

TRAINING AID 

TRADITION TRADITION



























TRAINING AID 

THE HEALTH CONSEQUENCES OF FGM

(MINI-LECTURE)



THE HEALTH CONSEQUENCES OF FGM

(MINI-LECTURE)

FGM can damage the health and well-being of girls and women.

THE HEALTH CONSEQUENCES OF FGM

(MINI-LECTURE)

- We can divide the health consequences of FGM into:
 - Immediate and short term
 - Gynaecological and urogynaecological
 - Obstetric and neonatal
 - Mental health
 - Sexual health

IMMEDIATE AND SHORT-TERM CONSEQUENCES (MINI-LECTURE)

- Severe pain and injury to tissues
- Bleeding
- Haemorrhagic shock after bleeding
- Infection and septicaemia
- Genital tissue swelling
- Acute urine retention

GYNAECOLOGICAL AND UROGYNAECOLOGICAL CONSEQUENCES (MINI-LECTURE)

- Chronic vulvar pain
- Clitoral neuroma
- Reproductive tract infections
- Menstrual problems

GYNAECOLOGICAL AND UROGYNAECOLOGICAL CONSEQUENCES (MINI-LECTURE)

- Urinary tract infections
- Painful or difficult urination
- Epidermal inclusion cysts
- Keloids in the genital area

GYNAECOLOGICAL AND UROGYNAECOLOGICAL CONSEQUENCES (MINI-LECTURE)

- Girls and women often live with the symptoms of these conditions for months or even years without seeking care
- Health care providers therefore need to ask or assess for these complications

OBSTETRIC RISKS OF FGM

(MINI-LECTURE)

Women who have undergone FGM have a higher risk of:

- caesarean section
- postpartum haemorrhage
- episiotomy
- longer or more difficult labour
- obstetric tears and lacerations
- instrumental childbirth (use of forceps or suction to assist delivery)

NEONATAL RISKS OF FGM

(MINI-LECTURE)

Babies born to women who have undergone FGM have a higher risk of:

- stillbirth
- early neonatal death
- asphyxia
- resuscitation of the baby at birth

MENTAL HEALTH RISKS OF FGM

(MINI-LECTURE)

Girls and women who have experienced FGM may have higher rates of:

- depression
- anxiety disorders
- post-traumatic stress disorder (PTSD)
- somatic (physical) complaints with no organic cause (e.g. aches and pain)
- flash backs

SEXUAL HEALTH RISKS OF FGM

(MINI-LECTURE)

Women who have undergone FGM are more likely to experience:

- dyspareunia (pain during sex)
- sexual dysfunction

FGM AFFECTS HEALTH AND WELLBEING

(MINI-LECTURE)

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

WHO Constitution

TRAINING AID  5

THE ROLES OF HEALTH CARE-PROVIDERS

(MINI-LECTURE)



THE ROLES OF HEALTH-CARE PROVIDERS

(MINI-LECTURE)

What are some of the roles of midwives and nurses?

THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



PROVIDER OF HEALTH
CARE TO PATIENTS

THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



PROVIDER OF GUIDANCE
TO SOLVE PROBLEMS

THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



ADMINISTRATIVE FUNCTIONS

(i.e. booking appointments)

THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



CAREGIVER

THE ROLES OF HEALTH CARE PROVIDERS

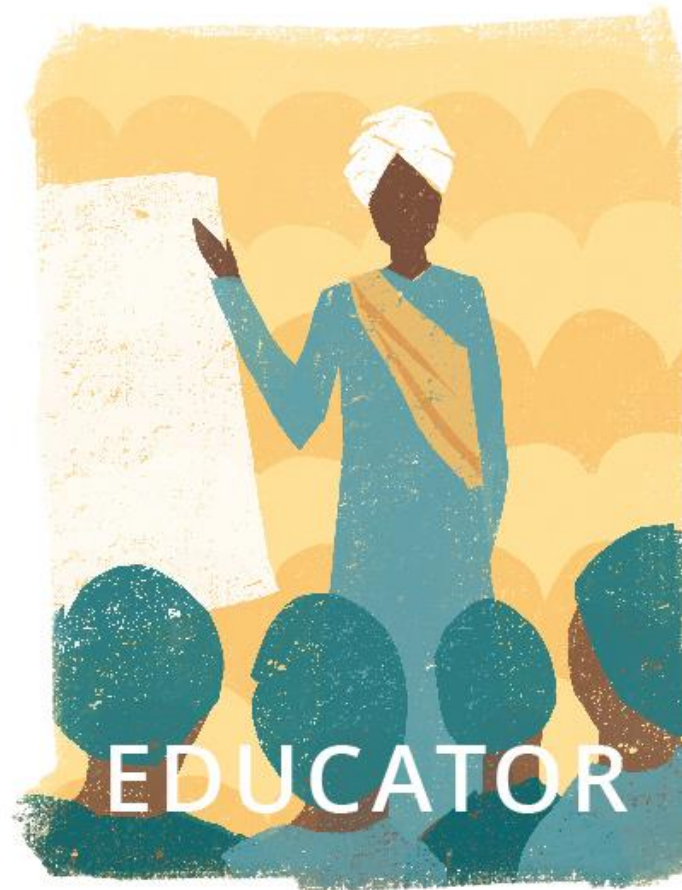
(MINI-LECTURE)



INCOME PROVIDER

THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



REPRESENTATIVE
OF THE HEALTH SYSTEM

THE ROLES OF HEALTH CARE PROVIDERS

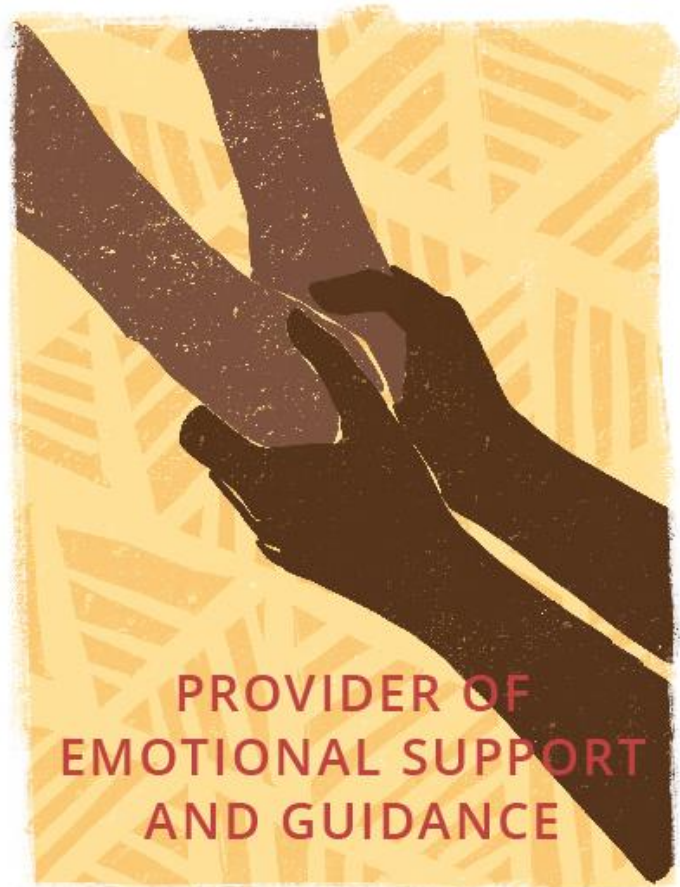
(MINI-LECTURE)



SPOUSE

THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



OPINION LEADER

THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



PARENT

THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



DAUGHTER/SON

THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



TRAINER (PEER)

THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)



FRIEND

THE ROLES OF HEALTH CARE PROVIDERS

(MINI-LECTURE)

Many of these roles are carried out in different settings:

- Health facility
- At home
- Community

TRAINING AID 

EFFECTIVE COMMUNICATION

(MINI-LECTURE)



EFFECTIVE COMMUNICATION

(MINI-LECTURE)

- Effective communication is a **two-way process** whereby people share information or discuss an issue together to try to reach mutual understanding

EFFECTIVE COMMUNICATION

(MINI-LECTURE)

- It is two-way because when the sender transmits the message, the receiver generally provides **feedback** that the message has been understood
- This feedback can be **verbal** (e.g. “Aha”) or **non-verbal** (e.g. a gentle head nod or eye contact)

EFFECTIVE COMMUNICATION

(MINI-LECTURE)

Effective communication takes place when a message is delivered, received and understood in the way it was intended.

EFFECTIVE COMMUNICATION DURING THE CLINICAL ENCOUNTER

(MINI-LECTURE)

- Usually face-to-face.
- Both the **health-care provider** and the **patient** can be the **sender** and the **receiver** of information.
- These roles alternate - like having a **dialogue**.



EFFECTIVE COMMUNICATION DURING THE CLINICAL ENCOUNTER

(MINI-LECTURE)

- During the clinical encounter, **communication is important**
- By not replying to something the patient has said, we are still sending a negative message of no interest

EFFECTIVE COMMUNICATION

(MINI-LECTURE)

Health-care providers who are effective communicators, who can express themselves clearly, respectfully and in a simple manner, are essential to quality antenatal care services

TRAINING AID  8

PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)



PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

Allows the health-care provider to understand the patient's perspective, empower and engage her in decision-making

PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

- It is important to understand not only the patient's medical concerns, but also:
 - who they are as a person
 - what their personal beliefs and values are
 - what their expectations, needs and feelings

PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

- It means trying to understand the patient's **life circumstances** and **personal needs**
- By doing this, the health-care provider will be better prepared to **motivate** her to follow recommendations

PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

- Person-centred communication also means **involving the patient** in their own care management
- The care and support provided to a patient should always be **guided** by their **needs** and **preferences**



PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

- It means having **two experts in the room**:
 - the patient as an expert about their own body and health
 - the health-care provider as an expert in medical issues who can advise on health-care choices



PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

When we provide person-centred communication, the chance that the patient will follow a treatment plan or planned behaviour change is much greater as they feel that it was planned *with* them, rather than simply *for* them

PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

IMPORTANT!

The health-care provider should remember that, while respecting the patient's perspective is important, their role is always to work towards stopping FGM

TRAINING AID  10

WHY HEALTH-CARE PROVIDERS SHOULD LEARN PERSON-CENTRED COMMUNICATION (MINI-LECTURE)



WHY HEALTH-CARE PROVIDERS SHOULD LEARN PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

- Communication is very important in everything we do in life
- How we communicate influences the quality of our relationships:
 - Colleagues
 - Family and friends
 - Patients
 - Others

WHY HEALTH-CARE PROVIDERS SHOULD LEARN PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

- Many problems in our personal and professional relationships result from poor communication



WHY HEALTH-CARE PROVIDERS SHOULD LEARN PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

Learning person-centred communication skills will help you to become a more effective communicator, a better health-care professional and a more trusted colleague

BENEFITS OF LEARNING PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

For the patient:

- Increased satisfaction with care
- Less anxiety and feeling more secure
- Better relationships with health-care providers
- More comfort and ability to discuss their needs

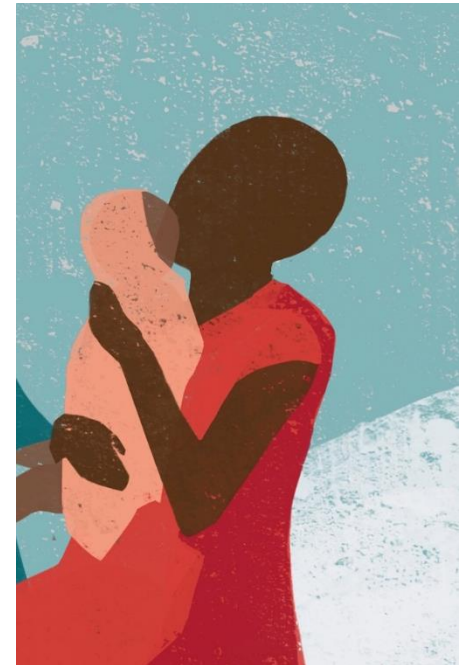


BENEFITS OF LEARNING PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

For the patient:

- More trust in the health-care provider
- Increased effectiveness of medical treatment
- Improved understanding of medical instructions
- Easier to follow treatment indications



BENEFITS OF LEARNING PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

For the health-care provider:

- Improves the quality of care provided to patients
- Improves relationships with patients
- Allows a better understanding of the needs of patients



BENEFITS OF LEARNING PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

For the health-care provider:

- More self-confidence
- Improves job satisfaction



TRAINING AID

11

SKILLS OF EFFECTIVE PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)



KEY SKILLS FOR EFFECTIVE PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

1. Creating a welcoming environment
2. Speaking clearly and simply
3. Active listening (hearing what is being said)
4. Using effective interviewing skills: clarification, summarizing and encouragement
5. Asking open questions
6. Expressing empathy
7. Being non-judgmental and promoting dignity and respect

KEY SKILLS FOR EFFECTIVE PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

1. Creating a welcoming environment

1. CREATING A WELCOMING ENVIRONMENT

(MINI-LECTURE)

- This is a crucial first step – if a woman does not feel welcomed or at ease, it will be almost impossible to communicate effectively with her

1. TIPS ON CREATING A WELCOMING ENVIRONMENT

(MINI-LECTURE)

- Greet and welcome the patient in a friendly manner
- Provide positive remarks about non-medical issues
- Use the patient's name
- Introduce yourself, giving your name and your role
- Ensure patient privacy
- Ensure comfort and put the patient at ease

1. ROLE PLAY: CREATING A WELCOMING ENVIRONMENT

(MINI-LECTURE)

- Two volunteers to **create a welcoming environment** during a clinical encounter



KEY SKILLS FOR EFFECTIVE PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

2. Speaking clearly and simply

2. TIPS FOR SPEAKING CLEARLY AND SIMPLY (MINI-LECTURE)

- Avoid complex medical terms
- Speak slowly
- Give time for the patient to ask questions

2. ROLE PLAY: SPEAKING CLEARLY AND SIMPLY

- One volunteer to describe the meaning of a set of **lab results** to a patient using **simple words**



2. ROLE PLAY: SPEAKING CLEARLY AND SIMPLY

Urinalysis results:

Component	Result	Reference range
Proteins	Negative	Negative
Red blood cells (RBC)	8 per high-power field	0–4 per high power field
White blood cells (WBC)	50 per high-power field	0–5 per high-power field

KEY SKILLS FOR EFFECTIVE PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

3. Active listening: Hearing what is being said

3. ACTIVE LISTENING EXERCISE

- Listen to what the person you are working with is telling you

3. ACTIVE LISTENING EXERCISE

- While you were listening, how many times were you distracted?
- Were you thinking other thoughts or thinking about other things you need to do today?

3. TIPS FOR ACTIVE LISTENING

(MINI-LECTURE)

- Listen and pay close attention to what is being said
- Avoid being distracted
- Pay attention to the verbal and non-verbal messages
- Do not rush the patient
- Do not interrupt, correct or speak over the patient when she is speaking
- Use non-verbal encouragement (head nodding)
- Use continuers to encourage her to speak (“aha..”)

KEY SKILLS FOR EFFECTIVE PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

4. Using effective interviewing skills: clarification, summarizing and encouragement

4. USING EFFECTIVE INTERVIEWING SKILLS (MINI-LECTURE)

- Clarification
- Summarizing
- Encouragement

4. USING EFFECTIVE INTERVIEWING SKILLS: CLARIFICATION (MINI-LECTURE)

- Respectfully asking questions during the interview to clarify ideas and emotions expressed by the patient.
 - Clarifying **words** and **ideas**:

“Could you please repeat what you just said?”
 - Clarifying **emotions**:

“How does this make you feel?”

4. USING EFFECTIVE INTERVIEWING SKILLS: SUMMARIZING (MINI-LECTURE)

- Restating the main points (the content) of what the patient has said
 - Do not just repeat – **use your own words** to say what you have understood
 - Do not state as facts – **use words that show** you are checking whether **you have understood correctly**.
 - “What I am understanding is...”
 - “In other words...”

4. USING EFFECTIVE INTERVIEWING SKILLS: ENCOURAGEMENT (MINI-LECTURE)

- Phrases that help to **give recognition to a patient's feelings and actions** highlighting these in a positive way
 - Examples:
 - “You’ve had a difficult time and handled it well.”
 - “That’s great that you have decided to talk to your family about this issue.”

4. EXERCISE: IDENTIFY THE INTERVIEWING SKILL

(MINI-LECTURE)

- Which interview skill is being used?

4. EXERCISE: IDENTIFY THE INTERVIEWING SKILL

Woman: And after talking to my husband I decided I was ready.

Nurse: Can you please tell me what you mean by 'being ready'?

Woman: I mean I was ready to talk to my mother-in-law about our decision not to cut our daughter.

Nurse: I see.

Answer: CLARIFICATION

4. EXERCISE: IDENTIFY THE INTERVIEWING SKILL

Woman: I think I could talk to my sisters about this. Yes, they would be able to help me. Or even my aunt. She would also listen.

Nurse: It sounds like you have a few family members you trust and could talk to.

Answer: SUMMARIZING

4. EXERCISE: IDENTIFY THE INTERVIEWING SKILL

Woman: And after I told her about my plans, my mother-in-law got very angry and yelled at me. I told her that I did not want to upset her but that it was my decision after all.

Nurse: I can see you've had a difficult time and handled it very well. You are strong.

Answer: ENCOURAGEMENT

4. EXERCISE: IDENTIFY THE INTERVIEWING SKILL

Woman: I just don't feel comfortable talking about "that"?

Nurse: May I ask you what do you mean by "that"?

Woman: I mean about intimate things such as sex.

Nurse: I see what you mean.

Answer: CLARIFICATION

4. EXERCISE: IDENTIFY THE INTERVIEWING SKILL

Woman: It is difficult for me to find a solution. My family is angry at me, I cannot speak to my friends and I feel I don't have the time or the necessary resources.

Nurse: I see. It seems to me that the main problem is that you have several issues to deal with at the same time. Perhaps we can start talking about them one by one?

Woman: Exactly – it's as if it is all too much to deal with at the same time.

Answer: SUMMARIZING

KEY SKILLS FOR EFFECTIVE PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

5. Asking open questions

5. ASKING OPEN QUESTIONS

(MINI-LECTURE)

- There are two types of questions:
 - **Closed:** Questions that shut down conversation (usually answered with a 'yes' or 'no').

Examples: *Did you come here by bus? What is your name?*
 - **Open:** Questions that open up communication.

Examples: *How are you feeling today? How did you travel here? Tell me about yourself?*

5. ASKING OPEN QUESTIONS (MINI-LECTURE)

- Open questions are especially useful when:
 - Starting a consultation:

Example: *“Hello, Ms. Okoye. How can I help you today?”*

- We want to gain a broader perspective on a patient’s situation and context:

Example: *“I would like to try and find out why you feel you should cut your daughter? Can you tell me some of the reasons?”*

5. EXERCISE: IDENTIFY THE TYPE OF QUESTION

- “Can you tell me how your pregnancy is going?”
(OPEN)
- “Can you tell me how you feel about cutting your daughter?”
(OPEN)
- “Is your pregnancy going well?”
(CLOSED)
- “Could you tell me more about that?”
(OPEN)

5. EXERCISE: IDENTIFY THE TYPE OF QUESTION

- “Do you plan on cutting your daughter?”

(CLOSED)

- “Can you describe to me why you are feeling this way?”

(OPEN)

- “How would you like to plan this?”

(OPEN)

KEY SKILLS FOR EFFECTIVE PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

6. Expressing empathy

6. EXPRESSING EMPATHY

(MINI-LECTURE)

- Empathy is the ability to understand and share the feelings of another person
- Empathy is important because it:
 - enables us to **recognize the feelings** of another person and communicate that we **understand**
 - allows us to understand the **individual's perspective**, and so provide person-centred care
 - shows **respect** and **gives emotional support** to the patient

6. EMPATHY VS SYMPATHY

(MINI-LECTURE)

- Empathy is **different** from 'sympathy'
- **Sympathy** can be describe as feelings of **pity and sorrow** for someone else's misfortune
- **Empathy** involves trying to **understand** the other person's perspective

6. EXERCISE: PROVIDING EMPATHETIC ANSWERS

- Give examples of how you could respond with empathy to the following quotes

6. EXERCISE: PROVIDING EMPATHETIC ANSWERS

“My husband has lost his job again - I don’t know what we are going to do now.”

“That must be difficult for you. Can you tell me more about how you are feeling?”

“Can you tell me what you have discussed as a solution to this problem?”

6. EXERCISE: PROVIDING EMPATHETIC ANSWERS

“My mother in law is insisting that I cut my daughter but I think this can cause her harm. I do not want to cut her, but my mother-in-law will not be happy. What should I do?”

“It sounds as if you are having a hard time with this decision. Many women feel pressured by family members to cut their daughters, but many women resist this pressure because they do not want to hurt them.”

6. EXERCISE: PROVIDING EMPATHETIC ANSWERS (CONT.)

“My mother in law is insisting that I cut my daughter but I think this can cause her harm. I do not want to cut her, but my mother-in-law will not be happy. What should I do?”

“Can you think of somebody who could support your decision and help you resist this pressure?”

KEY SKILLS FOR EFFECTIVE PERSON-CENTRED COMMUNICATION

(MINI-LECTURE)

7. Being non-judgemental and promoting dignity and respect

7. BEING NON-JUDGEMENTAL

(MINI-LECTURE)

- Health-care provider should try to remain non-judgmental **at all times**
- Even if the woman's views are different from their own

7. PROMOTING DIGNITY AND RESPECT

(MINI-LECTURE)

- **Always** treat patients with dignity and respect
- It is the health-care provider's **ethical duty** to do so

6. TIPS FOR REMAINING NON-JUDGEMENTAL

(MINI-LECTURE)

- **Do not pass judgment.** If you find yourself being judgmental, **stop** yourself
- Instead of judging, try to **understand**

6. TIPS FOR REMAINING NON-JUDGEMENTAL

(MINI-LECTURE)

- When asking sensitive questions, always **ask for the patient's permission** and make sure she is comfortable discussing the topic
 - "I would like to ask you a question about FGM. Would that be OK with you?"
 - "I wonder if we could spend a few minutes talking about FGM?"

TRAINING AID  13

PERSON-CENTRED COMMUNICATION FOR FGM PREVENTION (MINI-LECTURE)



WHAT IS PERSON-CENTRED COMMUNICATION (PCC) FOR FGM PREVENTION?

(MINI-LECTURE)

- A **counselling technique** designed to empower women to **reassess their beliefs on FGM** in order to **abandon the practice** for their daughter(s)
- For **health-care providers** like you
- It can be used during **any clinical encounter**, including **antenatal care**

KEY PRINCIPLES

(MINI-LECTURE)

1. FGM is a **medically unnecessary practice** that can severely harm girls' and women's health and well-being
2. People who support FGM may hold **beliefs and values that influence their attitudes** towards the practice

KEY PRINCIPLES (CONT)

(MINI-LECTURE)

3. To **change a behaviour**, women must first **reflect on** and **question** the **beliefs and values** that support the behaviour
4. **Decisions** made **by the woman** (rather than the health-care provider) are more likely to **determine** her **future decisions and behaviours**

PCC FOR FGM PREVENTION

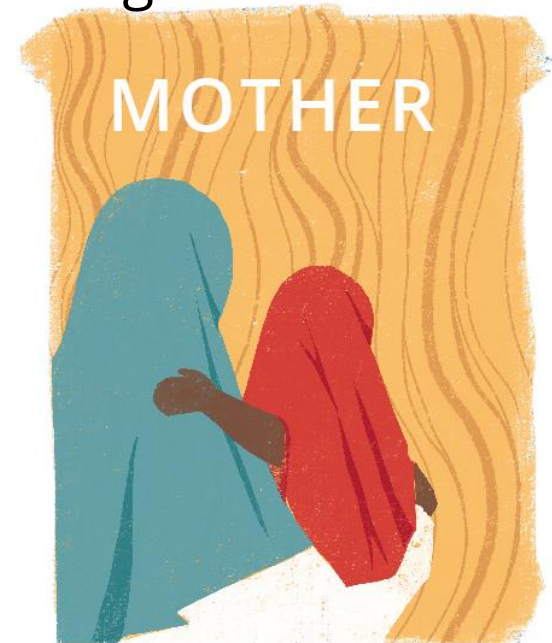
(MINI-LECTURE)

- Through this technique, the health-care provider encourages women to **explore** their **main reasons** for **supporting FGM**
- These reasons are then **contrasted with facts**

MAIN GOAL:

(MINI-LECTURE)

- To help women make **informed and voluntary decisions** regarding **FGM** for their daughters.



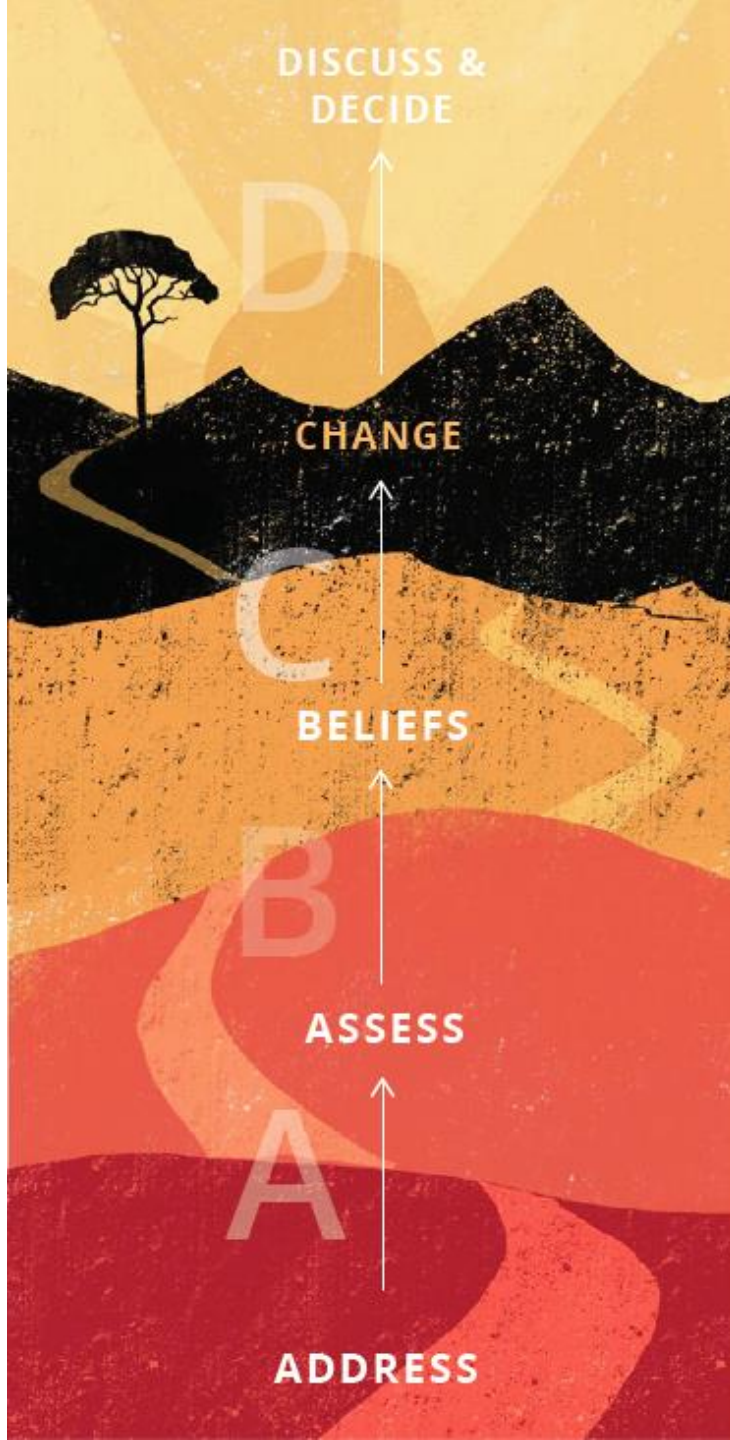
SPECIFIC OBJECTIVES:

(MINI-LECTURE)

1. Enable **discussion about FGM** between health-care providers and patients
2. Discuss **beliefs** about FGM and give **alternative facts**
3. Assist and **motivate** the woman to **abandon FGM** for her daughter
4. Plan and do **follow-up** as needed
5. **Refer to links** with outside agencies and organizations if available

THE 'ABCD' STEPS

- PCC for FGM prevention uses a **semi-structured interviewing technique**
- It has **four steps + closure**
- The steps are named **'A B C D'**



PCC FOR FGM PREVENTION

(MINI-LECTURE)

Following the ABCD steps, will allow you to:

- Discuss FGM with your patient/client
- Explore the reasons why she supports FGM
- Contrast these reasons with alternative facts
- Empower her to abandon FGM for her daughter(s).

PCC FOR FGM PREVENTION

- PCC for FGM prevention **uses the antenatal encounter or other routine visits** as a chance to start talking to patients/clients about their views on FGM and the reasons behind these
- **Health-care providers** have regular opportunities to provide PCC for FGM prevention

MOTIVATING WOMEN TO CHANGE

- The goal of the technique is **to tailor the conversation** to address each patient's/client's values and concerns
- The goal is also to **empower her** to make decisions to **stop FGM.**

PCC FOR FGM PREVENTION

(MINI-LECTURE)

Motivation to change comes from the women themselves and is not 'imposed' on them.

A FINAL NOTE

(MINI-LECTURE)

IMPORTANT!

Remember that, while respecting the patient's/client's perspective is important, the role of health care providers is to work towards stopping FGM.

TRAINING AID  14

THE ABCD TECHNIQUE IN DETAIL



A ADDRESS FGM



ADDRESS FGM

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

A ADDRESS FGM

1

*Welcome the woman in an
approachable way*

A ADDRESS FGM

1

Welcome the woman in an approachable way

"Hello Ms Okoye. Thank you for coming today"

"Please come in. Have a seat"

"My name is Amara and I am the nurse/midwife looking after you today"

"Was your journey here OK today?"

A ADDRESS FGM

2

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

A ADDRESS FGM

2

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

*"Have you heard of female genital cutting?
Can I ask you a few questions about this?"*

*"Do you know if you have been cut in
the genital area?"*

*"Have you had any kind of traditional or
cultural practice done on your genital area?"*

*"Were you cut (in the
genital area)?"*

A ADDRESS FGM

3

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

A ADDRESS FGM

3

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 or childbirth
- past experience of de-infibulation (reversing FGM) and/or re-infibulation
- psychological or sexual complications

A ASSESS



ASSESS

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

A ASSESS

1

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

A ASSESS

1

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

"I would like to ask you a question (some more questions) about FGM. Would this be OK with you?"

*"How do you feel about FGM/genital cutting?
Is this something girls should have done to them?
Do you think FGM should continue?"*

"Do you support the continuation of FGM?"

A ASSESS

if the patient thinks FGM should stop:

A ASSESS

if the patient thinks FGM should stop:

2a

Give positive reinforcement

"That's great that you do not support FGM!"

A ASSESS

if the patient thinks FGM should stop:

2a

Check whether the woman thinks she might have difficulty keeping her position towards ending FGM.

"If you have a daughter in the future, do you think it would be possible for you to decide not to cut her? Do you think you might have any difficulty sticking to your decision?"

A ASSESS

if the patient thinks FGM should stop:

2a

Check whether the woman thinks she might have difficulty keeping her position towards ending FGM.

If YES, move to step “Discuss and decide”; and

A ASSESS

if the patient thinks FGM should stop:

2a

before ending the conversation, and moving to the next part of the antenatal consultation, remind her that she can come back for support at any time and give a phone number if available

"If you would like to discuss anything else about FGM or your pregnancy, please come back to the clinic. We are always available for you."

"Just in case you need any support, here is a number that you could call."

A ASSESS

*If the patient is unsure or thinks
FGM should continue*

A ASSESS

*If the patient is unsure or thinks
FGM should continue*

2b

Ask the woman what her reasons are for supporting FGM

"Thanks for sharing this with me. I would like to try and find out why you feel FGM should continue. Can we talk about this for a minute?"

"I wonder if we could spend a few more minutes talking about FGM. Could you tell me some of the reasons why you think it is important for girls to be cut?"

"If it is OK with you, can you tell me your own experience with FGM?"

"Are there any specific reasons why you think it's important that girls have FGM?"

A ASSESS

3

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

A ASSESS

3

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

"Let me see if I can summarize what you just said. The main reasons why you think girls should be cut are..."

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

B BELIEFS



BELIEFS

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

B BELIEFS

1

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

B BELIEFS

1

*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 genital cutting should continue ..."

"However, did you know that many of the reasons given by community members for supporting FGM are ideas passed on from generation to generation in a community, without anyone ever questioning them? We can call these 'beliefs'."

B BELIEFS

2

Contrast the woman's reasons for supporting FGM with facts

"I would like to share some interesting facts about beliefs with you. For example ..."

B BELIEFS

2

Contrast the woman's reasons for supporting FGM with facts

"I would like to share some interesting facts about beliefs with you. For example ..."

EXAMPLE 1: IF THE WOMAN MENTIONS HONOUR ...

"This is interesting, so if I understand correctly, you see FGM as the only way to ensure your daughter becomes a respectable woman. This is a very important issue. Would it be OK if we discussed this a bit?"

In fact, for a girl to grow up to become a respectable woman, her upbringing is the most important thing. If at home she receives the correct values, she will become a respectable girl"

"Do you know girls who have had premarital sex in your community? If so, what does this tell you? Even girls who have had parts of their genitals removed or have been closed up can still have premarital sex. FGM does not really prevent this from happening!"

B BELIEFS

2

Contrast the woman's reasons for supporting FGM with facts

"I would like to share some interesting facts about beliefs with you. For example ..."

EXAMPLE 2: IF THE WOMAN MENTIONS RELIGION ...

"... you mentioned religion as an important reason for cutting your daughter. Let's focus on religion for a minute. Would that be OK?"

Did you know that FGM is not mentioned in religious texts such as the Koran or the Bible?

In fact, many religious leaders think this tradition should end?"

B BELIEFS

2

Contrast the woman's reasons for supporting FGM with facts

"I would like to share some interesting facts about beliefs with you. For example ..."

EXAMPLE 2: IF THE WOMAN MENTIONS RELIGION ...

"... you mentioned religion as an important reason for cutting your daughter. Let's focus on religion for a minute. Would that be OK?"

Did you know that FGM is not mentioned in religious texts such as the Koran or the Bible?

In fact, many religious leaders think this tradition should end?"

EXAMPLE 3: IF THE WOMAN MENTIONS THE IMPORTANCE OF FGM AS A RITE OF PASSAGE ...

"Did you know that there are communities who have successfully agreed to use alternative rites of passage that do not include any cutting, but that celebrate a girl's passage to womanhood?"

Rites of passage can take many forms. The pride and celebration of culture doesn't have to mean harming girls"

B BELIEFS

3

Ask her how she feels about what you have just discussed

(This should be done after discussing each reason)

B BELIEFS

3

Ask her how she feels about what you have just discussed

(This should be done after discussing each reason)

"How does this make you feel?"

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

C CHANGE



CHANGE

Explore the possibility of change

C CHANGE

1

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

C CHANGE

1

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

“Before we end the conversation, I would like to take a minute to discuss change with you. Would this be OK?”

“Sometimes, when we take a closer look at our beliefs and we see them from a different angle – like we did today – we may consider changing them. I would like to invite you to reflect on this and on the things we discussed today about FGM.”

C CHANGE

1

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

"Before we end the conversation, I would like to take a minute to discuss change with you. Would this be OK?"

"Sometimes, when we take a closer look at our beliefs and we see them from a different angle – like we did today – we may consider changing them. I would like to invite you to reflect on this and on the things we discussed today about FGM."

"Change, and changing our beliefs, is possible, even if these are long-held beliefs. Change is especially possible if, after thinking again about some of our beliefs about these traditions, we decide that we no longer support them."

C CHANGE

1

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

"Before we end the conversation, I would like to take a minute to discuss change with you. Would this be OK?"

"Sometimes, when we take a closer look at our beliefs and we see them from a different angle – like we did today – we may consider changing them. I would like to invite you to reflect on this and on the things we discussed today about FGM."

"Change, and changing our beliefs, is possible, even if these are long-held beliefs. Change is especially possible if, after thinking again about some of our beliefs about these traditions, we decide that we no longer support them."

"A good example of this is FGM. Today, we discussed other aspects of it – new points of view."

C CHANGE

If the woman does not appear open to change or needs more time to think about this ...

C CHANGE

If the woman does not appear open to change or needs more time to think about this ...

2

... invite her to think about what was discussed and remind her that the role of health-care providers is to promote the end of FGM

C CHANGE

If the woman does not appear open to change or needs more time to think about this ...

2

... invite her to think about what was discussed and remind her that the role of health-care providers is to promote the end of FGM

"As health-care providers who care about your well-being and the well-being of the community, we promote the end of FGM."

C CHANGE

3

Ask her how she feels about what you have just discussed

C CHANGE

3

Ask her how she feels about what you have just discussed

"How does this make you feel?"

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

D DISCUSS AND DECIDE



DISCUSS AND DECIDE

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

D DISCUSS AND DECIDE

1

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

D DISCUSS AND DECIDE

1

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

"Before we end the consultation, 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?"

"Perhaps someone in your family, a close friend or a community member who you know thinks FGM should end?"

D DISCUSS AND DECIDE

1

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

"Before we end the consultation, 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?"

"Perhaps someone in your family, a close friend or a community member who you know thinks FGM should end?"

"If you were to consider not cutting your daughter, what could pressure you to do it? Who would you need to talk to about this decision to make it a reality? Who is the person who decides if your daughter will be cut? Is it perhaps your mother? Or your mother-in-law? Or your husband?"

D DISCUSS AND DECIDE

1

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

"Before we end the consultation, 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?"

"Perhaps someone in your family, a close friend or a community member who you know thinks FGM should end?"

"If you were to consider not cutting your daughter, what could pressure you to do it? Who would you need to talk to about this decision to make it a reality? Who is the person who decides if your daughter will be cut? Is it perhaps your mother? Or your mother-in-law? Or your husband?"

"Are there any community or religious leaders you could approach for help or support?"

"Who or what else may help you?"

D DISCUSS AND DECIDE

2

Document key findings

CLOSURE

CLOSURE

Follow-up and referrals

CLOSURE

1

*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"*

CLOSURE

1

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

2

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

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

TRAINING AID  17

PROFESSIONAL ETHICS

(MINI-LECTURE)



PROFESSIONAL ETHICS

(MINI-LECTURE)

Professional ethics are principles that guide the behaviour of professionals.

PROFESSIONAL ETHICS: EXAMPLES

(MINI-LECTURE)

- Professional ethics also exist in health care, such as
 - maintaining confidentiality of the patient
 - showing respect for patients, regardless of their cultural background, socioeconomic status or religion
 - the principle of '**doing no harm**'

PROFESSIONAL ETHICS

(MINI-LECTURE)

- Ethics are **distinct from laws**, but both must be respected
- Most countries have a **professional body** that governs health professionals to **maintain the ethical standards** of each profession

PROFESSIONAL ETHICS

(MINI-LECTURE)

If health care professionals perform FGM they violate professional ethics and cause harm to girls and women.

