

FGM/C Advocacy Messages

Multicultural Centre For Women's Health

Is there evidence that suggests FGM/C is happening in Australia?

There is no research evidence to suggest that FGM/C is practised in Australia. There is, however, community-based research conducted by the University of Melbourne that indicates the practice has declining support among communities in both rural and inner metropolitan areas of Victoria. The research is available here:

Vaughan, C., White, N., Keogh, L., Tobin, J., Ha, B., Ibrahim, M. & Bayly, C. (2014). *Listening to North Yarra Communities about female genital cutting*. Melbourne, The University of Melbourne.

Vaughan, C., White, N., Keogh, L., Tobin, J., Murdolo, A., Quiazon, R. & Bayly, C. (2014). *Female genital cutting/mutilation in regional Victoria: Research to practice*. Melbourne, The University of Melbourne.

It is important to act on the evidence we have available, rather than generalise across communities on the basis of individual cases. To date there have only been two court cases in New South Wales and Queensland. Making assumptions about whole communities on the basis of a handful of cases can cause harm to women and children in communities because it can lead to false accusations, stereotyping and stigmatisation.

How important is data?

Data is important for an evidence based policy response to effectively support women and girls affected by FGM/C.

New data released in February 2016 by the United Nations found that there are more than 200 million women and girls affected by FGM/C around the world. This data now includes Indonesia who for the first time has collected information on a

national scale. The UN report states that 'there has been an overall decline in the prevalence of FGM/C over the last three decades.'ⁱ However, population growth means that the number of girls and women subjected to FGM/C will increase. For more information, see:

<http://www.abc.net.au/news/2016-02-06/female-genital-mutilation-data-'very-troubling'/7145688>

In Australia, prevalence estimates are obtained from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) from African countries and extrapolated to the number of female migrants from FGM/C practising countries residing in Australia. This estimation is inadequate as prevalence depends on various other factors including ethnicity, socio-economic class and education. Moreover, there is evidence that migration is an impetus to the abandonment of FGM/C.ⁱⁱ

'There has been an overall decline in the prevalence of FGM/C over the last three decades' - UNICEF 2016

Hospitals and healthcare facilities in Australia are in the best position to collect data; however, the systematic collection of data relating to FGM/C is not currently being conducted. For example, we need to include information on this practice in national maternal and perinatal morbidity data collections as part of the National Perinatal Data Collection of the Australian Institute of Health and Welfare.

Should we be collecting more data on prevalence rates on Australian girls? If so, what form should this take?

It is important to clarify the purpose of data collection and how this data will be used.

We need to better understand how many women have undergone FGM/C in their countries of origin who are now living in Australia so that appropriate and adequate women's health services can be provided.

We also need to better understand the specific needs of practising communities so that resources are allocated to working with them to prevent the practice.

To be able to collect accurate data the methodology adopted should include:

- (a) a framework that includes an excellent understanding of FGM/C around the world, the different ways that it is practised in different countries and communities
- (b) an excellent understanding of the meaning of the international data and how that impacts on people in Australia
- (c) quantitative data collection based on settlement patterns in Australia, taking account of the fact that ethnic identity may be different to country of birth, and an understanding of the diversity that can exist within groups that practise FGM/C
- (d) qualitative participatory research with people from the community to better inform an understanding of the practice in the different groups that have settled in Australia.

Is it a form of violence?

The World Health Organization guidelines state that FGM/C is recognised 'as a violation of the human rights of girls and women.'ⁱⁱⁱ International literature highlights that it is important to understand FGM/C as a form of gender-based violence and as a manifestation of gender inequality.^{iv}

In Australia, FGM/C falls under the Commonwealth's National Action Plan to Reduce Violence Against Women and their Children. Addressing the issue within a human rights framework ensures greater government and community involvement in the protection of girls' and women's rights.

Evidence shows that community-based approaches aimed at preventing the practice using culturally informed dialogue with communities have the most promising results. Prevention education should be delivered within a holistic community-based, culturally sensitive, sexual and reproductive health context.

What is the best approach to abandoning the practice?

International evidence shows that education and working with communities are the most effective way of preventing FGM/C.^v Community-based, respectful and collaborative preventative work has been very effective around the world and in Australia.

It is important to aim for permanent social and cultural transformation by encouraging community engagement and ownership of the issue.

'Respecting someone's cultural dignity is not the same as accepting their cultural practices without question.'

The cultural practice of FGM/C reflects a form of gender inequality and it is important that women from communities that traditionally practice FGM/C remain at the centre of advocacy and prevention efforts. There are many women in Australia who have been actively working with their communities to prevent the practice for over 20 years.

FGM/C is a complex issue and there has been many active women in their communities in Australia who have been working to prevent the practice for over 20 years.

What are the challenges and what needs to be done to overcome them?

A coordinated effort within and across states and territories is needed to deliver effective FGM/C prevention programs. Program development also needs to be strategic rather than responsive.

However, there are gaps in the funded programs across Australia that are inconsistent and have not kept up with changing demographics within each state or territory. There are some communities that have not yet been reached within the current programs due to inadequate funding. More health promotion resources allocated to the state and territory based programs across Australia will enable programs to better cover the diversity of communities that are affected by this issue.

Furthermore, non-community driven advocacy coupled with negative media representations of communities that traditionally practice FGM/C can be harmful and disempowering for immigrant women and their communities. Media representations that are inaccurate and sensationalising can generate racism against marginalised groups and communities.

Media articles and programs should aim to reduce the stigmatisation of immigrant and refugee communities, while accurately representing the facts. Questioning someone else's cultural practices or beliefs can be done without being disrespectful to their cultural and personal identity: respecting someone's cultural dignity is not the same as accepting their cultural practices without question.

ⁱ UNICEF (2016) Female Genital Mutilation/ Cutting: A Global Concern, UNICEF: New York.

ⁱⁱ Gele A, Johansen E, Sundby J. When female circumcision comes to the West: Attitudes toward the practice among Somali Immigrants in Oslo. *BMC Public Health*. 2012; 12: 697-706.

ⁱⁱⁱ World Health Organisation (2016) Female Genital Mutilation: Fact sheet, WHO: Geneva.

^{iv} See NETFA Literature Review at www.netfa.com.au. Chen, J. and Quiazon, R. (2014) 'Literature review: best practice approaches to the prevention and abandonment of female genital mutilation/cutting', MCWH: Melbourne.

^v See NETFA Best Practice Guide at <http://www.netfa.com.au/downloads/netfa-bpg-web.pdf>. Jasmin Chen and Regina Quiazon. (2014) NETFA Best Practice Guide for Working with Communities Affected by FGM/C, Multicultural Centre for Women's Health: Melbourne.