

# Stories and Strategies of Women Living with Female Genital Mutilation in Auckland Communities



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# Overview

What I'll cover briefly today:

- ❖ Background
- ❖ Aim
- ❖ Methodology
- ❖ Findings
- ❖ Limitations of study
- ❖ Recommendations
- ❖ Conclusions

# Background

❖ Female genital mutilation / cutting (FGM/C): “the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons” (WHO, 2008)

4 classifications / types: (WHO, 2008)

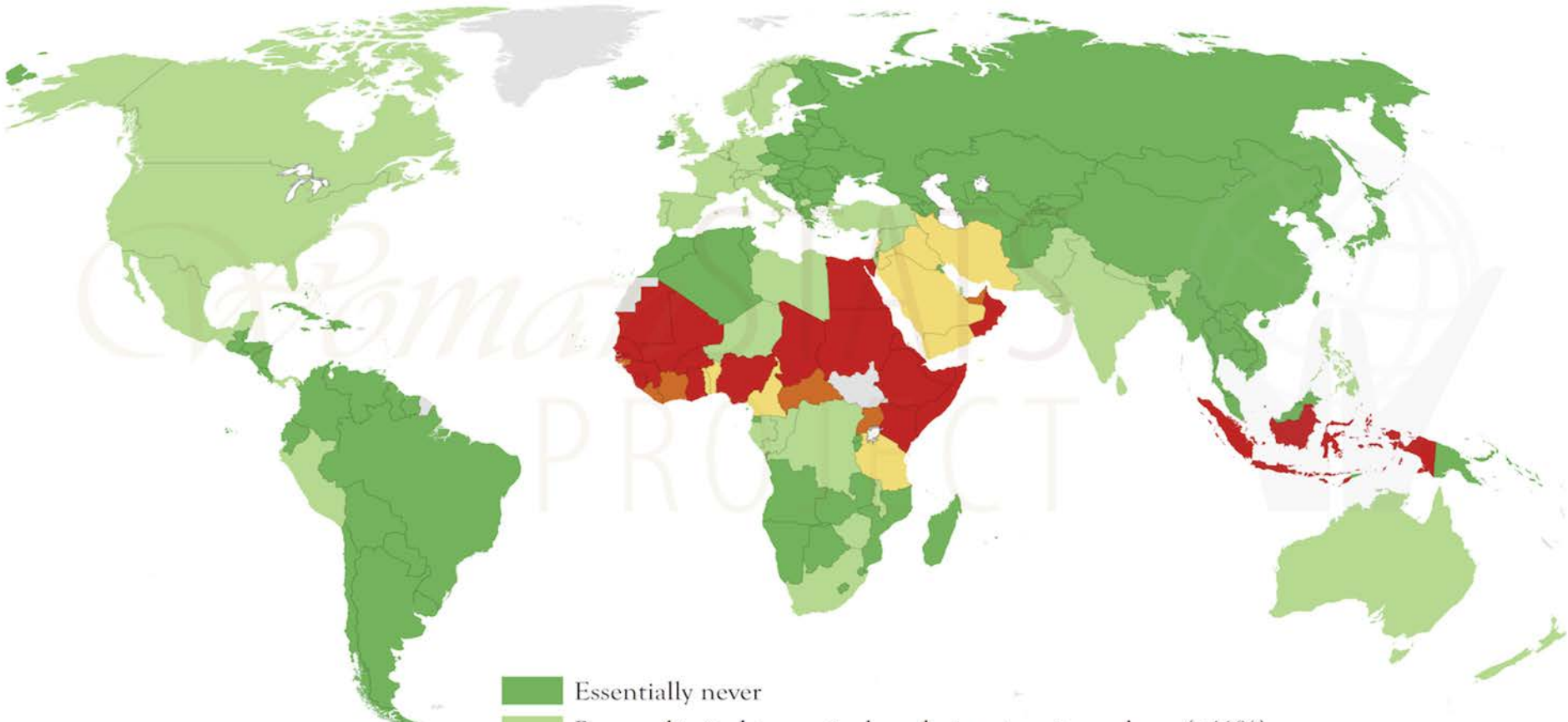
- ❖ Clitoridectomy
- ❖ Excision
- ❖ Infibulations
- ❖ Other

# BACKGROUND - Prevalence

- ❖ About 100 – 130 million worldwide
- ❖ About 3 million at risk every year
- ❖ Primarily in 29 countries in Africa
- ❖ Some countries in the Middle East and Asia
- ❖ Immigrant communities in Western countries

# Prevalence of Female Genital Cutting

Scaled 2011



- Essentially never
- Rare or limited to particular ethnic minority enclaves ( $\leq 11\%$ )
- 11-25% of women have had their genitals cut
- 26-50% of women have had their genitals cut
- More than half of women have had their genitals cut
- No Data

(This scale includes both mild and severe forms of cutting.)

# Aim of Study

- ❖ The aim of this study is to explore the stories of women living with FGM in Auckland.
- ❖ To capture the strategies they propose for addressing FGM, with a focus on the Somali, Eritrean, Indonesian and Kurdish communities.

# Study Methodology

- ❖ Qualitative method approach
- ❖ One-on-one semi structured interviews
  - focus group discussion (FGD)
- ❖ Participants - 4 women
- ❖ Thematic analysis Was used to analyse the data in this study.

# Study Findings

## *The practice of FGM and women's FGM stories*

*Culture or religions?*

*Health and psychosocial consequences*

## *Experiences of FGM in New Zealand*

*Community attitudes towards FGM*

*Health care professional's attitudes*

## *Suggestions for addressing and effectively preventing FGM among practicing communities in New Zealand*

*Education*

*Legislation*



# Limitation of this study

- ❖ Recruitment process
- ❖ Small sample
- ❖ Older women
- ❖ Married participants

# Recommendations

- Making videos of community education being undertaken with all groups; education is done in gender groups and the use of videos for each of the groups give opportunities for them to hear each other's views.
  - Having space where religious leaders can create open discussion about FGM and Islam.
  - Facilitating inter-generational dialogue.
  - Specific activities addressing the lack of clarity surrounding Type I/ Sunna –
- Promoting awareness of key human rights' instruments

# Conclusion

FGM is an area of health which needs to be explored in various contexts including that of New Zealand, as there is little research on women's experiences and community viewpoints. Despite decades of prevention programmes and global rights based legislation and targets there has been little shift in FGM prevalence internationally (Unicef, 2010). This thesis argues that there is a need for strategies to prevent FGM that use a more culturally appropriate and community based approach, moving beyond global statements. These strategies also apply to the New Zealand context, which needs to take into consideration the diversity of FGM practicing communities.

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**Thank you**

