



Female Genital Mutilation in Northamptonshire

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Introduction

This report had been completed as a desk based exercise in February 2016 by BIPI. It focuses on the possible extent of Female Genital Mutilation (FGM) in Northamptonshire. It aims to present an estimate of the number of female children and young women who may be at risk of FGM and where in the county high concentrations may be found.

Estimate will be generated using a female pupils registered first language in the October 2015 school survey. These numbers are to be used as a guide upon which further work will be needed.

Background

The World Health Organisation (WHO) have published a number of documents focusing on FGM, containing definitions of the practise and keeping track of the rates of continued participation in the practice. The WHO categorises FGM in to 4 categories¹

- I. Clitoridectomy: partial or total removal of the clitoris (a small sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- II. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina).
- III. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- IV. Other: all other harmful procedures to the female genitalia for non-medical purpose, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

The WHO assert that this practise takes place in 29 African counties and some areas of Asia and the Middle East; carried out predominately on young girls between infancy and 15 years of age, though occasionally on adult women. The causes of FGM include a mixture of cultural, religious and social factors which change between community and social group but the main themes include coming of age, marriageability, purity and fidelity.

FGM has no health benefits and it is known to cause a number of health concerns both in the short and long term. Short term issues include severe pain, shock, haemorrhage, tetanus or sepsis, urine retention, open sores and injury to genital tissues. Long term complications include:

- Recurrent bladder and urinary tract infections
- Cysts
- Infertility
- An increased risk of childbirth complications and newborn deaths

¹ World Health Organisation (2014 February) Female genital mutilation, Fact sheet N°241. <http://www.who.int/mediacentre/factsheets/fs241/en/> and (2011) “An update on WHO’s work on female genital mutilation (FGM), Progress report” http://apps.who.int/iris/bitstream/10665/70638/1/WHO_RHR_11.18_eng.pdf
The fact sheet and progress report were used as the primary sources of information presented from the WHO.

- Need for later surgeries e.g. opening the seal or narrowing for intercourse or childbirth, something after childbirth reinfibulation is performed creating a continuous cycle of surgeries. Increased need for caesarean sections and episiotomies.
- Mental health concerns, including PTSD, depression and anxiety.

Research produced by Alison Macfarlane and Efua Dorkenoo at the City University London (2014)² is based on WHO's classification of FGM. Uses the UNICEF assisted MICS survey and the Demographic and Health Surveys (DHS) they have brought together a list of countries, prevalence by age and type of FGM; these have then been grouped by type and are presented in the table below.

Table 1

Type of FGM	Country Practised
Almost universal FGM, over 30% Type III	Sudan (north), Somalia, Eritrea, Djibouti
High national prevalence of FGM, WHO Type I and II	Egypt, Ethiopia, Mali, Burkina Faso, Gambia, Guinea, Sierra Leone
Moderate national prevalence of FGM, WHO Type I and II	Central African Republic, Chad, Cote D'Ivoire, Guinea Bissau, Iraq (Kurdistan), Kenya, Liberia, Mauritania, Nigeria, Senegal, Togo
Low national prevalence of FGM, WHO Type I and II	Benin, Cameroon, Ghana, Niger, (Democratic Republic of Congo), United Republic of Tanzania, Togo, Uganda, Yemen

The report aims to produce reliable estimate of both the "number of women with FGM living in England and Wales and each local authority area giving birth each year from 2000 to 2011 [and] numbers of daughters born to women born in FGM-practising countries resident in England and Wales and in each local authority area and numbers at risk of FGM". It does this by using a number of variables including, county of birth, county of mother's birth, first language and passports held from countries where FGM is practised and ethnicity. From this Macfarlane and Dorkenoo estimate that there are "137,000 women and girls with FGM, born in countries where FGM is practised, were permanently resident in England and Wales in 2011." Further to this they estimate that "women with FGM have made up 1.5 per cent of all women delivering in England and Wales each year" and that between 1996 and 2010 there have been "144,000 girls born in England and Wales to mothers from FGM practising countries ... 60,000 of these girls aged 0-14 in 2011 were born to mothers with FGM"³.

The following year, Macfarlane and Dorkenoo published estimates for local authorities on the prevalence of FGM in each area. The 2015 report stated that "Prevalence rates varied considerably by region, with London having by far the highest prevalence at 21.0 per 1,000 population... In contrast, many mainly rural areas had prevalences well below 1 per 1,000, but above zero."⁴. Northampton was one of 8 authorities with a rate of over 7 per 1,000 population.

² Macfarlane, A and Dorkenoo, E (2014) 'Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk. Interim report on provisional estimates' City University London: London

³ All quotes and Table 1 presented in this paragraph are from: Macfarlane, A and Dorkenoo, E (2014) 'Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk. Interim report on provisional estimates' City University London: London.

⁴ Macfarlane, A and Dorkenoo, E (2015) 'Prevalence of Female Genital Mutilation in England and Wales: National and local estimates' City University London: London

Methodology

This report uses information provided in the yearly school census taken in October 2015 for children of school age in Northamptonshire during the academic year 2015/16. Information on the first language reported by female only pupils was used to generate the estimates; this was chosen as there is no information on country of birth or country of mothers birth included in the school census. Estimates will therefore be based on only one variable.

There were 131 different languages reported as being spoken by female students in Northamptonshire, though some were variations of the same language. Each language was checked for its county or region of origin and these countries were then grouped in accordance with the level of FGM complied by Macfarlane and Dorkenoo in Table 1. Where a language was used in more than one country or region, the highest prevalence rate was used for grouping. For example, the language Hausa is used in Niger, Nigeria, Ghana, Benin, Sudan, Togo and Cameroon, pupils who listed this as their first language were grouped in “Almost universal FGM, over 30% Type III” for the Sudan. In total 29 of the 131 languages recorded as the first language of pupils in Northamptonshire were found to be from countries or regions where FGM was practised as identified by Macfarlane and Dorkenoo in Table 1.

Due to the small numbers of female children who spoke some languages, the numbers of children have been added together in the groupings presented in Table 1; estimate for the number of pupils at risk are presented in Table 2 and Table 3.

Limitations

There are a number of limitations with the estimates presented here which must be taken into consideration. The first limitation to be considered is that the estimates presented here are based on the first language recorded for each pupil. Those children who are listed with English as their first language whose parents are from FGM-practicing countries may still be at risk of FGM but will not be included in the estimate presented here; this may result in a possible under estimate.

The levels of risk of FGM presented here are based on the level of FGM practised in the original country. There is currently no research focusing on how migration to other countries affects the continued practise of FGM, though there are suggestions that those who migrate may not be reprehensive of their country of origin and could participate in the practice of FGM less. This may therefore have led to the numbers presented here being an over estimate.

Findings by District and Borough

The table below presents the numbers of school children at risk of FGM by district or borough. It clearly shows that for each group Northampton has the highest number of pupils at risk at 517, making up 81.3% of the total.

The largest group of those at risk are classified as “Moderate national prevalence of FGM, WHO Type I and II” (303), this is followed by 249 pupils who are classified as being at risk of “Almost universal FGM, over 30% Type III”. The two remaining groups have considerably less numbers of pupils at risk.

Table 2

	Almost universal FGM, over 30% Type III	High national prevalence of FGM, WHO Type I and II	Moderate national prevalence of FGM, WHO Type I and II	Low national prevalence of FGM, WHO Type I and II	Total by District and Borough
Corby	≤5	0	7	≤5	13
Daventry	≤5	0	10	≤5	12
East Northants	0	0	≤5	0	≤5
Kettering	≤5	0	15	≤5	22
Northampton	238	5	216	58	517
South Northants	≤5	0	12	≤5	19
Wellingborough	≤10	0	36	≤10	46
Other	0	0	≤5	0	≤5
Total by Type	249	5	303	79	636

Findings by School

Across Northamptonshire 102 schools have pupils identified as at risk of FGM. Table 3 presents all the schools identified as having pupils at risk of FGM in 2015/16. This includes 77 primary schools with 66% of the at risk pupils, 19 secondary schools with 31%, four All Through schools with 3% and two special school with just 0.3% of the at risk pupils. While it is expected that more primary schools should be listed, as there are more across the county than secondary schools, this also shows that a higher proportion of those at risk are of primary school age.

All affected schools have less than 100 pupils at risk of FGM and many schools have just 1 pupil who could be at risk. The 5 most affected schools are presented in Table 3; a mixture of primary and secondary school all of them are Northampton based. Overall, Northampton School for Girls (74) has the highest number of pupils at risk of all kinds of FGM though Spring Lane Primary School (59) has the highest number of those at risk of Type III FGM.

Table 3

Name	Phase	Almost universal FGM, over 30% Type III	High national prevalence of FGM, WHO Type I and II	Moderate national prevalence of FGM, WHO Type I and II	Low national prevalence of FGM, WHO Type I and II	Total
Northampton School for Girls	SS	35	<10	31	<10	74
Spring Lane Primary School	PS	48	0	<10	<10	59
Northampton Academy	SS	<10	0	22	<10	35
Castle Academy	PS	20	0	6	0	26
St James C of E Primary School	PS	13	0	<10	<10	25

While Table 3 presents the information on the 5 most affected schools, below are listed all the schools with pupils at risk of FGM grouped

Between 10 and 20 pupils at risk of any type of FGM

- Blackthorn Primary School
- Earl Spencer Primary School
- Ecton Brook Primary School
- Eastfield Academy
- Kings Heath Primary Academy
- Kingsthorpe College
- Lings Primary School
- Malcolm Arnold Academy
- St Gregory's Catholic Primary
- Upton Meadows Primary School
- Weston Favell Academy
- Woodvale Primary Academy

Between 5 and 9 pupils at risk of any type of FGM

- Abington Vale Primary School
- Briar Hill Primary School
- Green Oaks Primary Academy
- Headlands Primary School
- Hopping Hill Primary School
- Kettering Science Academy
- Lumbertubs Primary School
- Lyncrest Primary School
- Moulton School and Science College
- Oakway Academy
- Queen Eleanor Primary Academy
- Sir Christopher Hatton Academy
- St. Andrew's CEVA Primary
- The Arbours Primary Academy
- The Avenue Infant School
- Thomas Becket Catholic School
- Thorplands Primary School
- Vernon Terrace Primary School
- Wrenn Academy

Less than 5 pupils at risk of any type of FGM

- Abbeyfield School
- All Saints C of E School
- Boothville Primary School
- Brackley Waynflete Infant
- Brixworth CEVC Primary
- Caroline Chisholm School
- Cedar Road Primary School
- Chiltern Primary School
- Corby Business Academy
- Croyland Primary School
- Danesholme Junior Academy
- Daventry St James Infant
- Delapre Primary School
- East Hunsbury Primary School
- Elizabeth Woodville School
- Exeter - A Learning Community Academy
- Grange Community School
- Hartwell Primary School
- Havelock Junior School
- Hawthorn Community Primary Sch
- Hunsbury Park Primary School
- Irchester Community Primary School
- Irthlingborough Nursery & Infant School
- Kettering Buccleuch Academy
- Kettering Park Junior
- Kingsley Primary School
- Kingsthorpe Grove Primary School
- Kingswood Secondary Academy
- Little Stanion
- Lodge Park Academy
- Meadowside Primary School
- Millway Primary School
- Montsaye Academy
- Moulton Primary School
- Northampton Fairfields
- Northampton Simon De Senlis
- Oakley Vale Primary School
- Olympic Primary School
- Our Lady Of Walsingham Primary
- Our Lady's Catholic Primary School - Wellingborough
- Park Junior School
- Preston Hedges Primary School
- Prince William School

- Rectory Farm Primary School
- Rowan gate primary school
- Ruskin Infant School
- Ruskin junior
- Southfield School for Girls
- St Luke's CEVA Primary School
- St Patrick's Catholic Primary
- St Thomas More Catholic Primary
- St. Mary's Catholic Primary
- Standens barn primary school
- Stimpson Avenue Academy
- Studfall Junior School
- Sunnyside Primary Academy
- The Abbey Primary School
- The Duston School
- The Good Shepherd Catholic Primary
- The Grange School
- The Parker E-ACT Academy
- Victoria Primary Academy
- Weavers Academy
- Weston Favell C.E.Primary School
- Whitehills Primary School
- Wootton Primary School

Emerging Themes and Conclusions

The estimates presented for the number of pupils at risk of FGM suggest that the highest numbers can be found in Northampton (81.3%). “Moderate national prevalence of FGM, WHO Type I and II” (303 pupils at risk) and “Almost universal FGM, over 30% Type III” (249 pupils at risk) are the two most common classification groups found in Northamptonshire.

102 schools across Northamptonshire have pupils identified as being at risk of FGM in 2015/16. This includes 77 primary schools with 66% of the at risk pupils, 19 secondary schools with 31%, four All Through schools with 3% and two special school with just 0.3% of the at risk pupils. While it is expected that more primary schools should be listed, as there are more across the county than secondary schools, this also shows that a higher proportion of those at risk are of primary school age.

No school has more than 100 pupils at risk of FGM and many schools have just 1 pupil who could be at risk. Northampton School for Girls (74) has the highest number of pupils at risk of all kinds of FGM, though Spring Lane Primary School (59) has the highest number of those at risk of Type III FGM (39). They are both Northampton based schools, this is in line with the high rate of pupils at risk by district or borough.