

Female Genital Mutilation

Policy Position Statement

- Key message:** Worldwide more than 230 million girls and women are living with Female Genital Mutilation (FGM). FGM is strongly associated with adverse obstetric outcomes and serious immediate and long-term physical, sexual and psychosocial complications resulting in excruciating injuries, disability and death. FGM is a public health issue demanding attention in Australia, given the increased migration of women and girls arriving as migrants or refugees from countries where FGM is prevalent.
- Key policy positions:**
1. Funding to support research on prevalence and prevention efforts.
 2. Accessible and competent services to assist in the prevention and holistic management of FGM, including appropriate maternity models of care.
 3. Health professional education and training to address gaps in FGM-related knowledge skills and practice, as well as supportive evidence-based measures for health care.
 4. FGM community education, childbirth and parenting programs that involve families, women and men.
- Audience:** Federal, State and Territory Governments, policy makers, program managers, other professional and non-government groups.
- Responsibility:** PHAA's Women's Health Special Interest Group
- Adopted:** September 2024
- Contacts:** Assoc. Prof. Amie Steel amie.steel@uts.edu.au; Dr. Abela Mahimbo abela.mahimbo@uts.edu.au Women's Health SIG Co-convenors
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PHAA affirms the following principles:

1. The health care for women with FGM must be women-centred, culturally safe, and trauma-informed, and be guided by the World Health Organization's best practice recommendations on the management of health complications for FGM. These recommendations are based upon sound practical judgement designed to ensure little to no risk of harm to health.¹
2. FGM prevention efforts must include primordial, primary, secondary, and tertiary interventions.²
3. Educational interventions for pregnant women and young parents, held in in clinical and community settings, can reduce abuse and neglect and improve health outcomes for young children.^{3,4}
4. Behavioural change leading to the abandonment of FGM is most successful when communities are engaged.^{5,6} Health promotion for communities affected by FGM should be guided by the National Education Toolkit.⁷
5. Comprehensive legislation and health professional and community education about the law is important to prevent FGM.²

PHAA notes the following evidence:

6. FGM is a practice performed on infants and girls that involves the partial or complete removal of the external female genitalia or other injury to the genitalia for non-therapeutic reasons.⁸
7. FGM constitutes a form of gender-based violence and child abuse.
8. Worldwide more than 230 million girls and women are living with FGM and four million girls may be at risk of undergoing FGM every year.⁸
9. FGM is strongly associated with adverse obstetric outcomes and serious immediate and long-term physical, sexual and psychosocial complications resulting in excruciating injuries, disability and death.¹
10. Sustainable Development Goal (SDG) target 5.3.2 focuses on the elimination of all harmful practices, including FGM, however, this goal is neglected in the Asia-Pacific region.⁹ Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goal 3 – Good Health and Wellbeing](#) and [Goal 5 – Gender Equality](#).
11. All States and Territories in Australia have passed criminal legislation prohibiting FGM.¹⁰
12. FGM is a public health issue demanding attention in Australia given the increase of women and girls arriving as migrants or refugees from countries where FGM is traditionally practised (Africa, the Middle East and Asia).
13. Despite a lack of national prevalence data, the number of affected women in Australia has been estimated at 53,000.¹¹

PHAA seeks the following action:

14. Health professional education and training must be provided to address gaps in FGM-related knowledge, skills, and practice, including evidence-based, supportive healthcare.^{12, 13}

15. Specialist hospital services and continuity of care in maternity units that serve communities where there are women from FGM prevalent countries should improve obstetric management and support of women with FGM, as well as help improve the detection rate of FGM.¹⁴
16. FGM community education programs should be adequately resourced to deliver State and Territory wide programs that involve men and women.
17. Childbirth and parenting programs tailored to the needs of new mothers and fathers from FGM prevalent nations should be co-produced to improve their social support, self-efficacy and prevent FGM.¹⁵
18. A multi- sector, multi-agency approach is needed to identify children at risk, or those who have been cut, and coordinate appropriate response and rapid referral pathways and prevention programs.^(2, 16)
19. Data about FGM prevalence, type and frequency of service use should be routinely collected to inform health service planning.¹¹

PHAA resolves to:

20. Development of a national comprehensive sexual and reproductive, health strategy that includes action on the prevention of FGM, and honours Australia's commitment to the SDGs and reports against agreed indicators.
21. Standardised education and in-service training for health professionals.
22. Improved data collection to inform the provision of specialist services and models of care, tailored primary care and clear referral pathways for women affected by FGM.
23. Comprehensive community-based health promotion and support for new parents from FGM prevalent nations.
24. Co-ordinated legal child protection actions to effectively identify children at risk, or those who have been cut, and rapid referral pathways to the appropriate agencies for investigation and protection.
25. Research collaboration between countries of FGM prevalence and migration should be fostered to improve training and prevention programs.

(Adopted 2018 and revised 2024)

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