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Many health professionals lack knowledge and guidelines on female genital mutilation

More resources and evidence-based guidelines are needed by health practitioners internationally to provide culturally sensitive medical and psychological treatment for women and girls that have had female genital mutilation or cutting (FGM/C), according to a systematic review of the evidence published today in the open access journal *BMC International Health and Human Rights*. The review's authors say more research is needed to assess the attitudes and knowledge of health professionals, and to raise awareness, thereby preventing this harmful practice.

The systematic review set out to answer questions about health professionals' experience of FGM/C in their clinical setting; their knowledge of FGM/C types, complications, high risk groups and their access to education and training; and their knowledge of laws relating to FGM/C.

The review found that health professionals' knowledge of FGM/C, the different types of FGM/C and its associated complications varied according to their work setting. For example, one study reported that knowledge was high in a specialist clinic that cares for pregnant women with FGM/C. However, most studies reported that knowledge of FGM was limited, especially among health professionals working in high income countries.

Lead author, Yvonne Zurynski of the University of Sydney, said: "A number of studies from Egypt reported acceptance of FGM/C among health professionals if it was done in a medical setting by a doctor. However, as there are no health benefits to FGM/C and considerable health risks, the medicalization of FGM/C sets a dangerous precedent which perpetuates this practice.

"There were also some reports from high income countries of doctors indicating that they would agree to re-infibulate (re-stitching of the vagina to re-close it) a woman after she gave birth to ensure she continues to be accepted in her community and to protect her from potentially having the procedure performed by 'traditional practitioners'."

Researchers from the University of Sydney and the Children's Hospital at Westmead, Sydney, assessed the findings of 18 studies as part of their systematic review. Eight studies originated in African countries and ten were done in high income countries (see table 1 in paper for list of countries). Most study participants were gynecologists, obstetricians and midwives, and no studies were found that focused specifically on pediatricians.

Lead author, Yvonne Zurynski said: "Despite FGM/C usually being performed in young girls, we found only one published study of pediatricians' experiences - this study was from the UK and was published this year and after our data were already analyzed. In addition, we found no studies of family doctors/general practitioners. Pediatricians are key health professionals who see children and may be involved in the management of complications of FGM/C and most importantly in the prevention of FGM/C."

It has been estimated that 100-140 million women have undergone FGM/C procedures. These are procedures that involve the partial or full removal of female genitalia for non-medical reasons. FGM/C is usually carried out on girls aged from 1 month to 15 years. It can result in long-term complications such as recurrent urinary infections, birthing problems, vaginal tears and psychological problems. It is illegal in many African and high income countries.

The researchers note that one limitation of their systematic review was the quality of the studies they examined, many of which had small sample sizes and low response rates. They recommend further research to determine knowledge gaps and educational needs of clinicians, including pediatricians, general practitioners and community health workers and comment that this will be particularly important with increasing immigration to high income countries of girls and women from countries where FGM/C is still customary.

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