

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Submission on Crimes (Definition of Female Genital Mutilation) Amendment Bill

To: The Health Committee
Committee Secretariat
Health Committee
Parliament Buildings
Wellington

Submitter: Canterbury District Health Board

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Proposal: The Health Committee is calling for submissions on the Crimes (Definition of Female Genital Mutilation) Amendment Bill.

SUBMISSION ON THE CRIMES (DEFINITION OF FEMALE GENITAL MUTILATION) AMENDMENT BILL

Details of submitter

1. Canterbury District Health Board (CDHB).
2. The CDHB has a legislated responsibility to promote hauora/wellbeing for individuals and communities and to improve, promote, and protect the health of people (New Zealand Public Health and Disability Act [NZPHDA], 2000).
3. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

Details of submission

4. We welcome the opportunity to comment on the Crimes (Definition of Female Genital Mutilation) Amendment Bill. The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively.
5. While health care services are an important determinant of health, health is also influenced by a wide range of factors beyond the health sector. Health care services manage disease and trauma and are an important determinant of health outcomes. However health creation and wellbeing (overall quality of life) is influenced by a wide range of factors beyond the health sector.
6. These influences can be described as the conditions in which people are born, grow, live, work and age, and are impacted by environmental, social and behavioural factors. They are often referred to as the 'social determinants of health'¹.

¹ Public Health Advisory Committee. 2004. *The Health of People and Communities. A Way Forward: Public Policy and the Economic Determinants of Health*. Public Health Advisory Committee: Wellington.

General Comments

7. The Canterbury DHB strongly supports the Crimes (Definition of Female Genital Mutilation) Amendment Bill [Bill] which intends to make illegal all four forms of female genital mutilation/cutting [FGM] identified by the World Health Organization [WHO] (2008). Legislative intervention has been identified as a powerful tool to assist in eliminating FGM because abusers fear prosecution (Berg, 2019).
8. FGM is a significant public health concern in some communities (Atkinson, Ottenheimer, & Mishori, 2019). Research estimates that in 30 countries globally there are 200 million women and girls who have had their genitalia mutilated and 3 million girls are identified as at risk of being subjugated to the practice every year (Abdalla & Galea, 2019; Atkinson, Ottenheimer, & Mishori, 2019; Berg, 2019; Buggio, et al., 2019; Lever, et al., 2018; Njue, et al., 2019). Nearly all countries condemn FGM and are in agreement that the practice is in conflict with international human rights (Abdalla & Galea, 2019; Atkinson, Ottenheimer, & Mishori, 2019; Buggio, et al., 2019).
9. Equity: FGM is a sexist practice most often not the choice of women but their husbands and family (Evans, et al., 2019). Cultural exposure to societies where FGM is not practiced has had the positive result of women becoming aware and advocating for change (Evans, et al., 2019). Thus the proposed Bill supports self-efficacy of the affected group and is not an assertion of cultural dominance or a case of cultural bias.
10. Physical: The life long adverse physical consequences of FGM are well known investigated and documented (Abdalla & Galea, 2019; Buggio, et al., 2019; Njue, et al., 2019; Rouzi, et al. 2018). The serious physical health consequences of FGM include, but are not limited to: Excessive bleeding and genital tissue swelling (Rouzi, et al. 2018), urinary and genital tract infections (Atkinson, et al., 2019; Njue, et al., 2019; Rouzi, et al. 2018), Dysmenorrhea (Atkinson, et al., 2019), chronic pelvic infections (Atkinson, et al., 2019), kidney stones (Atkinson, et al., 2019), keloid (Atkinson, et al., 2019), sebaceous cyst (Atkinson, et al., 2019), neuroma formation (Atkinson, et al., 2019), the development of fistula (Atkinson, et al., 2019), birth/gynaecological, obstetric, sexual complications including prolonged labour, tears/lacerations, instrumental delivery, haemorrhage, difficult labour, increased needs for episiotomy and caesarean sections (Balachandran, et al. 2018; Njue, et

al., 2019; Rouzi, et al. 2018) and death from haemorrhage and/or infection post FGM (Buggio, et al., 2019; Njue, et al., 2019; Rouzi, et al. 2018),

11. **Mental Health:** Mental health impacts of FGM have received limited attention in research but a recent systematic review highlights that there is an association between FGM and poor mental health (Abdalla & Galea, 2019). Survivors of FGM seldom seek mental health support as in affected groups mental health is often stigmatised and the issue of FGM culturally difficult to discuss (Evans, et al., 2019). The review by Abdalla and Galea (2019) highlighted that at least 14 of 16 studies noted poor mental health outcomes and FGM, only one study (assessed to be of poor quality) suggesting that there is no association and one studies results were not available to the reviewers (Abdalla & Galea, 2019). In the most rigorous study of Abdalla and Galea's (2019) review the identified mental health impacts of FGM included: PTSD (Abdalla & Galea, 2019; Lever, et al., 2018), major depression or psychotic disorder (Abdalla & Galea, 2019; Lever, et al., 2018), substance dependence (Abdalla & Galea, 2019), substance abuse (Abdalla & Galea, 2019), and suicidal ideation (Abdalla & Galea, 2019). Following their systemic review of the research Abdalla and Galea (2019) concluded that their results stand in contrast to the argument of proponents of FGM arguing that the practice minimises the adverse mental health.
12. **Health care access:** Research has identified that the associated shame of FGM can lead to women not seeking healthcare (Evans, et al., 2019; Njue, et al., 2019), inevitably contributing to increased risk.
13. **Economical:** In addition to the impact on patients FGM also increases the burden on the health system (Waigwa, et al., 2018).
14. **Recommendations:**
 - a) FGM research highlights that health professionals and police are frequently unprepared when they encounter patients who have been subjected to FGM (Atkinson, Ottenheimer, & Mishori, 2019; Buggio, et al., 2019; Njue, et al., 2019). Lacking knowledge can be a barrier to access health care or compromise the caring relationship (Evans, et al., 2019). For this reason the select committee should consider including the intent to task the Ministry of Health and Ministry of Justice with ensuring that there are educational materials

and guides for staff when they encounter. Research highlights that protocols have been valuable in the United Kingdom and other countries (Njue, et al., 2019). Examples exist in Australia “Education Toolkit for FGM/C Awareness (NETFA) Best Practice Guide” (Njue, et al., 2019)

Summary

15. The Canterbury DHB is in support of the proposed Crimes (Definition of Female Genital Mutilation) Amendment Bill because:

- FGM is a significant public health concern in some communities.
- Legislative intervention has been identified as one of the most powerful tools to assist in eliminating FGM.
- FGM is a most often not the choice of women but their husbands and family
- FGM has significant adverse physical consequences
- FGM has associations with poorer mental health and social engagement
- FGM associated shame can lead to women not seeking healthcare
- FGM increases the burden on the health system

Conclusion

16. The CDHB does not wish to be heard in support of this submission.

17. If others make a similar submission, the submitter will not consider presenting a joint case with them at the hearing.

18. Thank you for the opportunity to submit on Crimes (Definition of Female Genital Mutilation) Amendment Bill

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Person making the submission



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Date: 31/01/2020

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