



Advocacy to Action

Lessons from NETFA towards the elimination of FGM/C

Advocacy can be a powerful tool for raising awareness among community members about the issues impacting their community, influencing people with power to drive policy changes and transforming inequitable systems. Since commencing the National Education Toolkit for Female Genital Mutilation/Cutting Awareness (NETFA) Project in 2011 we have learnt that advocating for the elimination and prevention of FGM/C in Australia continues to be challenging. FGM/C is a complex issue, and its elimination calls for a deep understanding of the social, political and historical context of FGM/C. It is crucial that efforts to end FGM/C are informed by the expertise of affected communities and led by women with lived experience.

About this paper

This paper provides the Multicultural Centre for Women's Health's (MCWH) key messages on the elimination of FGM/C in Australia and is useful

for community leaders/advocates working to advocate to community, government, media and other organisations against the practice.

The paper draws on the activities of the NETFA project to showcase an effective intersectional model for the prevention of FGM/C which centres the leadership, knowledge and experiences of migrant and refugee women advocates. Aligned with MCWH's Best Practice Guide for Working with Communities Affected by Female Genital Mutilation/Circumcision¹, the NETFA project is an example of a successful intersectional, community-led initiative that advocates for the elimination of FGM/C and supports women and communities who are affected by the practice.

This paper was developed by Multicultural Centre for Women's Health, with contributions by Swaatha Haji, a graduate of the NETFA Leadership Program and a leader in community health.

What we know about FGM/C

Across the world it is estimated that over 230 million girls have been experienced FGM/C²

FGM/C is primarily practiced in 30 countries in Sub-Saharan Africa, the Middle East, and Asia². Achieving its abandonment by 2030 is a United Nations Sustainable Development goal.

Given Australia's growing multicultural and migrant populations, including those from regions where FGM/C occurs, it is crucial to increase awareness of this complex global issue and the negative impacts of this practice. This will help reduce the number of girls and women who undergo the procedure and provide them with the appropriate supports.



Approximately 53,000 girls and women currently living in Australia but born elsewhere have undergone FGM/C³

FGM/C is a crime under state-based law in every state and territory in Australia.

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 practicing countries may have already undergone the practice in their countries of origin. Migration, especially to a low-prevalence country such as Australia, is considered to be a major driver for abandonment of FGM/C⁴.

FGM/C is a traditional and cultural practice and is not part of any religion

It is important to recognise that FGM/C has no basis in religion⁵ and is practiced by ethnic groups of many faiths. It is embedded in complex cultural beliefs around gender and deeply rooted in patriarchal structures which emphasize control of women's bodies, sexualities, and reproductive capabilities.

FGM/C perpetuates gender inequality by suppressing female sexuality and autonomy.

Nonetheless, FGM/C is often viewed by family and community members as a social norm and an important cultural tradition. FGM/C is typically carried out on young girls between infancy and 15 years. Some reasons commonly cited for the practice include preparing girls for marriage and adulthood, preserving socially accepted values related to femininity and modesty, and ensuring a woman's premarital and marital fidelity⁶.

FGM/C has no health benefits, and there is no medical justification for it

According to the World Health Organisation, 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'².

FGM/C has no health benefits. It is strongly associated with a range of immediate and long-term gynaecological and obstetric complications, including chronic vaginal infections, menstrual problems, sexual health problems and increased risks of childbirth complications. In some instances, the procedure can result in death due to excessive bleeding, infection, or shock.

Many girls and women who have undergone FGM/C also experienced significant emotional distress and trauma which can lead to long-term psychological consequences.

FGM/C is a violation of the human rights of girls and women

FGM/C is internationally acknowledged as a violation of human rights, breaching several human rights principles, standards and norms, including the principles of equality and non-discrimination on the basis of sex, the right to life (when the procedure results in death), the right to freedom from torture and cruel, inhuman, or degrading treatment or punishment, and the rights of the child as the practice is most often performed on minors².



Key advocacy lessons



Follow a feminist, intersectional approach to education on FGM/C

Globally, the evidence suggests that approaches that position FGM/C as a women's health and human rights issue, framed in a holistic, culturally sensitive and participative manner, are the most effective means for ending FGM/C⁷.

Health workers, policy makers and service planners/providers will have greater success in engaging community members to talk about FGM/C when the topic is discussed more widely in relation to sexual and reproductive health, human rights and gender inequality. Many of the most effective documented programs have presented issues to do with FGM/C within a larger education program dealing with sexual health, human rights, gender equality, health literacy or health and safety. By engaging communities in conversations about women's

rights and sexual and reproductive health, we can address FGM/C within those communities without stigmatising or assigning blame, offering a greater opportunity to shift social norms and attitudes in the long term¹.

Using a human rights approach frames FGM/C as a global issue and its elimination as a way to strengthen the empowerment and rights of girls and women. As FGM/C is a gendered issue that reinforces harmful myths about girls and women, the empowerment of girls and women is essential. Increasing women's knowledge about their bodies and understanding of sexual and reproductive health can strengthen women's decision-making power and help to address changing gender roles in migrant and refugee communities¹.

Fostering community engagement and leadership

FGM/C is deeply rooted in cultural and societal norms. It has long been viewed as a cultural necessity and an important rite of passage, marking a girl's transition from childhood to womanhood. In this context, simply urging people to change their beliefs and behaviour is not effective and can, in fact, be counterproductive. The decision to end FGM/C must come from within communities⁸.

Permanent change can only be achieved by encouraging community engagement and ownership of the issues around FGM/C. An effective multisectoral response needs to ensure that affected communities are at the forefront of prevention efforts. Programs should engage women, girls, men and boys of all ages and stages in life and promote community dialogue¹.

Community champions and leaders, in particular, can help facilitate community engagement and community ownership of the issue for sustainable change. By understanding the traditions and values of their communities, they can help address misconceptions of FGM/C and resistance to change in a way that is respectful and non-confrontational.



NETFA leadership program

In 2022, MCWH launched the inaugural NETFA leadership program to build the capacity, skills, and confidence of migrant women from affected communities to deliver advocacy campaigns tailored to the needs of their communities.

The program recruited 12 women advocates/ community champions from across Australia to undertake a 7-month leadership course to strengthen their skills in advocacy and leadership. The course employed an intersectional framework and was informed by MCWH's 'Set the PACE: Five Ways to design leadership programs for migrant women, non-binary and gender diverse people' Best Practice Leadership Guide for Migrant and Refugee Women⁹. It provided women with the tools to navigate power, privilege, and politics, on the issue of FGM/C. Participants were supported to build their skills and knowledge in relation to communication and public speaking, sexual and reproductive health rights and strategic storytelling.

Women used the knowledge and advocacy skills they had gained through the leadership course to develop culturally informed resources for communities affected by FGM/C and health professionals. They produced accessible multilingual and multi-media resources including, multilingual factsheets, a myth-busting video, a video with an interview with a general practitioner about FGM/C and a podcast with survivors, community advocates and health professionals. Visit netfa.com.au and listen to the 'Fresh Voices on FGM/C' podcast.

The leadership program follows international best practice that highlights the importance of cultural change being led by women who are affected by FGM/C, fostering ownership of the issue and generating stronger support within affected communities for FGM/C education and prevention initiatives. This approach ensures women from affected communities are respected, empowered and can advance their capacity for self-determination, leadership and safety.

Build the capacity of relevant professionals to support those impacted by FGM/C

The lack of cultural responsiveness in Australia's health system when addressing FGM/C can contribute to missed opportunities for prevention, intervention, and support. This includes language barriers, stereotyping and assumptions about FGM/C, migrant communities lack of trust in healthcare providers, inadequate access to support services and the overall limited cultural competency of healthcare providers.

To ensure that the health system can respond to FGM/C in a culturally responsive, appropriate and safe way, it is essential to work collaboratively with local communities, engage cultural and religious leaders and train healthcare providers in cultural competency.

Health and associated professionals, such as mental health care providers and social workers, play a key role in identifying, managing, and providing care to individuals affected by FGM/C. They are often the first point of contact for women and girls who have undergone or may be at risk of undergoing FGM/C. However, FGM/C can be poorly understood by many professionals who often lack the necessary cultural awareness, skills, and knowledge to effectively address FGM/C. Health workers may face their own biases when addressing FGM/C which stem from cultural,

personal, or professional attitudes, and can lead to mismanagement, lack of empathy, or even perpetuation of the practice itself. Many community-based FGM/C programs have sought to complement their work by also engaging with and building the capacity of health professionals who work with communities or individuals affected by FGM/C¹⁰. Community advocates and leaders can act as a bridge between affected communities and health professionals by building the capacity of health professionals and ensuring that education, care, and prevention efforts are more culturally relevant, impactful, and sustainable.

Capacity building activities should not only equip health workers and other professionals with technical information about FGM/C but should also strengthen their culturally safe practice, communication skills and ability to identify the appropriate referral pathways and strategies to support girls and women who have undergone the practice or are at risk.

Training and tertiary institutions also play a key role in promoting knowledge of FGM/C among healthcare providers and ensuring FGM/C topics are embedded into the tertiary and post-tertiary education for health workers¹¹.

NETFA community leaders building the capacity of health workers

After completing the NETFA leadership program, NETFA community leaders maintained their engagement with their communities and organised and facilitated workshops for healthcare professionals. These workshops aimed to raise awareness and understanding of FGM/C, its impact and risk factors on women and girls, and best practice for providing culturally sensitive FGM/C care.

Feedback from healthcare professionals attending the workshops indicated that many gained significant knowledge of FGM/C, an area in which they had limited prior understanding. Participants reported gaining valuable insights into the care of patients, including providing a culturally sensitive FGM/C care, effective communication strategies, how to approach the topic of FGM/C and ways to support and empower their patients.

Ensuring national and cross-sector collaboration to prevent FGM/C

FGM/C prevention at a local level crosses over many different sectors including health promotion and education, clinical health, legislation, law enforcement, child protection, social work, immigration, refugee support and settlement services, and community. Cross-sector collaboration is necessary to ensure there is comprehensive support available for girls and women affected by FGM/C and a greater reach in raising awareness about the consequences of the practice¹.

A nationally coordinated approach is required to create links with, and strengthen collaboration between national, state/territory and local key stakeholders. By sharing knowledge, resources, program outcomes, and best practice, we can enhance the impact of existing initiatives and support the development of robust advocacy strategies, including nationally consistent key messages to address issues related to the prevention and elimination of FGM/C¹.

National coordination will strengthen connections between national, state/territory, and local stakeholders, while also facilitating international partnerships with United Nations programs, as well as countries and organisations committed to the global eradication of FGM/C. Moreover, a national strategy is necessary to guarantee the consistent and accurate collection of data across states and territories to gain a more accurate picture of the prevalence of FGM/C in Australia and to build the evidence-base for culturally meaningful and effective approaches.



ACTION

National Education Toolkit for Female Genital Mutilation/ Cutting Awareness (NETFA) Best Practice Guide for Working with Communities Affected by FGM/C

In 2019, MCWH launched the Best Practice Guide for Working with Communities Affected by FGM/C as part of the NETFA project to inform health promotion programs in Australia engaging individuals and communities affected by the practice.

The guide outlines a set of best practice principles aligned with principles of human rights and community development. It addresses FGM/C within a human rights-based framework that respects the voices, knowledge, culture and life experiences of girls and women, and views FGM/C as a violation of human rights, as well as a practice that is harmful to the health of girls and women.

The guide was developed in partnership with NETFA partners and bilingual community workers and continues to serve as a national standard for culturally meaningful FGM/C health promotion initiatives.

ACTION

NETFA National Network and coordination of resources

Since 2015, MCWH together with its partners across Australia, have been implementing the NETFA project to share best practice recommendations, support and resources on community-based approaches to preventing and addressing FGM/C.

With the collaboration and support of a national network of over 50 service providers and individuals who are working to prevent and eliminate FGM/C, NETFA has created the only national repository of FGM/C prevention information and resources in Australia that is suitable for use for individuals, community organisations, health professionals and other service providers. The NETFA website provides a range of toolkits, guides, publications, videos, standards, best practice approaches, research, and other resources for health professionals. See netfa.com.au

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ABOUT MCWH

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 migrant and refugee women. The mission of MCWH is to promote the wellbeing of migrant and refugee women across Australia, through advocacy, social action, multilingual education, research and capacity building.

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As migrants to this country, we benefit from the colonisation of the land now called Australia. We have a shared responsibility to acknowledge the harm done to its first peoples and work towards respect and recognition.

Aboriginal and Torres Strait Islander women are leaders in addressing gender and racial inequality. We acknowledge and celebrate Black and Indigenous people's work on intersectional theory, and hope to contribute to the wider project of respect and recognition for First Nations people in Australia.