WHO/RHR/11.36

World Health Organization

Policy brief

Policy brief

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

RHR
Department of Reproductive Health and Research

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

Introduction

Female Genital Mutilation (FGM) is a traditional practice having affected more than 140 million girls and women worldwide. Although an historic practice, FGM has only recently received much attention from governments, non-governmental organisations (NGO) and national and international communities. With implementation of various interventions over the past thirty years by these institutes, communities around the world have experienced a dramatic decline in the practice demonstrating that change is possible.

Interventions have ranged from local, regional, national and international levels. Local and regional interventions may for example focus on increasing awareness and/or changing the belief system from which the practice arises. The former could involve NGOs educating communities of the negative health effects of FGM while the latter alternatively may focus on facilitating and informing community debates on the practice. At the national level, anti-FGM legislation may act as a legal deterrent to perform the practice. Examples of international interventions include enhancing advocacy and capacity skills of national NGOs, enabling them to gain funding from governments and thereby implement their desired interventions. These are but a few examples of the many interventions created by a vast number of agencies worldwide.

Although a decline in the practice has been noted, this has been at a slower rate than was hoped. This may indicate that whilst a vast array of interventions have been developed, many of these may be ineffective in their outcome. However, as only few interventions include either a self or external evaluation component, it is difficult to assess which interventions work and which do not. Such evaluations are crucial if we are to prevent girls and women from undergoing the practice in the future. Furthermore, policy makers and NGOs can benefit by allocating limited resources to the more effective interventions.

This policy brief reports on results from a review of FGM programmes. The World Health Organisation (WHO) had commissioned the Program for Appropriate Technology in Health (PATH) to perform this review of FGM programmes in WHO countries within the African and Eastern Mediterranean Regions. This review plays a critical role in determining which interventions do and do not work).

Method

The review was carried out in three phases. The first phase consisted of a literature review in which all anti-FGM programme documents were reviewed, including proposals, reports, evaluations, conference papers and educational materials. The findings from the review were used to guide the second phase - the development of a survey questionnaire. This questionnaire was designed to collect information on programme approaches, funding sources, staffing, target audiences, materials developed, evaluation approaches, constraints and overall lessons learned. The questionnaire was mailed to 365 national and international organisations, of which 102 were returned. The data from 88 agencies was assessed statistically to yield generalisable information about anti-FGM programmes. The final phase included five country assessments of Burkina Faso, Egypt, Ethiopia, Mali and Uganda. These countries were selected on the basis of having well-established strong anti-FGM programmes. The country assessments were then compared to the survey questionnaire.

Results

The data is divided into three categories:

1. The Foundation: Anti-FGM interventions which support successful and sustainable behaviour change.
2. Communication Change: Anti-FGM interventions which directly aim to achieve behavioural change.
3. Research and Evaluation: Assessment of interventions prior to and post implementation.

As illustrated by the categories above, analysis of the data was based on a behaviour-change perspective. As FGM is deeply routed in cultural practice, its elimination requires an understanding of the culture, perceptions, and beliefs that have sustained FGM though the millennium. Therefore interventions which only supply information, education and campaigns (IEC) to increase FGM awareness with messages such as “FGM has negative health consequences” are not suffice alone. This is because IECs do not attempt to change the social belief models from which FGM has been developed from. There has therefore been a recent shift among many agencies from IEC interventions to behaviour change interventions (BCI). These interventions work on understanding and changing the “mental map”, defined as the learned knowledge and codes of behaviour commonly shared among members of a particular community - in this instance being that of the FGM practice. Which of these and other interventions work or do not work is what we will now explore.

The Foundation.

Anti-FGM Legislation

One of the most controversial aspects of FGM elimination is passing anti-FGM legislation. Respondents mentioned that the advantages of anti-FGM legislation is that it provides an official legal platform for project activities, offers legal protection to women and ultimately discourages excisers and families fearing prosecution. Burkano Faso and Egypt are two examples of countries where the anti-FGM law is in place. However, where countries have had anti-FGM legislation, enforcement of these has been poor. Furthermore, some of these laws consist of loop holes allowing the medicalisation of the act, as is the case in Egypt. Due to law enforcement, the practice may go underground which could lead to more severe or fatal complications. Therefore, an effective approach may include the enactment of a law which works side-by-side with community education.

Mainstreaming Anti-FGM programmes

Sustainability of anti-FGM interventions relies on mainstreaming them particularly into relevant government ministerial programmes such health and education. The effectiveness of this was made evident by the country assessments. For example, in Burkina Faso, the National Committee has already piloted training for teachers as well as the incorporation of FGM into the natural sciences curriculum within schools. The data from the review showed mixed results as to the success of mainstreaming, due mainly to the difficulty in engaging governments. As a result, certain projects have not been able to harbour long term sustainability.

Coordinated work between NGOs and Governments

The country assessment had found an impressive array of efforts between NGOs, governmental institutions, donors and funding organisations to coordinate activities and facilitate exchange of information and resources. Invitations would usually be sent to all agencies if one of these had a policy-related training activity or research dissemination workshop. For example, fifty percent of survey respondents stated that when developing messages for their programmes they had involved staff from other agencies. However the review had found that collaborative efforts were impeded by competition for funding, disapproval of each others` strategies and personality differences. These obstacles should not however discourage anti-FGM groups from collaborating to build on each other’s strengths.

Advocacy

The ultimate aim of advocacy is to ensure that FGM elimination programmes are funded, implemented and maintained until FGM becomes eliminated. 69 percent of survey respondents saw advocacy training, such as educating and involving programme beneficiaries, as crucial to supporting further disseminating of their work. Although many groups are using advocacy strategies to make a difference, the review revealed that for such groups a better understanding of advocacy could best be provided by international agencies.

Technical and financial support

Although there is an increasing number of NGOs providing anti-FGM programmes, without technical and financial support these programmes do not reach a large number of people and are also unlikely to be sustainable. The survey data and country assessments indicate that most programmes are fairly small and rely on volunteers and funds from foreign donors as opposed to national governments. When surveyed about what type of technical assistance they most needed, the agencies described the need of institutional capacity building and technical assistance in IEC, including materials development, media training and advocacy, as well as programme monitoring and evaluation. Foundations have been established, yet many organisations still need assistance in shaping their skills and expanding their reach.

Government support

Despite some degree of governmental support for anti-FGM programmes, ministries often implement only limited anti-FGM activities themselves. For example, in Ethiopia, each agency sees their work as their own and has no interventions present within their national programmes. The review suggests that except for a few countries, governments are either silent on the issue or leave the responsibility of eliminating FGM to the NGOs. A quarter of respondents to the survey mentioned that lack of government support is a major constraint to their activities.

Training for treating FGM complications

The survey and country assessment found that training for health care professionals to clinically treat FGM complications, both physically and psychologically, was poor. There were no research-based tested protocols for delivering infibulated or excised women as well as any counselling for women suffering from sexual and psychological problems as a result of FGM. More concerning was the data that indicated the limited sexual health education received by physicians. This had led to more unnecessary caesarean sections being performed, clinicians believing that FGM is acceptable and that they are able to council women on sexuality issues. Furthermore, the medicalisation of FGM was found to be on the rise. Excised women, for whom these consultations may be the first contact they have for help and support, therefore lack access to high quality and relevant services in most countries.

Communication Change

Programmes involving communities

NGO and other organisations working at the community level need to assess and build on the positive community values that underpin FGM, while working with the population to eliminate practice. This is no less evident when examining alternative rights of passage and communication-for change projects. The former involves a ceremony which avoids the girls undergoing the mutilating FGM operation but at the same time retaining the privileges associated with the traditional coming-of-age ceremonies. The latter promotes dialogue by guiding community group discussions based on the theory of "conscientisation" in which the community articulates and solves its own problems. The community decision-making or consensus-building approach has significant potential for rural communities where collective decision-making is strongly valued and builds on the BCI approach.

Mass Media

Accurate media coverage can desensitise the issues of FGM and promote dialogue. During all country assessments, agencies reported that they worked with the media by training personnel on gender issues and ways to report on FGM. In addition, as the African community is an oral society, and storytelling, dramas and poetry are part of the local heritage in each country, many agencies have capitalised on interventions through these means. For example, all countries during the assessment were found to have programmes which used dramas, poetry and songs as a way of educating the public about FGM issues. Using accurate media is an effective anti-FGM tool to bring about both awareness and behavioral change.

Income for Excisers

While excisers should be included in programming, finding alternative income for excisers should not be the major strategy for change. Interventions, referred to as "conversion strategies", focus on converting excisers to stop the practice and go onto become agents of change, spreading the anti-FGM message to other communities. The strategy may include providing alternative sources of income to ensure that excisers do not revert back to the practice. However, the review had found that many excisers could not keep their promise since excision is a lucrative business. In addition, many excisers who did stop were quickly replaced by another due to demand. Therefore interventions must look at behavioural change of communities as a whole, rather than specific groups which may also inadvertently promote their role as important.

IEC effectiveness

IEC materials need to be targeted to specific audiences and communities instead of being mass produced. In Ethiopia for example, posters depicting excision of a girl with blood on the knife and girl may have been shocking for westerners but was a normal event for Ethiopians. In addition, some agencies fo-

cused on the message of sexuality, namely "FGM reduces women's sexual enjoyment". However this is not likely to change people's opinions of the practice as contrary to the intended effect of the message this is what supporters of the practice would like, with the belief that unexcised women will be "unfaithful to their husbands" as a result.

In addition the assessment and review found that much of the IEC used was not research-based, used symbols that might not be understood by low-literate audiences, conveyed judgemental or threatening messages, included very limited information and seemed outdated. As we are moving away from IEC interventions to BCI, reliance on IEC as a supportive mechanism as opposed to an independent intervention should be encouraged. If used in this context, then the relevant improvements as discussed need to be made.

Involvement of Urban elites and the Youth

Targeting urbanised communities, specifically educated women, seems to be forgotten within FGM interventions. According to the demographic and health surveys (DHS), FGM is widespread among all socio-economic groups. Although urban and educated women are more likely to oppose the continuation of the practice, this does not translate to lower prevalence and the practice is instead medicalised. Interventions targeted at the urban and educated elites who suffer the same social pressures as their rural counterparts, are equally as important as projects for the youth, rural and uneducated communities. In addition, as decision-making is more individualised, successful outcomes are quicker and more likely with urban elites than among the rural communities, where collective decisions are more likely to take precedence.

Training Programmes

Anti-FGM implementers need to design training programmes that are comprehensive in the range of topics they cover. The survey and assessment found that the majority of agencies targeted training programmes to staff, peer educators, the youth, volunteers, health providers, excisers and religious leaders. However, both trainee opinions and reviews of training curricula found that the majority of programmes provided very limited information about FGM specific to the needs of the communities. For example, although tradition and culture, particularly beliefs on sexuality, are the main reasons why FGM is practised, few of the curricula provided acceptable information about culture and its evolution and were poor to demystify sexuality in ways that could be understood by the community. Instead messages that do not resonate with communities such as "FGM is used to control women" or that it is "a form of violence against women" were used. These messages as well as certain training programme curricula as a whole however, do not address the underlying reasons and values which lead communities to practice FGM.

Development of Interventions

Anti-FGM programmes fail to include intended beneficiaries in the development of interventions who are crucial to ensuring an effective outcome. Intended beneficiaries allow agencies to assess where their target audiences are on the behaviour change continuum and hence which messages and approaches are best to prevent girls from being subjected to the practice. Instead, they are involved only after the programme has been designed and implemented. The results and assessments argue that this may contribute to the fact that the programmes, although vast, are designed in a haphazard fashion with no strategic format.

Research and Evaluation

Research based interventions

The findings from the country assessment confirmed that, except for a few community-based programmes, formative research was not conducted before programmes had begun. The majority of agencies, alarmed by the practice of FGM, were quick to design and implement interventions before considering more specific information. Furthermore, the research that was conducted had been quantitative in nature, as programme implementers had not been trained in qualitative community assessment. The latter would have been more effective to better understand the cultural context of the practice and to develop more specific IEC and training materials. In addition, research prior to implementation of the interventions would have ensured the correct allocation of limited human and financial capital from the onset.

Evaluation

The survey revealed that while most agencies could identify the factors which had led to the success of their intervention, effective rigorous evaluation either internal or external, was infrequently available to help expand and improve the programme. For example, the survey illustrated that 71 percent of organisations had not evaluated their programmes due to lack of funds and expertise. Alternatively a minority of organisations had mentioned having no interest in evaluating their programmes as they thought the interventions were too young and informal in nature or difficult to assess as they were combined with other programmes. However, with increased pressure to show results by Donors and increased support to improve evaluative capacity by International organisations, agencies have recently begun to think about incorporating evaluation strategies within their programmes.

Conclusion

The pace of efforts to eliminate the practice of FGM has picked up over the last thirty years, and although a decline has been evident, this has occurred at a slower rate than was hoped. Interventions have been poorly evaluated thus far to allow both international and national NGOs and governments to know where best to place their limited resources and prevent as many girls from undergoing the practice. The review conducted by PATH on behalf of the WHO looked at which anti-FGM interventions work and which do not.

Interventions that worked included those which involved coordination between NGOs and governments. This has ensured that governments have begun their initial efforts in taking FGM as a serious health issue, evident with the introduction of anti-FGM laws although improvements in enforcement of these laws are required. Furthermore, at the community level, behavioural change interventions are proving to be successful, specifically that of communication for change projects and alternative rights of passage rituals. Mass media through radio, music, storytelling and poems, has also encouraged the BCI transition.

However the assessment did show areas of weaknesses. Governments, although beginning to engage with anti-FGM programmes, are not providing the financial and technical support required by the majority of agencies. Although governments have begun to liaise with NGOs, this relationship needs to be made stronger and mainstreaming made more widespread through to ministerial health and educational programmes. Poor training for health care professionals in treating FGM means that many women and girls leave consultations without gaining all the information they need.

Furthermore, certain community level programmes such as income for excisers and disseminating IEC (the majority of which may not be community specific) may be ineffective as they do not aim to change the cause of the practice - the “mental map”. Interventions facilitate the behavioural change required to eliminate the practice.

- There is a need to re-orient the community strategies from awareness raising to behaviour-change intervention approaches, which should be furthermore reflected in the training provided at all levels.
- Research on which interventions should be based is essential to efficiently allocate limited resources from the offset.
- Whether interventions work or do not can be effectively analysed if consistent post evaluation programmes, internal and external, are in place.