

FGM: EVIDENCE FOR COMMUNITY EDUCATION AND ACTION

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WHAT COMMUNITY CONTEXTS?

- Low and middle income countries: Those where FGM is practised Africa, Middle East, Asia, Colombia
- High income countries: Australia, NZ, UK, USA, Canada, Western / Northern Europe. Migrants and refugees
- Humanitarian Emergencies: IDP and refugees

PREVENTION IN LMIC



Effectiveness of Interventions Designed to Prevent Female Genital Mutilation/Cutting: A Systematic Review

Rigmor C. Berg¹ and Eva Denison²

Article first published online: 4 JUN 2012 DOI: 10.1111/j.1728-4465.2012.00311.x

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Issue



Studies in Family Planning Volume 43, Issue 2, pages 135–146. June 2012 Paediatrics and International Child Health

Volume 33, Issue 4, 2013

Special Issue: Child maltreatment and neglect: understanding it and responding to the challenge





Original Article

A realist synthesis of controlled studies to determine the effectiveness of interventions to prevent genital cutting of girls

DOI: 10.1179/2046905513Y.0000000086 Rigmor C. Berg^{a**} & Eva M. Denison^a pages 322-333

Publishing models and article dates explained

Received: 11 Jul 2013 Accepted: 1 Aug 2013 Published online: 03 Dec 2013

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Alert me

Berg, R. C. and E. Denison (2012). "Effectiveness of interventions designed to prevent female genital mutilation/cutting: a systematic review." <u>Stud Fam Plann 43(2): 135-146.</u>

- 8 studies controlled before-and-after study designs
- All from Africa
- effectiveness of the included interventions was limited
- interventions' success was contingent upon a range of contextual factors
- Training of health personnel, education of female students,
 Multifaceted community activities, Village empowerment

Berg, R. C. and E. M. Denison (2013). "A realist synthesis of controlled studies to determine the effectiveness of interventions to prevent genital cutting of girls." <u>Paediatrics and international child health 33(4): 322-333.</u>

- 5 studies
- training, formal classroom education, media communication, outreach and advocacy, and informal adult education.
- All based upon the theory that dissemination of information improves knowledge and understanding of FGM
- Successful interventions incorporated FGM/C abandonment efforts within a larger set of related issues



RESEARCH ARTICLE OPEN ACCESS

The role of men in abandonment of female genital mutilation: a systematic review

Nesrin Varol ${\color{orange} \boxtimes}$, Sabera Turkmani, Kirsten Black, John Hall and ${\color{orange} \underline{\mathsf{Angela}}}$ Dawson

BMC Public Health 2015 **15**:1034 **DOI:** 10.1186/s12889-015-2373-2 © Varol et al. 2015 **Received:** 18 June 2015 **Accepted:** 2 October 2015 **Published:** 8 October 2015

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Abstract

Background

Methods

Results

Discussion

Varol, N., Turkmani, S., Black, K., Hall, J. and Dawson, A., 2015. The role of men in abandonment of female genital mutilation: a systematic review. *BMC public health*, *15*(1), p.1.

- 20 studies: 4 HIC (Sweden, Norway, US, Spain) 16 African
- 2 intervention studies in Nigeria and Senegal health education sessions on FGM and its complications, village empowerment program

COMMUNITY EDUCATION IN HIGH INCOME COUNTRIES

Obstetrics and Gynecology International Volume 2013 (2013), Article ID 324362, 12 pages http://dx.doi.org/10.1155/2013/324362

Research Article

The Applicability of Behaviour Change in Intervention Programmes Targeted at Ending Female Genital Mutilation in the EU: Integrating Social Cognitive and Community Level Approaches

Katherine Brown, David Beecham, and Hazel Barrett

Faculty of Business, Environment and Society, Coventry University, Priory Street, Coventry CV1 5FB, UK

Received 29 March 2013; Accepted 15 June 2013

- REPLACE project: uses community-based participatory action research (PAR) methods to work with FGM affected communities in the Netherlands and the UK
- Toolkit: how to' guide for community members affected by FGM - bring about change from within

COMMUNITIES IN HUMANITARIAN EMERGENCIES

Chege, J., et al. (2004). Testing the effectiveness of integrating community-based approaches for encouraging abandonment of female genital cutting into CARE's reproductive health programs in Ethiopia and Kenya, Frontiers in Reproductive Health, Population Council.

- The 18-month intervention among Somali refugees in Kenya
- at the Ifo refugee camp consisted of community-level educational outreach: behaviour-change communication and community-level advocacy (educational events, community meetings, theatre performances, video sessions, mass media campaigns, and advocacy activities).
- Implementation problematic
- 59% of 1,440 participants recalled FGM education messages

COMMUNITIES IN HUMANITARIAN EMERGENCIES

Inter-agency Field Manual on Reproductive Health in Humanitarian Settings:

- discussion and information sharing in the community aimed at empowerment
- respect for girls and women and problem solving,
- providing information on women's body functions, harmful consequences of the practice and the benefits of abandonment

Minimum Initial Service package

Minimum Initial Service Package (MISP) for Reproductive Health



Objective 1

Ensure health cluster/sector identifies agency to LEAD implementation of MISP

· RH Officer in place

RH Kit 0

- Meetings to discuss RH implementation held
- RH Officer reports back to health cluster/sector
- RH kits and supplies available & used



Objective 5

Plan for COMPREHENSIVE RH services. integrated into primary health care

- · Background data collected
- Sites identified for future delivery of comprehensive RH
- Staff capacity assessed and trainings planned
- · RH equipment and supplies ordered







Objective 4

Prevent excess MATERNAL & NEWBORN morbidity & mortality

- Emergency obstetric and newborn care services available
- 24/7 referral system established
- · Clean delivery kits provided to birth attendants and visibly pregnant women
- Community aware of services



RH Kit 12

GOAL

Decrease mortality. morbidity & disability in crisis-affected populations (refugees/IDPs or populations hosting them)

Objective 2

Prevent SEXUAL VIOLENCE & assist survivors

- Protection system in place especially for women
- · Medical services & psychosocial support available for survivors
- Community aware of services

RH Kit 3

RH Kit

Objective 3

Reduce transmission of HIV

- · Safe and rational blood transfusion in place
- Standard precautions practiced
- · Free condoms available

Standard precautions through kits 1-12

RH Kit 12







RH Kit

RH Kit 10

GLOBAL EVIDENCE BASED GUIDELINES

World Health Organization

Policy

Policy

Policy

Policy

WHO/RHR/11.36

Female Genital Mutilation programmes to date: what works and what doesn't

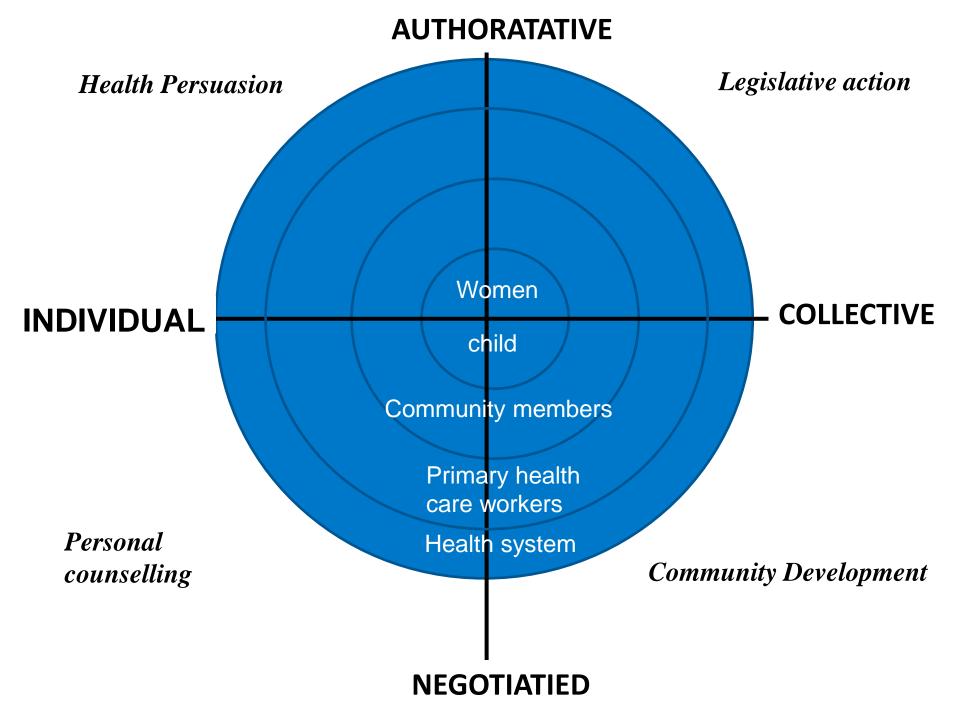
http://apps.who.int/iris/handle/10665/75195

- Based upon work carried out in AFRO and EMRO
- Found a lack of rigorous research and evaluation of community programs
- calls for the reorientation of anti-FGM communication strategies "from awareness raising to behaviour-change intervention approaches"

MULTIFACETED HEALTH PROMOTION APPROACH TO COMMUNITY INTERVENTIONS FOR FGM

 Lessons from broader field of gender based violence

- More than prevention and focus on addressing risk but looking at protective factors and assets
- Community as the drivers of change



EVIDENCE-BASED PRINCIPLES OF PRIMARY HEALTH CARE

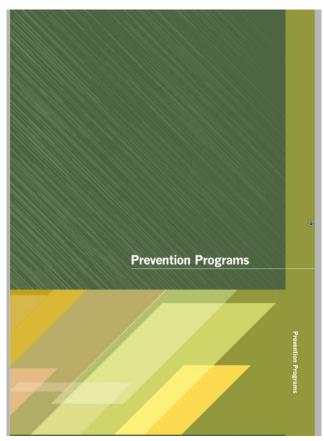
- Equity
- Access
- Empowerment
- Community self-determination
- Inter-sectoral collaboration

IN SUMMARY

- Engage all members of the community women, men, young people, religious or traditional leaders and community based health workers
- human rights-based approach, focussing on empowering education, facilitating dialogue, non-judgemental discussion
- integrated strategies for the eradication of FGM, capacity building, networking and exchange of best practices at community, provincial, national regional and global level
- More evidence is required, especially for Australia

THANK YOU!





Costello, S., et al. (2013). A Tradition in Transition: Female genital mutilation/cutting A Literature review, an overview of prevention programs and demographic data for Victoria. Melbourne, Family Planning Victoria.