Research Summary

February 2024

Health workers can be effective change agents in ending female genital mutilation

Background

- Guinea has the second highest prevalence of FGM in the world (97%) after Somalia (98%). Conversely, while Kenya's national prevalence is 15%, it is high in 22 hotspot counties, and it is as high as 94% in some communities.
- In Kenya, midwives make up 71% of the health work force while in Guinea, they make up 93% of the work force; through their interactions with women, they can influence FGM decision-making.
- The health sector can implement an effective prevention and care response as part of multi-sectoral efforts.
- In 2018, formative research was conducted in Faranah and Conakry in Guinea to inform development of an FGM prevention approach targeting midwives.
- In 2019, pilot test of training tool for person centered communication on FGM prevention was conducted in Kenya as part of preparatory steps for a multi-country implementation research targeting midwives.
- In 2020, this intervention package was tested in 180 antenatal care clinics (ANC) in Guinea, Kenya, and Somalia.

Introduction

FGM is a harmful practice affecting more than 200 million women and girls globally. FGM involves the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons. It has no health benefits and interferes with the natural functions of girls' and women's bodies. The practice is a violation of human rights and an extreme form of gender discrimination. FGM is also a public health problem that can result in health complications through the life course of girls and women. Preventing FGM is a global priority articulated in Sustainable Development Goal (SDG) 5.3.

Summary of Research

In 2018, formative research and stakeholder consultations were conducted to identify the gaps in effectively involving health workers in FGM prevention and care efforts. In 2020 - 2021, the World Health Organization (WHO) in collaboration with the Ministry of Health and research partners in Guinea, Kenya and Somalia conducted a randomized cluster trial over six months, testing a two-level phased intervention on FGM prevention and care in 180 antenatal care (ANC) public health clinics. Level 1 was received by all sites and Level 2 by intervention sites. The study examined the effects of these interventions on (1) the knowledge and attitudes of health workers and their skills in conducting person-centered FGM prevention counseling with ANC clients, and (2) ANC clients' FGM intentions for their daughters, their support for the practice and satisfaction with care.

Intervention components

Level 1: At Health Facility Level

- Health policies promoting prevention and care and prohibiting medicalization of FGM posted at facilities
- Posters displayed at facilities
- WHO guidelines and clinical handbook on management of FGM complications distributed to all facilities

Level 2: At Health Worker Level

- Training package: 3-day training, video, job aids
  - discussions on values and beliefs on FGM
  - capacity building on person-centered communication to promote FGM prevention using ABCD approach
  - role plays

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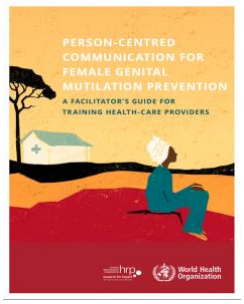

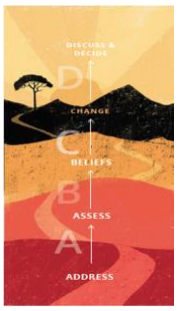


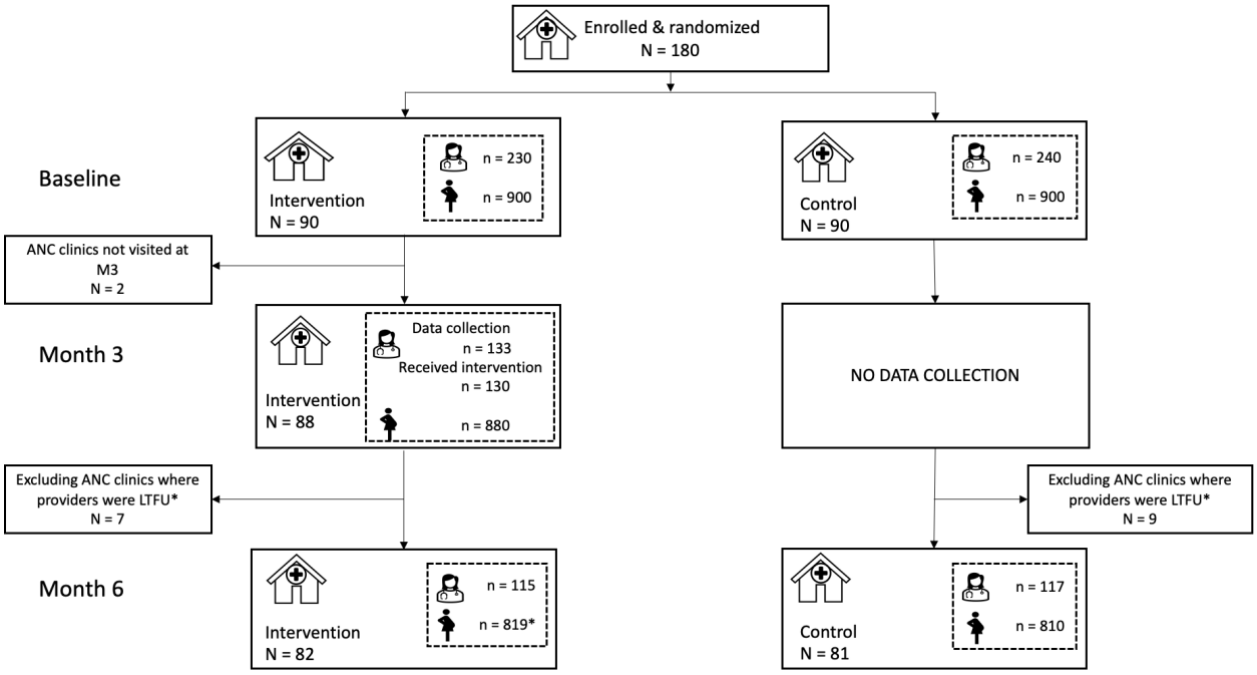

Key findings across study countries

Health workers who received the Level 1 and 2 interventions (intervention facilities) as compared to those who received Level 1 only (control facilities), were:

- More likely to use the person-centered* FGM prevention communication with their clients during routine antenatal care
- More than six times more likely to be confident in their ability to provide quality FGM prevention and care services
- More likely to have greater FGM-related knowledge

ANC clients at intervention facilities, as compared to control facilities, were:

- Two times more likely to report that they were strongly opposed to FGM
- Nearly two times more likely to report being strongly opposed to FGM
- More than two times more likely to be less supportive of FGM
- More than two times less likely to intend to have their child undergo FGM or to want a health worker to perform FGM
- More than two times more likely to intend to be active in FGM prevention

*Person-centred communication keeps the client central in decision-making, respecting their personal values and beliefs and the social context in which they live.

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Next steps

This effective intervention package should be scaled up with relevant stakeholders by:

- Distributing FGM resources, information and communication materials and health policies at facility level
- Training health workers (during professional and in-service training) on prevention and care, including person-centred communication for FGM prevention.
- Conducting monitoring and evaluation on the quality of FGM prevention and care services
- Measuring the impact of the programmes on FGM abandonment over the years

References

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