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# Person-centered communication (PCC) for the prevention of female genital mutilation

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# Female genital mutilation (FGM)

- ❑ Harmful traditional practice
  - ❑ Performed by traditional practitioners - increasing involvement of health care providers i.e., FGM medicalization
  - ❑ Contravenes professional ethics
- ❑ Human rights violation - right to health, right to be free of cruel or inhumane treatment, right to bodily integrity, right to life (if results in death)



# Magnitude of the problem

- ❑ Practiced in more than 30 countries\*
  - 200 million girls and women affected
  - 8,000 girls subjected to FGM each day
- ❑ Most often performed on girls aged 5 - 14 years
  - Girls are subjected without consent
  - Based on socio-cultural norms about women's sexuality and gender roles

*\*United Nations Children Fund (UNICEF). Female Genital Mutilation/Cutting: a global concern. UNICEF: New York. 2016*

# Health care providers at primary care play many roles



TRAINER (PEER)



OPINION LEADER



PROVIDER OF HEALTH CARE TO PATIENTS



REPRESENTATIVE OF THE HEALTH SYSTEM



EDUCATOR

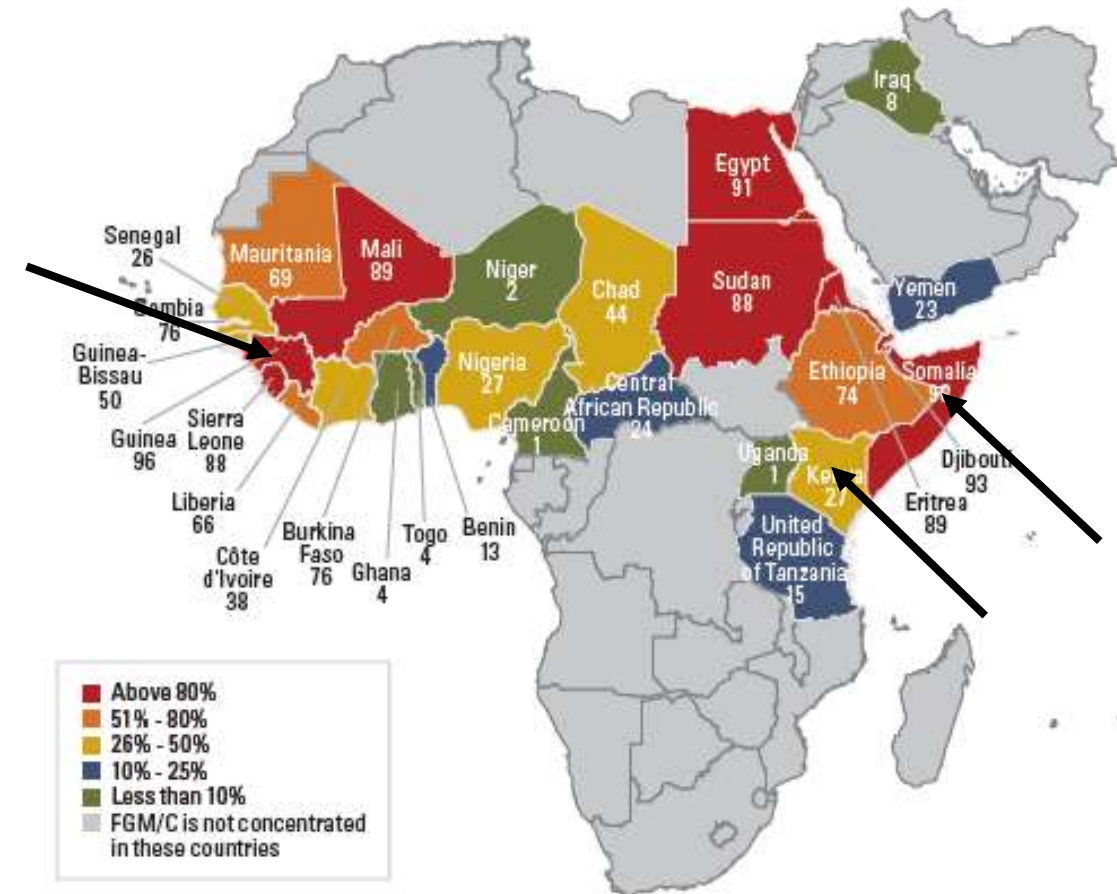


CAREGIVER

# Multi-country cluster randomized trial

- ❑ Study duration
  - August 2020 - September 2021
- ❑ Study countries
  - Somalia (98%)
  - Guinea (96%)
  - Kenya (27%)\*
- ❑ 180 ANC clinics randomized 1:1 to intervention and control arms (60 per country)

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country



\*Sub-national regions/counties where FGM prevalence >80%

# Multi-country cluster randomized trial

- Study objective
  - Test the effectiveness of a two-level intervention package:
    - ANC providers
      - Build knowledge on FGM and skills on counselling for FGM prevention using a person-centered approach
      - Help them question their FGM-related values and attitudes
    - ANC clients
      - Shift attitudes and support towards FGM

# Level one intervention

- At baseline, ANC clinics in both arms received the level one intervention components

**Jamhuuriyadda Somaliland**  
Wasaaradda Horumarinta Caafimaadka

**Fariinta Gudniinka Gabdhaha**

- Wasaarada horumarinta caafimaadka Somaliland waxay ku wajahan tahay tirtirida gudniinka gabdhaha iyo daryeelka dumarka iyo gabdhaha dhibatadiisu samaysay
- Wasaarada horumarinta caafimaadka waxaa ka go'an inay soo gabagabayso gudniinka gabdhaha iyadoo ka duulaysa siyaasada gudniinka gabdhaha ee qaranka Somaliland ee ah tirtirida gudniinka gabdhaha
- Dhamaan Hawi wadeenada caafimaadka waxaa laga filayaa in ay ka hawl galaan dardargelinta ka hortaga iyo ka guurista gudniinka gabdhaha
- Shaqaalaha caafimaadku waa inay bixiyaan daryeelka maaraaynta dhibaatooyinka gudniinka gabdhaha
- Adeeg bixiye kasta oo caafimaad oo sameeya, / fuliya gudniinka gabdhaha noocu doonaba ha ahaade haba ahaate meesha uu ku fulliyey xarun caafimaad, guri ama goob kasta oo kale wuxuu mutaysanayaa in talaabo adag oo sharciya wafaqsan laga qaado shaqadiisana uu ku waayi karo
- Aan dhaqan galino hanaanka mudnaanta leh dhib ha gaysan oo bixi adeeg yada daryeelka caafimaadka iyo ka hortag tayo leh taas oo kuwa soo raadsadaa adeegyada ay ubahan yihiin caafimaad tayadiisu sarayso

**WHO guidelines on the management of health complications from female genital mutilation**

World Health Organization

**CARE OF GIRLS & WOMEN LIVING WITH FEMALE GENITAL MUTILATION**

A CLINICAL HANDBOOK

World Health Organization

Health-care providers need to know how to identify and manage the health conditions associated with female genital mutilation

#EndFGM

hrp World Health Organization

Health-care providers should always

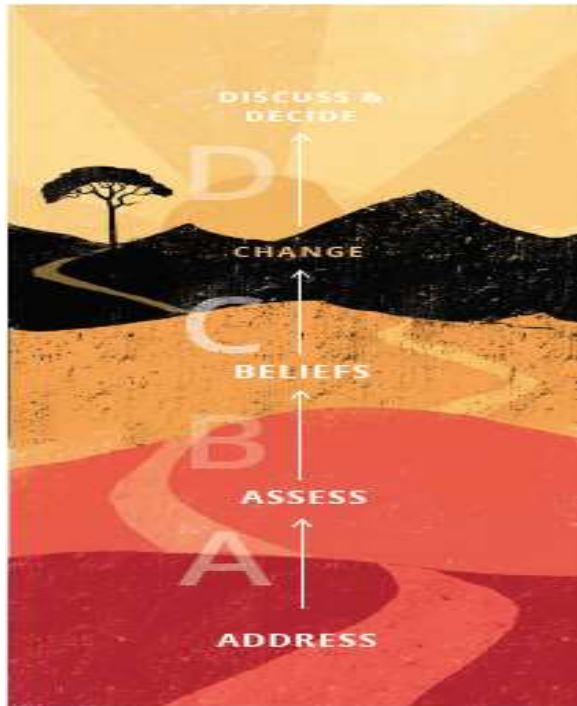
- Provide accurate and clear information about female genital mutilation
- Say 'NO' when asked to perform female genital mutilation on a client

#EndFGM

hrp World Health Organization

# Level two intervention

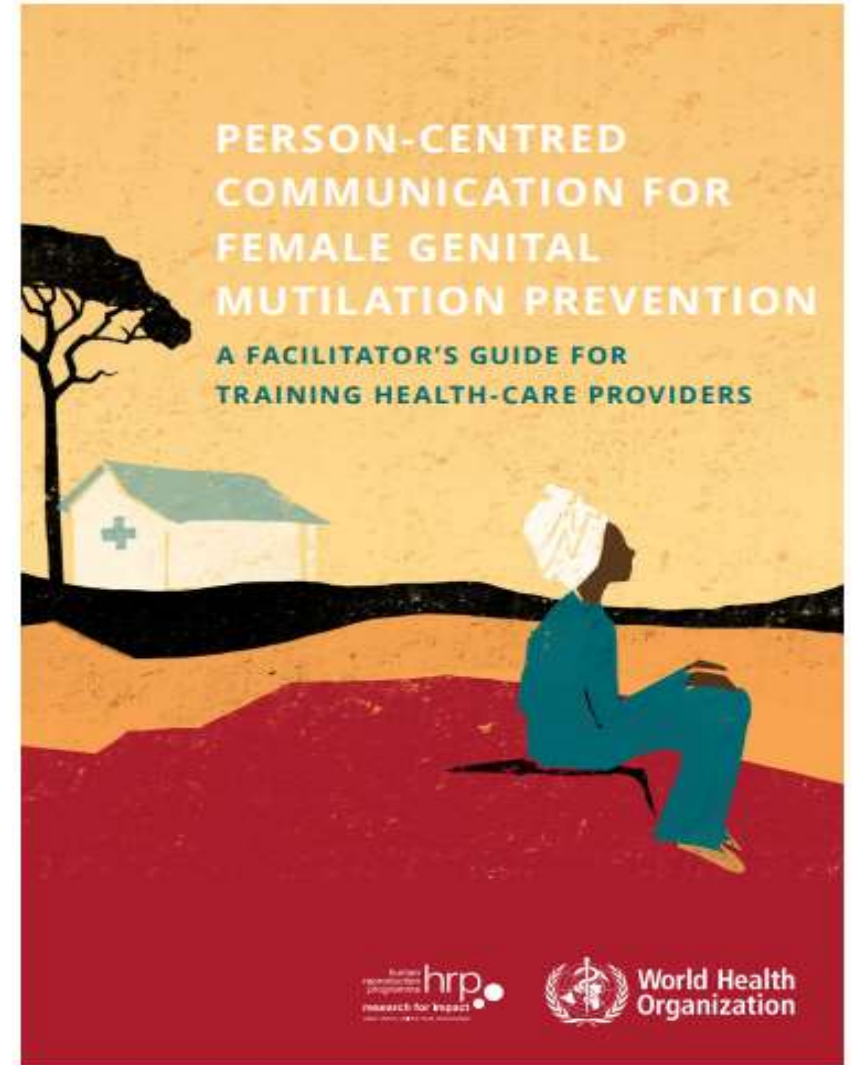
- At Month 3, ANC providers from intervention clinics underwent the PCC for FGM prevention training



Training aids



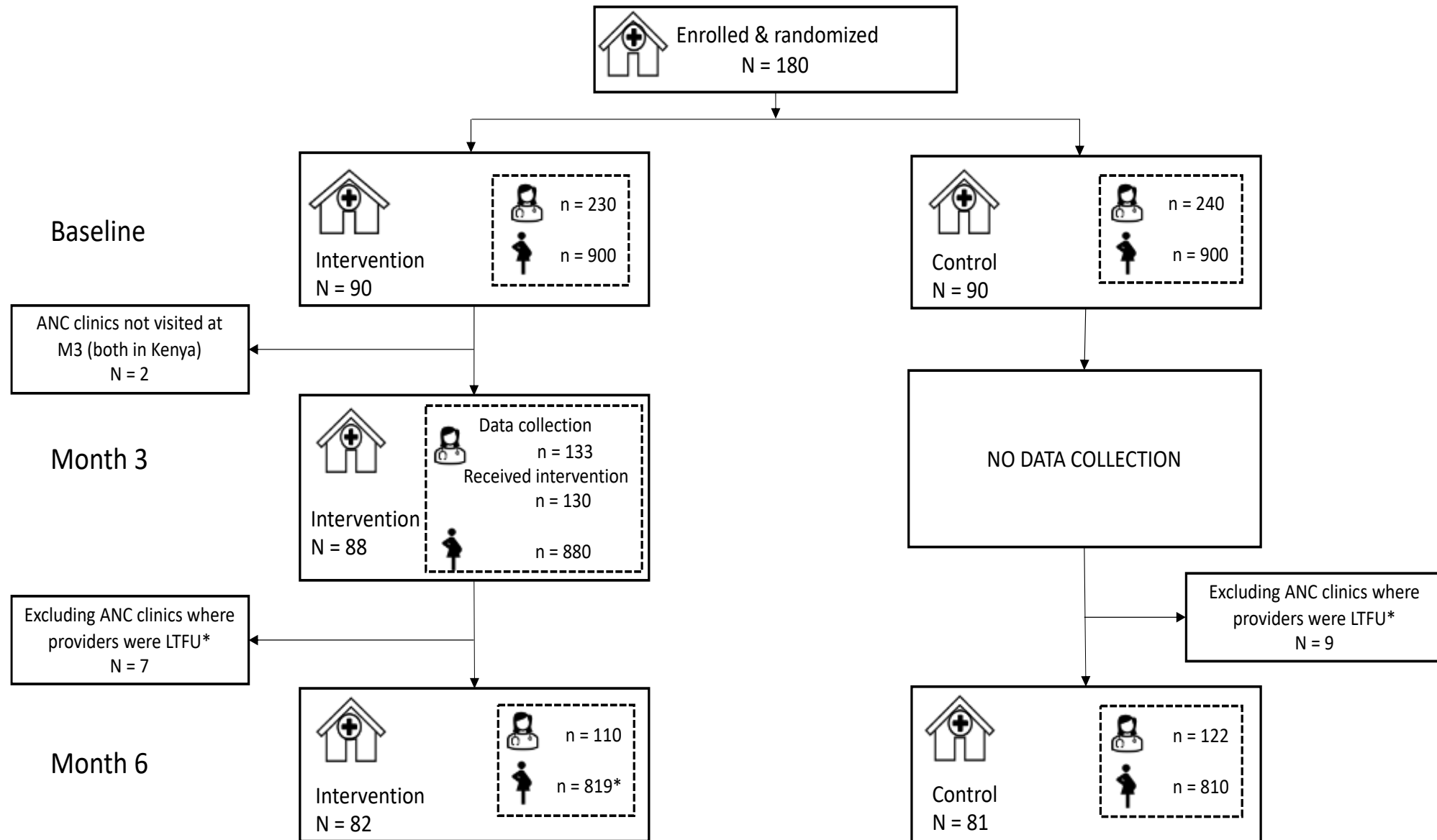
Animation



Training manual



# Results - Study flow



# Results – Demographic characteristics



(n=163)

- ANC providers = 4 (1-14)
- New ANC clients served per month = 150 (3-664)



(n=232)

- Females = 193 (83%)
- Mean age = 36 years (20-65)
- Undergone FGM = 126 (54%)
- Conducted FGM = 15 (7%)



(n=1,629)

- Mean age = 26 years (15-45)
- No education = 761 (47%)
- Undergone FGM = 1,213 (74%)

# Results - Delivery of ABCD components of the PCC intervention

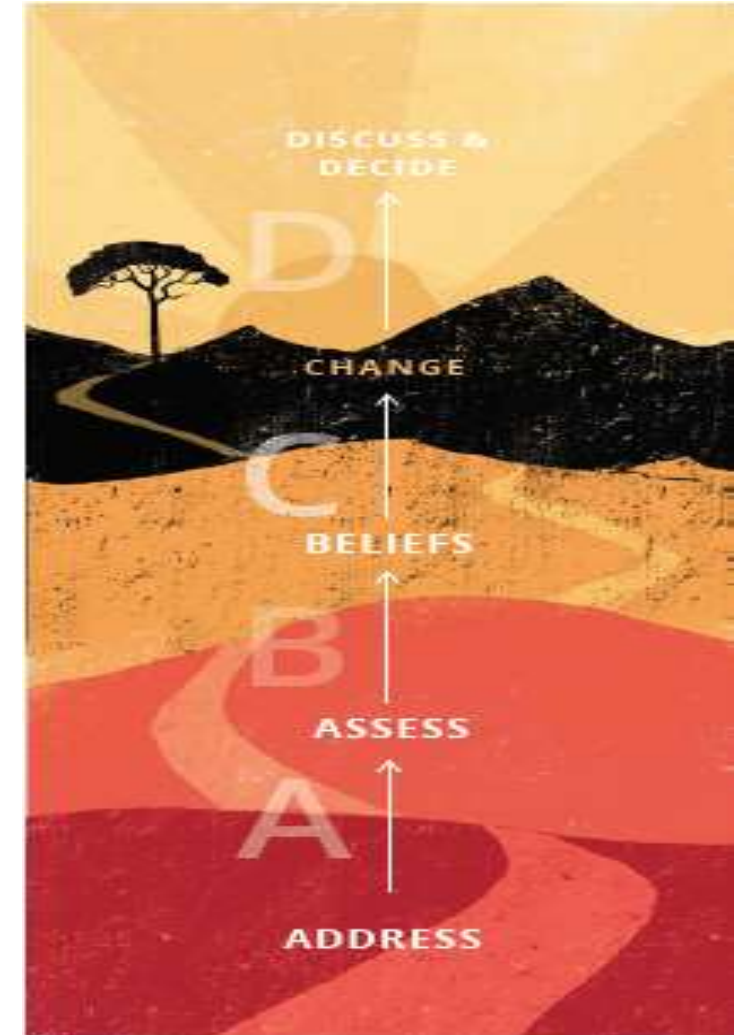
- Significantly higher proportion of ANC providers in the intervention arm:

A - Asked their clients if they had undergone FGM  
(78% vs. 31%,  $p < 0.0001$ )

B - Asked their clients' personal beliefs regarding FGM  
(76% vs. 27%,  $p < 0.0001$ )

C - Discussed why FGM should be prevented  
(77% vs. 30%,  $p < 0.0001$ )

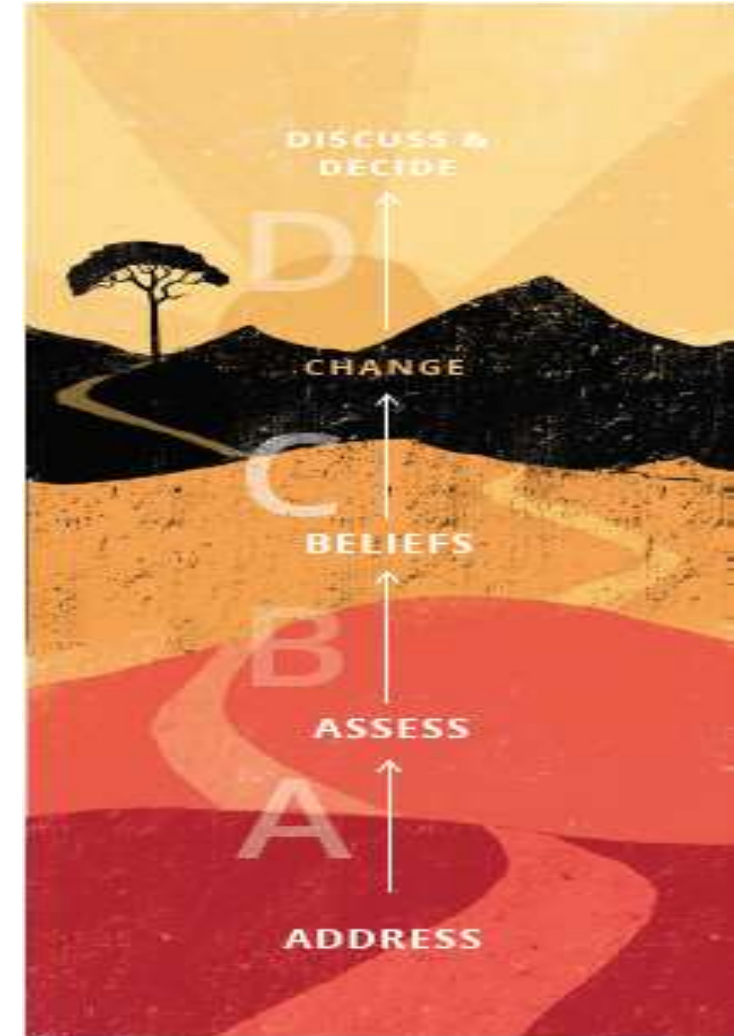
D - Discussed how FGM could be prevented  
(73% vs. 29%,  $p < 0.0001$ )



# Results - Delivery of ABCD components of the PCC intervention

- Significantly higher proportion of ANC clients in the intervention:
  - Reported that they were satisfied with how FGM had been addressed during the visit

(84% vs. 44%,  $p < 0.0001$ )



## Results - ANC clients' outcomes

- ANC clients in the intervention arm were:
  - More likely to be strongly opposed to FGM (AOR: 1.7, 95% CI: 1.4-2.1)\*
  - More likely to be less supportive of FGM after the ANC visit (AOR: 2.4, 95% CI: 2.0-3.0)\*
  - More likely to wish to be active in FGM prevention (AOR: 2.2, 95% CI: 1.8-2.9)\*
  - Less likely to intend to have their daughter undergo FGM (AOR: 0.4, 95% CI: 0.3-0.5)\*
  - Less likely to want a health care provider to perform FGM (AOR: 0.4, 95% CI: 0.3-0.5)\*

*\*p<0.0001; Adjusted for age, educational level, FGM status and exposure to level one IEC materials*

## Results - ANC providers' outcomes

- ANC providers in the intervention arm were:
  - More likely to report that they were confident in their knowledge to provide FGM services (AOR: 6.3, 95% CI: 1.4-28.9;  $p=0.02$ )\*
  - More likely to report improved interpersonal communication skills (AOR: 1.7, 95% CI: 1.0-3.0;  $P=0.06$ )\*
- Proportion of providers with high reported self-efficacy (85% vs. 82%,  $p=0.36$ )
- ANC providers in both arms had similarly unsupportive attitudes towards FGM (73% vs. 72%,  $p=0.54$ )

*\*Adjusted for sex, years of service, FGM status, FGM-related training, any specific training on communication/counseling and PCC, and whether the provider had conducted FGM in the past*

## Key Takeaway

- To our knowledge, first study to provide robust evidence on the effectiveness of a social norm change intervention for FGM prevention involving the health sector

# Acknowledgements

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**Thank you!**  
**Asanteni sana!**