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

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DOI: 10.1111/j.1728-4465.2012.00311.x

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- 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

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

Nesrin Varol, Sabera Turkmani, Kirsten Black, John Hall and Angela Dawson

BMC Public Health 2015 15:1034 | DOI: 10.1186/s12889-015-2373-2 | © Varol et al. 2015
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Open Peer Review reports

- 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


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

Objective 2
Prevent SEXUAL VIOLENCE & assist survivors
- Protection system in place especially for women & girls
- Medical services & psychosocial support available for survivors
- Community aware of services

Objective 3
Reduce transmission of HIV
- Safe and rational blood transfusion in place
- Standard precautions practiced
- Free condoms available

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

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

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

RH Kit 0
RH Kit 3
RH Kit 9
RH Kit 1
RH Kit 12
RH Kit 1
Standard precautions through kits 1-12
RH Kit 12
RH Kit 1
RH Kit 6
RH Kit 8
RH Kit 9
RH Kit 10
RH Kit 11
GLOBAL EVIDENCE BASED GUIDELINES

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”

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

Health Persuasion

INDIVIDUAL

Women

Personal counselling

Individual

NEGOTIATIED

Community members

Primary health care workers

Health system

COLLECTIVE

Legislative action

Community Development

Collective
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, focusing 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!