

Kliniske komplikasjoner av kvinnelig kjønnslemlestelse

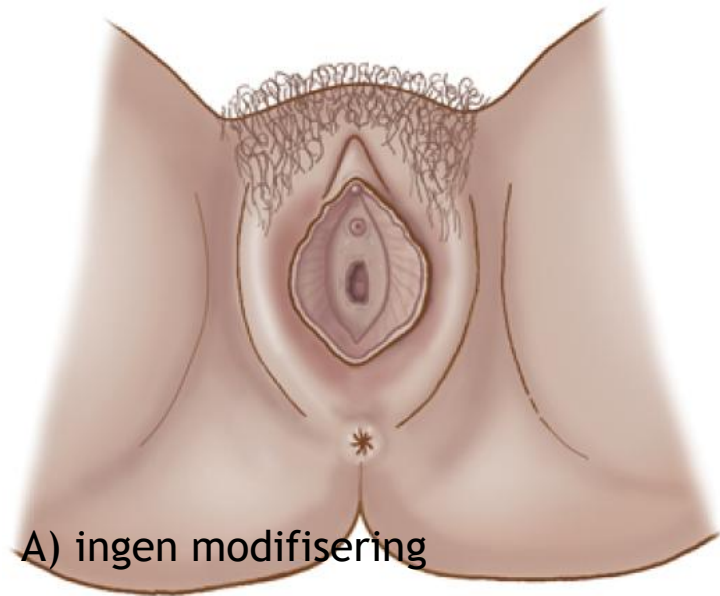
Rigmor C Berg
Vigdis Underland
Gunn Elisabeth Vist



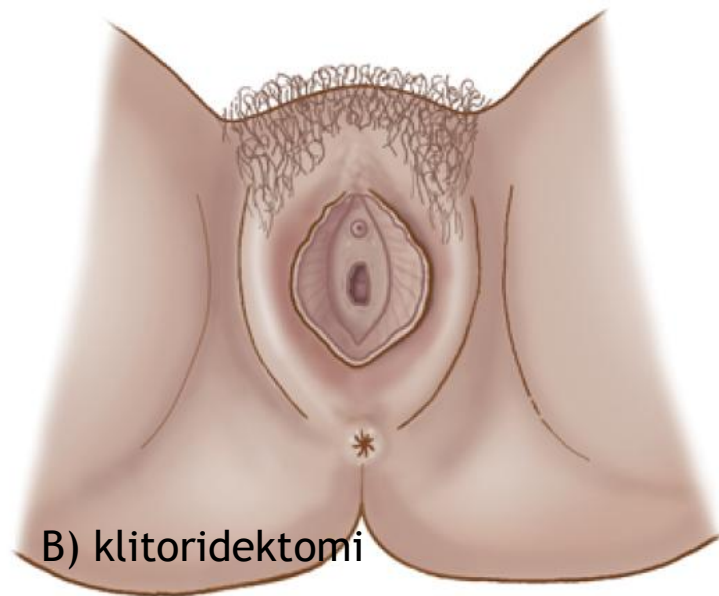
BAKGRUNN

- Female genital mutilation / cutting (FGM/C):
"the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons" (WHO, 1997)

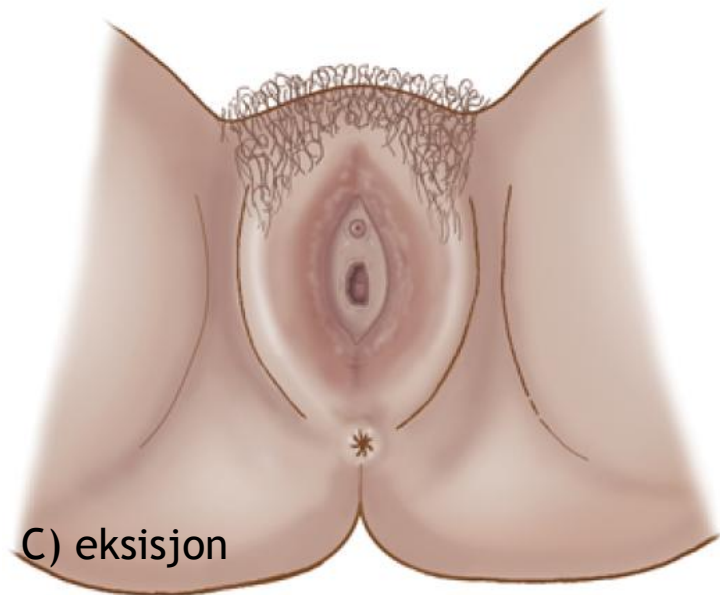




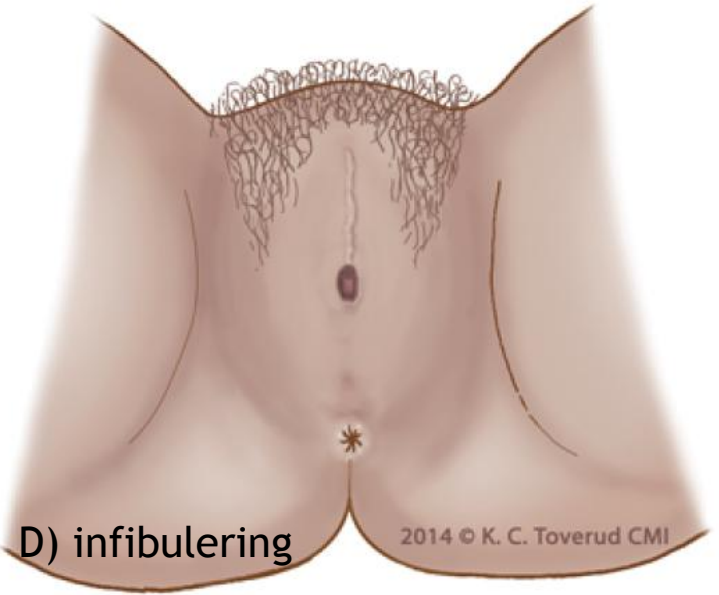
A) ingen modifisering



B) klitoridektomi



C) eksisjon

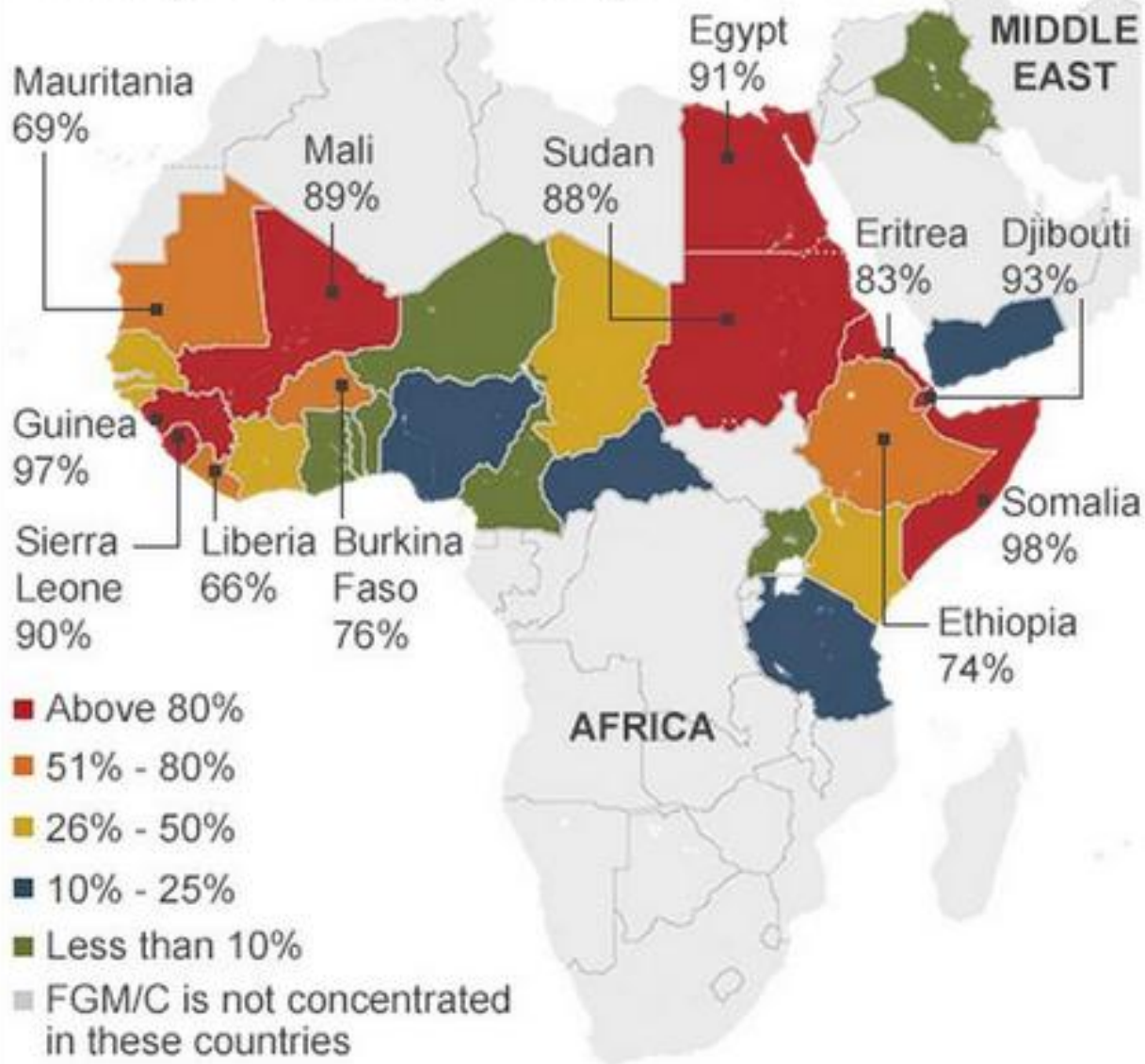


D) infibulering

125 millioner i 29 land

Countries where FGM is concentrated

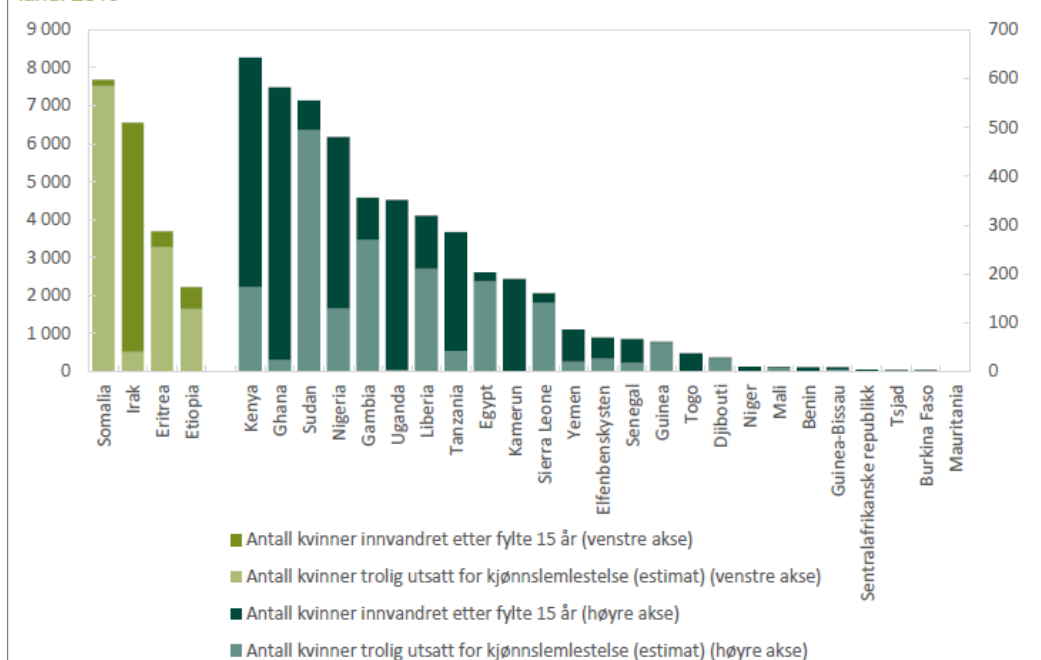
Percentage of female population age 15-49 affected



Source: Unicef

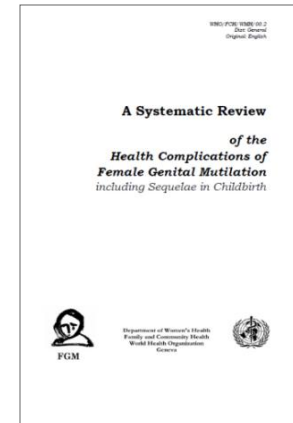
- Primært i 27 land i Afrika
- Noen land i midtøsten og Asia
- Immigrantsamfunn i vestlige land:
 - Innvandrere fra Afrika 1,9 % av norske befolkning
 - Ca 15 000 med KKL i Norge (NKVTS 2014)

Minimumsestimat på antall innvandrerkvinner i Norge utsatt for kjønnslemlestelse, fordelt på opprinnelsesland. 2013



- Få / ingen endringer i forekomst siste tiårene
- Vanligvis utført på jenter <10 år
 - synkende alder
- Vanligvis utført av tradisjonell omskjærer
 - “medikalisering”
- Bryter med menneskerettskonvensjoner:
 - Universal Declaration of Human Rights, 1948
 - International Covenant on Civil and Political Rights, 1966
 - Convention on the Elimination of all Forms of Discrimination against Women, 1979
 - Convention on the Rights of the Child, 1989

- All typer FGM / KKL fører til permanente, irreversible endringer i de kvinnelige genitalia
- **WHO (2000) review**
 - N=129 (primary data)
 - Fødselsfølgene av KKL vektlagt
- **Obermeyer (1999; 2005) review**
 - *“female circumcision is associated with some health consequences but that no statistically significant associations are documented for a number of health conditions”*
- **Evidence gap:** Ingen systematiske kunnskapsoversikter, ingen meta-analyser



Oppdrag fra NORAD & WHO

- Utføre en systematisk kunnskapsoversikt på de helsemessige konsekvensene av kjønnslemlestelse

Systematiske oversikter

- **Definisjon:** En oversikt der forfatterne har brukt en systematisk og tydelig framgangsmåte for å finne, vurdere og oppsummere alle undersøkelser om *samme* spørsmål
- **Bruk:** etablering av tiltak, retningslinjer, policymaking, lovutforming (organisasjoner, myndigheter)
- **Organisasjoner:**



Cochrane Collaboration sete i World Health Assembly (WHO resolusjoner)



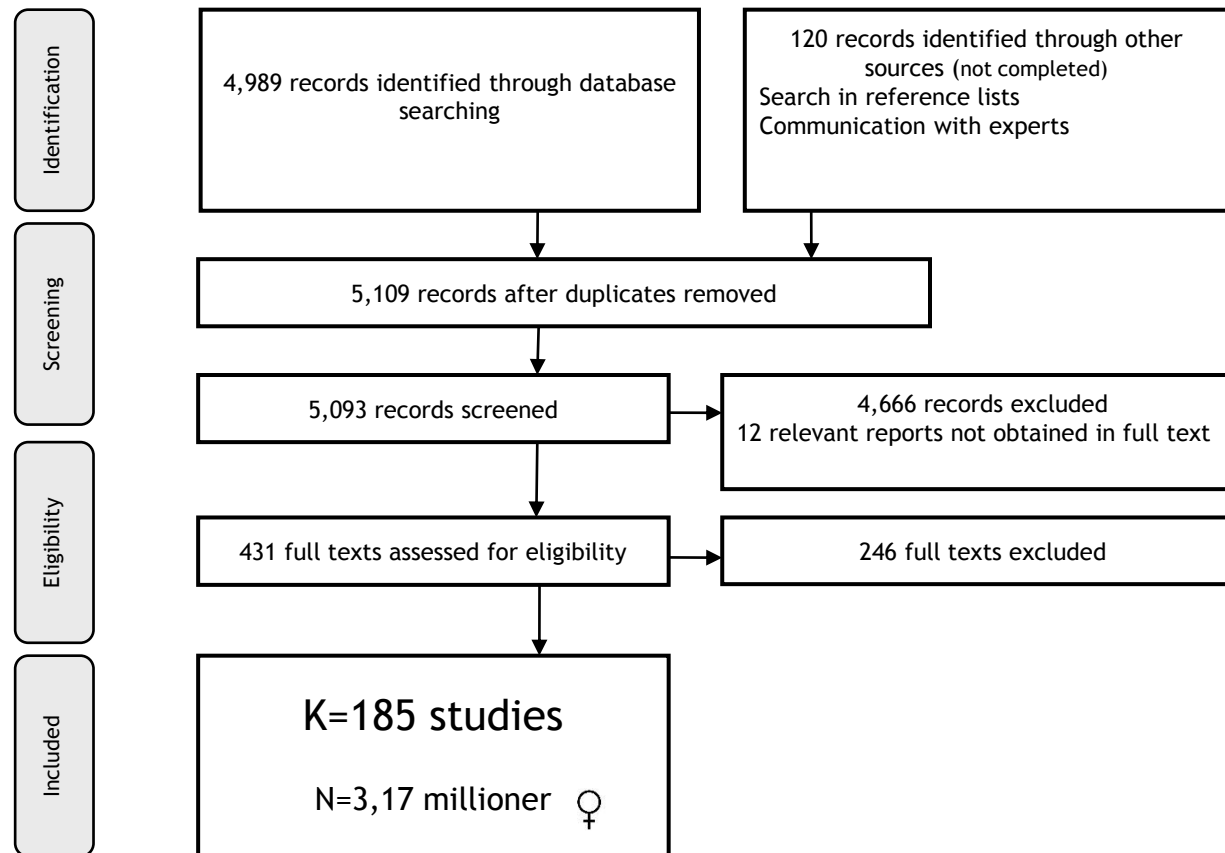
METODE



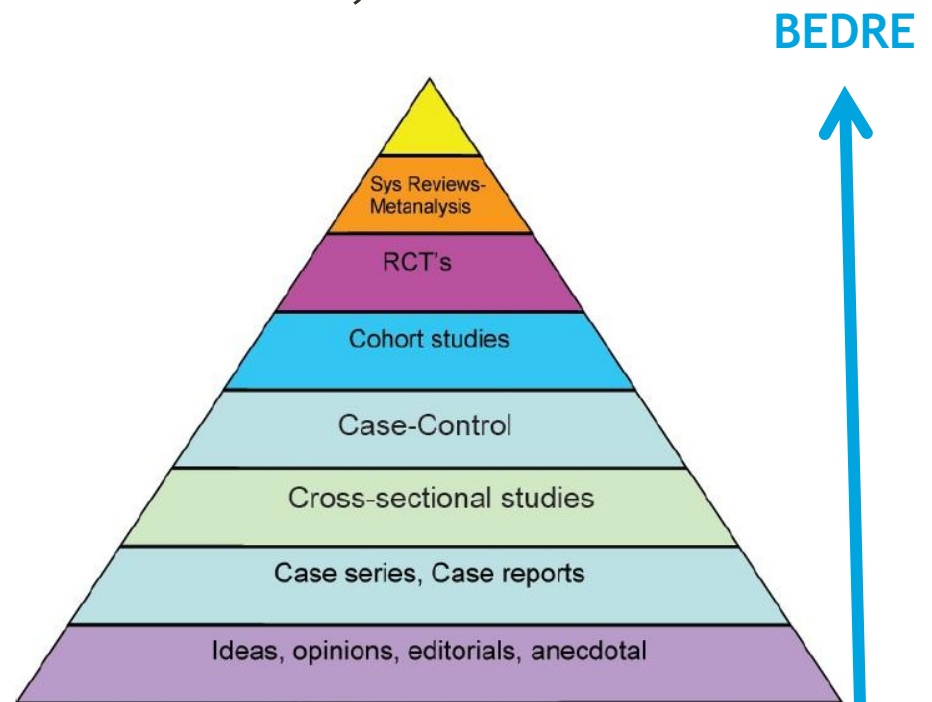
- Systematisk kunnskapsoversikt
- Søk: 15 e-databaser, organisasjoners websider, referanselister, eksperter
- Screening, vurdering av metodologisk kvalitet, data ekstraksjon (uavhengig og i par)
- Data analyse:
 - dikotome variabler: relativ risiko (RR) and 95 % konfidensintervall (KI)
 - kontinuerlige variabler: gjennomsnittdifferanse og 95 %KI
 - meta-analyser

RESULTAT

185 studier inkludert



- Publiseringsår: 1927 – 2011
- Geografi: 42 land (13 midt-østen, 43 vest, 129 Afrika)
- Type studier:
 - Kohort
 - Kasuskontroll
 - Tverrsnitt
 - Kasusserier
 - Kasustikker



185 inkluderte studier

Akutte/umiddelbare konsekvenser

Smerter
Hevelser
Feber
Blødninger (hemorrhage)
Prob med urinering
Infeksjoner
Annet

Immediate health consequences of female genital mutilation/cutting (FGM/C)

Report from Kunnskapsenteret (Norwegian Knowledge Centre for the Health Services)
No 8-2014
Systematic review

kunnskapsenteret
Norwegian Knowledge Centre for the Health Services

Background: Female genital mutilation/cutting (FGM/C) has been performed in various forms for millennia and involves the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. In this systematic review we addressed harm occurring during the cutting or alteration modification process and the short-term period. • We included 56 observational studies that documented immediate complications. There were 14 studies in which two or more groups of girls and women with different types of FGM/C were compared with regards to the occurrence of one or more acute complications. There are three main findings: • The most common immediate FGM/C complications were pain, excessive bleeding, swelling, problems with wound healing, urine retention. • The girls and women undergoing FGM/C often suffered more than one immediate complication. • There were few differences in risk of immediate complications among different types of FGM/C, but there might be a greater risk of immediate complications for women with FGM/C type III (infibulation) compared to types I/II. • There was evidence of under-

Gynekologiske konsekvenser

Genitourinary komplika
UTI,retensjon, inkontinens
Skade på vev
arrdannelser, keloid,
abscess, syster, fistula
Obstruktive komplika
Lukkelse, stenose
Menstruasjonsproblemer
Seksuelle problemer
penetrering, blødning
Infeksjoner
STI, HIV

Gynecological consequences of female genital mutilation/cutting (FGM/C)

Report from Kunnskapsenteret (Norwegian Knowledge Centre for the Health Services)
No 11-2014
Systematic review

kunnskapsenteret
Norwegian Knowledge Centre for the Health Services

The traditional practice of female genital mutilation or cutting (FGM/C) covers a range of procedures (clitoridectomy, excision, infibulation, and other) performed on the genitals of females of different ages. This systematic review aimed to summarize empirical quantitative research describing the gynecological consequences of FGM/C on girls and women. We included 236 primary studies, 42 of which compared groups of women who had been subjected to FGM/C with women who had no or different types of genital alterations. The main finding is that FGM/C has harmful consequences for a woman's gynecological health. We found that: • Women with FGM/C seem to be more likely than women without FGM/C to experience urinary tract infection, bacterial vaginosis, and pain during intercourse. • There seems to be a trend for women with FGM/C to be more likely than women without FGM/C to experience: burning/painful urination, problems with menstruation, vaginal discharge and vaginal itching. • There seems to be no clear trend for either a greater or lower risk of HIV and sexually transmitted infections among women who have undergone FGM/C. •

Obstetriske konsekvenser

Forlenget fødselsforløp
Rifter
Keisersnitt
Episiotomi
Instrumentell fødsel
Blødning (post.part. hemorrhage)
Annet

Obstetric consequences of female genital mutilation/cutting (FGM/C)

Report from Kunnskapsenteret (Norwegian Knowledge Centre for the Health Services)
No 6-2013
Systematic review

kunnskapsenteret
Norwegian Knowledge Centre for the Health Services

Background: Female genital mutilation/cutting (FGM/C) is a traditional practice that involves the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. This systematic review aimed to fill a gap in synthesized evidence of the obstetric sequelae of FGM/C. We included 44 primary studies, 28 of which compared groups of women with FGM/C to women with no or different types of genital modifications. **Main findings:** • Women who have undergone FGM/C seem to be more likely than non-cut women to experience prolonged labor, obstetric tears, instrumental delivery, obstetric hemorrhage, and difficult delivery. • Women with FGM/C type III (infibulation) seem to be more likely than women with FGM/C type I/II (clitoridectomy or excision) to experience problems during delivery. • There was not found a significant difference in risk of cesarean section or episiotomy between women with FGM/C and women without FGM/C. • There was not found a significant difference in risk of obstetric tears, cesarean section, or episiotomy between women with FGM/C type I and women with FGM/C type II. •

Umiddelbare konsekvenser

- 56 studier inkludert
- N= 133 515 kvinner
- Vanligste umiddelbare komplikasjonene:
 - urinretensjon (53 %)
 - store blødninger (43 %)
 - hevelser (27 %)
 - problemer med sårtilheling (13 %)
 - smerte (11 %)
 - feber (5 %)
 - infeksjon (2 %)

Gynekologiske konsekvenser

- 136 studier inkludert
- N= 130 558 kvinner
- 42 studier sammenlignet forekomst av diverse utfall i ≥ 2 grupper

kvinner med KKL

VS

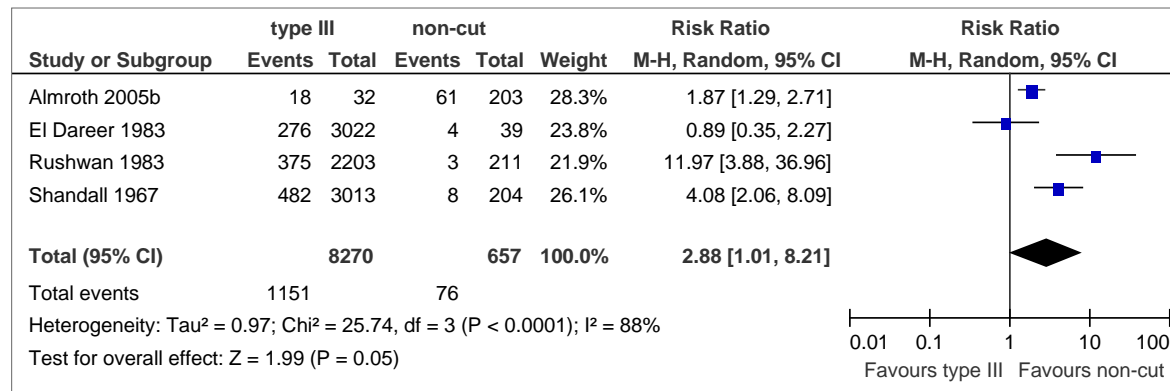
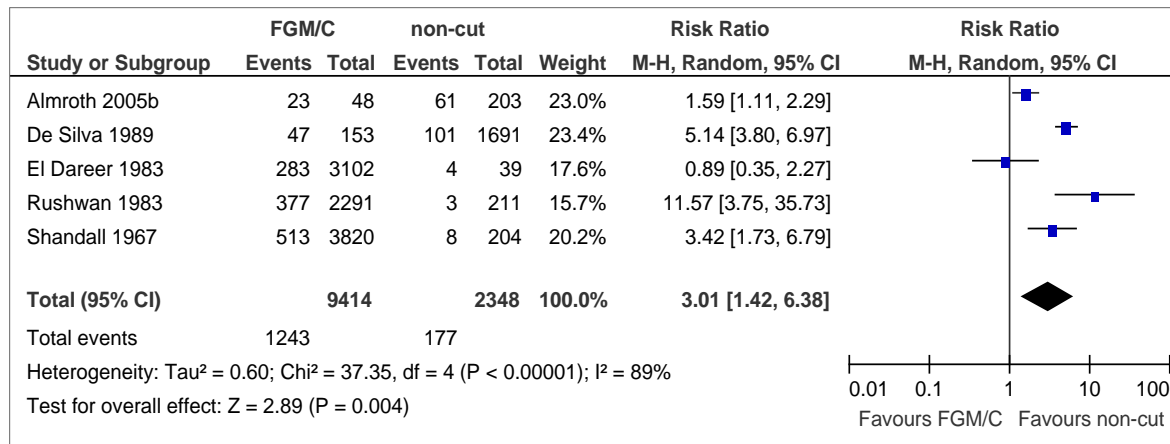
kvinner uten KKL

type KKL

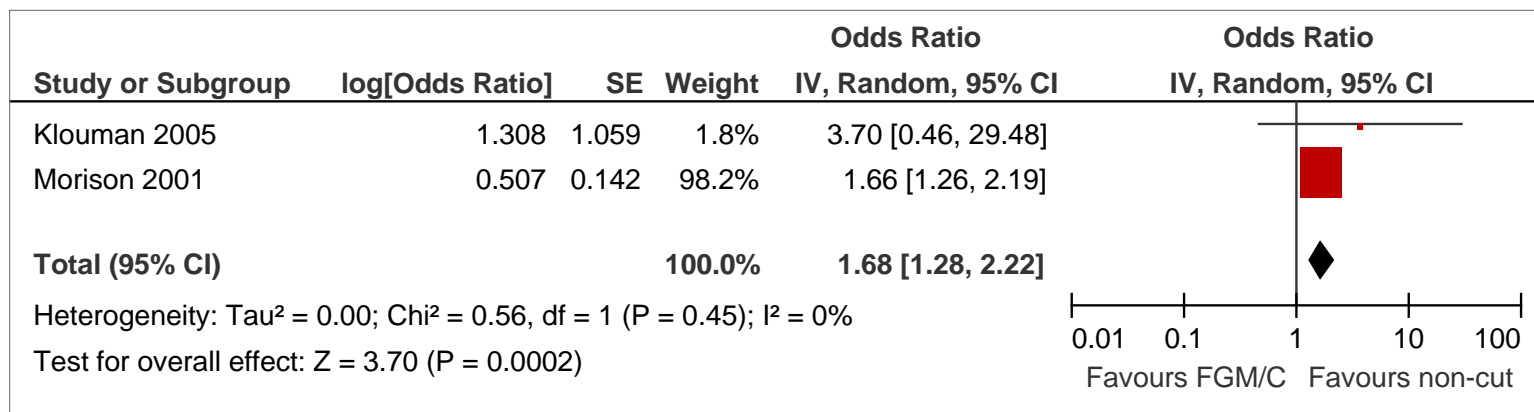
VS

annen type KKL

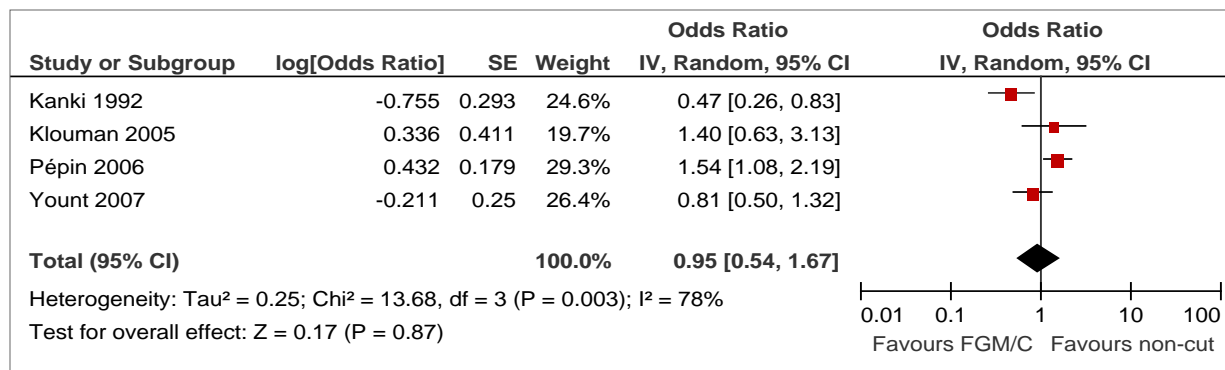
- Urinveisinfeksjon
- RR=3.01 (favør ikke-KKL)



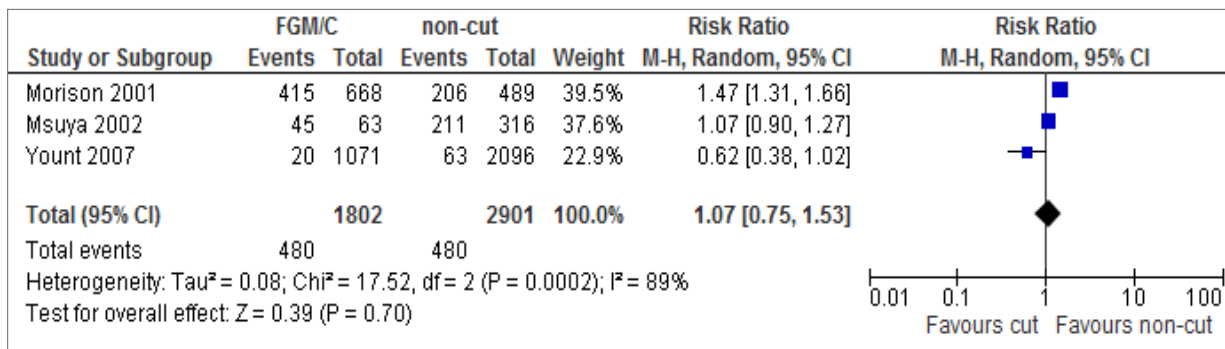
- Bakteriell vaginose
- AOR=1.68 (favør ikke-KKL)



- HIV (1 kaseskontroll studie, 4 tverrsnitt): AOR= 0.95



- Seksuelt overførbare infeksj (3 tverrsnitt): RR=1.07



- Infertilitet (2 kaseskontroll, 11 tverrsnitt)

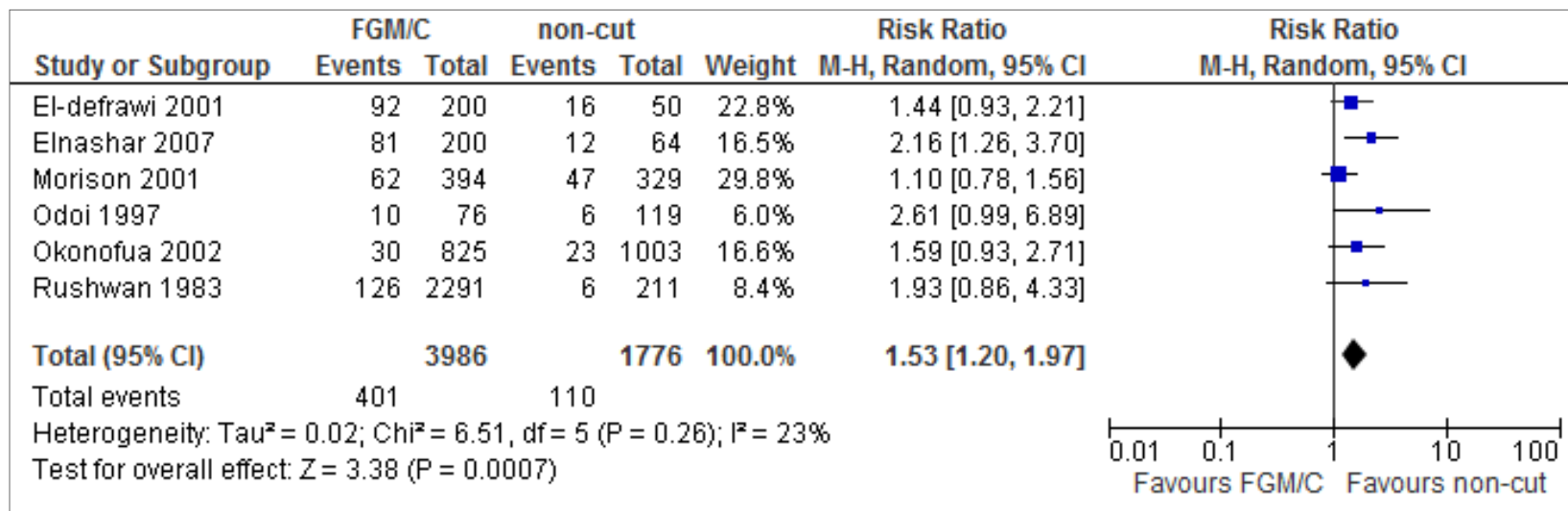
Study or Subgroup	FGM/C		non-cut		Risk Ratio	
	Events	Total	Events	Total	M-H, Random, 95% CI	M-H, Random, 95% CI
Klouman 2005	0	0	0	0	Not estimable	
Larsen 2000-I	5192	15593	4216	15645	1.24 [1.19, 1.28]	
Larsen 2000-II	2910	18076	4634	19891	0.69 [0.66, 0.72]	
Larsen 2000-III	1285	8033	6592	33463	0.81 [0.77, 0.86]	
Larsen 2002	114	3747	8	471	1.79 [0.88, 3.64]	
Morison 2001	43	420	35	356	1.04 [0.68, 1.59]	
Rushwan 1983	58	2291	3	211	1.78 [0.56, 5.63]	

- Barnløshet (3 tverrsnitt)

Study or Subgroup	FGM/C		non-cut		Risk Ratio	
	Events	Total	Events	Total	M-H, Random, 95% CI	M-H, Random, 95% CI
Larsen 2000-I	111	1626	98	1754	1.22 [0.94, 1.59]	
Larsen 2000-II	48	2085	63	2096	0.77 [0.53, 1.11]	
Larsen 2000-III	18	817	81	3367	0.92 [0.55, 1.52]	

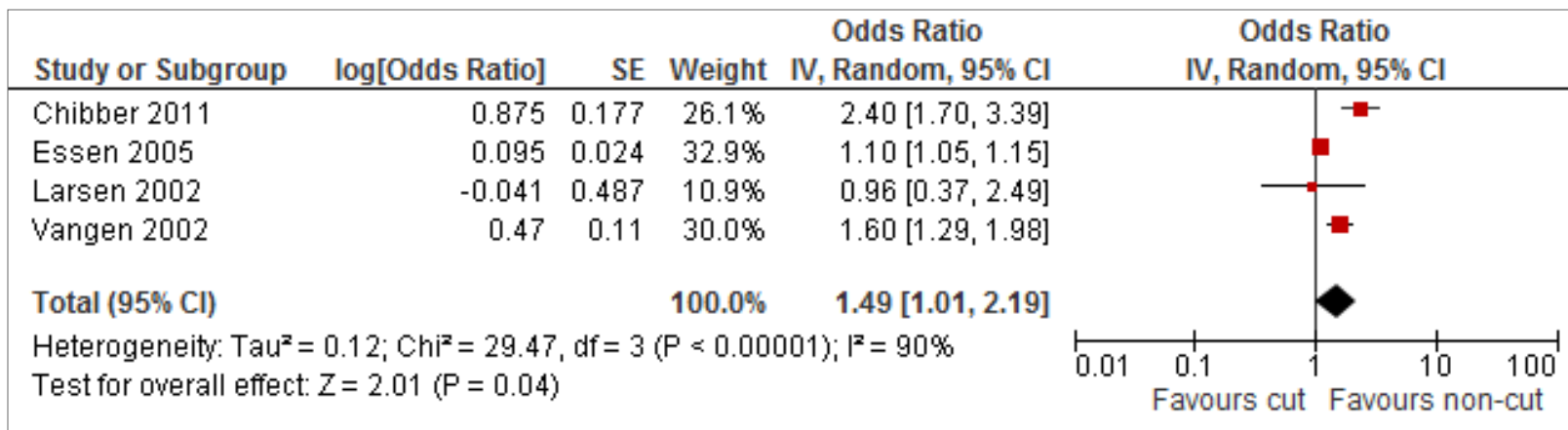
Seksuelle konsekvenser

- 6 studier inkludert
- Smerte ved samleie:
- RR=1.53 (favør ikke-KKL)

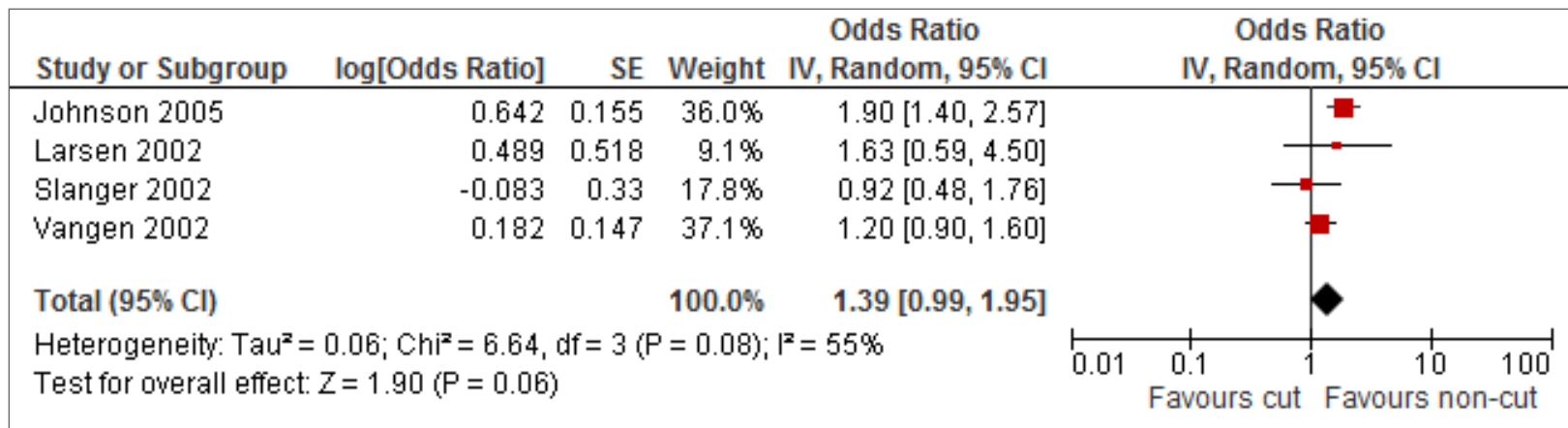


Obstetriske konsekvenser

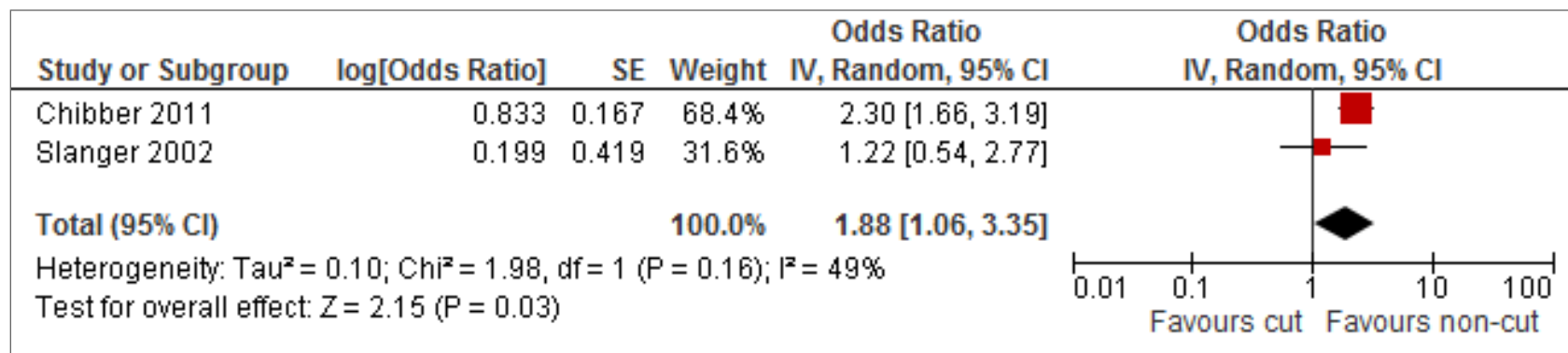
- 44 studier inkludert (28 komparative)
- N= 3 mill kvinner
- Forlengt fødselsforløp
- AOR= 1.49 (favør ikke-KKL)



- Fødselsrifter
- AOR=1.39 (favør ikke-KKL)



- Mekanisk hindret /vanskelig fødsel
- AOR= 1.88 (favør ikke-KKL)



DISKUSJON

- Stor sjanse for underrapportering av mange helseproblemer
- Få hendelser → analysene kunne ikke fastslå om det var statistisk signifikant forskjell mellom gruppene → forskjell i risiko uklart (kan ikke påvise forskjell)
- Ingen store forskjeller mellom typer av KKL
- Ingen helsegevinster identifisert → fins ingen helsegevinster av KKL
- Fremtidig innsats:
 - Forskning: hensiktsmessig omsorg og behandling til de som lider av komplikasjoner; psykiske komplikasjoner; unge jenter
 - Helsetjenesten: behandling av komplikasjoner

KONKLUSJON

- Kvinner som har blitt kjønnslemlestet har større risiko for fysiske helsekomplikasjoner
- Kjønnslemlestelse er skadelig for kvinners helse, i både korttidsperspektiv og langtidsperspektiv

TUSEN TAKK FOR OPPMERKSOMHETEN

- Rapportene fritt tilgjengelig på Kunnskapscenteret
- Kontakt info: Rigmor Berg rib@nokc.no
- Artikler:

Effectiveness of Interventions Designed to Prevent Female Genital Mutilation/Cutting: A Systematic Review
Rigmor C. Berg and Eva Denison

Female genital mutilation/cutting (FGM/C) is widely considered a human rights violation. Although interventions have been developed to reduce the prevalence of FGM/C, there is limited evidence on the effectiveness of these interventions. This systematic review assesses the effectiveness of interventions designed to prevent FGM/C. The review included 10 studies, with 1000 women included in the analysis. The review found that interventions designed to prevent FGM/C are effective in reducing the prevalence of FGM/C. The most effective interventions were those that provided information and education to women and their families, and those that provided counseling and support to women. The review also found that interventions designed to prevent FGM/C are effective in reducing the prevalence of FGM/C in women who are at high risk of FGM/C.

Does Female Genital Mutilation/Cutting (FGM/C) Affect Women's Sexual Functioning? A Systematic Review of the Sexual Consequences of FGM/C
Rigmor C. Berg and Eva Denison

Female genital mutilation/cutting (FGM/C) is a common practice in many parts of the world. It is widely considered a human rights violation. Although interventions have been developed to reduce the prevalence of FGM/C, there is limited evidence on the effectiveness of these interventions. This systematic review assesses the effectiveness of interventions designed to prevent FGM/C. The review included 10 studies, with 1000 women included in the analysis. The review found that interventions designed to prevent FGM/C are effective in reducing the prevalence of FGM/C. The most effective interventions were those that provided information and education to women and their families, and those that provided counseling and support to women. The review also found that interventions designed to prevent FGM/C are effective in reducing the prevalence of FGM/C in women who are at high risk of FGM/C.

A Tradition in Transition: Factors Perpetuating and Hindering the Continuance of Female Genital Mutilation/Cutting (FGM/C) Summarized in a Systematic Review
Rigmor C. Berg and Eva Denison

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Review: A realist synthesis of controlled studies to determine the effectiveness of interventions to prevent genital cutting of girls
Rigmor Berg, Eva M. Denison

Background: Female genital mutilation/cutting (FGM/C) is a traditional practice which involves the partial or total removal of the female genital organs for non-medical reasons. Although several studies indicate that the practice is having less prevalence, as many as 100 million girls may still be at risk of FGM/C. Given the associated risks and violation of the human rights of girls and women, the practice is discouraged through promotional interventions. Aims: To systematically review the effectiveness of interventions to prevent genital cutting of girls. Methods: The realist synthesis approach involves contextualizing the practice, exploring the mechanisms of change, and identifying the contexts in which the practice is most likely to be effective. Results: The review found that interventions designed to prevent FGM/C are effective in reducing the prevalence of FGM/C. The most effective interventions were those that provided information and education to women and their families, and those that provided counseling and support to women. The review also found that interventions designed to prevent FGM/C are effective in reducing the prevalence of FGM/C in women who are at high risk of FGM/C.

Review Article: The Obstetric Consequences of Female Genital Mutilation/Cutting: A Systematic Review and Meta-Analysis
Rigmor C. Berg and Eva Denison

Female genital mutilation/cutting (FGM/C) is a common practice in many parts of the world. It is widely considered a human rights violation. Although interventions have been developed to reduce the prevalence of FGM/C, there is limited evidence on the effectiveness of these interventions. This systematic review assesses the effectiveness of interventions designed to prevent FGM/C. The review included 10 studies, with 1000 women included in the analysis. The review found that interventions designed to prevent FGM/C are effective in reducing the prevalence of FGM/C. The most effective interventions were those that provided information and education to women and their families, and those that provided counseling and support to women. The review also found that interventions designed to prevent FGM/C are effective in reducing the prevalence of FGM/C in women who are at high risk of FGM/C.

ACKNOWLEDGEMENTS

- Delvis finansiert av WHO