INFORMATION FOR HEALTH PROFESSIONALS

FEMALE CIRCUMCISION

WOMEN'S HEALTH IN THE NORTH
voice • choice • power

> It is a form of discrimination and is recognised internationally as a harmful traditional practice that strongly violates the **human rights of women and girls**.

CONTENTS

Female genital cutting (FGC) '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'.[1] It is also known as female genital mutilation (FGM) or circumcision.

At least 200 million women and girls alive today have been cut. Female circumcision is usually performed on girls under the age of 15.[2]

Women and girls who are subjected to FGC are exposed to short and long-term effects to their physical, psychological, sexual and reproductive health. It is a form of discrimination and is recognised internationally as a harmful traditional practice that strongly violates the human rights of women and girls.

Approximately 62% of girls and women from practising countries believe that FGC is wrong and needs to stop.[3]

WHY DOES FGC HAPPEN?

There are many cultural values and beliefs that lead to the practice of FGC:

SOCIAL ACCEPTANCE

An uncircumcised woman and her family risk community disapproval including being socially ostracised and facing insults, harassment or rejection.

CLEANLINESS

FGC is thought to preserve good hygiene, maintain chastity and keep girls pure.

BETTER MARRIAGE PROSPECTS

In countries where FGC is practised, marriage is considered crucial, and sometimes the only source of income to women. An uncircumcised girl may be considered unmarriageable.

1 World Health Organisation (2014). Fact Sheet No 241. Retrieved November 14, 2016 http://www.who.int/mediacentre/factsheets/fs241/en/

2 World Health Organisation (2016). Female Genital Mutilation: Fact Sheet. Retrieved January 12, 2017 http://www.who.int/mediacentre/factsheets/fs241/en/

3 World Health Organisation. (2013). Sexual and Reproductive Health: Female Genital Mutilation (FGM). Retrieved October 4, 2016 http://www.who.int/reproductivehealth/topics/fgm/prevalence/en/

ASSUMPTIONS

FGC is often believed to be a religious requirement, however it is a cultural practice. It has no scriptural basis in either Islam or Christianity.

COMING OF AGE RITUAL

Some communities use the practice to signify girls becoming adults.

CONTROL

The practice is believed to control or restrain a woman's sexual behaviour and therefore maintain purity.

WHERE IS FGC PRACTISED?

FGC is commonly practised in parts of Africa as shown on the map below. It is also known to be practised in some communities in the Middle Eastern countries of Yemen, Jordan, Oman and, and among some groups in Asia from Malaysia, Indonesia, India and Pakistan.[4,5,6,7] In Australia, New Zealand, the United Kingdom, Europe, the United States and Canada, immigrants from practising communities may have already undergone the practice or are considered to be at risk of continuing the practice.[8,9]

4 Population Council Jakarta & United States Agency for International Development. (2003). Female Circumcision in Indonesia: Extent, implications and the possible interventions to uphold women's health rights. Population Council Jakarta: Jakarta.

5 Rashid, A.K., Patil, S.S., & Valimalar, A.S. (2010). The practice of female genital mutilation among the rural Malays in north Malaysia. *The Internet Journal of Third World Medicine*, 9(1).

6 United Nations Population Fund. (2011). Project Embera-wera: An experience of culture change to eradicate female genital mutilation in Colombia – Latin America. UNFPA: Colombia.

7 Piecha, O.M. (2013). STOP FGM – Also in the Middle East. Retrieved October 4, 2016 http://en.wadi-online.de/index.php?option=com_content&view=article&id=1067:stop-fgm-also-in-the-middle-east&catid=11:analyse&Itemid=108

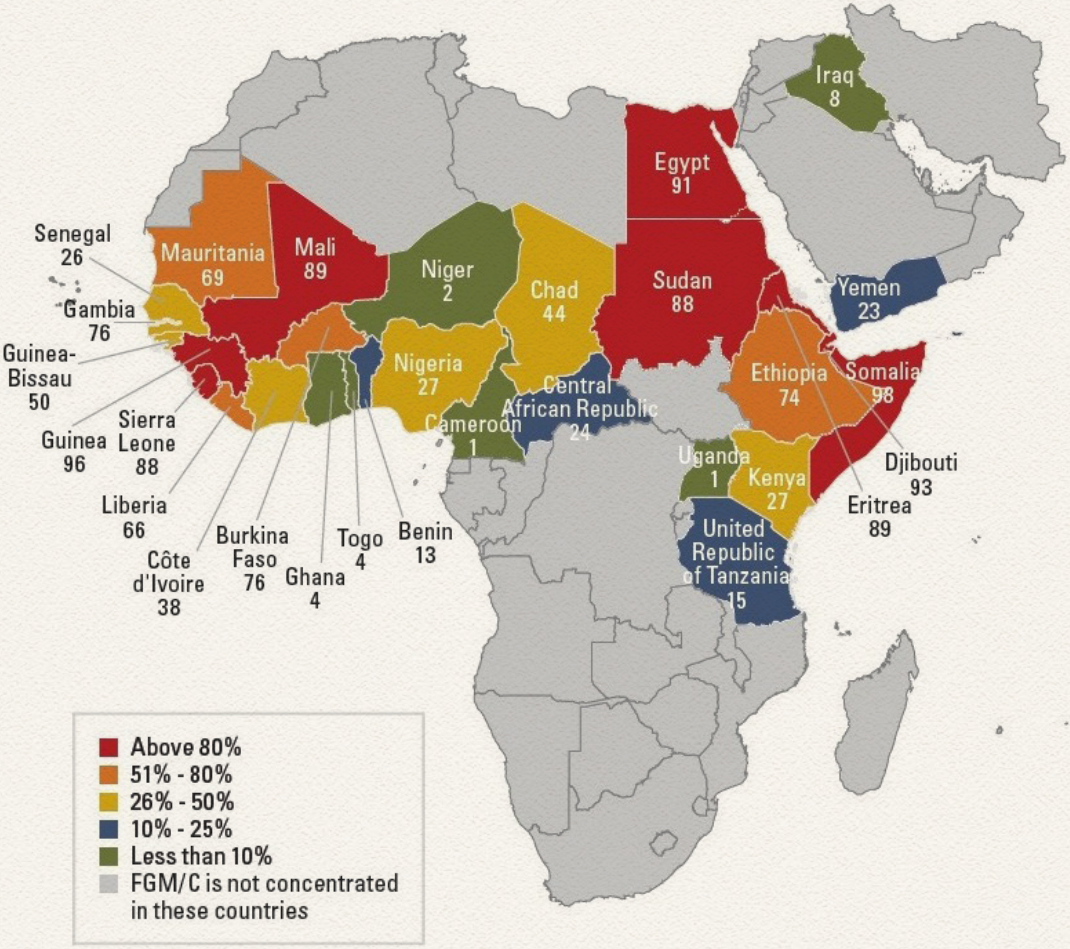
8 World Health Organisation (2014). Fact Sheet No 241. Retrieved October 4, 2016 http://www.who.int/mediacentre/factsheets/fs241/en/

9 Multicultural Centre for Women's Health. (2013). FGC Position Paper. Multicultural Centre for Women's Health: Victoria.

Female circumcision is a **harmful** traditional practice with **no health benefits.**

WHERE IS FGC PRACTISED? *CONTINUED*

PERCENTAGE OF WOMEN AGED 15 TO 49 YEARS WHO HAVE HAD CIRCUMCISION, BY COUNTRY*



Source: United Nations Children's Fund. (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. UNICEF: New York.

*Circumcision may also be practised in some countries not shown on this map including Indonesia, Malaysia, India, Pakistan, Jordan and Oman.

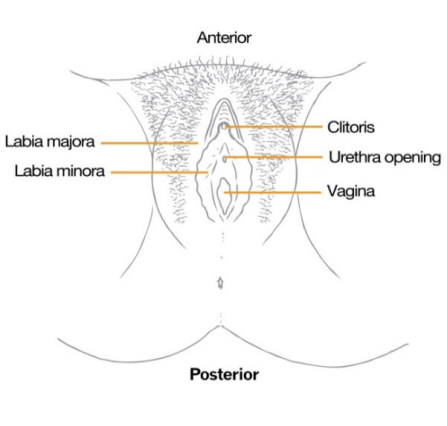
AGE AT WHICH FGC IS PERFORMED

The age at which FGC is performed varies from community to community. It can be performed on girls as young as seven days old, right through to puberty. In some communities, the procedure may be delayed until just before marriage or after the birth of the first child.

TYPES OF FGC[10]

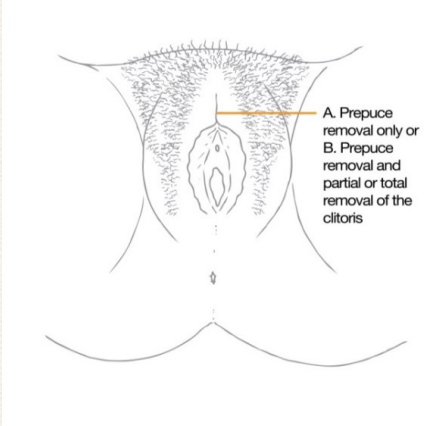
NATURAL VULVAL APPEARANCE

Example of external female genitalia without cutting.



TYPE 1

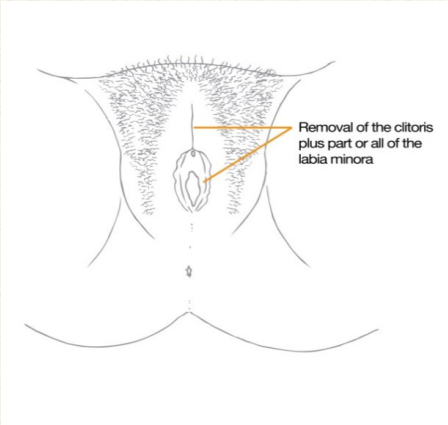
Involves the partial or total removal of the clitoris.



10 Family Planning Victoria. (2012). A Service Coordination Guide: Improving the health care of women and girls affected by female genital mutilation/cutting. Family Planning Victoria: Melbourne.

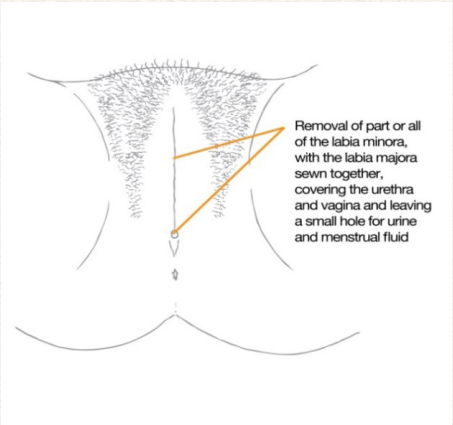
TYPE 2

Involves the partial or total removal of the clitoris and the minora without removal of the labia majora.



TYPE 3

Involves the total removal of the clitoris and the whole of the labia majora and minora.



TYPE 4

This includes all other harmful procedures to the female genitalia for non-medical purposes, including pricking, piercing, scraping, incising and cauterising.

TYPE 3 *CONTINUED*

This is the most severe type of FGC and is also called Infibulation. It is the most common form of FGC practised in the Horn of Africa. The two sides of the labia are stitched together and a small opening is left to allow for urination and the flow of menstrual blood.

> "**Infibulation** is the most common form of FGC practised in the Horn of Africa."

LEGISLATION AND FGC

Australia and many other countries have passed laws which make all forms of FGC illegal. FGC is prohibited by law in all states and territories of Australia, with penalties of up to 20 years of imprisonment. In December 1996, the Victorian Government passed legislation that prohibits FGC in all its forms. It is also illegal to take a child or a person to another country outside Australia to circumcise them.

IMPACT ON WOMEN'S AND GIRLS' HEALTH

FGC has no health benefits and is internationally recognised as a violation of human rights. FGC can have adverse long-term effects on physical and mental health and wellbeing.[11]

IMMEDIATE COMPLICATIONS

FGC can result in immediate complications including shock, severe bleeding, bacterial infections, tetanus, septicaemia, urine retention and damage to the urethra or anus.

LONG TERM COMPLICATIONS

Ongoing complications can include scarring, vulvar abscesses and cysts, menstrual complications including painful periods, urinary and kidney infections, chronic pelvic infection, chronic pain, infertility and difficulty during gynaecological examinations or surgery. Girls can also be psychologically affected by the trauma of having FGC performed on them. Women who have undergone FGC can find sexual intercourse painful and traumatic, and experience difficulty with penetration and decreased sexual enjoyment.

11 United Nations Children's Fund. (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. UNICEF: New York.

PREGNANCY AND CHILDBIRTH PROBLEMS

FGC can lead to an increased risk of childbirth complications.

In the case of miscarriage, the foetus may be trapped in the uterus or birth canal of an infibulated woman. Women may also follow a restricted diet in order to reduce the size of the baby because they believe that will make delivery easier.

Pregnant women who have undergone Type 2 and Type 3 FGC will require specialist antenatal care. They may experience difficulty with vaginal examinations that require the use of a speculum. They commonly experience frequent urinary tract infections.

Assessing whether a woman has been affected by FGC early in the antenatal period means that health and medical professionals are better able to meet their care and support needs during and after pregnancy.

SUPPORTING WOMEN WHO HAVE UNDERGONE FGC

Female genital cutting is a complex and sensitive subject.

It is important that medical practitioners and other health professionals engage in culturally appropriate conversations with women and girls affected by the practice.

The practice of FGC can be a confronting topic and may possibly conflict with your own values. Being aware of your own reactions to the practice is important to help you maintain a non-judgmental attitude. This will also create a safe environment in which to discuss important health care needs with each individual woman.

> "The practice of FGC can be a confronting topic and may possibly **conflict** with your own values."

THE ROLE OF HEALTH PROFESSIONALS WORKING WITH WOMEN AFFECTED BY FGC

It is the role of the health professional to:

- Assist women to understand their care options. If a woman has experienced FGC, it is critical that the implications for her pregnancy and birth are outlined.
- Develop a care plan for pregnant women that includes all relevant health professionals, including the woman's GP and relevant community referrals such as a refugee health workers (flow chart on page 13).
- Where possible, provide female health professionals to examine all women affected by FGC.
- Refer the woman to specialist counselling to enable her to explore and understand the issues she may experience due to FGC. This will help her make an informed decision about her care.
- If the woman requires antenatal de-infibulation, make a referral to the African Women's Clinic at the Royal Women's Hospital (de-infibulation is a surgical procedure to reverse type 3 FGC and may be performed prior to or during pregnancy or childbirth).
- Provide relevant information to assist the woman make an informed decision regarding de-infibulation.
- Ensure that the woman and her partner understand the Victorian legislation surrounding FGC and child protection.

WHEN WORKING WITH A WOMAN WHOM YOU KNOW OR SUSPECT HAS EXPERIENCED FGC

- Reassure the woman that her consultation is private and confidential.
- Use simple/plain English to explain the importance of antenatal and postnatal care.
- Provide relevant translated information about antenatal and postnatal care, for example, fact sheets about FGC in the woman's own language where available. Fact sheets can be obtained from WHIN, Royal Women's Hospital, Women's Health West and PapScreen Victoria.
- Refer the woman to the African Women's Clinic at the Royal Women's Hospital.
- Arrange for a female interpreter. Using family members for the purpose of interpreting is never appropriate.
- Let the woman know that she can ask for female health professionals (nurses, midwives and doctors).
- Encourage the woman to ask questions.
- Inform the woman that according to Victorian law, if they have been de-infibulated during labour, it is illegal for health professionals to re-infibulate them afterwards.

LABOUR CARE

- Ask the woman about her preference concerning having a female health professional attend her, and respect this request where possible.
- During labour, if the vaginal examination is difficult or painful, the health professional should not continue. Where possible, health professionals should use one fingered examination.
- If the baby is a girl, ask the parent what their preference for their baby girl is in regard to FGC. This provides the health professional with an opportunity to provide education to the family about health implications associated with FGC and the Victorian legislation.
- Whilst in labour, if possible, a women with Type 3 FGC should only have her examination undertaken by obstetricians or midwives experienced in working with women affected by FGC.
- Health professionals need to provide appropriate advice on wound management and body change with women after de-infibulation.
- Health professionals need to monitor urine output post-birth and observe for urinary retention in the first 24 hours.

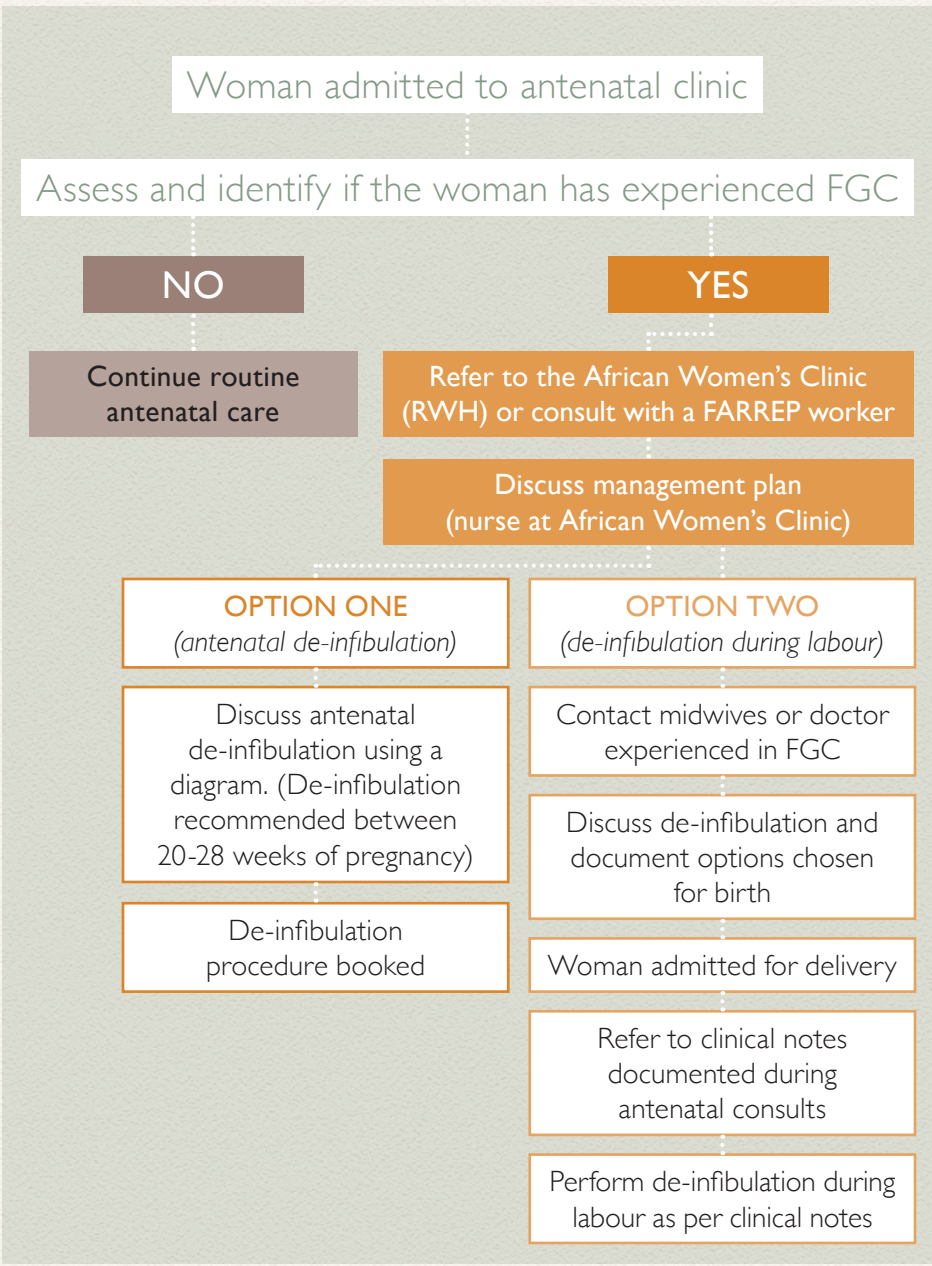
GUIDING QUESTIONS FOR HEALTH PROFESSIONALS WHEN WORKING WITH WOMEN AFFECTED BY FGC

- 'What is your country of origin?' (be aware of prevalence rates in the country the woman names)
- 'How is your general health?'
- 'Is female circumcision (or traditional cutting) common in your community/country of origin?'
- 'I understand that female circumcision is a common practice in your country. Would you mind if I asked you if you have been circumcised or have had traditional cutting? It's important for me to know before I examine you so that I can provide you with the best possible pregnancy care. It is important for me to know what your vaginal opening looks like'.

Many women who have had traditional cutting will be unaware of the type of cutting they have experienced. Because of this, asking them what their 'vaginal opening looks like' is often a more effective way of assessing what type of circumcision they have had before you examine them.

> "Many women who have had traditional cutting will be **unaware** of the type of cutting they have experienced."

FGC FLOW CHART FOR HEALTH PROFESSIONALS



FGC SUPPORT SERVICES

WOMEN'S HEALTH IN THE NORTH

WHIN provides education for women who originate from countries where FGC is traditionally practised and for health professionals who may work with these women.

ROYAL WOMEN'S HOSPITAL FGC SUPPORT WORKERS AND DE-INFIBULATION CLINIC

The Royal Women's Hospital's African Women's Clinic provides a free, confidential service for women who have had FGC. They offer de-infibulation services. The service is available to pregnant and non-pregnant women. Women using this service will be treated by experienced women's health nurses.

The African Women's Clinic bookings: (03) 8345 3045 or 1800 442 007

The hospital also has FGC support workers who can provide cultural support and advocacy to women affected by FGC and their families: (03) 8345 3045

WHERE TO FIND INFORMATION ON **FEMALE GENITAL CUTTING**

http://www.netfa.com.au/

https://www.thewomens.org.au/health-information/fact-sheets/

http://whwest.org.au/wp-content/uploads/2012/06/FS_FGM_20091.pdf

http://www.papscreen.org.au/female-genital-mutilation

Crimes (Female Genital Mutilation) Act 1996

> It is important that medical practitioners and other health professionals **engage in culturally appropriate conversations** with women and girls affected by the practice.

NOTES

The illustration used in this book is of the Protea flower which represents change and hope.

WOMEN'S HEALTH IN THE NORTH
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