Women's Health East

Female Genital Mutilation / Cutting

Fact Sheet — Female Genital Mutilation/Cutting

Female Genital Mutilation/Cutting is a significant global human rights issue for women and girls.[1]

Female genital mutilation/cutting (FGM/C) is a "harmful traditional practice that affects the health and wellbeing of girls and women all over the world".[2] It is defined by the World Health Organisation 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".[3]

FGM/C has **no health benefits** for the women and girls who undergo the procedure, however it can cause a number of physical and psychological **health complications**, irreparable damage and **death**.[3,4]
FGM/C is viewed internationally as a **violation of the human rights of girls and women**[5] and is a **crime in all states and territories of Australia.**

About FGM/C

The practice of FGM/C is strongly linked to ethnicity, with practice concentrated in Africa, but occurring also in Asia and the Middle East.[5] Prevalence patterns have become more complicated in recent decades due to global migration and displacement of communities from their home countries.[6] FGM/C is sometimes wrongly linked to religious observance but has no basis in any religious text.[7]

Beliefs and meanings surrounding FGM/C vary considerably across ethnic and cultural groups. Generalisations about the practice within these communities may be harmful and lead to stigma and marginalisation for women.

- *FGM/C affects more than 125 million women and girls globally*
- *Countries that have the highest estimated prevalence (>75%) include Somalia, Egypt, Guinea, Sierra Leone, Djibouti, Mali, Sudan and Eritrea.*[3]

FGM/C as a Human Rights Issue

FGM/C is a violation of the human rights of girls and women and reflects profound societal inequality between women and men. FGM/C is generally carried out on young girls without their consent, constituting a violation of the rights of the child.[5] Additionally, evidence suggests that many women who belong to communities where it is practiced would like to see it end.[7] It is also recognised internationally as a form of violence against women and as such, is a violation of the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).[7]

In countries with a long history of the practice, FGM/C has been accepted and normalised and is considered to be an essential rite of passage necessary for marriageability and social acceptance.[2] Failure to have a daughter undergo FGM/C can lead to stigmatisation and ostracisation.[4] This stigma can be compounded for minority diaspora communities, and can impact significantly on body image and cultural identity for these women.[2]

"In every society in which it is practiced, FGM/C is a manifestation of gender inequality that is deeply entrenched in social, economic and political structures."[1]

Health Implications and Impacts

Women who have undergone FGM/C are at risk of health consequences, including:[3,4]

- Severe pain, shock, bleeding and infection
- Incontinence
- Painful periods & sexual intercourse
- Infertility,[5] childbirth complications and infant mortality
- Psychological issues such as anxiety, insomnia and depression

> "Evidence strongly demonstrates that the most effective approaches to eradicating FGM/C are those that understand it as a women's health and human rights issue, in a holistic, community-based, culturally sensitive, sexual and reproductive health context"[8]

Best Practice in Preventing FGM/C

A successful approach to the reduction and elimination of FGM/C involves a holistic approach that focuses on community engagement and encourages community ownership of the issue. Of vital importance is the empowerment of women and girls, the involvement of men, and the use of a human rights and sexual and reproductive rights agenda.[2,8]

The above approach has been employed by the Family and Reproductive Rights Education Program (FARREP)[9] since its implementation across three of the Metropolitan Melbourne regions in 1998. The program is funded through the Victorian Department of Health to reduce and prevent the practice of FGM/C.

The Eastern Metropolitan Region

The Eastern Metropolitan Region (EMR) is home to communities from countries where FGM/C is known to occur as shown in Table 1. The table reflects the number of EMR residents who were born in countries where FGM/C has been documented and the prevalence estimated. This data does not reflect ethnicity, cultural background or the complex factors that influence the continuation or abandonment of the practice in countries of settlement.[2] It is however, the best estimate available of the prevalence of FGM/C in the Eastern Metropolitan Region. There is no specific data on FGM/C in Australia.

Country of birth	Estimated FGM/C prevalence	EMR population
Somalia	97.9%	53
Egypt	95.8%	2,648
Ethiopia	74.3%	162
Sudan	90%	446
Liberia	45.0%	33
Kenya	32.2%	655
Nigeria	19.0%	107
Tanzania	14.6%	128
Iraq	8.0%	421
Ghana	3.8%	140
Uganda	0.6%	118
Total		**4,911**

Table 1: EMR residents who were born in countries where FGM/C has been documented and the prevalence estimated[6]

*This data uses estimates only and should be used with caution to avoid stereotyping of and discrimination against women and communities.

Notably, the EMR is the only metropolitan region of Melbourne that does not receive FARREP funding and as a result, meaningful engagement and prevention work around FGM/C has not been possible. It is imperative that women who have undergone FGM/C and who now live in the EMR have their needs understood and addressed, and that interventions are undertaken to work toward preventing and ending this harmful practice worldwide.

References

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