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**Exploring female genital mutilation/cutting (FGM/C): the practise and impacts, its medicalization, healthcare provision and elimination strategies from expert and reproductive age women's perspectives**

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Female genital mutilation/cutting (FGM/C) is a controversial and complex socio-cultural practice of cutting the partial or total female external genitalia and /or sewing or another injury to the female genital organs for non-medical reasons. It is internationally recognised as a human rights violation, with a commitment to end the practice by 2030. However, the practice continues, with a growing trend of medicalisation and on going debates, and medico-legal challenges, including infibulation. Moreover, FGM/C has numerous immediate, short, and long-term consequences including emotional, physical, socio-cultural, psychological, and sexual and reproductive health on the women and girls. Additionally, it is an important healthcare challenge in both practicing and Western countries, as women affected by FGM/C lives around the globe. Therefore, this exploratory qualitative study guided by the 'Sound of Silence' conceptual framework, aimed to explore why and how it practices, medicalisation of the practice, healthcare services, and the prevention strategies from the perspectives of experts and reproductive age women. Method and analysis: This is an exploratory qualitative study guided by the 'Sound of Silence' conceptual framework. 'Sound of Silence' conceptual framework is useful for researching sensitive and under researched health and sociocultural issues. The study's recruitment took place in Australia, targeting Ethiopian professionals and reproductive age women. A semi-structured, individual in-depth interviews (n = 23) were conducted. We used NVivo 14 software for coding and thematic analysis. Human research ethical approval was granted by Monash university human research ethics committee (reference ID 43922). Result: Four main themes emerged: 'Who or what controls the practice of FGM/C', 'the impacts', 'healthcare implications', and

'prevention and its elimination'. Each theme has different subthemes and filed notes. FGM/C affects women and girls in multiple dimensions throughout their lifetime, whether they have undergone the practice or not, from childhood to adulthood and into old age. Our study underscores the importance of minimising and ultimately eliminating the practice while emphasising the need for comprehensive, women and girl-centred healthcare services that address their physical, emotional, psychosexual, and socio-cultural needs. Conclusion: The practice of FGM/C is fundamentally rooted in societal norms and values including religion and patriarchy. Regardless of the context or location and whether the power dynamics aim to perpetuate or eliminate FGM/C, women and girls remain victims through different mechanisms and across different layers. More clinical research is needed to explore healthcare provision and outcomes along with evaluating the effectiveness of FGM/C-related guidelines and tools to ensure women and girl-centred reproductive care. FGM/C can be eliminated, but it may not be eliminated simultaneously.

### **Biography**

Asteray Ayenew is a dedicated researcher and PhD candidate at Monash University, focusing on public health issues with a particular emphasis on Female Genital Mutilation/Cutting (FGM/C), maternal health, and reproductive rights. With a strong academic foundation and practical experience in health sciences, Asteray's work aims to improve the understanding of FGM/C prevalence, associated factors, and its impact on women and girls. Her research also explores lived experiences, healthcare provision, and strategies for the elimination of harmful practices. Passionate about advocacy and evidence-based solutions, Asteray contributes to creating culturally sensitive approaches to health interventions. Her commitment to advancing sexual and reproductive health underscores her broader goal of fostering equity and empowering marginalized communities through education and research.