

FACT SHEET FOR HEALTH PROFESSIONALS: FEMALE GENITAL MUTILATION (FGM)



the women's
the royal women's hospital

Definition

FGM is defined by the World Health Organisation (2008) as:

All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Mutilation is utilised to reinforce that the practice is a violation of girls' and women's human rights. FGM emphasises the physical, psychological and social consequences of the act and promotes international and national advocacy to eliminate the practice. The term can be problematic at the community level and "cutting" or "female circumcision" has begun to be used with communities so as to not alienate them. **Health Professionals working with women, their families and communities should use the terms "cutting" or "female circumcision"**.

Types of FGM

There are four types of FGM and they are classified according to severity:

Type I – Clitoridectomy

Partial or total removal of the clitoris and/or the prepuce.

Type II – Excision

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type III – Infibulation

Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora, with or without excision of the clitoris.

Type IV – Unclassified

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

Ninety percent (90%) of all FGM performed is type I, II and IV. Type III accounts for approximately ten percent (10%) of all types of FGM performed and is most prevalent in Sudan, Eritrea, Djibouti, Ethiopia and Somalia.

Prevalence

It is estimated that about 130-140 million women and girls world wide have undergone the practice with approximately 3 million girls/women a year subjected to the practice.

FGM is practiced in:

- 28 countries in Africa and the Middle East
- some communities in the Arabian Peninsula such as Yemen, Oman, Saudi Arabia and United Arab Emirates
- India, Indonesia, Malaysia and Pakistan.

The age at which FGM is performed varies according to country, tribe and circumstances, including infants, children and adolescents.

Reasons for the practice

The practice is centuries old, steeped in tradition and ritualistic customs, performed mostly by women as an act of love. Parents believe that if their girl is not cut, their family is condemning their daughter to a life where they are exposed to ridicule, social ostracism, and one where men and the older generation of women view them as unfit for marriage and child birth. The reasons given for the practice are multiple and complex, thus it is critical to engage communities and work with them to eliminate the practice. The reasons include: preservation of traditional practice/cultural identity and conformity to the values of the group; hygiene; protection of virginity; family honour; to promote marriageability and social and economic status; to enhance the husband's sexual pleasure; aesthetics; purity and religious observation.

FGM is not prescribed by any religion, despite it being practiced by Muslims and Christians. Religious leaders from Islamic and Christian communities have made statements condemning the practice of FGM.

Health consequences

These will depend on the type, practitioner, where it's performed, and method used. The following are some of the possible consequences.

Immediate/short term

Excessive bleeding
Haemorrhage
Hypovolemic shock
Death
Trauma: physical and psychological
Pain
Infection
Urinary retention

Long term

Vaginal infections
Infertility
Painful periods (dysmenorrhoea)
Mental health issues
Difficulty during pregnancy & childbirth
Difficulty undergoing medical examinations
Pelvic pain
Vulval abscess

Legal status

The practice is illegal in Australia and each State and Territory has its own legislation. In Victoria FGM is included in the Crimes (*Female Genital Mutilation*) Act 1996. It is illegal to perform FGM procedures on a child or adult and take a person (child) from Victoria to have FGM procedures performed.

FGM procedures are also covered under the Children, Youth and Families Act (2005) s162 as it falls within the legislative definition of physical and possible emotional harm:

s162 (c) the child has suffered, or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;

s162 (e) the child has suffered, or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional or intellectual development is, or is likely to be, significantly damaged and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.

Where a health professional becomes concerned that a child is at risk of being subjected to the practice they should contact Child Protection.

Refer to 'Fact Sheet: What does Victorian Law Say about Female Genital Mutilation?'

Mandatory reporting

In accordance with mandatory reporting requirements, mandated professionals including education staff, police, medical and nursing staff who “form a belief on reasonable grounds that a child is in need of protection”, make a report to the Secretary (DHS) of that belief and the reasonable grounds as soon as practicable (*s184 Children, Youth and Families Act 2005*). You do not need to be a mandated professional to make a report to Child Protection.

Responding to communities affected by FGM in Victoria – FARREP

The Family and Reproductive Rights Education Program (FARREP) was established in 1997. FARREP aims to strengthen knowledge about FGM and support change to community attitudes to prevent the practice; to enable a timely and accessible sexual and reproductive health services for women and girls from communities affected by FGM; and to build capacity and expertise of mainstream and specialist sexual and reproductive health services for women and girls from these communities. The communities affected by FGM in Victoria may also experience a range of other health issues, as many will have arrived in Australia as refugees. These communities also experience complex psychosocial issues associated with pre-migration, migration, settlement and resettlement including isolation, mental health issues, grief and loss, housing and economic disadvantage. Assisting these communities to access culturally and linguistically sensitive services is critical for the service sector.

FARREP workers are situated in a range of services including hospitals, women’s services and community agencies across Victoria. FARREP workers provide training and education to health professionals as well as secondary consultation.

FARREP worker contact details can be accessed at:

<http://www.health.vic.gov.au/vwhp/farrep.htm>

References and resources

1. Children, Youth and Families Act 2005
2. Crimes (Female Genital Mutilation) Act 1996
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5. Momoh, C. (2005). *Female Genital Mutilation*. Radcliffe Publishing Ltd.
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12. United Nations Population Fund (2005). *Female Genital Mutilation/Cutting. A statistical exploration*. UNICEF.
13. United Nations Population Fund (2007). *Nov FAQ’s on Female Circumcision*.
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15. WHO (2008). *Eliminating Female Genital Mutilation. An interagency statement*. WHO.
16. Women’s Health West (2001). *Mama and Nunu (Mother and Baby)*. Women’s Health West, Victoria, Australia.