





# TRAINING AIDS

**TRAINING AID**  2 Flip chart poster with diagram of the unaltered female genitalia


**TRAINING AID**  3 Handout of four types of FGM

**TRAINING AID**  6 Semi-scripted role play handout


**TRAINING AID**  9 Handout with example dialogues

**TRAINING AID**  12 Myth or truth game

**TRAINING AID**  15 Handout with ABCD steps

**TRAINING AID**  16 Situation cards with beliefs about FGM

**TRAINING AID**  18 Pre-printed ethics statements plus response sheets

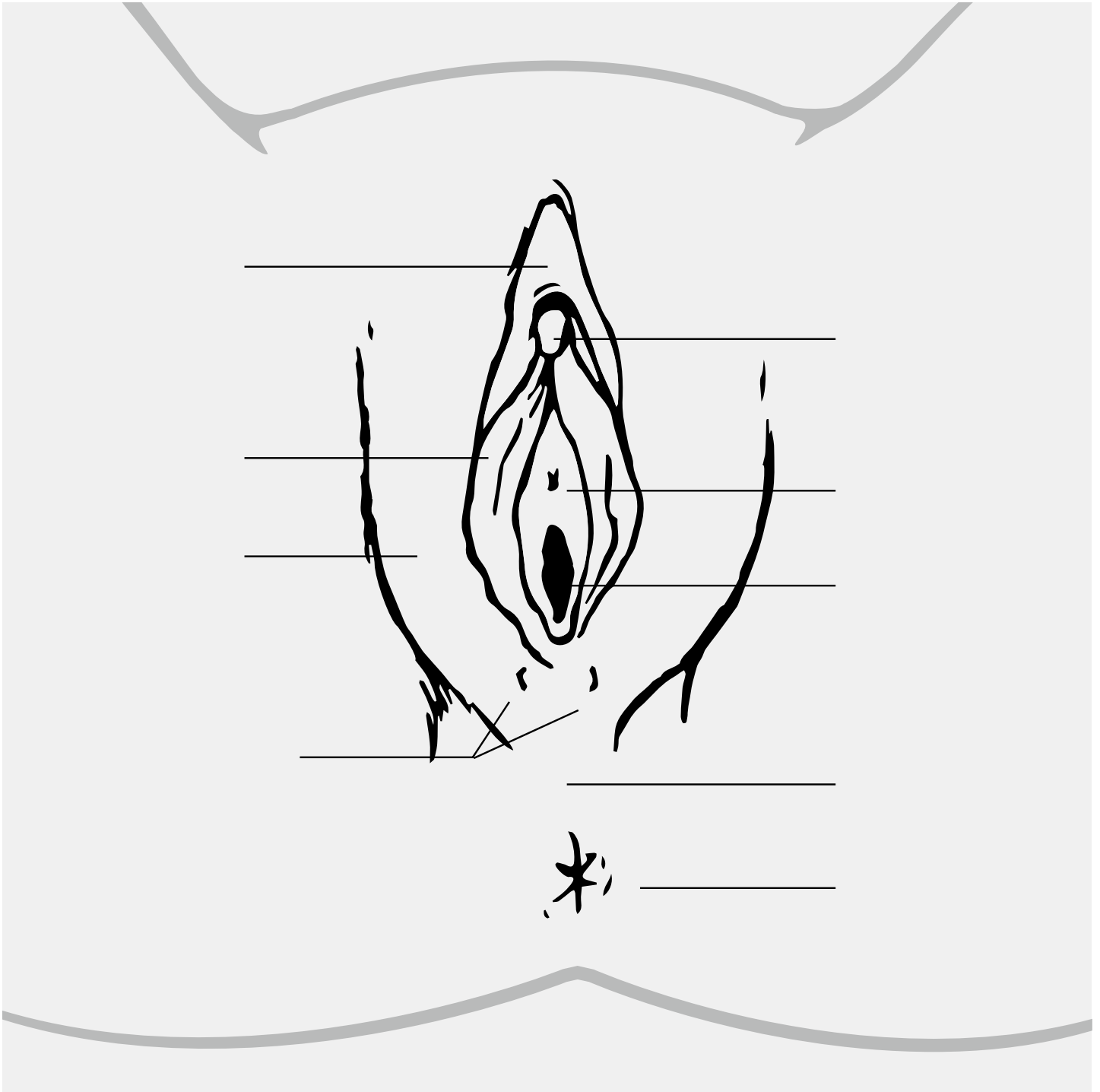
**TRAINING AID**  19 Handout with role play script

## TRAINING AID

# FLIP CHART POSTER WITH DIAGRAM OF THE UNALTERED FEMALE GENITALIA

Print and enlarge the diagram on the right for use as a poster during Activity 4.1

## UNALTERED FEMALE GENITALIA



## TRAINING AID

# HANDOUT OF THE FOUR TYPES OF FGM

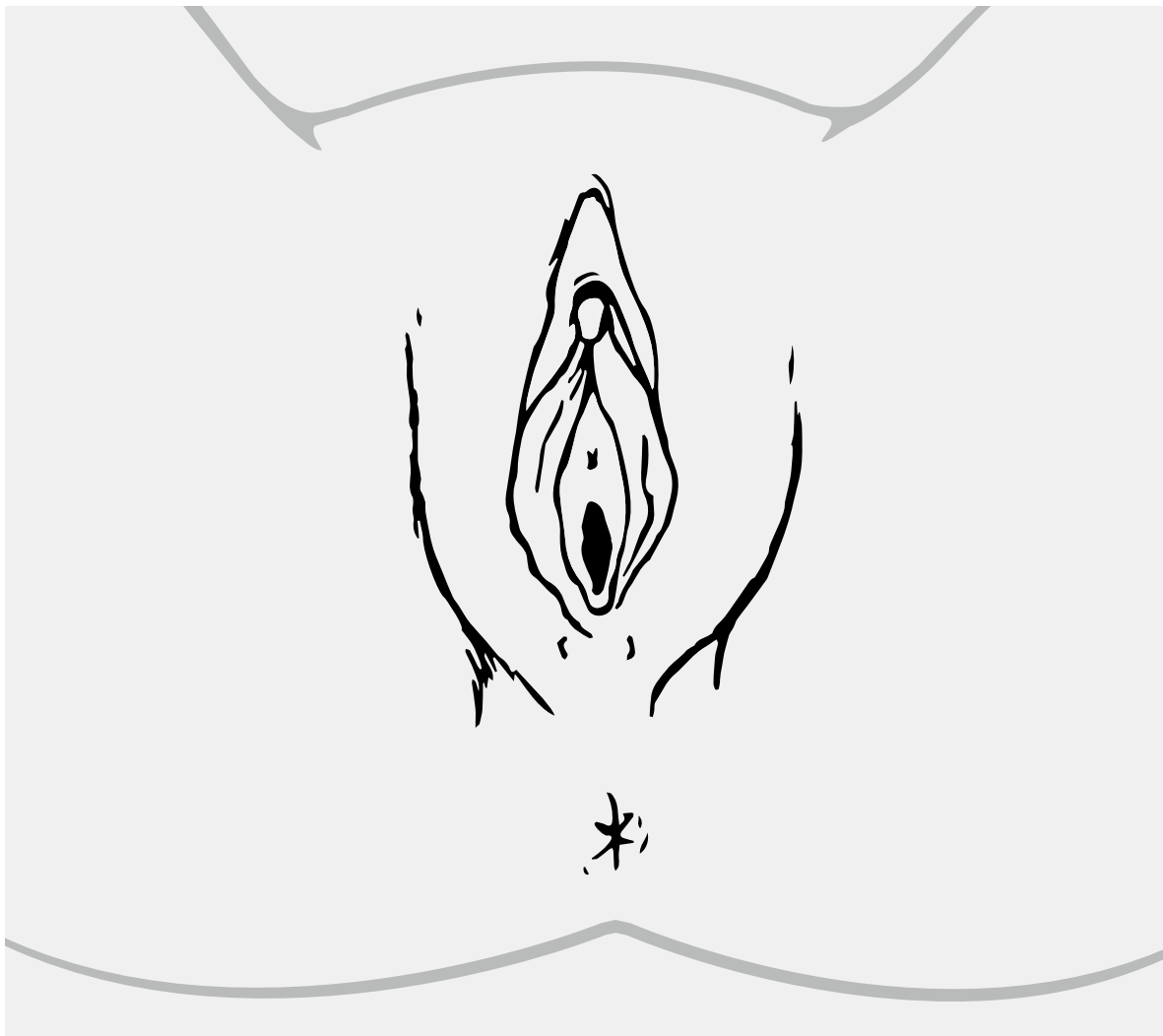
Each participant should receive a copy of Training Aid 3 (6 pages in total) for use during Activity 4.2.

*The training aid is available in both **color** (pp. 171-176) or in **black and white** (pp. 177-182).*

TRAINING AID  3

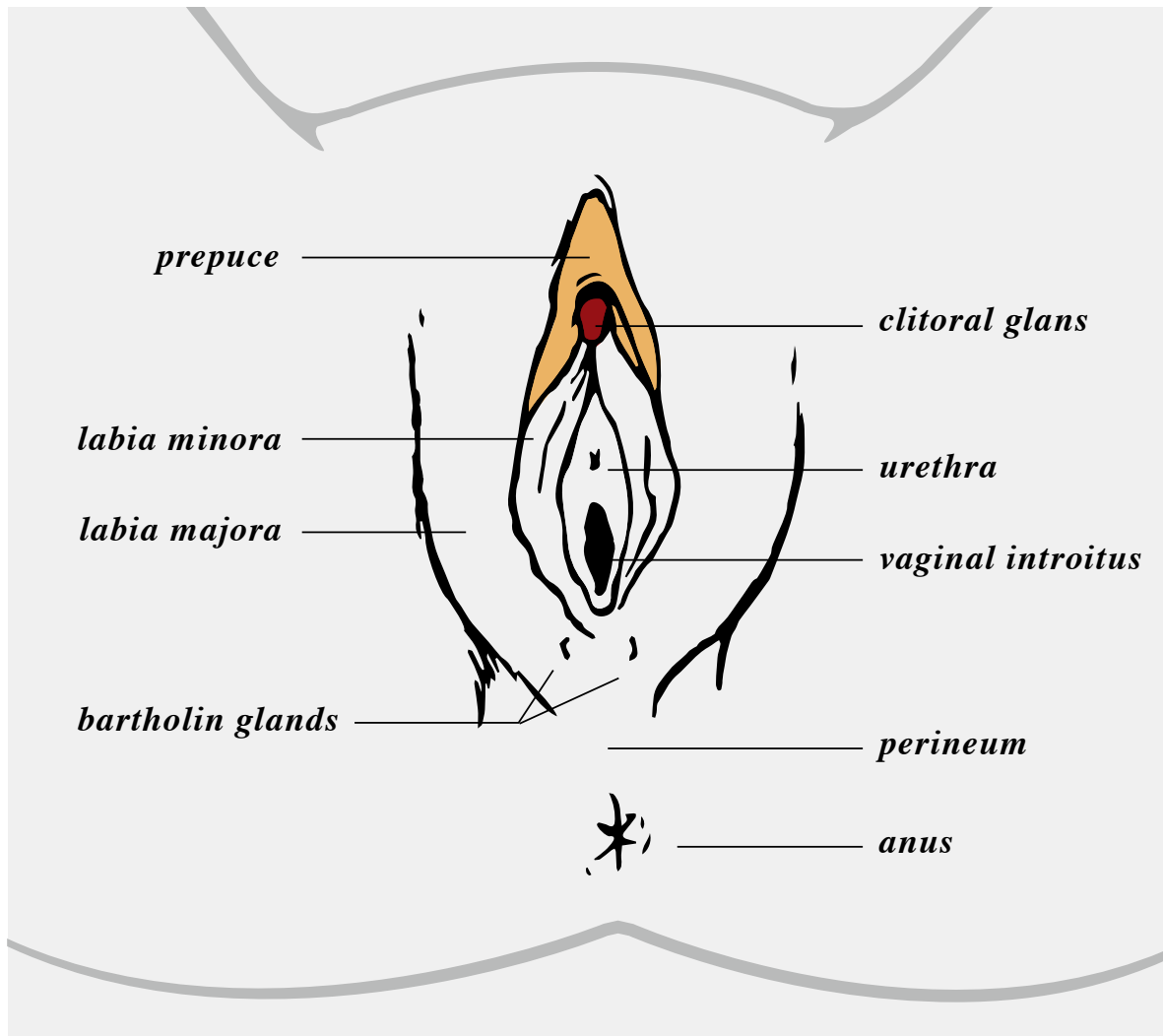
# THE FOUR TYPES OF FGM

## UNALTERED FEMALE GENITALIA



## **TYPE I**

Partial or total removal of the clitoral glans (clitoridectomy) and/or the prepuce

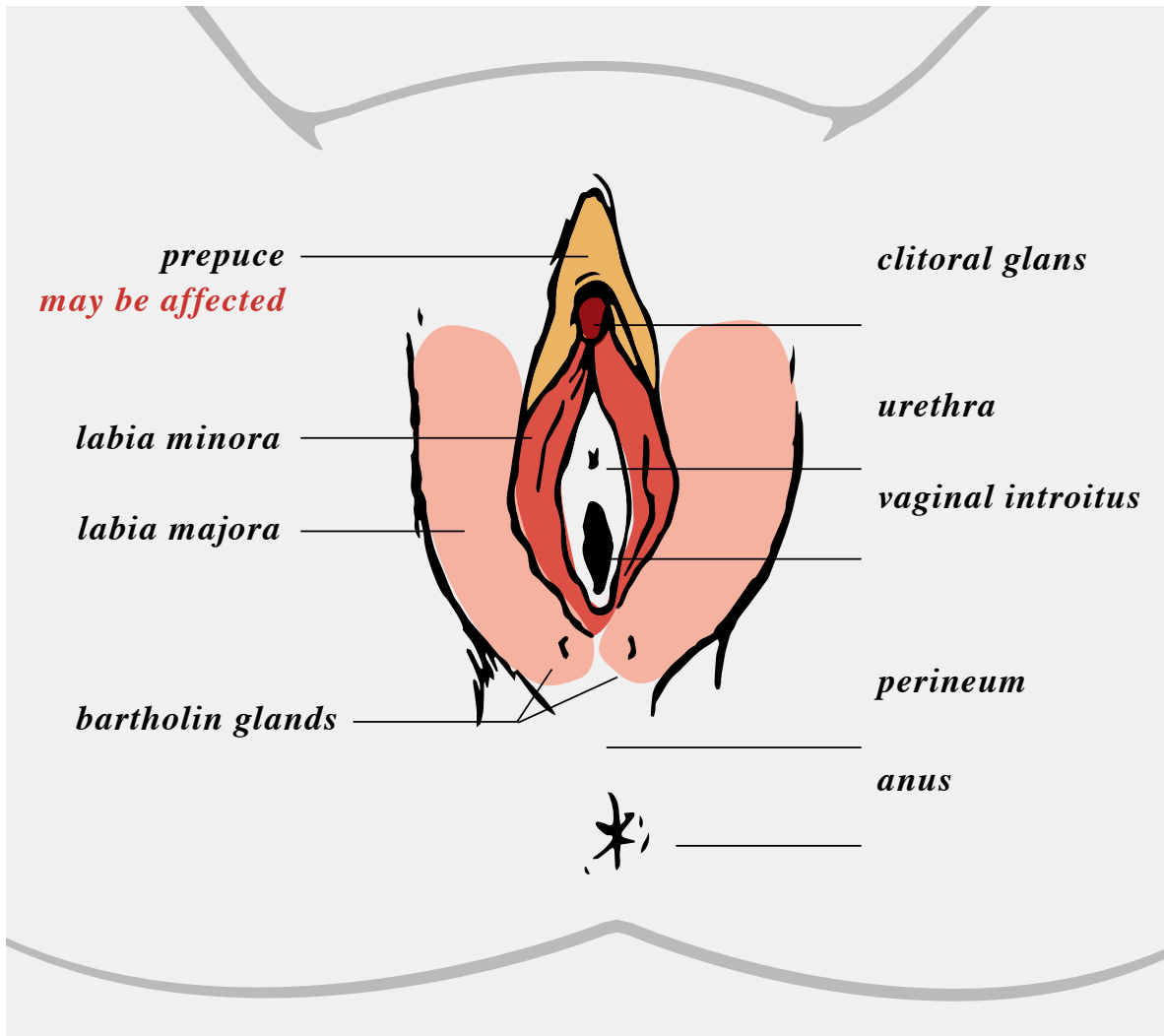


■ **Type Ia:** removal of the prepuce/clitoral hood (circumcision)

■ + ■ **Type Ib:** removal of the clitoral glans with the prepuce (clitoridectomy)

## TYPE II

Partial or total removal of the clitoral glans and the labia minora, with or without excision of the labia majora (excision)



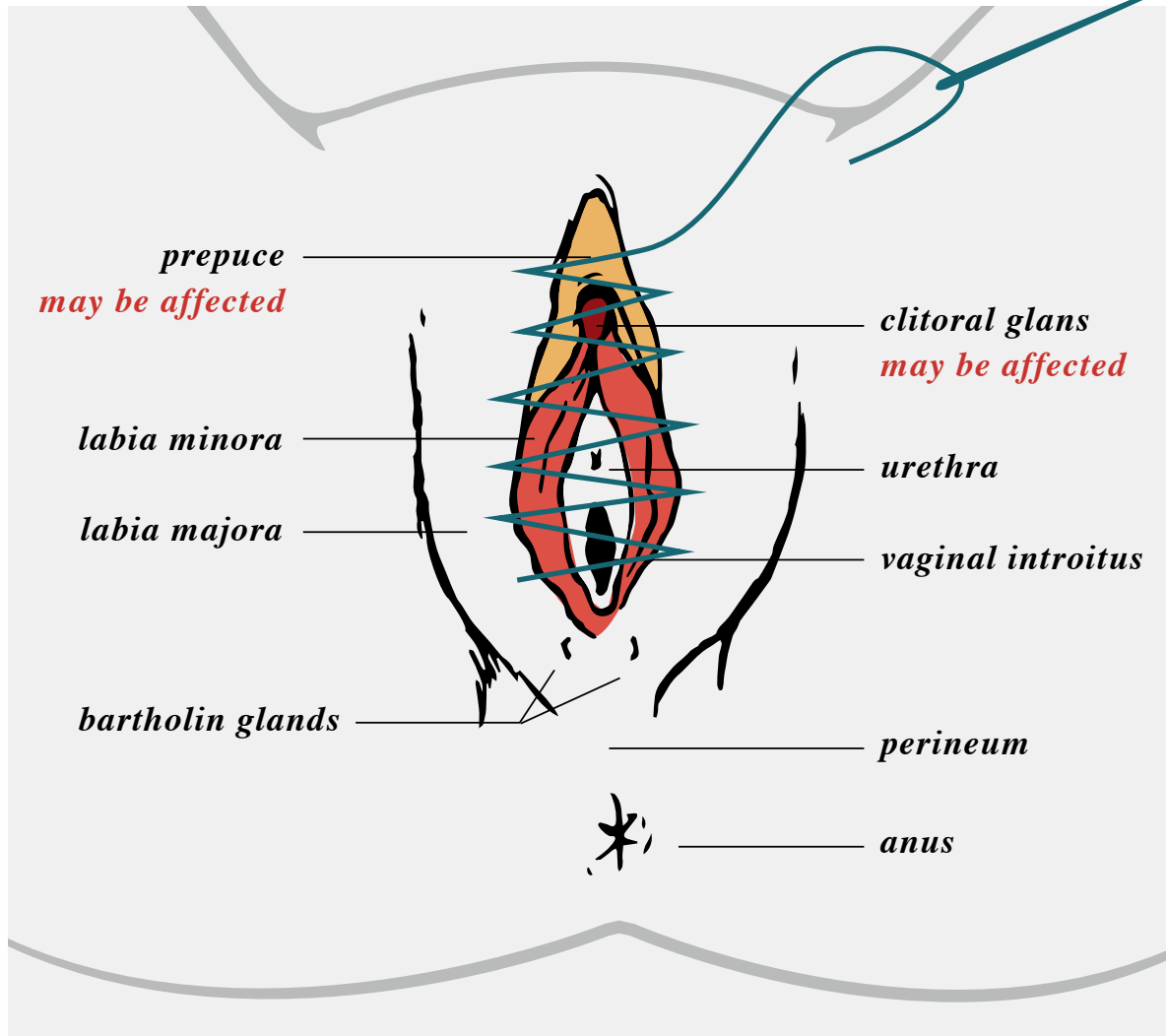
■ **Type IIa:** removal of the labia minora only

■ + ■ + ■ **Type IIb:** partial or total removal of the clitoral glans and the labia minora (*prepuce may be affected*)

■ + ■ + ■ + ■ **Type IIc:** partial or total removal of the clitoral glans, the labia minora and the labia majora (*prepuce may be affected*)

## TYPE III

Narrowing of the vaginal opening with the creation of a covering seal by cutting and appositioning the labia minora or labia majora with or without excision of the clitoral prepuce and glans (infibulation)

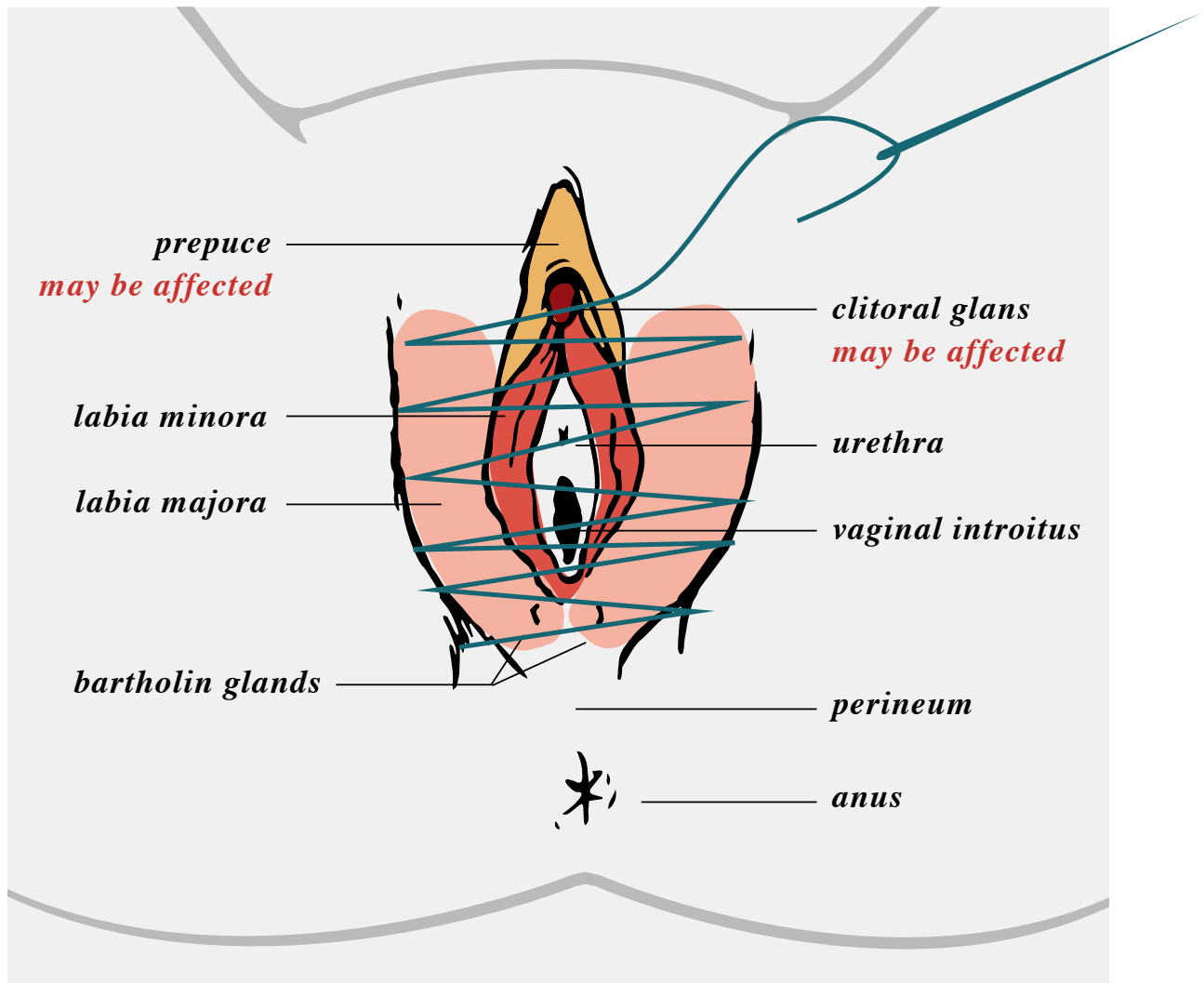


Type IIIa: ■ + ■ + ■ + appositioning of the labia minora



## **TYPE III**

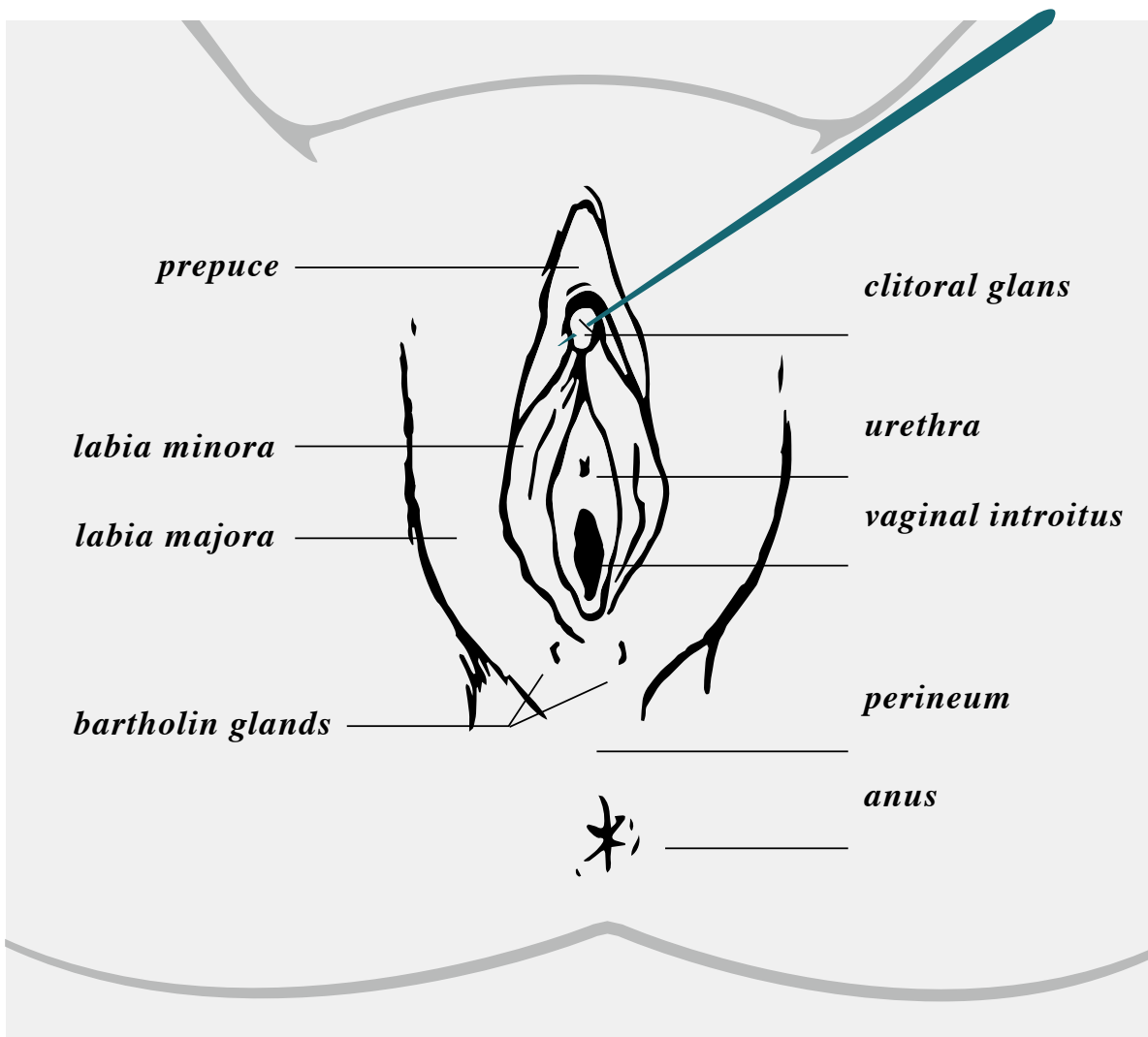
Narrowing of the vaginal opening with the creation of a covering seal by cutting and appositioning the labia minora or labia majora with or without excision of the clitoral prepuce and glans (infibulation)



**Type IIIb:** ■ + ■ + ■ + ■ + appositioning of the labia majora

## **TYPE IV**

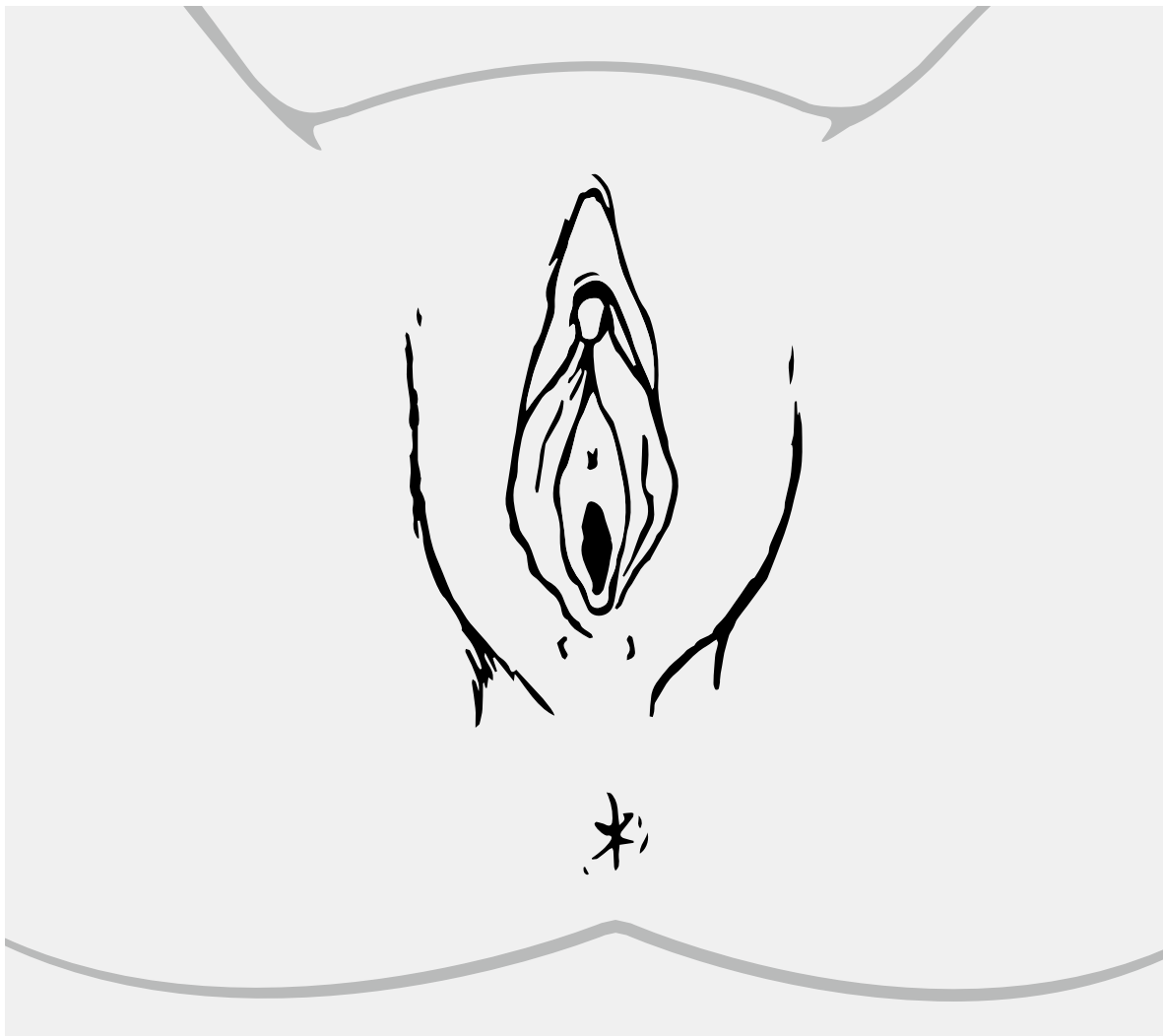
All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization



TRAINING AID **3**

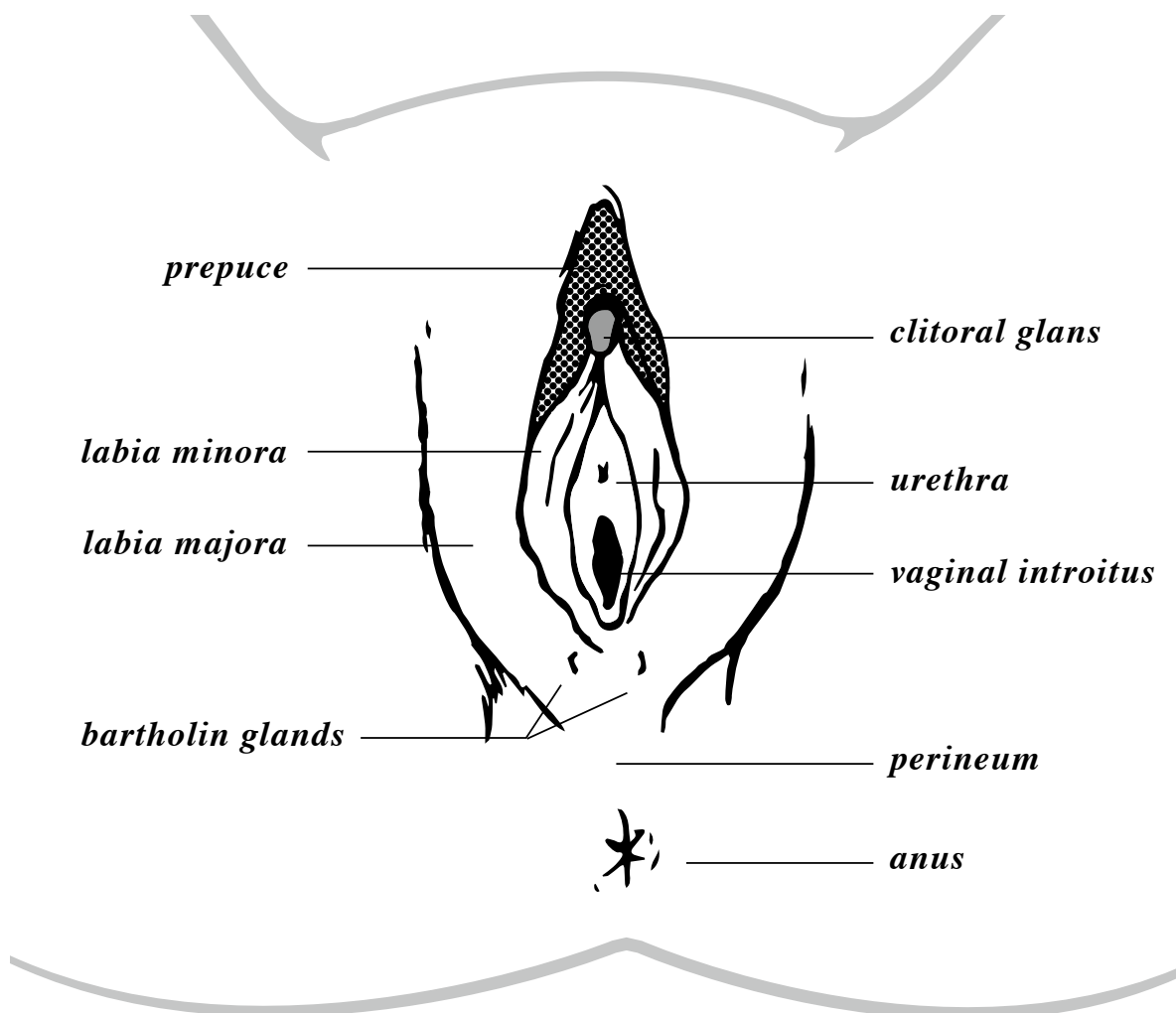
# THE FOUR TYPES OF FGM

## UNALTERED FEMALE GENITALIA



## TYPE I

Partial or total removal of the clitoral glans (clitoridectomy) and/or the prepuce

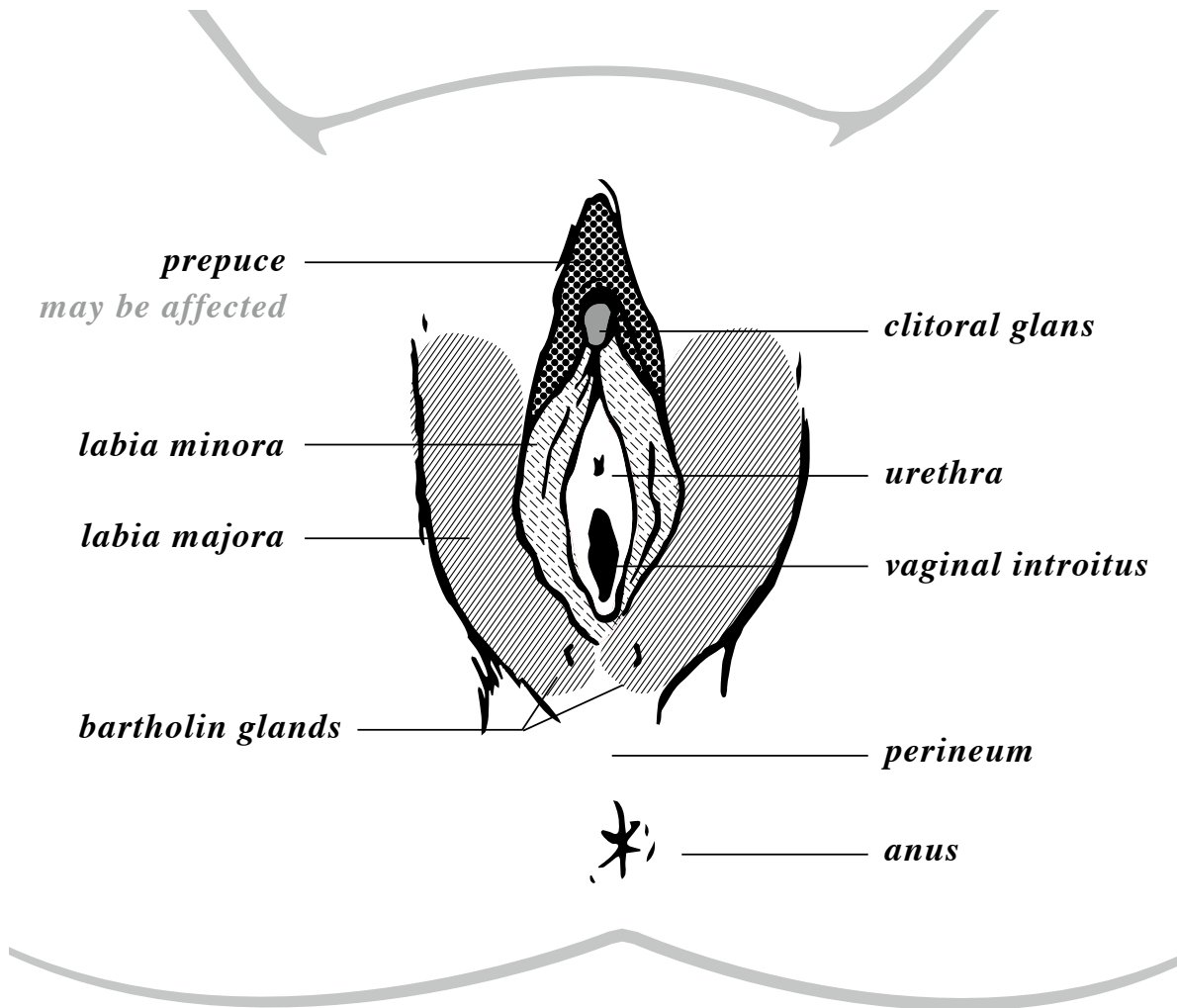



▣ **Type Ia:** removal of the prepuce/clitoral hood (circumcision)




▣ + ▣ **Type Ib:** removal of the clitoral glans with the prepuce (clitoridectomy)





## TYPE II

Partial or total removal of the clitoral glans and the labia minora, with or without excision of the labia majora (excision)



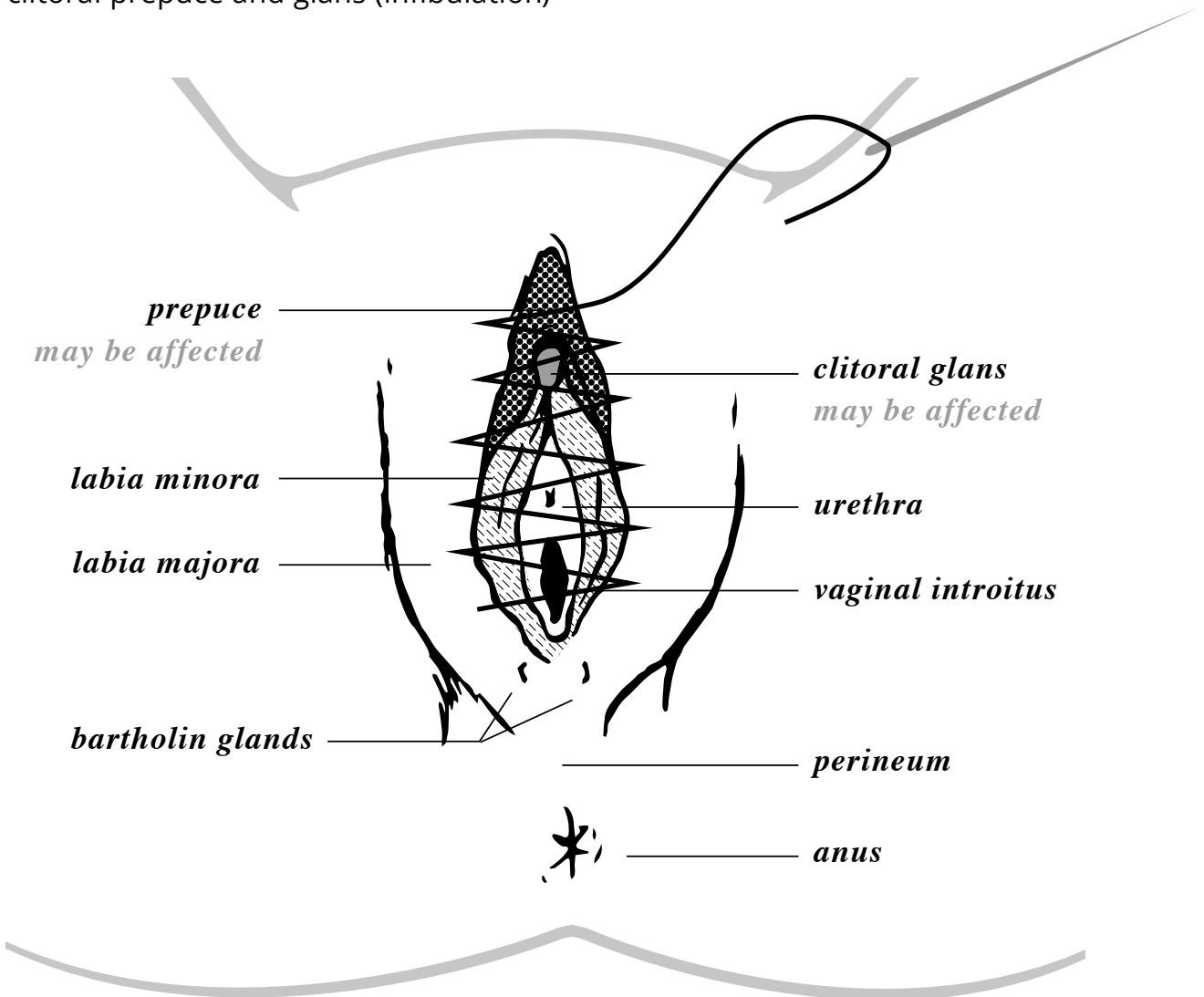
 **Type IIa:** removal of the labia minora only




 +  +  **Type IIb:** partial or total removal of the clitoral glans and the labia minora  
(*prepuce may be affected*)

 +  +  +  **Type IIc:** partial or total removal of the clitoral glans, the labia minora and the labia majora (*prepuce may be affected*)

## TYPE III

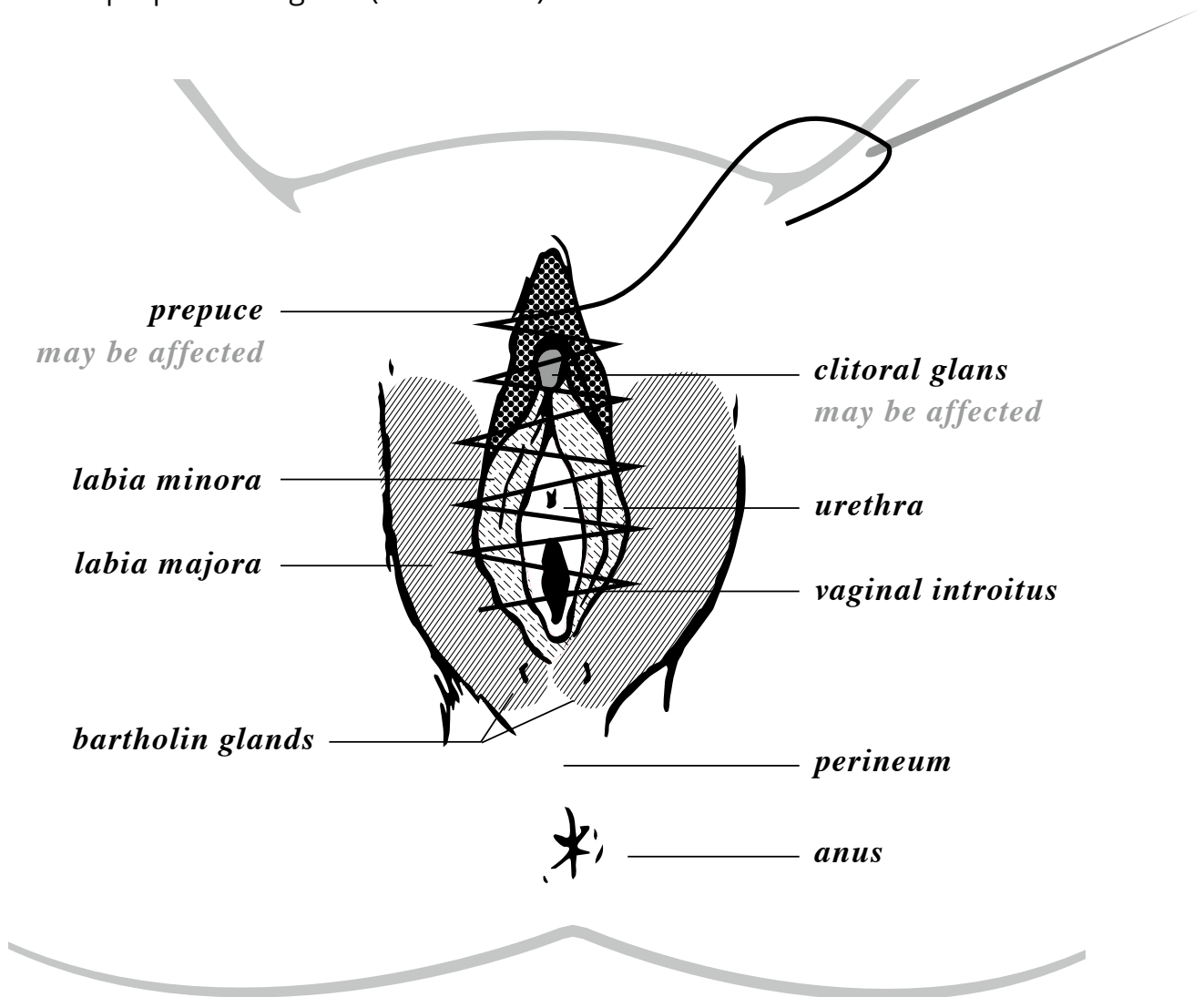
Narrowing of the vaginal opening with the creation of a covering seal by cutting and appositioning the labia minora or labia majora with or without excision of the clitoral prepuce and glans (infibulation)



Type IIIa:  +  +  + appositioning of the labia minora

## **TYPE III**

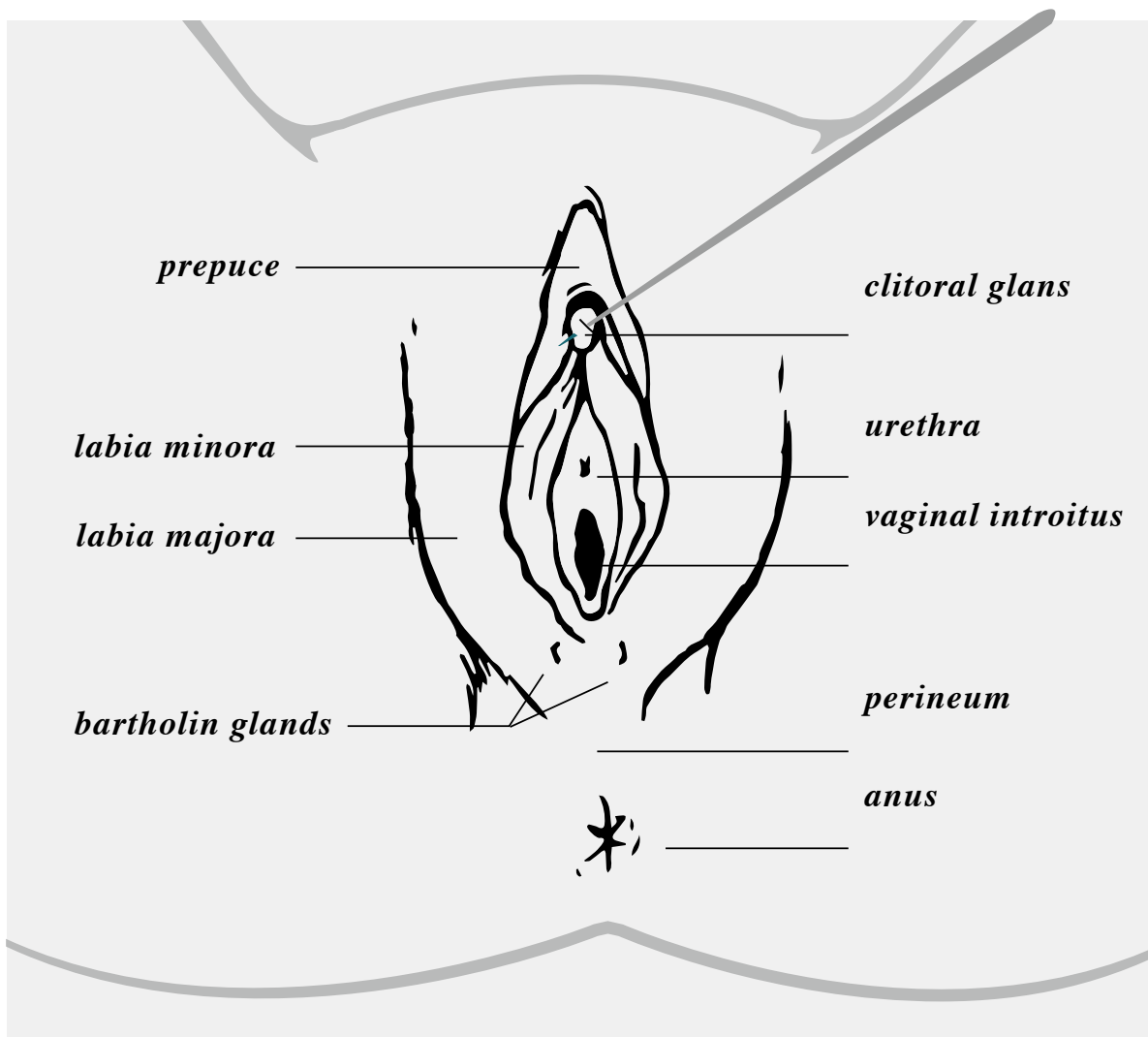
Narrowing of the vaginal opening with the creation of a covering seal by cutting and appositioning the labia minora or labia majora with or without excision of the clitoral prepuce and glans (infibulation)



**Type IIIb:** [diagonal lines] + [solid black] + [cross-hatch] + [horizontal lines] + appositioning of the labia majora

## **TYPE IV**

All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization







## TRAINING AID

# SEMI-SCRIPTED ROLE PLAY HANDOUT

Print two copies of Training Aid 6 for use during Activity 5.2.  
Make sure you print both role plays (1 and 2).

TRAINING AID  6**SEMI-SCRIPTED ROLE PLAY 1**

- A pregnant woman comes to an antenatal clinic because she has noticed that her baby is moving less.
- A midwife calls her to the consultation room.
- Without introducing herself, the midwife looks at the medical record and notices that the patient has missed several antenatal visits.
- The woman explains that she had been feeling well up until now and that she did not see the need to come to the clinic.
- The midwife, using an unfriendly tone, tells her that she has been an irresponsible mother by not coming, and that she must not skip any more visits.
- The woman responds that she thought that antenatal visits were only for mothers who had a problem during pregnancy.
- The midwife responds that antenatal visits are for all women and that she should “follow the instructions of those who know more about these things”.
- The patient leaves feeling very worried.



## SEMI-SCRIPTED ROLE PLAY 2



- A pregnant woman comes to an antenatal care clinic because she has noticed that her baby is moving less.
- A midwife calls her to the consultation room.
- After introducing herself, the midwife asks the patient how she is feeling.
- The patient responds that she is feeling well.
- The midwife looks at the medical record and notices that the patient has missed several antenatal visits.
- She asks the patient why she has not attended the visits.
- The woman responds that she had been feeling well up until now and that she did not see the need of coming to the clinic.
- The midwife tells her that antenatal visits are important, both for her and her baby.
- The woman responds that she thought that antenatal visits were only for mothers who had a problem during pregnancy.
- The midwife says that antenatal visits are for all women, not only for women who have complications during pregnancy. It allows the midwife to detect potential complications at an early stage and to treat them. Overall, they make the pregnancy safer for the mother and the baby.
- The midwife then asks her if there are any other reasons why she has not been able to attend.
- The patient explains that, sometimes, because she needs to travel far, she skips visits that are too early in the morning.
- The midwife tells her that she can request an afternoon appointment next time.
- The patient says that she thinks this may be a good idea and thanks the midwife.
- They both say goodbye and the patient leaves the room with a peaceful look on her face.



## TRAINING AID

### **HANDOUT EXAMPLE DIALOGUES**

Print four copies of Training Aid 9 for use during Activity 6.4.  
Make sure you print both dialogues (A and B).

TRAINING AID  9**EXAMPLE DIALOGUE A***Example of a 'provider-centred' dialogue*

A woman comes to the health facility because she has had lower back pain for a few weeks.



The nurse calls her into the consultation room. When she enters, the nurse seems quite busy and neither greets her nor introduces herself to the patient. Without even asking the patient's name, the nurse asks her straightaway what brings her to the health facility. The woman, who seems a little nervous, explains she has had pain but has difficulties in explaining what kind of pain it is and where she feels it. The nurse seems a little irritated that the woman cannot provide more details and decides to examine the patient without explaining what she will do.

During the examination, the patient, who feels very uncomfortable, tells the nurse that she is worried she may have kidney problems. The nurse dismisses the woman's idea and tells her 'not to worry so much about these things'. Without sharing the results of the physical examination, the nurse tells the patient that she will give her pain killers and that this should be enough for now. Without asking the woman if she has any questions, she tells her the consultation is over and asks her to call the next patient when she leaves.

**EXAMPLE DIALOGUE A:**

**NURSE:** Hello, what brings you here today? [The nurse/midwife does not introduce herself, look at the patient nor does she ask the woman's name.]

**WOMAN:** Hello. Well, I have been feeling a lot of pain in the past few weeks.

**NURSE:** Where do you feel the pain?

**WOMAN:** Well, it is hard to explain. [The woman sounds a little unsure.]

**NURSE:** But you can surely tell me what part of your body hurts, right?

**WOMAN:** think it's my back, but...

**NURSE:** Can you tell me what part of your back?

**WOMAN:** It is the lower back.

*Continued on next page*

## EXAMPLE DIALOGUE A

*continued...*

**NURSE:** OK, let me have a look. [The nurse examines the patient's lower back.]

**WOMAN:** I was a little worried it could be something else – like my kidneys”  
[The woman sounds worried.]

**NURSE:** Your kidneys? Why do you mention that?

**WOMAN:** Well, it's just that I heard it could be that also and I have felt a little worried.

**NURSE:** Your kidneys! Have you had kidney problems before?

**WOMAN:** No, it's just that I was worried...

**NURSE:** I see. So how long have you had the back pain?

**WOMAN:** More than a month now.

**NURSE:** OK, let's see if with pain medication you feel better and then we'll go from there. [The nurse starts getting up and seems a little in a hurry.]

**WOMAN:** OK. It's just that I'm a little worried because...

**NURSE:** No need to worry. I am sure you'll be fine.

**WOMAN:** OK. Thank you. [The woman leaves looking a little uneasy.]



## TRAINING AID 9

### EXAMPLE DIALOGUE B

#### *Example of a 'person-centred' dialogue*

A pregnant woman comes to the health facility because she has had lower back pain for a few weeks. The nurse calls her to enter the consultation room. When she enters, the nurse stands up, introduces herself and warmly greets the patient. After asking the patient's name, the nurse asks her if the journey to the health facility had been OK.

The nurse then asks the patient how her pregnancy is going. The patient explains that the pregnancy has been going well but lately she has been feeling back pain. The nurse acknowledges this by saying 'I see, you feel pain in your lower back. Anything else you have noticed?'. The woman says that she has also been having sleep problems because she is worried. The nurse invites her to further explain why she is worried. The woman answers that her husband has lost his job. The nurse once again acknowledges the woman's concerns and tells her that she will give her something for her back pain so she can sleep better.

Before bringing the consultation to an end, the nurse asks the patient if she has any questions and invites her to come back if the pain continues. The patient thanks the nurse and leaves the room.

#### EXAMPLE DIALOGUE B:

**NURSE:** Hello, Ms Okoye. My name is Amara. Please take a seat.  
[The nurse or midwife offers her a chair.]

**WOMAN:** Hello. Thank you.

**NURSE:** Did it take you long to get here today?

**WOMAN:** No, it was alright. I only waited 10 minutes for the bus and there were no delays.

**NURSE:** Oh, that's great. So, I see that this is your first antenatal consultation. Can you tell me a little bit about how your pregnancy is going?

**WOMAN:** Until now the pregnancy is going well.

*Continued on next page*

## EXAMPLE DIALOGUE B

*continued...*

**NURSE:** That's good. Do you have any issues or questions? I know this is your second baby but not all pregnancies are the same!

**WOMAN:** Well, in fact I have felt a lot of back pain these past few weeks. Especially when I am lying down.

**NURSE:** I see. Apart from the back pain, anything else you have been experiencing?

**WOMAN:** I also have had some trouble sleeping these past few weeks.

**NURSE:** So, difficulty falling asleep and back pain that you feel when lying down. Anything else?

**WOMAN:** No, that's it in fact. Except that I am a little worried about my husband who just lost his job.

**NURSE:** Right. You are worried about your husband. I imagine how that can be. Especially with a new baby on the way.

**WOMAN:** Yes, it has been difficult for us.

**NURSE:** I understand. Let's start by seeing what we can do about the back pain, because that will allow you to sleep better. Does that sound OK to you?

**WOMAN:** Yes, I think that might help me get a good night's sleep.

## TRAINING AID 12

### MYTH OR TRUTH GAME

Print and cut-out the cards on the following pages to use during Activity 7.2.

On the back of each card fill in the corresponding answer (True or False) using Table 7.2.1.



*“FGM has no health benefits.”*

*“Women who have had FGM  
can enjoy sex.”*

*“FGM has health benefits  
for the baby.”*

ACTIVITY 7.2

TRAINING AID   
**MYTH OR TRUTH GAME**



Answer: \_\_\_\_\_

Answer: \_\_\_\_\_

Answer: \_\_\_\_\_

Answer: \_\_\_\_\_

*“If a girl is not cut, she will not find a husband and marry.”*

*“Girls who do not have FGM cannot enter womanhood and become respectable women.”*

*“FGM helps to ensure a women’s faithfulness/ensures women will not have extramarital sex.”*

*“By removing the clitoris, girls will not have premarital sex.”*

Answer: \_\_\_\_\_

Answer: \_\_\_\_\_

Answer: \_\_\_\_\_

Answer: \_\_\_\_\_



*“If FGM is done by a health-care professional, there is no long-term physical damage.”*

*“FGM is no different from voluntary medical male circumcision (VMMC).”*

*“If a girl is not cut, she will not find a husband and marry.”*

*“If a woman is deinfibulated (closure reversed), the baby may fall out during pregnancy.”*

Answer: \_\_\_\_\_

Answer: \_\_\_\_\_

Answer: \_\_\_\_\_

Answer: \_\_\_\_\_

*“If the clitoris is not removed,  
it can hurt the baby during  
delivery.”*

*“A woman who is not cut  
cannot become pregnant.”*

*“FGM makes women silent  
and compliant.”*

*“If the clitoris is not cut,  
it will grow and may look like  
a male penis.”*

Answer: \_\_\_\_\_

Answer: \_\_\_\_\_

Answer: \_\_\_\_\_

Answer: \_\_\_\_\_



## TRAINING AID 15

### **HANDOUT WITH ABCD STEPS**

Each participant should receive a copy of Training Aid 15 (6 pages in total) for use during Activity 8.2

TRAINING AID  15

# THE **ABCD** OF PERSON-CENTRED COMMUNICATION FOR FGM PREVENTION



# ADDRESS FGM

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

1

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

*"Hello Ms Okoye. Thank you for coming today"*

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

*"Please come in. Have a seat"*

*"Was your journey here OK today?"*

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)?"*

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

*"Some women who have undergone the type of genital cutting you have experience symptoms such as... Do you have any of these problems?"*



# ASSESS

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

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?"

**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?"

"Can you share with me some of the reasons why you think why FGM is important for girls?"

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..."

2a

**Patient thinks FGM should stop:**

- give positive reinforcement
- check whether the woman thinks she might have difficulty keeping her position towards ending FGM. If yes, move to step 5, "Discuss and decide"; and
- 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

"That's great that you do not support 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?"

"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."

# BELIEFS

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

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'."*

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!"*

**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"*

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?"*

# CHANGE

Explore the possibility of 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."*

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."*

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?"*

# DISCUSS AND DECIDE

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

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?"*

2

***Document key findings***

## CLOSURE

Follow-up and referrals

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"*

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"*



## **SITUATION CARDS WITH BELIEFS ABOUT FGM**

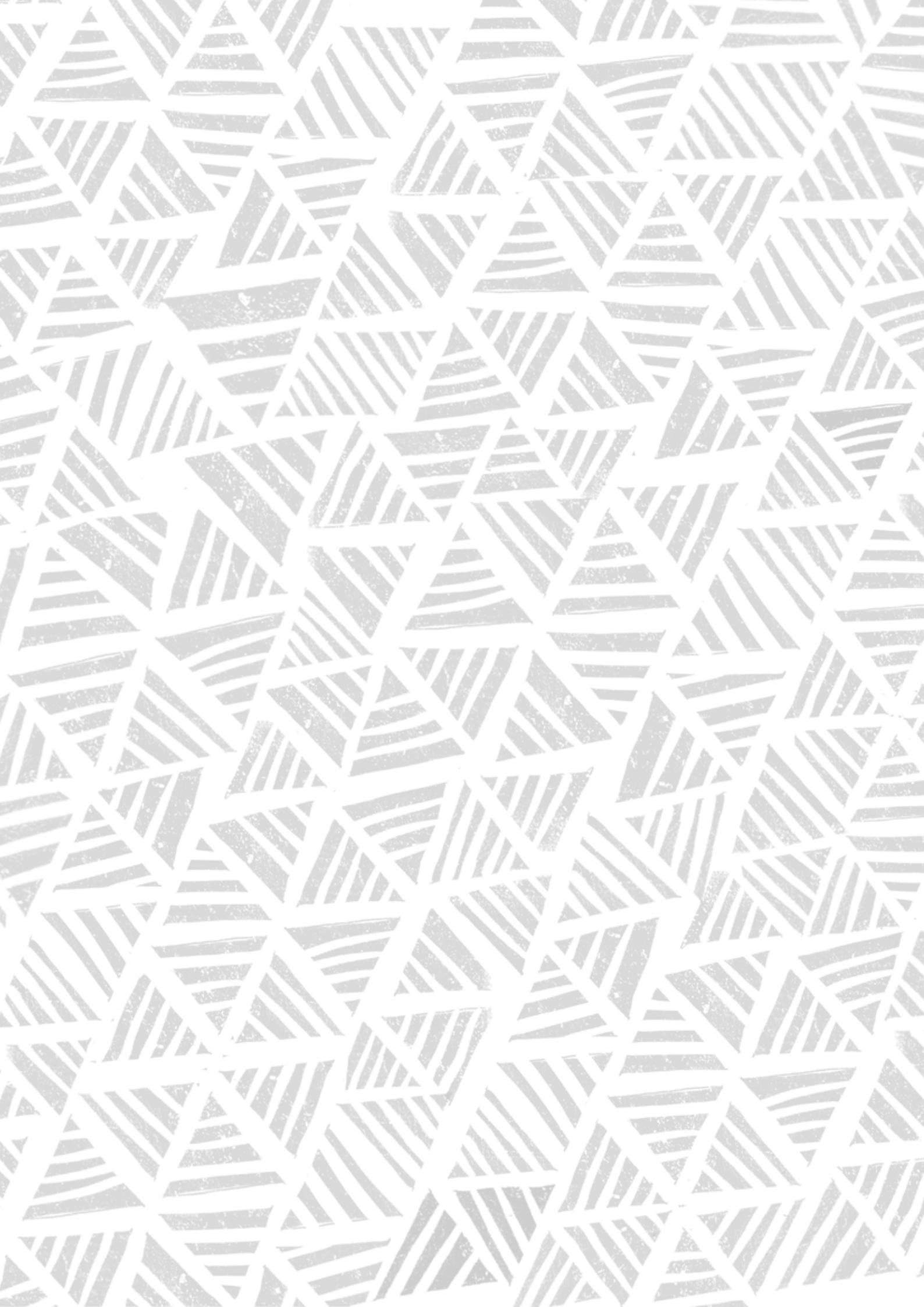
Print and cut-out the cards on the following pages to use during Activity 8.3.  
Make sure to print the cards one-sided.



*“If FGM is done by a health-care professional, there is no long-term physical damage”*

*“A woman who is not cut cannot become pregnant”*





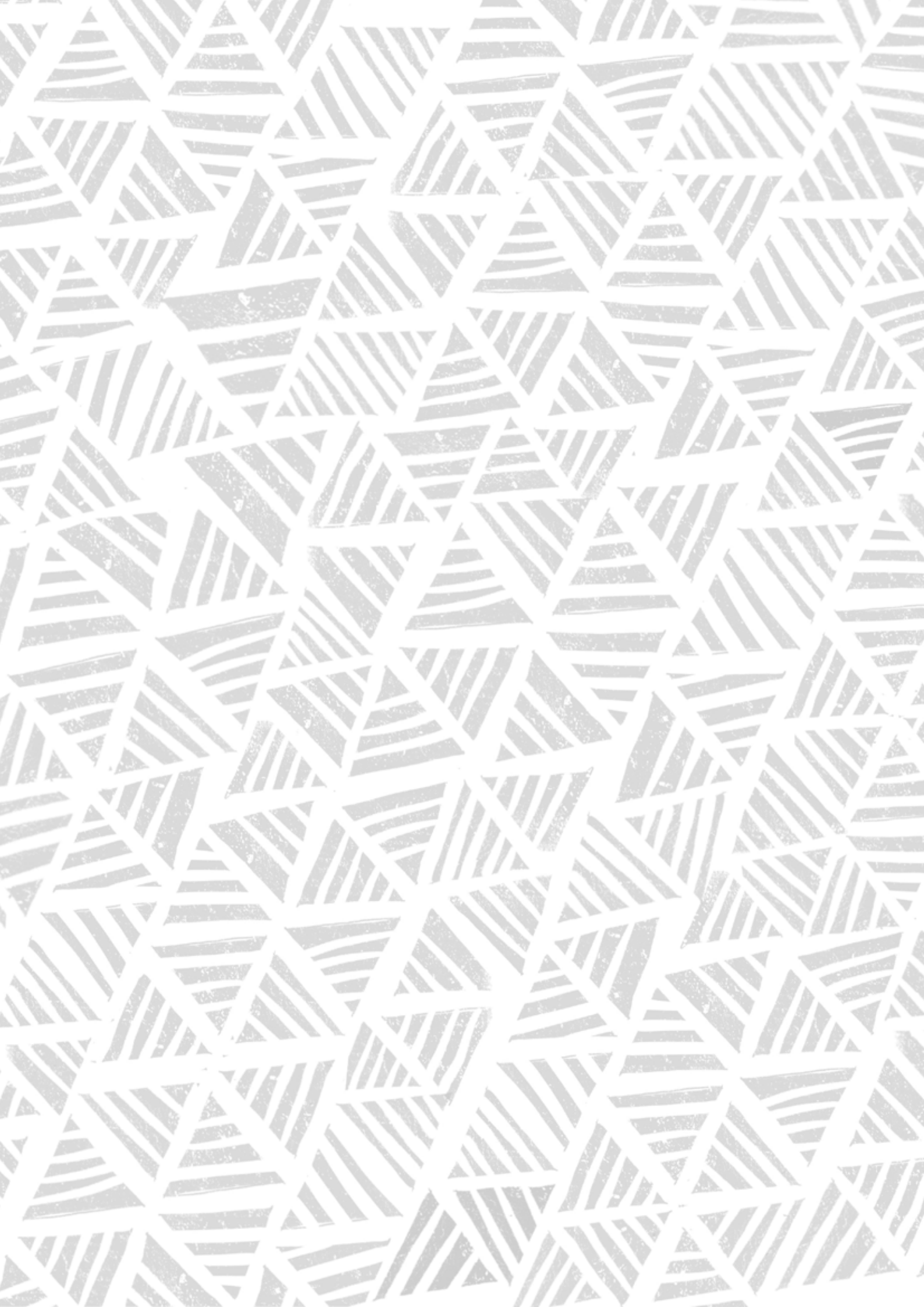




*“If a girl is not cut, she will not find a husband and marry.”*



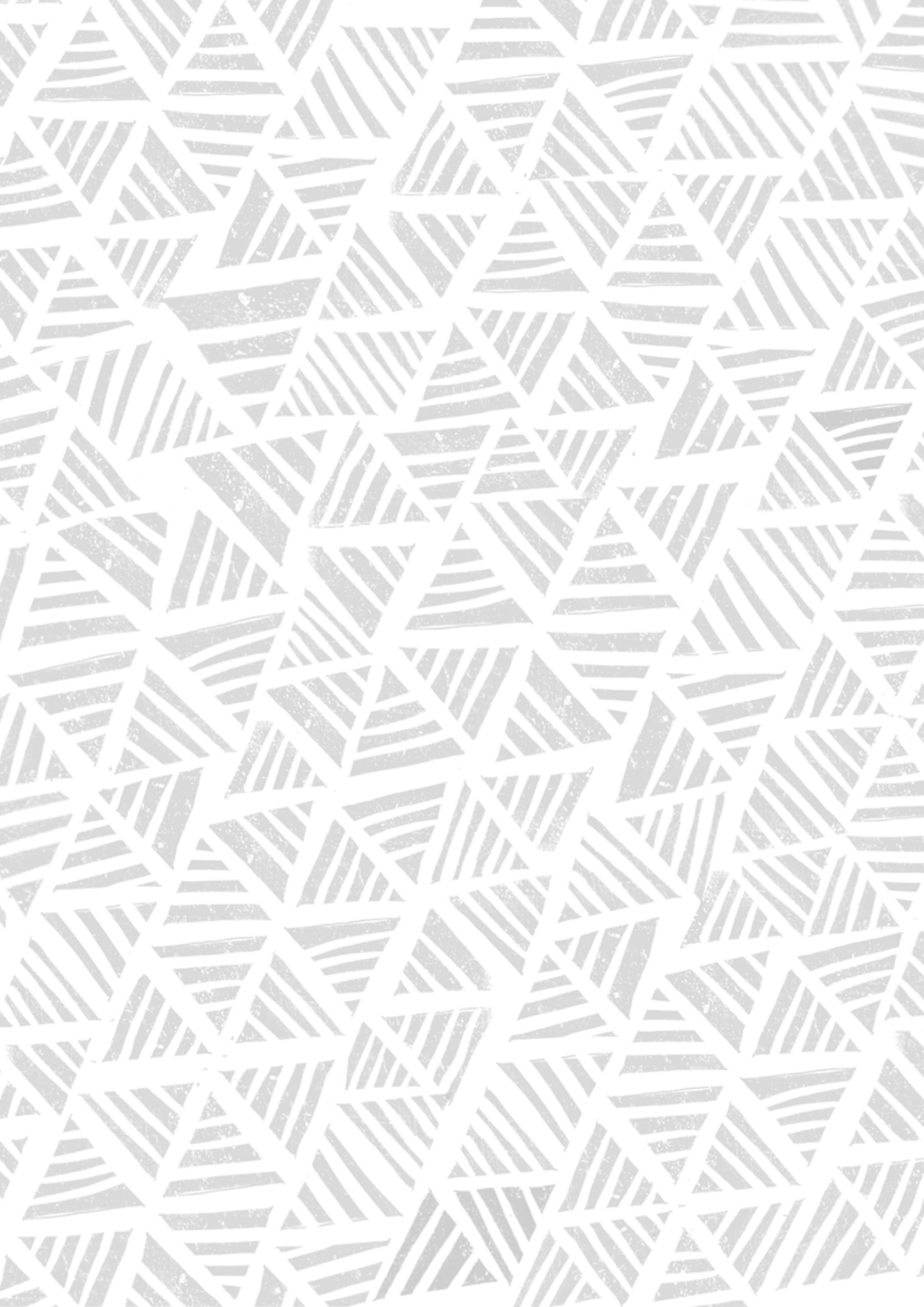
*“FGM helps ensure a woman’s faithfulness | controls the sexuality of women.”*



*“Girls who do not have FGM cannot enter womanhood and become respectable women”*



*“FGM is a religious requirement.”*





## TRAINING AID 18

# PRE-PRINTED ETHICS STATEMENTS

Print and enlarge the following 5 ethics statements for use as posters during Activity 9.4

TRAINING AID  18

## ETHICS STATEMENT #1

*The role of midwives is to give the best possible care to women, babies and their families.*

TRAINING AID  18

## ETHICS STATEMENT #2

*Midwives should respect women's cultural identities, but still work hard to prevent harmful practices.*



TRAINING AID  18

## ETHICS STATEMENT #3

*Midwives will not tolerate any violation to the human rights of women and their children.*

TRAINING AID  18

## ETHICS STATEMENT #4

*Midwives will always be role models for health.*



World Health  
Organization

TRAINING AID  18

## ETHICS STATEMENT #5

*Midwives are responsible for their decisions and actions, and how these may affect the well-being of women.*

## TRAINING AID 18

# PRE-PRINTED ETHICS STATEMENTS RESPONSE SHEETS

Print five copies of the following response sheets for use during Activity 9.4

TRAINING AID  18**ETHICS STATEMENTS – RESPONSE SHEET**

*1. The role of midwives is to give the best possible care to women, babies and their families.*

*2. Midwives should respect women's cultural identities, but still work hard to prevent harmful practices.*

*Continued on reverse...*

***3. Midwives will not tolerate any violation to the human rights of women and their children.***

***4. Midwives will always be role models for health.***

***5. Midwives are responsible for their decisions and actions, and how these may affect the well-being of women.***



**TRAINING AID**  **19**

## **HANDOUT WITH ROLE PLAY SCRIPT**

Print two copies of the following role play for use during Activity 9.7



TRAINING AID  19

## ROLE PLAY

*Responding to a request for FGM*

**GRANDMOTHER:** Good morning. I have come to see you today because I have a problem and I think you can help me.

**MIDWIFE:** Good morning. How can I help you?

**GRANDMOTHER:** My granddaughter is turning 10 next week and I am worried.

**MIDWIFE:** Why are you worried?

**GRANDMOTHER:** Because she is still untouched.

**MIDWIFE:** I see. So, she has not been cut you mean?

**GRANDMOTHER:** Yes. I think it is time to cut, her but my daughter is worried and she wants a midwife to cut her.

**MIDWIFE:** I see. May I ask you why you want a midwife to cut your granddaughter?

**GRANDMOTHER:** Because it is safer if a health-care professional cuts her.

---

**MIDWIFE:** I see. So, you feel that she may have health complications from the cutting?

**GRANDMOTHER:** Yes. That's why I would like to make sure that someone from the clinic, perhaps you, does the cut.

**MIDWIFE:** So, you feel that if your daughter is cut by a midwife it will be safer for her?

**GRANDMOTHER:** Yes.

**MIDWIFE:** I understand your worry. FGM is a dangerous practice. It can cause severely affect the health of your granddaughter, immediately but also in the future.



*Continued on next page*

**GRANDMOTHER:** That is why I have come to see you.

**MIDWIFE:** Did you know that FGM is never a safe practice? There is always a risk of something going wrong.

**GRANDMOTHER:** Really? I did not know that.

**MIDWIFE:** Yes. So, as a midwife, I cannot support a practice that damages the health of my patients. My role is to always care for girls, not harm them.

**GRANDMOTHER:** But I have heard that others say this is safe ...

**MIDWIFE:** In fact, I know that there are other people in the community who do not wish to cut their daughters. Things are slowly changing. I know it takes courage to say no to FGM, but as midwife, I am here to support you in the process.

