

Female Genital Mutilation Information for Health Professionals

Many health professionals are unaware of the health and cultural issues surrounding female genital mutilation (FGM). With increasing numbers of women arriving in Australia from countries where FGM is practiced, these issues are of increasing concern to Australian health professionals.

Knowledge of the issues around FGM is vital to the provision of appropriate, holistic care for women affected or at risk of the practice of FGM.

The following information aims to provide the health professional with an awareness of some, but by no means all, of the issues which may need to be considered or addressed when caring for women who have been affected by FGM. Health care professionals in many disciplines and in all areas of Australia are likely to encounter women who have been affected by FGM.

What is Female Genital Mutilation?

Female genital mutilation affects an estimated 130 million women and girls worldwide and continues within a complex web of social, cultural and economic justification. It is medically unnecessary and has adverse physical, sexual, psychological and social consequences.

The World Health Organisation has defined female genital mutilation as comprising '*all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons*'. This definition includes a range of practices of different degrees of mutilation, from nicking of the clitoral hood to infibulation.

Infibulation involves the removal of the clitoris, labia minora and parts of the labia majora, which are then sutured together leaving only a small hole a few millimetres to centimetres in diameter for the passage of urine and menses. Only 15% of women affected by FGM will have undergone infibulation.

Female genital mutilation has been reported in many countries around the world including 29 African countries, Oman, United Arab Emirates, Yemen, Indonesia, Malaysia, and India. Within these countries there is significant variation between communities with respect to FGM, which may be practiced by small isolated groups, or may be widespread.

It is unclear where FGM originated: the practice is centuries old; it is culturally based and practiced by people from a number of religious backgrounds. FGM is often associated with religion, however, the association is likely to be the result of historic concurrence and incorrect teaching and/or understanding of religious texts, it is not included within the formal teachings of any religion.

In many communities, FGM is a routine step in a complex web of beliefs and understandings, which may be associated with tradition, economics, religion, aesthetics and/or hygiene.

It is performed with the best interests of the child at heart in the belief that it will ensure health, chastity, hygiene, social cohesion, family honour, marriage-ability, fertility and successful childbirth.

Terminology

The term female genital mutilation can be offensive to some and its use in consultations may be counter productive to the establishment of effective caring relationships. When discussing FGM it is recommended that professionals establish the terms used by the women and her family to describe the practice. To raise the subject phrases such as traditional or ritual female surgery or cutting should be used. The term female circumcision may also be useful if it is familiar to the woman; however, more general use of this term is inappropriate, as it is an inaccurate description of most FGM practices. Female genital mutilation is the recommended term for use at a policy level.

Prevention of FGM in Australia

Australia has implemented a two-part strategy to prevent the practice of FGM in this country involving:

1. A National Education Program on FGM, focusing on health promotion within a community development context;
2. Legislation against the practice.

Health care professionals have an important role in the prevention of FGM. Health promotion information can give convincing support to arguments against FGM, as it provides relatively objective arguments against FGM for which there is tangible evidence. Specific legislation has been introduced in most State and Territories of Australia. There is variation between States and Territories, however, in general, the law **prohibits FGM as defined, prohibits taking a child out of Australia for the purpose of FGM, allows for medical procedures with genuine therapeutic (non-cultural) purpose.**

In addition, most health professionals are mandated to report instances where children are believed to be at risk of FGM.

Health Care professionals need to be aware of the implications of legislation for them and should contact the relevant State/Territory department for copies of and advice on their local legislation.

What is the Tasmanian Response to the FGM Practice?

The Tasmanian Government has enacted legislation known as the *Criminal Code Amendment Act 1995*. This legislation will not be proclaimed until an

education program of FGM is established and has been implemented for some time. Upon the proclamation of this legislation, the practice will become illegal in Tasmania. It will also be illegal to take a child under the age of 18 years, who normally resides in Tasmania, out of the state with the intention of having FGM performed on the child.

In addition to the Legislation, the Tasmanian government has initiated a community education program run by the Department of Health and Human Services.

Health Consequences of FGM

A wide range of complications of FGM is documented, including short and long-term physical, sexual and psychosocial problems.

Immediate complications include pain, bleeding, infections, injuries, urinary obstruction and death.

Longer-term complications of FGM can include:

- vulval scarring and pain;
- pelvic and urinary tract infection;
- obstructed menstrual and urinary flow;
- urinary and faecal fistulae;
- incontinence;
- obstructed miscarriage and childbirth;
- vaginal and perineal damage at childbirth; and
- sexual difficulties including non-consummation and painful intercourse.

There is a wide range of severity of symptoms, while some women do not experience any problems that they attribute to FGM.

Psychosocial issues around FGM

Limited research has been undertaken on the psychosocial consequences of FGM.

Psychological stress may be experienced as a direct consequence of FGM or may be related to other experiences including those around immigration and settlement.

Some causes of psychological stress are:

- reactions to trauma of FGM itself;
- anxiety and depressive symptoms;
- effects on sexuality;
- war, famine, immigration issues;
- conflict within family and community;

- responses of host communities; and
- inter-generational issues.

Practitioners should be aware of, and respond to, psychosocial health needs, referring for culturally appropriate support if necessary and possible.

Practice Guidelines

In their approach to clinical care, health care practitioners should:

- be aware of communities who may practice FGM in order to be alert to the possibility, while making no assumptions on the basis of country of origin, race or religion;
- be aware of the practices which constitute FGM, their background and their consequences including medical, social and psychological aspects;
- be aware of likely divergence between expectations and functioning of the health care system; explanation of the system is likely to be necessary;
- involve interpreters if possible/appropriate;
- understand that husbands may play an important role in decision making;
- explore a woman's wishes;
- respect difficulties intimate matters and take time to develop trusting professional relationships;
- explain reasons for examinations and procedures;
- be aware that pelvic examination may be difficult, painful or impossible and do not persevere if unduly uncomfortable or painful – careful angulation of instruments and one finger examination may be necessary;
- document findings in detail to minimise need for repeat examinations and so that future difficulties such as catheterisation problems may be anticipated and planned for; and
- consider consulting or referring to a centre with expertise/experience.

De-infibulation

De-infibulation is the procedure used to reverse the more extreme procedure of infibulation. It involves dividing scar tissue to allow widening of the narrowed vaginal opening.

De-infibulation is a routine sequel to infibulation for most. It may be necessary to allow for sexual penetration and is usually required to allow childbirth. De-infibulation may be requested prior to marriage or in the event of pregnancy. In some cases there will be some urgency to have the de-infibulation performed.

Surgery is usually straightforward, but the woman's expectations should be clear and anesthesia is recommended. Post-operatively re-adhesion must be prevented.

Pregnancy and Childbirth

Women from countries where FGM is practiced may not have had previous experience with antenatal care or the Australian health care system. Health care practitioners should be sensitive to the possible differences in expectations around the management of pregnancy, and should take considerable care to establish the woman's expectations.

Women will expect vaginal birth and a history of FGM is not in itself a reason for Caesarean section. Childbirth may be affected by the presence of scar tissue and/or narrowing of the vaginal introitus, so careful assessment during labour is important.

While de-infibulation is usually best done antenatally (after 20 weeks), it should be performed in labour, if necessary, prior to consideration of the need for episiotomy. It may be important to avoid tears or episiotomy in the midline for cultural reasons.

This information sheet points to only a few of the many issues around FGM which health care professionals may need to be aware of in the provision of care for affected women. It is recommended that further information and advice be obtained.

The Royal Australian and New Zealand College of Obstetricians and Gynecologists have recently published a more detailed booklet, Female Genital Mutilation - Information for Australian Health Professionals. **To obtain a copy click: <http://www.ranzcog.edu.au/> or please send a written request to:**

**FGM Booklet Request
RANZCOG Publications
254-260 Albert Street
EAST MELBOURNE VIC 3002.**

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Health care professionals have an important role in the prevention of FGM. Appropriate, culturally sensitive health care and health promotion information can provide strong support to those working for change.