

HOW TO CARRY OUT A SURVEY ON FGM AMONG THE SECOND GENERATION IN EUROPEAN COUNTRIES ?

The case of France, a former receiving country

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FGM prevalence in European countries :

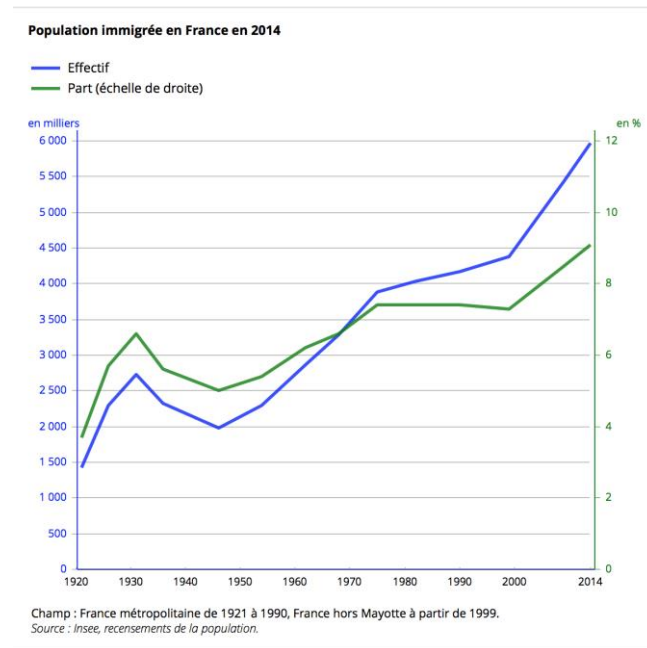
*“The number of women and girls in a country who have undergone FGM at a certain point in time expressed as the proportion of the total number of women living in the country but originating from countries where FGM is practiced, **and their female descendants.**” (EIGE)*

- 578 000 first generation women and girls in EU (*Ortensi and al. , 2016*)
- Prevalence of FGM is still unknown for their female descendants

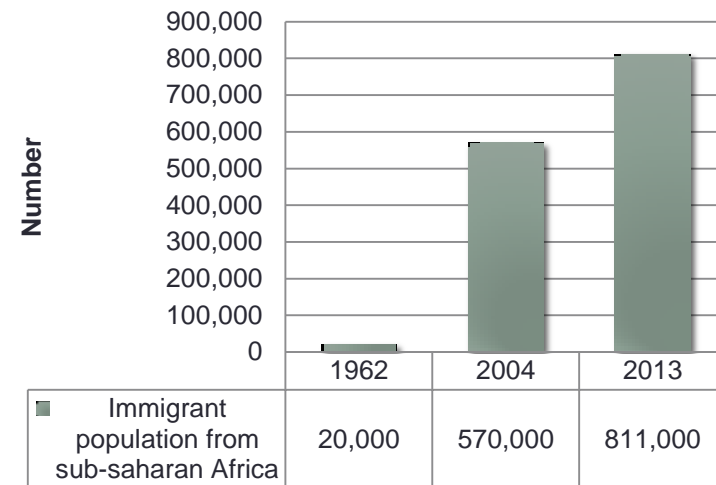
20% of the women living in EU but originating from countries where FGM is practiced, lived in France : 106 000 first generation women and girls

Sub-Saharan migration in France

African migration in France began in the 1960's
In 2004, the majority of news arrivals were women



Immigrant population from sub-saharan Africa



Average number of children per woman from SSA, at 45 years for migrant women in 2008 :
4,8 children per women in couple and without children at arrival

Why focusing on second generation ?

- Estimate de number of women and girls, born in EU who have undergone FGM
- Study the abandonment, the perpetuation and/or the reconfiguration FGM
- Better identify the specific situation and expectations of descendants
- Help policy makers and health professionals to give relevant answers
- Investigate the next part with the “third generation”

⇒ *Define and find the at-risk population*

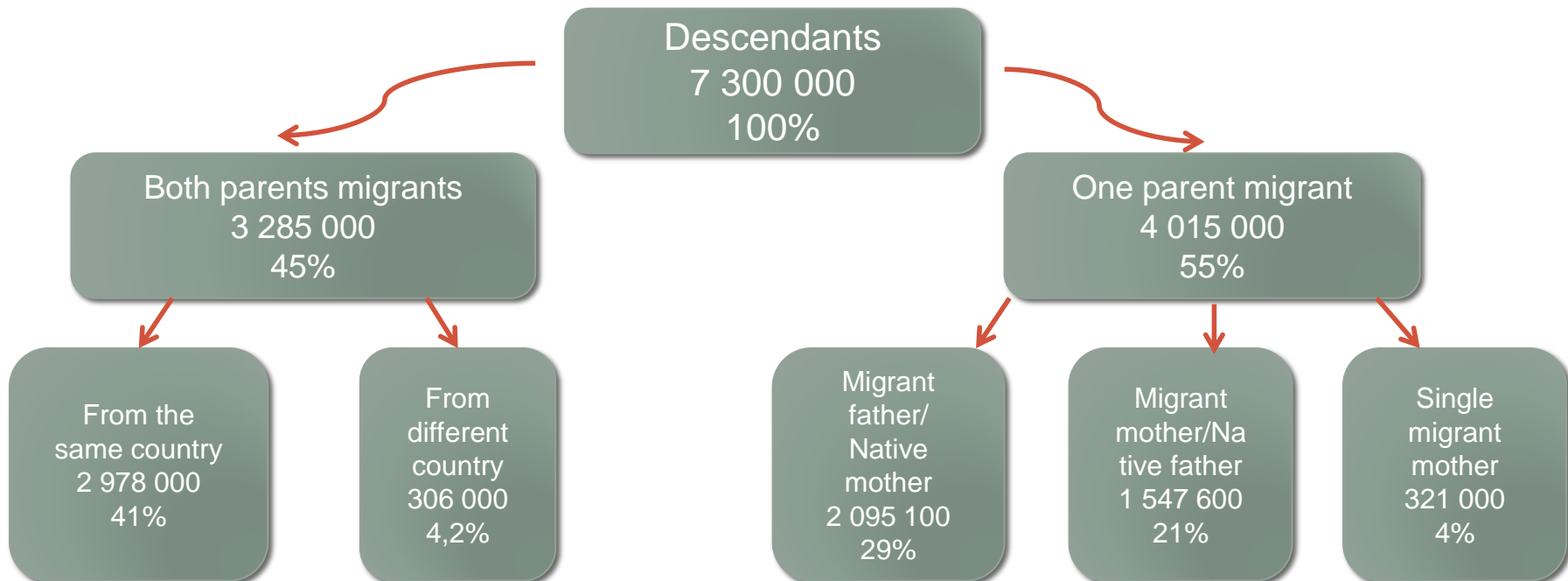
⇒ *Identify or estimate the number of excised women within the at-risk population*

⇒ *Identify the various type of risk*

Define the at Risk Population (1)

Definition of the second generation : all girls non immigrants (born in EU), with at least one parent (mother and/or father) born in a FGM risk country.

French Case



Define the at-risk population (2)

- Until what age the descendants are at-risk?

French Case

Total female migrant population from FGM-practising countries, by five-years age groups and generation (first and second), 2014

Generation	Age	Numbers
First Generation	0-19	37 609
Second Generation	0-19	177 649

Source : French Census, 2014 (for the period 2012-2016) ; Tabulation sur mesure, INSEE, ADISP-CMH

Define types of risk of FGM for descendants

- Identify various level and type of risk
- Develop effective prevention policy
- Pinpoint the most suitable care for concerned women and girls

Combine two dimensions :

Risk of FGM

Who performed it ?

Where did it happen ?

Traditional
cutter/excisor

Health
professional

In the country of
origin

In the receiving
country

Strong limitations when using indirect methods

- No “extrapolation of FGM country prevalence data method”
- Make hypothesis or conjectures about the perpetuation inside migrant families
 - ⇒ **Between 0% and the observed in the same generation in the country of origin ?**
- Make hypothesis or conjectures for girls in the case of mixed couples
 - ⇒ **Matrilineal or patrilineal transmission of FGM ?**

French ExH results : % of mutilated women, by country of origin and status of migration (2009)

	Descendant ExH	Migrant ExH	DHS Survey
Mali	63%	97%	89%
Senegal	42%	62%	26%
Ivory Coast	0%	30%	38%
Cameroon	0%	1%	1%
Guinea	0%	94%	96%
Mauritanie	63%	80%	69%

Major issues for a direct estimation

- ❖ **Make a prevalence survey in a disseminated population**
- ❖ Descendants are less specific in terms of sociability and lifestyle
- ❖ Social networks are more diverse
- ❖ But, spatial segregation could be still effective

- ❖ **Deal with a sensitive topic.**
- ❖ Accurate awareness of their status
- ❖ Respect their (lack of) knowledge/ prevent to “reveal” their situation
- ❖ Develop the interview without knowing the situation of the interviewee

- **Ethical challenges**
- **Methodological challenges**

Ethical challenges: A sensitive topic

- Ethical Issues in social health studies:
 - Informed consent based on comprehension of study goals and objectives
 - Extreme caution because of the focus on a sensitive and traumatic event
- Ethical Issues in statistical approach:
 - Informed consent / Protection of privacy and confidentiality
 - No stigmatization for respondents

Methodological challenges: A hard-to-define population

- ❖ Surveying a harmful and penalized practice
- ❖ Biases of self-reported on a potentially unknown event
- ❖ Awkward for the non-concerned part of the population

- ❖ Find a elusive population but geographically clustered
- ❖ Explore family genealogy to define eligibility
- ❖ Study a ethnic minority topic instead of a migrant one

Key issues

- ⇒ Co-construction approach with concerned women :
 - to elaborate an appropriate questionnaire
 - to develop a respectful survey protocol

- ⇒ Specific module in a general survey :
 - to be in a ethnic minority perspective
 - to duplicate the DHS approach for low prevalence countries