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relationships & reproductive health

Female genital mutilation/ cutting/circumcision (FGM/C) for Health Professionals

This resource aims to address cultural awareness and is not a clinical guideline. This resource has been developed with the Culturally Responsive Health Advisory Group and community representatives.

Language

Female genital mutilation/cutting/ circumcision (FGM/C) is used to acknowledge differing perspectives.

The World Health Organization (WHO) defines female genital mutilation (FGM) as

comprising all procedures that involve the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons.[i]

This language emphasises human rights, particularly children's and women's rights.

Members of cultural communities involved with this practice do not traditionally use the term FGM. The practice may be known as circumcision or traditional cutting. For some women[ii] and communities, the term mutilation may be offensive or imply that the practice is carried out to cause harm. It can also cast a negative association on the bodies of women who experienced the procedure.[iii]

Where and why is FGM/C practiced?

It is unknown exactly how many girls and women worldwide are living with FGM/C. WHO estimates that at least 200 million girls and women have undergone FGM/C procedures in 30 countries.[iv] A 2019 study by the Australian Institute of Health and Welfare estimated that 53,000, or 4.3 per 1,000, girls and women girls born elsewhere but living in Australia have experienced FGM/C.[v]

FGM/C is highly concentrated in a band of countries stretching from the Atlantic coast to East Africa, in some areas of the Middle East, and in some countries in South East Asia (for prevalence rates see footnote v). In some countries, including Somalia, Guinea and Djibouti, FGM/C is very common, while in other countries it is practiced by a minority of people. For this reason, it is difficult to make assumptions about a woman's experience based on her home country.

Over the past three decades, the prevalence of FGM/C has declined because of changing attitudes.[vi] Representative data on women's attitudes shows that the majority of women in most countries in Africa and the Middle East think it should no longer be performed in their context.[vii] A 2015 literature review study of men from countries where FGM/C occurs found that many men did not feel strong support for the ongoing practice, and many wanted to abandon the practice because of the negative implications for women.[viii]

For communities that practice FGM/C, it is performed as part of historic and cultural tradition. FGM/C is a cultural rather than a religious practice and is not endorsed by Christianity, Judaism, or Islam.[ix] It is important to recognise that communities may practice FGM/C with an intention to increase girls' future opportunities, including marriage. Reasons vary: in some communities it constitutes a rite of passage to adulthood and is performed to confer a sense of ethnic and gender identity. FGM/C may be practiced because of beliefs that it preserves virginity and/or modesty; beliefs that it will make women more easily sexually satisfied; for perceived hygiene and aesthetic reasons, to increase a bride's dowry; or to control women's sexuality. In many contexts, social acceptance is a primary reason for continuing the practice and there may stigma if FGM/C is not practiced.

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Health consequences of FGM/C

There are wide variations in type of practice, ranging from symbolic cutting or piercing to the removal of parts of the genitals.

The WHO classifies FGM/C into 4 types:

Type I: (clitoridectomy)
The partial or total removal of the clitoris and/or the prepuce.

Type II: (excision)
The partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type III: (infibulation)
The narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris.

Type IV:
All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

FGM/C has no health benefits.[xi] Due to the different types and circumstances in which the practice of FGM/C is performed, the health impacts can vary greatly. Some women may go through life not presenting any health problems brought on as a result of FGM/C. However, there can be many negative, short and long-term consequences of FGM/C which impact on women's lives. It is important to avoid making assumptions about what a woman is experiencing or may have experienced.

Potential short-term consequences:

- Severe pain
- Excessive bleeding
- Shock
- Genital tissue swelling
- Infection (and higher risk of blood-borne viruses)
- Impaired healing of wounds
- Urination problems, including retention or pain passing urine

Potential long-term consequences:

- Scar tissue complications (e.g. keloids)
- Chronic pain
- Painful urination
- Chronic infections, including of genitals, urinary tract and reproductive tract
- Menstrual problems due to the obstruction of vaginal opening
- Infertility (due to recurrent infections)
- Obstetric complication during pregnancy and childbirth
- Psychological trauma, including anxiety, fear of sexual intercourse, insomnia, nightmares, depression, anger and difficulties in relationships
- Difficulties with sex including decreased pleasure and desire, or pain[xiii]

Some women may undergo deinfibulation (a procedure carried out to re-open the vaginal introitus of women living with type III, often performed prior to childirth) and reinfibulation (resewing following deinfibulation). In Australia, deinfbulation may be performed, however reinfibulation is not legal.

Legal issues regarding FGM/C in Australia

FGM/C is a crime under state-based law in every state and territory in Australia. The inclusion of sections 323A and 323B into the Criminal Code (Qld) expressly prohibit the practice of FGM/C.[xiv] In 2015 three people became the first in Australia to be trialled and convicted of carrying out FGM/C, but this conviction was overturned in 2018.[xv] In February 2019, a woman in Queensland was convicted for taking her two daughters to their home country to undergo FGM/C.[xvi]

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The role of health professionals

Regardless of what rate FGM/C occurs within Australia, hospitals and health professionals will be treating women that have experienced FGM/C in their home country. According to Queensland Health, there have been less than 100 cases diagnosed with a "history of female genital mutilation" in the past three years, but those figures could be an under-representation, as women might not attend hospital for a variety of reasons. There is a mandatory reporting obligation for professionals to report suspicion that a child is at risk of FGM/C to child protection authorities. Professionals have a responsibility to open a non-judgemental and culturally safe discussion with parents or carers if they are concerned, and to communicate the health implications of FGM/C and mandatory reporting obligations to families in the first instance.

> Girls and women [affected by FGM/C] need high quality, empathetic and appropriate health care to meet their specific needs.
>
> WHO 2018[x]

Some guidance for talking with women who experienced FGM/C[xvii]

Avoid assumptions: about the type of FGM/C and health consequences a woman may be experiencing, or the reasons FGM/C was performed. Remember there are variations of the practice, and many people or communities practice FGM/C for the perceived best interest of women and girls, and that others do not want to continue the practice.

Be aware of your own values, biases and personal responses: especially how your responses might show on your face and particularly during examinations.

Non-judgemental sensitive conversations: FGM/C can be intimate and private. Use non-judgemental language such as 'Have you been circumcised?', or 'Do you have traditional cutting?', and focus directly on health consequences by asking questions such as 'Do you have problems urinating?', or 'Do you have pain or difficulties during intercourse/sex?'

Explain why you are asking about FGM/C: for example, as part of a health assessment, or to develop a birth plan.

Focus on individual health needs: not on the experience of what happened (unless this is what the patient wants to talk about).

Avoid examination if not needed: talking, using diagrams or drawing may suffice. If examinations are needed, obtain informed consent, and minimise the number of exams and practitioners involved.

Women health professionals and women interpreters are often preferred; ask the patient. Avoid engaging family members to interpret.

Inform that FGM/C is illegal in Australia: that there is a law to help women and girls, and about mandatory reporting obligations. When explaining why not to perform, focus on the health consequences, the rights of children in Australia, and that being uncircumcised won't impact a girl's reputation or future.

Young women and girls may be shy and sensitive. Avoid adding to intergenerational conflict by not placing blame on parents/family. Affirm that that there are variations in anatomy and everyone looks different.

For practitioners working with families from certain areas of Ethiopia: it can be useful to know that girls can be believed to be circumcised naturally (spiritually rather than physically), or "by Saint Mary", meaning that some families do not feel the need to have circumcision performed.[xviii]

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Top tip for referrals:
Ask if the service or practitioner has experience with FGM/C.

Referrals

True Relationships & Reproductive Health
(07) 3250 0240
culturallyresponsive@true.org.au

Through the Culturally Responsive Health project, True delivers training to health professionals on cultural responsiveness in health care practice, including education on FGM/C. Clinics in Brisbane, Ipswich, Toowoomba, Rockhampton, Cairns and regional pop-up clinics.

Mater Refugee Complex Care Clinic
(07) 3163 2880

Specialised primary health care including complex case management, treatment and specialist referral when appropriate. Services are provided to any person with a refugee experience with complex health needs, including permanent visa holders, asylum seekers and those without access to Medicare.

Mater Refugee Maternity Service
(07) 3163 8330

A dedicated antenatal clinic, specialising in providing health care, psycho-social support and resources for women of a refugee background. Refer through the Mater's Antenatal Clinic referral form.

Mater Gynaecology Department
(07) 3163 2200

Accepts referrals for review by a gynaecologist and deinfibulation for pregnant and non-pregnant women through the Mater Outpatient clinic.

Royal Brisbane and Women's Hospital Paediatric and Adolescent Gynaecology
(07) 3646 8111 (switchboard)

Referrals for review by a specialist for ages 14+.

The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
(07) 3391 6677

Counselling service for survivors or refugee trauma and torture, and can provide counselling support to women who have experienced FGM/C within this context. Brisbane, Logan, Gold Coast, Toowoomba, Townsville, Cairns.

Refugee Health Connect
(07) 3864 7580

Partnership between Brisbane South PHN, Brisbane North PHN, Mater and Metro South Health. A one point of contact for all aspects of refugee health. RHC can help manage the care of refugee patients in a culturally and clinically appropriate manner, navigate the refugee health space and link people from refugee backgrounds to appropriate providers.

World Wellness Group
(07) 3333 2100

A social enterprise multicultural health and wellbeing clinic with doctors specialising in sexual and reproductive health care, and who treat patients, including asylum seekers with Medicare ineligibility, who have experienced health impacts related to FGM/C.

Darling Downs and West Moreton

Toowoomba Refugee Health Service
(07) 4616 6000

Provides Refugee Health nursing assessments and can make referrals to appropriate practitioners.

Far North Queensland

Cairns Community Child Youth and Family Health Service
(07) 4226 4333

Provide Refugee Health nursing assessments and referrals in Cairns.

North Queensland

Northern Australia Primary Health Limited (NAPHL)
(07) 4421 7700

Refugee Health Coordination Services in Townsville, including Refugee Health Nurses.

Women's and Children's Clinics (Townsville Hospital and Health Service)
(07) 4433 1450

Townsville GPs can refer to Gynaecology, where deinfibulation assessment, referral and procedures can be provided.

Other regions

Some GPs and hospital outpatient gynaecology departments are potential referral points. If this avenue has not been helpful in your region please contact **True** (details above) for support.

Endnotes

i *Care of Girls & Women Living with Female Genital Mutilation: A Clinical Handbook.* World Health Organization (WHO) 2018.
ii True would like to acknowledge that the use of the word female, girls and women throughout this factsheet is not intended to exclude trans or non-binary people, but rather reflect the literature and framework in which FGM/C is understood. True acknowledges that some people who have experienced FGM/C may identify as men or genders other than woman.
iii *Position Paper on Female Genital Mutilation/Cutting.* Multicultural Centre for Women's Health/NETFA, 2016. www.netfa.com.au
iv WHO 2018.
v *Towards estimating the prevalence of female genital mutilation/cutting in Australia.* Australian Institute of Health and Welfare 2019.
vi Koski & Heymann 2017. Thirty-year trends in the prevalence and severity of female genital mutilation: a comparison of 22 countries. BMJ Global Health 2017:2(4):e000467.
vii *Female Genital Mutilation/Cutting: A global concern.* UNICEF 2016.
viii Nesrin, Turkmani, Black, Hall, and Dawson. (2015). 'The role of men in abandonment of female genital mutilation: a systematic review'. MC Public Health 15.
ix *Position Paper on Female Genital Mutilation/Cutting.* Multicultural Centre for Women's Health/NETFA, 2016.
x WHO 2018.
xi WHO 2018.
xii *High-quality health care for girls and women living with FGM.* World Health Organization, 2018.
xiii *Health risks of female genital mutilation (FGM).* World Health Organization 2018.
xiv *Female Genital Mutilation.* Brisbane: Caxton Legal Centre Inc. 2018.
xv Laurence. *Genital mutilation convictions overturned after new evidence showing victims remain intact.* ABC News 12/8/2018.
xvi Armbruster. *Queensland woman guilty over daughters' genital mutilation in landmark prosecution.* SBS News 13/2/2019.
xvii Significantly adapted from Jordan, Neophytou, & James. *Improving the health care of women and girls affected by female genital mutilation/cutting: A national approach to service coordination.* Family Planning Victoria 2014.
xviii *Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC), Ethiopia.* US State Department 2001.

If you're seeking **further information on FGM/C**, please visit:
true.org.au

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