

Female Genital Mutilation data collection in Australia

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Research theme: Service responses and interventions

Key words: Service responses, data collection, female genital mutilation

Abstract

Background

Although female genital mutilation (FGM) is widely recognised as a harmful practice and a violation of human rights of affected women and girls, it is estimated that at least 125 million women and girls have undergone this procedure in more than 30 countries. In Australia there is little information available on the number of women and girls affected, or their health care needs. Such information is essential for community engagement, policy development, and health system planning for the management and support of women living with FGM in Australia.

Objective

A national online survey and semi-structured interviews were undertaken to assess what FGM-related data are currently collected in Australia, in order to inform how data collection could be improved.

Methods

Health service providers were invited to complete a national online survey regarding their experiences in providing services for women affected by FGM, and semi-structured interviews to assess what FGM-related data are currently collected.

Results

Two hundred and thirty-two health professionals completed the survey, and thirty one were interviewed. One hundred and twelve survey respondents (48%) reported that in the past five years they had seen women who had experienced FGM. Of these, over 25% had been in a public hospital, followed by approximately 10% each in general practice, and sexual health, multicultural/ refugee health, women's health and family planning clinics. Several interviewees noted that most FGM-related information collected had been written in clinical notes for the purpose of clinical care rather than data reporting. Others reported that whilst some hospitals collect information about FGM in their antenatal and obstetric databases, this is not mandatory. Survey respondents and interviewees stated they would like to have better FGM data collection, and that it should extend beyond demographic data items to include the presence of FGM and related psychosocial and health complications. Interviewees suggested that protocols for data collection should be put in place to collect relevant data items and to facilitate quality data collection, and that this should be coordinated at a national level. All highlighted that training around sensitive and appropriate consultation techniques for communicating with women about FGM is essential to improving data collection.

Conclusion and implications

Survey and interview respondents reported that FGM data is already being collected by some health professionals and health services, however collection is ad hoc as this not currently a mandatory requirement. The majority indicated that improvement in FGM data collection could be feasible if training around sensitive and appropriate consultation techniques for communicating with women about FGM is instituted.

Funding bodies should support the mandatory collection of data, and reporting to territories' and states' health departments should be established. Relevant data items should be added to the Australian Institute of Health Welfare Meta Data Online Registry. The establishment of a national data collection system on FGM would be an important step in gaining a clearer picture of its prevalence and impact in Australia, and would enable policymakers, service planners and clinicians to assess implications for health service delivery.

References

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Learning objectives

1. National data collection about FGM in Australia would be beneficial for community engagement, policy development, and health system planning, thus funding bodies should support mandatory collection.
2. Providing training to health workers around sensitive and appropriate consultation techniques for communicating with women about FGM would increase the feasibility of the development of a national data collection for FGM in Australia
3. The establishment of a nationally consistent data collection system on FGM would be an important step in gaining a clearer picture of the prevalence and impact of FGM in Australia, and would enable policy makers, service planners and clinicians to assess implications for health service delivery

Biography

Jane Estoesta has held senior management positions in the NSW health sector since 1997, and is currently the Director Research and Evaluation at Family Planning NSW. She has extensive data management and evaluation experience across a range of health settings, including tertiary teaching hospitals, population health programs and non-government health services.

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