



Female Genital Mutilation (FGM) Education Programme

Overview

- FGM in New Zealand
- FGM NZ Research (Auckland) 1997
- The FGM Education Programme
- FGM NZ Research (Auckland) 2008
- FGM Programme aims and activities
- Values and strategies for service delivery



FGM in New Zealand

A changing landscape

1990

- Arrival of refugee women affected by FGM
- High prevalence of women affected by FGM in Auckland
- Increase in demand for specialised maternity health services
- Significant support for the practice

2000

- Communities settle into New Zealand

2008

- Attitudes towards the practice begin to change
- Support for the practice begins to change

2015

- Communities have changed rapidly, many people moved to Australia, children are born here
- Support for FGM from new arrivals continues to exist
- Changing communities; Indonesia, Eritrean, Kurdish



FGM Programme aims & activities

Aims:

- Improve the sexual and reproductive health outcome of women affected by FGM
- Contribute to preventing the occurrence of FGM in New Zealand

Activities:

1. Build Public Health Policy

Delivery of FGM training for health and child protection professionals; delivery of FGM technical assistance, information and support

2. Strengthen Community action

Consultation and TOT with key community leaders and stakeholders, development of community action plans to guide all community health promotion initiatives

3. Develop Personal skills

Development and distribution of FGM Resources (manuals, website, pamphlets etc), development and distribution of national FGM guidelines, implementation of community driven FGM community health promotion activities

4. Strengthen Public health networks and partnerships

Development of effective partnerships amongst key stakeholders (health and child protection professionals) working with communities affected by FGM.



1997 FGM Health Care Survey

The 1997 Survey highlighted the following:

- Strong community support for FGM (77%)
- A significant lack of FGM knowledge and skill amongst NZ health professionals
- Very poor antenatal, delivery and postnatal management of women with FGM
- A lack of communication between women with FGM and their LMC
- A lack of services offering deinfibulation surgery
- Poor access to reproductive health services
- A lack of reproductive and sexual health knowledge amongst many women
- Reported disapproval and condescending reactions towards FGM from health professionals, causing reticence amongst the women to access health services
- Cultural and social barriers influencing women's behaviours in areas such as family planning, deinfibulation and postnatal care
- Resistance from the women to obstetric practices such as induction of labour and caesarean section
- Cultural, social and language barriers in accessing reproductive health services.



2008 FGM Health Care Survey

- No support at all for FGM Type III
- Significant support (39%) for FGM Type I (Sunna)
- Varying and conflicting definitions of “Sunna”
- Increased satisfaction with maternity healthcare services
- An overall increase in FGM awareness amongst health professionals
- A significant lack of communication between health professionals and women regarding FGM
- A notably high number of LMCs were not undertaking FGM antenatal clinical assessments or discussing delivery planning or options for post-delivery resuturing
- Few primary health providers discussing deinfibulation options with the women
- Under-use of deinfibulation services due to lack of knowledge/reticence to use the services
- Resistance to obstetric practices such as induction of labour and caesarean section
- Cultural and social barriers influencing women’s behaviours in areas such as family planning, deinfibulation and postnatal care
- Language barriers and lack of access to interpreters
- FGM Complications such as difficulty with sexual intercourse, dysuria, dysmenorrhoea, childbirth problems and urinary tract infections
- Specific FGM related health/education needs amongst adolescents, including a lack of FGM knowledge, a lack of clarity regarding adolescents’ own types of FGM, and concerns regarding the need for specific care such as deinfibulation.



Values & strategies for service delivery

Programme Values:

- All initiatives are community driven
- We maintain close relationship with service providers
- Our service is agile, dynamic and responsive to the needs of the communities we partner with
- All initiatives are empowering and collaborative
- Relationships and partnerships are built on trust and transparency
- Our service is based on international and national recommended best practice, relevant evidence and experience
- We deliver a service of excellence.

Strategies

- We take a long term community investment approach
- Continuous research, monitoring, evaluation, reflection and reporting to enhance ongoing service delivery.



Contact

FGM Education Programme
PO Box 99350 Newmarket
Auckland
New Zealand

PH: +64 9 302 4031

Email: info@fgm.co.nz

Web: www.fgm.co.nz

