensive ☐

   Comment:

10. Safeguarding procedures – who would you contact if you suspect that a girl may be at risk of FGM?

    Gardaí ☐ Public Health Nurse ☐ Social-worker ☐

11. Would you be interested in receiving any of the following on FGM as an individual or for your staff?

    Face to face training ☐ Seminars ☐ Written information ☐ Resource pack ☐

    E learning Tools on FGM ☐ if yes please write your email here:

Please use space below if you have any further comment.

Please use the enclosed envelope to send back the questionnaires.

THANK YOU!

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