ESTIMATING PREVALENCE IN EUROPE: LESSONS LEARNED FROM A PILOT PROJECT IN ITALY AND BELGIUM

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The prevalence of FGM in any of the Member States of the EU is defined as:

‘the number of women and girls in that 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.’
Majority of prevalence estimations in Europe use indirect estimation methods using secondary sources to estimate the absolute number of women originating from a country where FGM is practiced.

Absolute number based on:
- birth register (Macfarlane & Dorkeno, 2014; Dorkeno et al., 2007; Dubourg et al., 2011; Dubourg & Richard, 2014; Baillot, 2014; Korfker et al., 2012)
- child protection register (Exterkate, 2013)
- register of asylum seekers (Dubourg et al., 2011; Dubourg & Richard, 2014; Exterkate, 2013)
- national census (Dorkeno et al., 2007; Macfarlane & Dorkeno, 2014; Baillot, 2014)
- Or a combination of different sources
Extrapolation-of-fgm-countries-prevalence:

- $\text{X} = \text{the FGM prevalence rate in the countries of origin (for women and girls age 15 to 49, as reported by the DHS and MICS)}$

- Multiplied by: the total number of girls and women in the country of destination coming from or born to a mother originating from one of the countries where FGM is practiced, as retrieved from the different previously mentioned registers.
STRENGTHS OF INDIRECT ESTIMATION METHODS

- Cheap
- Not complex
- Reliable approximation of the estimated number
- Trends
- Impact for prevention programs
LIMITATIONS OF INDIRECT METHODS

– Migration related data: no common used definition of ‘migrant’
– Ethnicity not taken into account
– Confusion first and second generation
– Influence of migration
– Fluctuations in migrant flows difficult to take into account
– Asylum seekers and undocumented migrants?
DIRECT ESTIMATIONS OF FGM IN EUROPE

– Andro et al., 2009; Farina, 2010; Farina & Ortensi, 2015; Ortensi et al., 2015

– Interviews:
  – Recruitment through gynecological cabinet (Andro et al. 2009)
  – Facility-based and snowball sampling (Farina, 2010; Farina & Ortensi, 2015)

– Sample of women born in countries where FGM is practiced + specific geographical area.
DIRECT ESTIMATION 2017

1. Developed by ICRH, INED and Bicocca University in collaboration with PI’s prevalence studies from NL, PT, ..
3. Method tested: Time location sampling combined with respondent driven sampling
4. Method tested in Italy and (limited) Belgium
5. Number of recommendations formulated for direct estimations
TARGET POPULATION

- Survey conducted among:
  - Women from selection FGM countries living in the host country with (8-10 nationalities)
  - With at least one parent born in an FGM country
  - Age ≥ 18
- Both legally resident and undocumented migrants (random)
TLS + RDS: MIXED METHOD

– TLS: Useful for collecting information on a hard-to-reach population

– RDS: use of probability snowball sample method
LESSONS LEARNED FROM DIRECT ESTIMATION METHOD TESTING

– Use facility based and snowball sampling
– Prepare fieldwork
– Longitudinal approach advisable
– Choice and training of interviewers important
– Multicentre approach
LESSONS LEARNED (CONT.)

- Coordinator to be appointed
- Choose main communities
- Use stratification in sample design
- Questionnaire
- Language
STRENGTHS AND LIMITATIONS OF DIRECT ESTIMATION METHODS

– Controlling for limitations of indirect estimations: ethnicity, impact of migration, fluctuating prevalence figures in county of origin, first/second generation confusion, general context….

– But:
  – Sensitive topic to talk about: fear of stigmatization, legislation
  – Careful of suggestive questions
  – Social desirability
  – Influencing factors on the success of the interview: Intensive training, speaking the same language and knowledge of local terminology, same ethnic background
METHODOLOGIES FOR THE ESTIMATION OF FGM PREVALENCE IN EU

- A matter of choice, financial means and objectives of the estimation (policy, prevention plans, funding,…)
- relatively low number of women who have undergone FGM => nationwide randomization is not feasible
- Countries of migration with low expected prevalence: indirect method
- Countries of migration with high expected prevalence: direct method
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