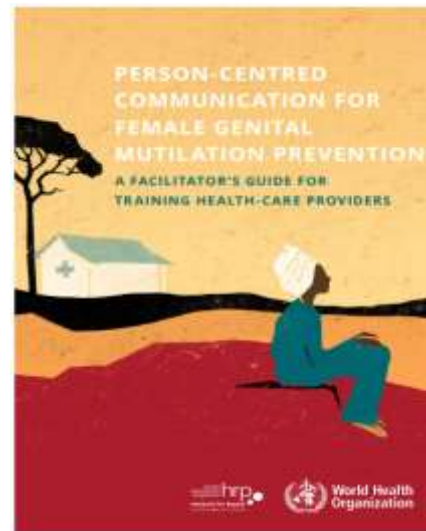


Module 2 – Session 1

Person-centred communication for FGM prevention



Overview of the session

- Introduction to person-centred communication (PCC) for FGM prevention: objectives, principles and techniques
- ABCD approach to FGM counseling



Learning objectives

By the end of this session, participants will:

- ✓ Understand the purpose and techniques involved in person-centred communication for FGM prevention
- ✓ Know the steps involved in the ABCD approach



What is person-centred communication for FGM prevention?

Overview of the technique:

- **Person-centred communication (PCC)** for FGM prevention is a **counselling technique** designed to empower women to abandon the practice of FGM:
 - It can be used during any clinical encounter, preferably routine health check up such as antenatal care (ANC), post natal, immunization
 - Through this technique, the health care provider (HCP) encourages the woman to explore her main reasons for supporting FGM
 - These reasons are then discussed and the HCP helps to dispel any myths and to reassess her beliefs on the practice



What is PCC for FGM prevention?

Objectives of the technique:

- The **main goal** of PCC for FGM prevention is to empower women to reassess their beliefs on FGM in order to abandon FGM
- The **specific objectives** of PCC for FGM prevention are to:
 - Enable a respectful discussion about FGM between HCPs and patients
 - Explore and understand the woman's personal views and beliefs about FGM
 - Provide information to the woman, including alternative views to her personal beliefs on FGM
 - Motivate her to consider and discuss '**change**'
 - Plan for follow-up & refer to outside agencies & organizations if these are available



What is PCC for FGM prevention?

Key principles behind the technique:

- The technique, delivered by HCPs, is based on the following **key principles**:
 - FGM is a **medically unnecessary practice**: it harms health & well-being of girls and women
 - FGM **violates the rights** of girls and women
 - Individual and collective **beliefs and values** influence attitudes towards the practice
 - To change a behaviour, women must **first reflect on and question the beliefs and values** that support this behaviour
 - **Decisions made by the woman** rather than by the HCP will determine the patient's ongoing behaviours



What is PCC for FGM prevention?

Context for applying the technique:

- ANC visits can be an effective setting for PCC for FGM prevention
 - Repeat encounters to talk to women about FGM and reinforce messages
 - ANC visits have a health promotion focus
 - Pregnant women might give birth to a daughter or have a daughter at home
- The technique can be used in other clinical encounters as well.



IMPORTANT! *Participants should remember that, while it is important to respect patients' perspectives, their role is to work towards stopping FGM.*



PCC for FGM prevention: *Description of the technique*

PERSON-CENTRED COMMUNICATION FOR FGM PREVENTION – ABCD

A	Address and assess	Steps 1 and 2	<p>Address FGM – confirm the woman’s FGM status and health conditions potentially related to FGM.</p> <p>Assess the woman’s views – if she supports FGM, what are her reasons?</p>
B	Beliefs	Step 3	<p>Discuss and challenge beliefs about FGM – what are the woman’s beliefs about FGM?</p>
C	Change	Step 4	<p>Explore the possibility of change.</p>
D	Discuss and decide	Step 5	<p>Discuss with the woman about, and support in, talking to other members of her community about FGM.</p>





ADDRESS FGM

Confirm the woman's FGM status and health conditions potentially related to FGM

PCC for FGM prevention

1. ADDRESS FGM: Confirm the woman's FGM status

- **Welcome the woman in an approachable way**

- "Thank you for coming today"
- "Was your journey here OK today?"

- "Have you heard about FGM?"
- "Can I ask a few questions about this?"

- **Ask the woman about her FGM status, during clinical history taking**

- **If you confirm that the woman has had FGM, ask her about these clinical symptoms and concerns:**

- Vaginal discharge
- Urinary symptoms
- Previous complications during pregnancy and childbirth
- Worries or fears about the pregnancy.
- Psychological or sexual complications



PCC for FGM prevention

IMPORTANT!

Remember that some women may not consider FGM types 1 and 4 as forms of FGM. If they are asked about their FGM status, they may therefore respond that they have not been cut, despite having had FGM. It is important to confirm that she has not been cut, by asking for further details. Ask, for example, about taking part in special rituals as a girl, or about health complications such as scar tissue or other alterations of her genital area





ASSESS

Assess the woman's views. If she supports FGM, what are her reasons?

PCC for FGM prevention

2. ASSESS the woman's view

- **Assess how the woman feels about FGM and if she thinks the practice should continue**

- "I would like to ask you some more questions about FGM. Would this be OK with you?"
- "Do you support the continuation of FGM?"

- "Thanks for sharing this with me. I would like to try and find out why you feel FGM should continue"

- **Patient thinks FGM should stop:** reinforce
- **Unsure or thinks FGM should continue:** ask for her reasons

- **Summarize the woman's reasons in your own words – as a statement, not a question:**

- "If I understood correctly, you think FGM is important for girls because..."



PCC for FGM prevention

IMPORTANT! What do to if the woman does not wish to discuss FGM

If the woman responds that she does not want to discuss this topic, the HCP should try to encourage her to do so, but without being overly pushy; the HCP must reassure the patient that the conversation will be kept private and that they can stop at any time if desired. For example, they could say: “Please be assured that anything we discuss here is in the strictest confidence.

Does that change your mind about talking about this subject?”

If she continues to decline the conversation, the HCP should respect her wishes and offer her the chance to return if she changes her mind. She must also offer her any available support numbers and move on to the next part of the clinical consultation





BELIEFS

Discuss and challenge beliefs about FGM.
What are the woman's beliefs about FGM?

PCC for FGM prevention

3. BELIEFS: Discuss and challenge beliefs about FGM

- **Invite the woman to rethink the aspects of FGM that she sees as positive, by introducing the concept of BELIEFS**

- "You have just mentioned the reasons why you think FGM should continue ..."

- "However, did you know that many of the reasons given by community members for supporting FGM are ideas passed through generations without anyone questioning them...We call these **beliefs**"

- If she mentions honor: "This is interesting... you see FGM as the only way to ensure your daughter becomes a respectable woman"

- **Contrast the woman's reasons for supporting FGM with facts**

- **Ask her how she feels about what you have just discussed**

- "I understand that this is a lot of new information to process. How do you feel right now?"





CHANGE

Explore the possibility of change

PCC for FGM prevention

4. CHANGE: Explore the possibility of change

- **Invite the woman to reflect on change by highlighting that changing traditions is possible**

- "I would like to take a minute to discuss change with you. Would this be OK?"

- "Changing our beliefs, is possible, even if these are long-held beliefs"

- "As HCPs who care about your well-being, we promote the end of FGM"

- **Invite her to think about what was discussed and remind her that the role of HCP is to promote the end of FGM**

- **Ask her how she feels about what you have just discussed**

"How does this make you feel?"



PCC for FGM prevention

IMPORTANT!

At this stage, the woman may or may not think changing her views on FGM is important or possible. She will need time to think about what has been discussed. The HCPs should avoid trying too hard to convince her that change can happen. Their role is to listen attentively and to offer support. The HCP can ask if the woman would like to think about what was discussed during the session and perhaps come back for another consultation.

In such cases, the HCP should remember to tell the woman that even if she needs more time to think about this, “As HCPs who care about your well-being and the well-being of the community, we promote the end of FGM.”





D

DISCUSS AND DECIDE

Support the woman in talking to other members
of her community about FGM

PCC for FGM prevention

5. **DISCUSS AND DECIDE:** Support the woman in talking to other members of her community about FGM

- **Invite the woman to discuss change with a person she trusts and who may also be supportive of ending FGM**

- "I would like to invite you to reflect on the things we discussed today when you go back home. Perhaps you could share them with someone you trust?"

- HCP needs to document including noting whether the ABCD counselling technique was delivered and the position of the woman towards FGM

- **Document key findings**



CLOSURE

Follow-up and referrals

PCC for FGM prevention

CLOSURE: Follow-up and referrals

- **Check if the woman has understood, and if she has questions**

- "Do you have any further questions?"
- "You can ask me anything that is not clear"

- "The following support groups are available if you need any help or more information"

- **Offer other support services and/or a follow-up session**



Take Away Summary

- ❖ Person-centred communication (PCC) for FGM prevention is a **person-centred approach** designed to **empower women** to abandon the practice for their daughter(s)
- ❖ The goal of PCC for FGM prevention is to **help women make well-informed and voluntary decisions** about FGM for their daughters
- ❖ It is **not about convincing, but about encouraging** women to choose not to cut their daughters
- ❖ Women should be **encouraged to explore and resolve** internal conflict about FGM beliefs
- ❖ HCPs working in **antenatal care settings or in any other clinical consultations** are in a good position to deliver PCC for FGM prevention



References

- World Health Organization. Care of girls and women living with female genital mutilation: a clinical handbook. World Health Organization; 2018. <https://apps.who.int/iris/bitstream/handle/10665/272429/9789241513913-eng.pdf>
- World Health Organization. Person-centred communication for female genital mutilation prevention: a facilitator's guide for training health-care providers. WHO; 2022. <https://www.who.int/publications/i/item/9789240041073>

