

POSITION PAPER

FEMALE GENITAL MUTILATION/CUTTING

6 FEBRUARY 2013

(INTERNATIONAL DAY OF ZERO TOLERANCE TO FGM)

ABOUT THE MULTICULTURAL CENTRE FOR WOMEN'S HEALTH

The Multicultural Centre for Women's Health (MCWH) is a national, community-based organisation committed to the achievement of health and wellbeing for and by immigrant and refugee women. The mission of MCWH is to promote the wellbeing of immigrant and refugee women across Australia, through advocacy, social action, multilingual education, research and capacity building.

WHAT IS FEMALE GENITAL MUTILATION/CUTTING?

According to the World Health Organisation (WHO), female genital mutilation/cutting FGM/C 'comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'.

An estimated 100 to 140 million women and girls worldwide have undergone the practice and 3 million girls are estimated to be at risk of undergoing FGM/C every year.¹ The practice is mostly carried out on young girls between infancy and 15 years of age. Occasionally, it is carried out on adult women.

FGM/C is a practice embedded in a complex set of traditional rituals and cultural values. It is often viewed by family and community members as an important cultural tradition and social necessity.

FGM/C is commonly practised in parts of Africa, Asia and the Middle East. Forms of FGM/C have also been reported in Central and South America. In New Zealand, Canada, Europe and the United States, immigrants from practicing communities are sometimes known to practice FGM/C and are thought to be at risk.

There is currently limited evidence to suggest that the practice is being continued by migrant communities in Australia, outside a number of isolated cases. However, migrants from practising countries may have already undergone the practice or are considered to be at risk.

A NOTE ON LANGUAGE

Female Genital Mutilation (FGM) has become an emotionally and politically loaded term, which has generated community debate about which terms are the most appropriate to use. The term 'FGM' is used in Australian legislation. It is also used in some literature because writers believe it describes the harm done to the women and girls concerned. Others, including many women who have undergone the practice, feel that the term female genital cutting (or circumcision) is preferable because it is less judgement-laden, emotive or sensationalising. Others have also suggested that the term female genital surgery is a more neutral term. This paper uses the term 'FGM/C': female genital mutilation/cutting. This avoids confusion with female genital cosmetic surgery generally conducted in the West and with the medicalisation of the practice in some countries. Using the term cutting is not an attempt to excuse or diminish the impact of the practice, but to acknowledge the different ways women might identify themselves or interpret their experience.

IMPACT ON WOMEN'S HEALTH

FGM/C is internationally recognised as a violation of human rights.

FGM/C has no health benefits.

Procedures can cause immediate complications including shock, severe bleeding, septicaemia, bacterial infections, psychological trauma and death. Later and associated health problems can include: repeated urinary and kidney infections, an increased risk of childbirth complications, mother and newborn deaths, chronic pain and decreased sexual enjoyment. FGM/C can also have adverse long-term effects on mental health and wellbeing.

PROGRAMS WORKING TO ELIMINATE FGM/C AROUND AUSTRALIA

FGM is a crime under state-based law in every state and territory in Australia. These legislative measures are supported by community education, health and allied health services and women's health support programs. Programs are underway in most Australian states to work with communities impacted by FGM/C, as well as with health practitioners, health education, community and settlement workers and the general community. Programs aim to promote awareness, increase knowledge and provide information which supports the abandonment of the practice. Many of these programs are community-based and are conducted by women from the communities most affected by FGM/C. Programs in Australia also work with men, youth and male community members to mobilise them against FGM/C. Please see the Appendix for details of programs across Australia.

COMMUNITY APPROACHES TO THE ELIMINATION OF FGM/C ARE THE MOST EFFECTIVE

International literature strongly suggests that FGM/C can be stopped, provided the approaches taken to address the issue are evidence-based and effective. Globally, the evidence strongly demonstrates that the most effective approaches to eradicating FGM/C are those that understand FGM/C as a women's health and human rights issue, in a holistic, community-based, culturally sensitive, sexual and reproductive health context, rather than one of violence against women and girls.²

A collective, coordinated and sustained effort to eliminate FGM/C can only be achieved if women who have undergone the procedure are treated with respect and provided with the support and resources needed for cultural change. Failure to do this may further stigmatise women who have been subjected to FGM/C.

Women affected by FGM/C are at the centre of successful programs—as the group most directly impacted by the practice, they are ‘potentially the best agents to bring about its demise’.³

Successful approaches to the reduction and elimination of FGM/C:

1. Promote ‘change from within’ through a holistic, culturally sensitive, participative approach, in a human rights context.⁴
2. Aim for permanent social and cultural transformation by encouraging community engagement and ownership of the issues, involving all members of the community across all ages, and including men.⁵
3. Prioritise the self-empowerment of women and girls through investment in awareness raising and increased decision-making power for women, including improved access to formal education and economic empowerment, combined with building broader community consensus for women’s and girls’ rights.⁶
4. Promote elimination through a sexual and reproductive rights agenda, supported by appropriate legislation, effective media campaigns and health education.⁷
5. Recognise that maintaining rites of passage are important in immigrant and refugee communities.

A NATIONAL COORDINATED APPROACH

A national coordinated approach is required to:

- 1. Add value to existing programs**
All states in Australia currently run programs to address FGM/C (ACT and NT do not receive funding for programs). The sharing of program knowledge and best practice will create links with, and strengthen collaboration between national, state/territory and local key stakeholders.
- 2. Ensure the implementation of accurate and uniform data collection across states and territories**
Current evidence about the incidence of FGM/C, or its impact on immigrant and refugee women in Australia is negligible. Research and data collection is essential for an evidence based response which can effectively support women and girls affected by FGM/C.
- 3. Coordinate knowledge, resources, key messages and program outcomes**
Sharing knowledge and resources will facilitate the development of effective advocacy strategies to address issues related to the prevention and elimination of FGM/C. Moreover, it will ensure a nationally consistent message, or set of messages that can operate as guiding principles for program delivery across Australia. National coordination would better enable international links and cooperation with United Nations programs, countries and organisations working towards ending FGM/C.
- 4. Increase awareness in the general community**
By creating the opportunity for ongoing links, communication and collaboration across Australia, wider coverage of education programs and awareness campaigns can be achieved.
- 5. Advocate for greater media sensitivity and ethical reporting practices in relation to the issue.**
Media representations of communities that are thought to practice FGM/C are often inaccurate and disempowering for immigrant women and their communities. Media articles/programs should aim to reduce the stigmatisation of immigrant and refugee communities, while accurately representing the facts. The use of terms like “barbaric” is often offensive and dehumanising, as can be the term “mutilation”.

ENDORSEMENTS

Agencies and health practitioners around Australia who endorse our approach include:



African Women Australia

Doutta Galla Community Health, VIC

Jean Hailes

The Migrant Health Service, Central Adelaide Health Network, Department of Health, Government of South Australia

Mother and Child Health Research, Latrobe University

NSW Education Program on FGM

Refugee Women's Health and Safety, Women's Health State-wide, South Australia

Women's Health East, VIC

Women's Health in the North, VIC

Women's Health West, VIC

Women's Health Victoria

REFERENCES

¹ World Health Organisation (2008) Eliminating female genital mutilation - an interagency statement. Geneva, Switzerland.

² Malmström, M. F. (2011) UNFPA-UNICEF Joint Programme on Female Genital Mutilation-Cutting: Accelerating Change. Annual Report 2010. Nurturing Change from Within.

³ Multicultural Centre for Women's Health (2012) 'Elimination of FGM: what works', Fact Sheet 1 March.

⁴ Malmström (2011)

⁵ Malmström (2011)

⁶ Toubia, N.F. and Sharief, E.H. (2003) 'Female genital mutilation: have we made progress?' International Journal of Gynaecology and Obstetrics 82, pp. 251-261.

⁷ Centre for Reproductive Rights (2006) Female Genital Mutilation A Matter of Human Rights: An Advocates' Guide to Action, Centre for Reproductive Rights: N.Y.

APPENDIX

AUSTRALIAN CAPITAL TERRITORY

No FGM programs or projects currently exist in the ACT.) In 1996 (before the ACT Crimes Act was changed), The Women's Centre for Health Matters (WCHM) ran a Community Education Program funded by the ACT Department of Health & Community Care. In 2007, they also participated in MA research being conducting on the topic. Effective strategies are now being considered in relation to the most effective strategy for the ACT including offering training and education for health workers and liaising with communities most likely to be impacted by FGM/C.

NEW SOUTH WALES

The NSW Education Program on FGM supports a co-ordinated national approach on the development of work to educate people from FGM practicing communities now living in Australia, including government and non-government services for settlement, education, community and child protection, health & allied health services. The program is comprised of one full time and 2 part time staff, part time administrative assistance and a team of sessional female and male bi-lingual educators.

Health and Allied Health Service Education includes Professional Health Service Provider Education, Clinical Policy development, which is awaiting approval by the Minister for Health, and developing partnerships with specialist medical services including uro-gynaecologists and relationship counselling services.

Community Education and Development includes the "Women's Health and Traditions in a New Society" education program conducted by women for women, and the Men's Health Program "Men's Health and Traditions" conducted by men for men. This new initiative includes a focus on FGM and the role men play in making family decisions. NSW FGM works closely with other key services likely to have contact with FGM practicing communities including NSW Police, NSW Department of Education and Communities and NSW Family and Community Services.

NORTHERN TERRITORY

There are currently no formal programs to prevent or address FGM/C in the Northern Territory. Responding to identified need, a group of key community, government and non-government agencies working in migrant and refugee health and in sexual and reproductive health have formed the Everybody's Business Subcommittee (EBS). The group advocates for improved research, planning, provision and evaluation of sexual and reproductive health education and services to migrant and refugee communities in the Northern Territory.

In 2012 EBS ran a successful series of workshops at the request of the Somali community to provide sexual and reproductive health education for separate groups of men and women with a focus on FGM/C. The workshops demonstrated the effectiveness of the community development model used and the need for more resources to provide ongoing culturally appropriate sexual and reproductive health and gender equality education and access to services for migrant and refugee groups.

More recently, the EBS has linked with the Sexual Assault Referral Centre (SARC), Northern Territory Police, the Office of Children and Families and the Department of Immigration to establish a working party on FGM/C in the Northern Territory. The group seeks to adapt existing programs for use as training packages for health and community service providers regarding the clinical and legal aspects of FGM/C as well as a community education package that could be delivered as resources allow.

QUEENSLAND

Under the auspices of Family Planning Queensland, the statewide Multicultural Women's Health (FGM) project works to prevent the practice of FGM by mobilising key leaders in affected communities and health and

community service providers. The project has two components; Education and Community Development, and Health Service provider Training.

Education and Community Development is conducted by the Multicultural Community Health Educators (MCHEs) which they are trained by Family Planning Queensland. Health Service Provider Training is provided through education and awareness programs which are planned conducted by the project coordinator, working in partnership with other departments (health and welfare). The coordinator also works with service providers in designing policies and strategies to approach community members and to achieve the target goals. In addition, the MCHEs provide support and assistance to women and the service providers at the Antenatal Care.

Since it began in 1997, the project has been highly successful and won the 2012 Queensland Child Protection Award. The project has produced many resources in English and other languages.

SOUTH AUSTRALIA

The Refugee Women's Health and Safety Program run by Women's Health Statewide incorporates FGM Refugee health and safety as part of its work with newly arrived and vulnerable refugee women (especially women on 204 visas).

The program includes face to face and telephone support, advice and referrals; education and information for women, men and community groups; community, workforce and professional education; and health promotion activities including resource provision and development. Two pamphlets have been developed for the community and for community workers. The Safety Program collaborates with other agencies such as the Migrant Health Service, SA, Shine, Australian Refugee Association (ARA), and Relationships Australia Peace Program for referrals and to deliver programs for women at risk. A joint peer education program is planned with Migrant Health Services.

TASMANIA

In Tasmania there is an FGM education program run through the Red Cross Bi-cultural Team. At this stage, there appears to be a greater demand for educating health service providers than affected communities, however the bi-cultural team have a long history of experience in bi-cultural education and have an interest in this topic.

VICTORIA

The Family and Reproductive Rights Education Program (FARREP) delivers a community based program to prevent FGM/C and address sexual and reproductive health issues, through bilingual health education. The program accommodates a wide range of strategies, including engaging with health services, newly arrived migrants and refugees, and holding education sessions and events with targeted communities.

FARREP agencies are based in various locations in the Melbourne metropolitan area, and include state-wide and regional women's health services, hospitals, and other health services, including the Royal Women's Hospital Well Women's Deinfibulation Clinic in Melbourne. Organisations funded under the Victorian Department of Health FARREP funding stream also include community health service and local government.

WESTERN AUSTRALIA

The FGM program in WA consists of one worker based at the King Edward hospital, and who works with hospital gynaecologists and obstetricians to produce resources on FGM/C for health professionals. A 12-minute training DVD has been produced and an on-line training program is under development, with an expected launch date of early March 2013.

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