



[WHAT IS FGS?]

FGS stands for female genital schistosomiasis. Schistosomiasis, or bilharzia, is a neglected tropical disease. It is caused by parasitic worms that live in lakes, rivers and ponds where people bathe, wash clothes and collect water.

The worms burrow into the skin and can cause inflammation, open sores and bleeding on the cervix and vagina. This increases the risk of serious reproductive health issues, including HIV and infertility.

FGS mainly affects women and girls who are already marginalised, who lack access to safe clean water, good hygiene and sanitation facilities.

FGS is treatable: a short course of medication (praziquantel) kills the worms. It is also preventable: the cycle of transmission is broken when people can access safe water, adequate sanitation and good hygiene.

[WHAT IS FIG?]

The FGS Integration Group (FIG) is an innovative coalition of organisations galvanising joint action across the sexual and reproductive health and rights (SRHR), HIV, HPV/cervical cancer, neglected tropical disease (NTD) and WASH sectors to tackle the neglected issue of FGS. We are raising awareness of FGS with the aim of improving FGS diagnosis, treatment and prevention with and for women and girls through sustainable integration of FGS into SRHR and NTD programmes at scale.

FIG core members:



The images in this leaflet are stock photos, and their use here does not imply that the people featured in them are affected by FGS.

To find out more about FGS and the FGS Integration Group (FIG), please visit: frontlineaids.org/fgs-integration-group/



[UNCOVER FGS FOR WOMEN AND GIRLS]

[FIG] TOGETHER TO END FEMALE GENITAL SCHISTOSOMIASIS

[UNCOVER] FGS FOR WOMEN AND GIRLS

Female genital schistosomiasis (FGS) is a hidden disease affecting millions of girls and women in Africa with limited access to safe, clean water. It is a devastating infection that greatly increases the risk of HIV and cervical cancer, and can cause infertility, miscarriage and stillbirth.

FGS is easily treated and preventable. But it is often unrecognised and misdiagnosed as a sexually transmitted infection. This means many women and girls with FGS are being given the wrong treatment for their condition and can also be stigmatised for their assumed sexual activity.

**This is unacceptable.
And it's time to put things right.**



It was during one of my FGS awareness creation activities with school pupils when the girls reported their symptoms. I took them to see the gynecologist and had a detailed discussion with the gynecologist because she had never heard of FGS. Their parents told us in detail how they had managed the girls with local herbs and the suspicion that they were raped. [...] The doctor took it upon herself to read more about FGS, and together we managed the girls. Today they are back in school very happy.

Midwife in Ghana

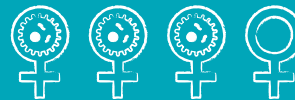


Women and girls with FGS are
3X MORE LIKELY

to get HIV and two times more likely to get human papilloma virus (HPV), a cause of cervical cancer, than other women.



Prevalence levels of the parasite that causes FGS in endemic countries in Africa are
BETWEEN 33–75%



Of all women infected with the parasite that causes schistosomiasis,

75% HAVE FGS



There are
**UP TO
56 MILLION**
women in sub-Saharan
Africa who have FGS



[TOGETHER] WE CAN TACKLE FGS. SUPPORT US TO:

Increase awareness of FGS and understanding about its devastating impact on women's sexual and reproductive health and rights – particularly in communities in endemic areas and among healthcare workers.

Train health professionals in sub-Saharan Africa to ensure proper diagnosis and treatment of FGS.

Integrate FGS diagnostic, prevention and treatment services into sexual and reproductive health services and into policies and programmes for water, sanitation and hygiene (WASH), education and gender.

Reduce stigma and discrimination women and girls with FGS experience by increasing awareness of the condition and access to comprehensive, good-quality information about sex and sexuality among healthcare workers and communities.

Mobilise resources, political will and commitment to introduce and scale up the activities needed to address FGS.

We can gain so much if we address FGS. Doing so will take us a step closer to ensuring all women and girls – including those most marginalised – can access comprehensive sexual and reproductive health and rights services, leaving no-one behind. And there will be benefits far beyond sexual and reproductive health. Tackling FGS will bring about improved economic and educational opportunities, improved access to water and sanitation, and increased gender equality.