



The Royal Australasian
College of Physicians

FEMALE GENITAL MUTILATION/CUTTING

Definition

Female genital mutilation/ cutting* (FGMC) is defined as an injury of the external female genitalia undertaken for cultural or non-therapeutic reasons. The term FGMC is now in use by UNICEF and some other international agencies [1]. FGMC comprises all procedures that involve partial or total removal of the external female genitalia, or other deliberate injury to the female genital organs for non-medical reasons[1]. This includes so-called “nicking” of the external genitalia.

Key Points

- FGMC is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.
- All forms of FGMC including so-called “nicking” of the clitoral hood are condemned by leading health professional organisations [11, 12].
- It is illegal in Australia and New Zealand for cosmetic genital surgery of any form to be undertaken on minors.
- **FGMC violates basic human rights, exposes children and women to significant health risks and has no measurable health benefit. The RACP believes that it is not an acceptable practice.**

Background

FGMC is a cultural, but not religious, practice of groups from Saharan Africa, parts of East Africa, Asia and South America. It is believed to have arisen in Africa and to pre-date Islam. It is not restricted to Islamic populations, is not supported by Islamic doctrine and has been condemned as an unacceptable practice by Islamic groups [1, 14]. United Nations organisations report that 140,000,000 women have undergone FGMC, and 3,000,000 girls are at risk of the procedure every year [1]. Traditionally FGMC was performed to safeguard family honour and social position, and to prevent female promiscuity and rape [3]. FGMC is sustained by the belief that it is in the best interest of the child and that failure to participate may place the child at risk [1, 4], although this justification is no longer considered valid.

FGMC is usually carried out on young girls between infancy and 15 years of age [2]. It is typically carried out by traditional circumcisers, but is now performed by health care providers in some countries. With cultural migration the practice has moved to Western countries and has been documented in North America and a number of European countries [5, 6]. It is not clear that FGMC is practiced in Australia and New Zealand [7], although press and legal reports suggest that it is being undertaken in these countries. [8]

FGMC causes significant short and long-term health risks for girls and women, including acute and chronic infection, infertility, childbirth difficulties, sexual relationship difficulties and significant short and long term psychological trauma. There are higher rates of Caesarean section for women who have undergone FGMC, and increased infant death rates [9, 10].

FGMC is illegal in Australia and New Zealand and in most other western countries. [8] It is also illegal to send girls and young women overseas for the purpose of genital surgery. In some Australian and New Zealand jurisdictions it is a requirement that children who are perceived to be at risk of FGMC or have ever experienced FGMC are to be notified to child protection services.

* The terms female genital mutilation, female genital cutting and female circumcision have all been used to describe this practice. The term "female circumcision" is considered a misleading euphemism, and "female genital mutilation" is thought to imply excessive judgment by those unaware of all of the implications of the practice as well as insensitivity toward individuals who have undergone culturally prescribed genital excision [1].

Western custom and practice appears inconsistent in relation to genital surgery, by tolerating and even facilitating cosmetic genital surgery that includes piercing and labioplasty. Key differences are that genital cosmetic surgery is usually performed on consenting adults, while FGMC is performed without consent on minors.

Paediatricians and FGMC

FGMC is relevant to paediatricians in Australian and New Zealand, and it is important that paediatricians are aware of the practice and the risks associated with it, and the opportunities for prevention and child protection:

- Girls may be exposed to the risk of FGMC either in Australia and New Zealand or on return visits to their country of origin.
- Girls immigrating to Australia and New Zealand may already have undergone FGMC or may be at risk of undergoing FGMC on return visits to their country of origin.
- Paediatricians need to develop the skills to be able to recognise families where FGMC may be practiced and girls are at highest risk, and to discuss FGMC with these families (See Royal College of Nursing educational resource [13]).
- The RACP has a role in ensuring trainees and practising paediatricians have access to training regarding cultural awareness and specific aspects of recognition and management of FGMC.
- In clinical settings with potential high prevalence of FGMC this should be routinely, but respectfully, inquired about in order to avoid missing girls at risk.
- Care must be taken to avoid stigmatizing particular ethnic groups.
- Paediatricians working with communities that traditionally practice FGMC should seek opportunities, in conjunction with other health and child protection services to raise awareness that FGMC is not an acceptable practice in Australia, and to educate community leaders regarding healthy attitudes to female sexuality and to the dangers of FGMC.
- FGMC is a child protection issue, and paediatricians need to be prepared to advocate for girls and young women with their families and communities, and if necessary with the agencies charged with child protection. Paediatricians may be required to collaborate with other health and non-health professionals to advocate for and protect girls at risk.
- Service providers need to be aware that in protecting girls from FGMC they may expose them to risk of becoming ostracized within their families and communities through not participating in cultural rituals, and they may need special intervention to minimise this risk.
- Children and adolescent girls who have experienced FGMC are at risk of a range of serious, long-term physical and psychological problems. They will require long-term care that may require the involvement of a range of different services including mental health and gynaecological services.

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