

Preventing Female Genital Mutilation (FGM) in traveling girls

Priscilla dos Santos, Priscilla dos Santos, Inge van den Luitgaarden, Jan Delfgou, Lishanty Paula, Timo Boelsums, Claire van Nispen tot Pannerden

Background:

Female Genital Mutilation (FGM) is a serious underreported problem in Travel Medicine. The Dutch Society of Travel Medicine will implement a new protocol on addressing FGM in travel clinics where families may seek health. This approach needs to be individualised and adjusted to the facilities Travel Health Clinics.

2. Materials and Methods:

We adjusted the national protocol to our local facility, taking the capacity of our team and local organisations into account. We developed a system to assess risk in travelling girls and provide counselling.

3. Results

Anticipating implementation of the national FGM protocol in Travel Medicine, we proposed training of all our staff. Training consisted of individual e-learning, followed by a group session with role playing. The clinic supervisors received additional training. A system of recognition of potential risk was set up, based on country of destination, duration of stay and age and gender of the traveller(s).

In our team we encountered several problems: time invested in training, additional time during clinic when risk is identified, communication with allied professionals and time pressure due to departure date.

4. Conclusion:

To implement a protocol addressing FGM it is of great importance to thoroughly train the team, prepare for scenarios and assess the capacity of local institutions involved in the care of children possibly undergoing FGM. We also recommend collaborating with locally active experience-based communities. The organisation needs to be well informed and engaged in order to agree with the time investment, necessary to adequately approach the issue of FGM.