Gender-Based Violence
Case study for workshop/discussion
Female Genital Cutting

Facilitator copy

Please read the following sections to the group. This should take 5 – 10 minutes.

Introduction

This case study is set in Sudan. It explores the role and responsibility of health professionals in providing education and awareness to families of the dangers of female genital cutting to women and girls.

Learning objective
To encourage health professionals to talk to parents about the effects of FGC, immediate and long-term, and the physical and psychological complications.

Note on the case study
This case study has been written by Dr Iman Aburga MRCOG, a member of the RCOG Liaison Group for Sudan.

Advice and support
You may find aspects of this case study, and the workshop in general, distressing. You may have friends, colleagues or family members who are affected, or perhaps you are directly affected. If this is the case, please be aware that we cannot offer personalised advice and support during or after the workshop for individual situations, but please do review the full list of help and support options given at the end of the Checklist for Domestic Violence to seek support and guidance.

The story of Zainab, a five-year-old girl brought to a clinic in Khartoum

All group members should have a copy of this case study. The facilitator should nominate someone to read out this case study to the group (5 minutes).

In this story a mother and father present to a primary care physician/gynaecologist with their five-year-old daughter with a complaint of burning micturition. During consultation, the mother tells the doctor her own mother blames the child’s recurrent UTIs on the fact that she is not yet ‘infibulated’.

Miriam and Ali bring their five-year-old daughter Zainab to the clinic. From the history, it emerges that the girl has been losing weight steadily for a period of a few months. She is unable to play as she used to and is ‘lazy’ according to her father.

Both parents have university degrees and their children are the first generation to be born in the capital city, Khartoum. The family moved from Kassala in the East of Sudan several years ago. Miriam’s mother lives with them and insists that the girl screams when she passes urine because of ‘dirty extra tissue’. She has been pressuring Zainab’s mother to let her take the girl to be ‘purified and cleaned’.

It becomes evident that Miriam is considering this course of action.

Investigations reveal that Zainab is in fact diabetic with a urinary tract infection.
Questions for consideration

Questions to ask the group:

The facilitator will now ask the following questions to the group for discussion:

1. What are your first impressions of this case?
   Allow time for delegates to give their views on the case, which may reveal different levels of understanding about risk factors and opportunistic education sharing with parents around FGC.

2. What risk factors should the health professional identify?
   Wait for responses but prompt if required. They should identify that this child is at risk of domestic violence. You may wish to explain further why this is domestic violence because it is at the hands of family members.

3. How should a health professional react to the presentation of these symptoms?
   Responses should include: managing the presenting complaint itself by testing urine and investigating for causes of lethargy. Encourage open discussion around the need to be unbiased and look for your own clues and red flags about Zainab’s condition and not to be influenced by the assertions made by her family.

4. What would be the best approach towards Zainab’s family?
   Here delegates should express the need to fully counsel Zainab’s parents about the risk of FGC in general but also specifically in a child who has diabetes. In addition, they should be made aware of the severe impact of FGC both physically and psychologically upon girls, including the heightened risk of HIV.

5. What other information should be offered outside of medical advice?
   The opportunity should be taken to educate the parents on the movement to eradicate FGC from Sudan led by the UNFPA as it is considered a violation of girls' human rights.

Discussion

Invite the group to view the RCOG Checklist for Domestic Violence.

Now look at the RCOG Checklist for Domestic Violence. How do you think this could be used to ensure opportunities to provide appropriate care and education for Zainab and her family are not missed?

[End of case study]