

Votre visite gynécologique

Aux États-Unis, les femmes sont encouragées à consulter chaque année leur gynécologue, un médecin spécialisé dans la santé des femmes.

Vous pouvez demander un médecin homme ou femme lors de la prise de rendez-vous.

Les mères peuvent accompagner leurs filles lors des rendez-vous.

Pour les adolescentes et les femmes de 15 à 21 ans, cette visite est habituellement une conversation à propos leur santé et une occasion de poser des questions sur le développement de leur corps.

Un frottis est recommandé pour les femmes à partir de 21 ans tous les 3 à 5 ans pour dépister le cancer du col de l'utérus. Si vous n'avez jamais subi de frottis, demandez à votre médecin d'expliquer le processus.

Pour les femmes âgées de 22 à 44 ans, la planification familiale et la fécondité sont des sujets importants. Un examen pelvien et un examen de la poitrine sont effectués.

La mammographie, une radiographie du sein utilisée pour détecter les signes précoces du cancer du sein, est recommandée pour les femmes à partir de 40 ans.

Parlez à votre médecin si vous avez besoin d'un interprète, si vous n'êtes pas confortable ou si vous avez des questions au sujet de votre visite.

Vous avez le droit de consulter un autre médecin pour raisons d'accommodation ou si vous attendes ne sont pas satisfaits.

Using this Resource

This resource is meant to help women start a conversation with their health practitioners about their experience of Female Genital Cutting (FGC). For many women, this can be an uncomfortable topic. It may have been a physically and psychologically traumatic experience and may be embarrassing to talk about due to cultural norms. This resource allows women to inform their health practitioner about their medical history and concerns, in a less invasive way.

More information on caring for women and girls affected by FGC is available online from BRYCS Community Conversations.



BRYCS COMMUNITY CONVERSATIONS:

Commencer une conversation
avec votre médecin

Pour les femmes et les filles
qui ont subi
l'excision génitale féminine (EGF)



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The Four Types of Female Genital Cutting

Type 1: partial or total removal of the clitoris (clitoridectomy)

Type 2: partial or total removal of the clitoris and the labia minora/majora (excision)

Type 3: narrowing of the vaginal opening through the creation of a covering seal (infibulation)

Type 4: other (e.g. pricking, piercing, incising, scraping and cauterizing the genital area)

Why is FGC practiced?

FGC is the collective term for a range of procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons. It is often performed to mark a girl's passage into womanhood and full membership in her community as an adult. It can also be seen as a way to ensure a daughter's marriageability, and therefore her social and economic future, as certain types of FGC can be a physical indication and proof of virginity. Other communities perform it because they believe it is prescribed by their religion, however it is important to remember that the practice is not specific to one culture or religion. In many instances, individuals may not want to continue the practice, but the threat of being ostracized and pressure to conform to the ideals of family, community, and culture are stronger.

Je crois avoir subi une excision génitale féminine ____.

(I believe I have experienced Female Genital Cutting ____.)

- Type 1 : ablation partielle ou totale du clitoris (clitoridectomie)
- Type 2 : ablation partielle ou totale du clitoris et des petites/grandes lèvres (excision)
- Type 3 : rétrécissement de l'orifice vaginal par suture (infibulation)
- Type 4 : autre (p. ex., ponction, percement, incision, scarification et cautérisation de la région génitale)

J'ai des questions ou des inquiétudes à propos de:

(I have questions or concerns about:)

- Douleur/inconfort (Pain/discomfort)
- Miction (Urination)
- Menstruation (Menstruation)
- Soins prénataux (Prenatal care)
- Grossesse (Pregnancy)
- Accouchement (Childbirth)
- Fertilité (Fertility)
- Diminution de la satisfaction pendant les rapports sexuels (Decreased satisfaction during intercourse)
- Défibulation/chirurgie reconstructive (Defibulation/Reconstructive surgery)

- Je souhaites avoir un interprète. (I would like an interpreter.)
- Il s'agit de ma première visite gynécologique. (This is my first visit to the OB/GYN.)
- Je préférerais une femme médecin/infirmière. (I would prefer a female physician/nurse.)

Please prioritize confidentiality over education and training needs of medical students or colleagues.

Considerations and Cultural Sensitivity

Health practitioners should do their best to provide culturally competent care by learning about the cultural and historical roots of FGC, the different types, and the health and psychological consequences. Additionally, a referral to a more knowledgeable physician would be appreciated, if it is in the best interest of the woman.

Prenatal care and gynecological exams should include topics focused on the woman and the girl's health, not only FGC related topics. Be communicative with the female patient during a gynecological exam, letting her know the steps and procedures, as this may be her first time visiting an OB/GYN.

Are there laws against FGC?

It is illegal in the U.S. to perform or assist to perform FGC on anyone under the age of 18. The U.S. considers FGC to be a violation of human rights, gender-based violence, and a form of child abuse.

A woman or girl who has undergone FGC is **not at fault** and has not violated any U.S. laws. Federal law makes discrimination against anyone who has undergone these procedures illegal.

Health providers should learn the intentions of mothers of daughters regarding FGC and work collaboratively with families to prevent the practice in their communities.

If you suspect or have reason to believe that a minor has undergone FGC, mandatory reporting laws must be followed.