

Person-centered communication for the prevention of female genital mutilation: a multi-country, cluster randomized trial

Current Project Brief

Background Female genital mutilation (FGM) is a harmful practice that involves removal of healthy genital tissue and can lead to health consequences in the short and long term. Abandonment of this harmful practice requires multi-sectoral efforts, including in the health sector. Health care providers are respected members of their communities and can be important messengers of change in addition to providing essential health services. There is limited evidence, however, on what works to prevent FGM and how to deliver these interventions within the health sector.

Objectives To determine if an intervention that involves strengthening the health system to provide FGM-related prevention and care services and training health care providers at primary care level to counsel their clients using person centred communication is effective in preventing FGM.

Methodology

- A cluster randomized trial was carried out using a hybrid effectiveness-implementation research approach testing a two-level intervention package.
- Sixty primary care facilities in each country, for a total of 180 antenatal care clinics, were randomly assigned to the intervention or control group.
- Both arms received the Level 1 intervention package, which included (a) posting a Ministry of Health directive on FGM prevention and care posted in health facilities, and distributing (b) WHO FGM clinical guidelines, (c) WHO clinical handbooks on FGM and (d) posters.
- Intervention sites also received the Level 2 intervention, which consisted of an innovative training package on person-centered communication (PCC) for FGM prevention, including a facilitator's manual, training aids and an animated video. The training was delivered by national trainers using participatory training methods.
- A process evaluation was also conducted, which included semi-structured interviews with six health care providers and six ANC clients in the intervention arm of the study in each country. The process evaluation aimed to determine how and why the intervention achieved its implementation outcomes, including the feasibility, acceptability, fidelity and coverage of the intervention.

Study Countries Guinea, Kenya and Somalia

Research partners University of Nairobi, College of Health Sciences, Nairobi, Kenya; the Centre for Research on Reproductive Health in Guinea - *Cellule de recherche en santé de la reproduction en Guinée (CERREGUI)*, Conakry, Guinea and Data and Research Solutions (DARS) Hargeisa, Somalia

Results forthcoming	<p>A total of 163 clinics and 222 health care providers were followed up to the end of the study, and a total of 4,160 ANC clients were interviewed during the study period.</p> <p>Data analysis has been conducted, and the study manuscript is being finalized.</p>
Relevance	Multi-sectoral efforts are necessary for the abandonment of FGM, however, there is a lack of evidence on what works to guide the health sector in these efforts. This study was the first randomized trial to generate evidence on the effectiveness of a social norm change approach for FGM prevention in the health sector. Evidence from this study is intended to guide ministries of health in developing and implementing policies and strategies to improve FGM prevention and care activities for women and girls at the primary care level and beyond.
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