

**Sexuality Education Resource Centre MB Statement on Female Genital Cutting**



Responsibility: All Staff

Area: SERC Winnipeg and Brandon

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**Overview**

Sexuality Education Resource Centre is a leader in sexual health education, grounded in principles of consent, bodily autonomy, and equitable access to sexual & reproductive health services. As part of our commitment to these principles, we have identified female genital cutting as a special focus of our work.

**Background**

Female Genital Cutting (FGC) is a traditional practice that involves the cutting, removal or alteration of healthy external female genital organs. The term FGC covers a wide range of practices, and may include the application of harmful substances, cutting of the prepuce or hood of the clitoris, and/or partial removal of the clitoris and labia. The most invasive type of FGC practiced is infibulation, where stitching leaves only a small opening for urine and menstrual flow. Infibulation accounts for 10% of female genital cutting in African countries.<sup>1</sup>

The United Nations and the World Health Organization have adopted the term Female Genital Mutilation to describe these practices. After much consideration and dialogue with FGC - affected individuals and community members, SERC has agreed to use the term Female Genital Cutting.

FGC is typically performed on females between the ages of one week old and adolescence and, globally, the age is decreasing. As laws against the practice are introduced, FGC is pushed underground and performed at a younger age to avoid detection. This increases the possible health risks.

FGC is a traditional practice in some African countries (primarily in sub-Saharan Africa), some Arab countries and in parts of Asia. It is also seen in Europe, Australia and North America due to global migration. The practice occurs among groups from a diversity of religions.

The reasons for FGC vary according to the country or social group where it occurs and are usually associated with cultural norms of health, beauty, morality and social acceptability. The reasons are not necessarily shared across social groups. Still, FGC is believed to enhance gender identity thereby fostering culturally acceptable female sexuality and sexual behaviour.<sup>2</sup>. In this outlook, it is seen as a method of protection rather than a method of harm.

While it is important to be aware of possible short and long term health consequences and trauma that some girls experience, it is equally important to note the self-declared positive psychological effects reported by women, including a sense of belonging and community, pride and empowerment. Many who experience FGC do not consider themselves “victims” in the way that mainstream media may portray them.

#### Canadian Legal Context:

Under the Criminal Code it is illegal to perform FGC in Canada. The law also prohibits sending children out of the country to have the procedure performed elsewhere, and parents or other guardians could be prosecuted for this act. Performing FGC or arranging for the procedure to be done is also considered child abuse under Manitoba’s Child and Family Services Act.

The risk of Female Genital Cutting being performed is considered grounds for applying for refugee status in Canada.

#### Canadian Medical Context:

The practices associated with FGC have identifiable health risks at the time of the procedure and later in life.

In 2013 the Society of Obstetricians and Gynecologists of Canada released Clinical Practice Guidelines for Female Genital Cutting.<sup>3</sup> The Manitoba College of Physicians and Surgeons has included FGC in their revised by-laws stating that members are not allowed to perform FGC or refer a patient for it. It also re-iterates a physician’s legal obligation to report child abuse pursuant to Manitoba’s Child and Family Services Act.<sup>3</sup>

### **SERC’s Intention**

Female Genital Cutting is a very complex issue and SERC addresses FGC in multiple ways including gender, human rights, medical and legal perspectives.

The term Female Genital Cutting acknowledges that not all forms lead to mutilation of the genitals and that mutilation is not the intent of the action. As well, FGC exists on a continuum of worldwide cultural controls of women’s sexuality. Effective service provision and education require that service providers acknowledge the ways in which our own culture participates in this control.

Education is more effective than legal strategies for changing deeply held cultural beliefs. As such, SERC supports and works alongside the global community of women who work to end the practice. We respect the inherent dignity of women and their cultural beliefs and are committed to working with communities in a culturally safe way to help effect change in beliefs and practice in order to end the practice. SERC provides culturally safe opportunities for women to engage in discussion and learning about their own sexual and reproductive health, including the possible health consequences of Female Genital Cutting.

Those who have experienced Female Genital Cutting have the right to competent and respectful health services. There is a need for health care provider training at all levels including physicians, nurses, midwives, and childbirth attendants. To ensure the provision of culturally safe medical care, training should include not only clinical knowledge about the procedures of

FGC and possible complications, but also training in providing culturally safe care to women who have experienced Female Genital Cutting.

SERC is committed to providing resources and advocating for appropriate pre-service training for any professional organization that may find themselves needing to address the complex issues related to FGC.

## **Key Considerations and Recommendations:**

### **Internal**

- Provide staff training on addressing FGC from an approach rooted in community development, cultural safety, and cultural humility
- Continue seeking knowledge from local communities and literature on FGC, especially in regards to successful interventions in shaping local approaches for positive change.

### **External**

- Provide resources in addressing FGC as a sexual and reproductive health issue
- Continue engaging and supporting community leaders and community-led responses in efforts to educate on and end FGC
- Facilitate training for service providers rooted in cultural safety and cultural humility
- Advocate for the inclusion of a cultural safety framework regarding the complexities of FGC in the curricula of Medicine, Nursing and Social Work in Manitoba
- Advocate for culturally safe clinical policies and guidelines regarding clients who have experienced FGC
- Network with organizations doing similar work

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## References:

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2. The Public Policy Advisory Network on Female Genital Surgeries in Africa (2012). Seven Things to Know about Female Genital Surgeries in Africa, Hasting Center Report, 6: 19-27. Retrieved from <http://indigenoupsych.org/Discussion/forum/PDF/2012%20-%20seven%20things%20to%20know%20Hastings%20Center%20Report.pdf>

3. Perron, L., Senikas, V, Burnett, M. and Davis, V. (2013) Clinical Practice Guidelines: Female Genital Cutting. Ottawa: Society of Obstetricians and Gynecologists of Canada, retrieved from <https://sogc.org/wp-content/uploads/2013/10/gui299CPG1311E.pdf>

3. College of Physicians and Surgeons of Manitoba (2016) Bylaw 11 – Standards of Practice of Medicine. Winnipeg: Author. Retrieved from <http://cpsm.mb.ca/cij39alckF30a/wp-content/uploads/ByLaws/By-Law-11.pdf>