Female genital mutilation (FGM)

Female genital mutilation (FGM) is the partial or complete removal of the external female genitals for cultural rather than medical reasons. Other names for FGM include female circumcision or ritual female surgery. It is performed in some African, South American, Asian and Middle Eastern countries. Female genital mutilation is a cultural rather than a religious practice, and its origins are unknown.

The term ‘female genital mutilation’ is Western, and may be insulting to a person who considers that circumcision is in the best interests of the child. Practitioners believe the procedure enhances the girl’s health, hygiene, chastity, fertility and marriage prospects. According to the World Health Organization, around 130 million women across the globe are affected, with around 2 million girls undergoing the procedure every year. Estimates suggest that there are around 120,000 migrant women in Australia who have undergone the practice in their countries of birth. There are specific laws banning FGM in the majority of Australian states and territories.

Different types

The different types of FGM are classified by the extent of the surgery involved, and include:

- **Type I** - clitoridectomy, or ‘sunna’. The hood of skin that sits over the clitoris (prepuce) is removed. The clitoris may or may not be removed in part or in total.
- **Type II** - clitoridectomy, ‘sunna’ or excision and circumcision. The entire clitoris is removed. The inner lips (labia minora) are either partially or totally removed.
- **Type III** - infibulation, Somali circumcision or Pharaonic circumcision. The external genitals are partly or totally removed and the wound stitched together, leaving a small gap to allow the passage of menstrual fluid and urine.
- **Type IV** - other practices including piercing, cauterising, scraping or using corrosive substances designed to scar and narrow the vagina.

Rite of passage

Since FGM is practised by different cultures with different religious persuasions, the methods and meanings differ. Type I and II are the most common, accounting for over 80 per cent of cases. FGM may be performed on the newborn girl, included in the rituals of impending womanhood or done prior to marriage, depending on the community and their beliefs. There is some evidence to suggest that FGM is being performed on increasingly younger girls.

Some of the beliefs surrounding FGM may involve:

- Following tradition and social pressure to conform.
- Keeping family honour intact.
- Upholding the morality of the community.
- Religious purposes, even though FGM isn’t formally prescribed by any religion.
- Ensuring virginity.
- Enhancing marriage prospects.
- Reducing sexual desire.
- Reinforcing gender ‘differences’ - the clitoris is seen as ‘male’ and is removed to make sure the girl doesn’t develop ‘male’ traits, such as aggression or promiscuity.
- Enhancing beauty or ‘cleanliness’ - the female genitals are seen as ugly and dirty.

Complications and health risks
In many cases, the procedure is performed by medically untrained women using unsterilised equipment, such as razor blades or shards of glass. In remote places, no anaesthesia is available. FGM causes physical, psychological and sexual problems. Some of the complications and health risks include:

- Severe pain
- Bleeding
- Shock from loss of blood
- Death
- Infection, such as septicaemia, tetanus or blood-borne diseases
- Scarring, cysts and abscesses
- Blocked flow of urine, so that urination may take up to 15 minutes
- Urinary incontinence
- Recurring urinary tract infections
- Infections of the pelvis
- Increased risk of infertility
- Painful sexual intercourse
- Reduced sexual enjoyment
- Childbirth difficulties, such as severe tearing and haemorrhage
- Post-traumatic stress syndrome, including nightmares and flashbacks.

**Migrant women and girls**

Women living in Australia who have undergone FGM in their birth countries may find Western attitudes difficult to understand. Adjusting to a new country is challenging, and a negative reaction to a procedure they consider important and central to their beliefs can make migrant women feel even more isolated. Their Australian-born daughters may resist having the procedure done, which can cause tension and conflict. These families need support and understanding from sensitive, informed health workers. Education and counselling, offered diplomatically, is important.

**De-infibulation**

The operation to reopen the vagina is called de-infibulation. In countries that practice FGM, de-infibulation is ritualistically done prior to marriage or childbirth. In Australia, de-infibulation is considered to be a form of corrective surgery, and is performed by a gynaecologist.

**Where to get help**

- Your doctor
- The Victorian Family and Reproductive Rights Education Program, Department of Human Services Tel. (03) 9096 5200
- The Victorian Cooperative on Children’s Services for Ethnic Groups Tel. (03) 9383 2533
- Women’s Health Information Centre (WHIC) Tel. (03) 8345 3045
- Family and Reproductive Rights Education Program Worker, Royal Women's Hospital Tel. (03) 8345 3058

**Things to remember**

- Female genital mutilation (FGM) is the partial or complete removal of the external female genitals for cultural rather than medical reasons.
- Female genital mutilation (FGM) is illegal in all Australian states and territories
- The different types of FGM are classified by the extent of the ‘surgery’.
- Health problems include infections, abscesses, blocked urinary flow and painful sexual intercourse.
- There are specific laws banning FGM in the majority of Australian states and territories.

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