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

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 the 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 types 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

Descendants 7 300 000 100%

Both parents migrants 3 285 000 45%

From the same country 2 978 000 41%

From different country 306 000 4,2%

One parent migrant 4 015 000 55%

Migrant father/Native mother 2 095 100 29%

Migrant mother/Native father 1 547 600 21%

Single migrant mother 321 000 4%
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

<table>
<thead>
<tr>
<th>Generation</th>
<th>Age</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Generation</td>
<td>0-19</td>
<td>37 609</td>
</tr>
<tr>
<td>Second Generation</td>
<td>0-19</td>
<td>177 649</td>
</tr>
</tbody>
</table>

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

Combining two dimensions:

- **Who performed it?**
  - Traditional cutter/excisor
  - Health professional

- **Where did it happen?**
  - 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)

<table>
<thead>
<tr>
<th>Country</th>
<th>Descendant ExH</th>
<th>Migrant ExH</th>
<th>DHS Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mali</td>
<td>63%</td>
<td>97%</td>
<td>89%</td>
</tr>
<tr>
<td>Senegal</td>
<td>42%</td>
<td>62%</td>
<td>26%</td>
</tr>
<tr>
<td>Ivory Coast</td>
<td>0%</td>
<td>30%</td>
<td>38%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Guinea</td>
<td>0%</td>
<td>94%</td>
<td>96%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>63%</td>
<td>80%</td>
<td>69%</td>
</tr>
</tbody>
</table>
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 an ethnic minority perspective
   • to duplicate the DHS approach for low prevalence countries