PRIME PAGES

Reviewing Results in PRIME II
Oct. 2002–Sept. 2003

Policy, Advocacy and Services
- National RH Policy
- Partnership

Knowledge Advancing Best Practices
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Support to the Field
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- Senegal: PAC
- Dominican Republic: RTL
- Mali, Benin, Ethiopia: PPPH
- Bangladesh: RTL

PRIME II

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Training Providers, Reaching Communities

Counseling and Advocacy to Abandon Female Genital Cutting

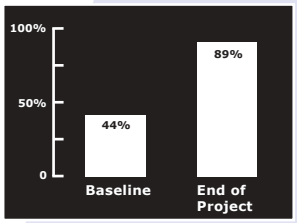
In Mali, where 92% of women undergo female genital cutting (FGC), a PRIME II-assisted intervention has made encouraging gains in the effort to eliminate the harmful traditional practice through counseling and advocacy. Relying on outreach within and outside of health centers, the intervention was designed to improve primary providers' knowledge, skills and awareness related to FGC so that they could both serve as resource persons and better identify and manage complications from FGC.

Background

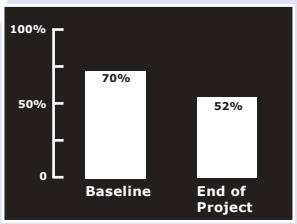
Female genital cutting in Mali typically occurs before girls reach the age of five, following the cultural belief that excising the clitoris and sometimes other parts of the female genitalia will keep a young woman chaste and improve her chances of marrying a good husband. FGC is associated with immediate and long-term health consequences including hemorrhage, HIV infection, complications during birth, infertility and even death. Attempts to persuade traditional practitioners, usually older women, to abandon the practice have not been very successful, and campaigns focused only on the health consequences of FGC have not only been ineffective but have led to increased "medicalization" of the practice by health providers. Targeting men in community campaigns against FGC is essential as they often have the final say in decisions about whether their daughters will be cut.

Interventions

PRIME II assisted a Ministry of Health (MOH) and local NGO technical working group in developing and field-testing a national FGC curriculum, which was used to train 120 reproductive health (RH) providers in Koulikoro and Bougouni districts and Bamako Commune I. Written knowledge tests administered six weeks after training showed significant improvement in provider knowledge about prevention and management of FGC complications. The curriculum is part of a FGC resource package for providers, which includes job aids and a 35-minute video that helps providers understand and identify complications from FGC. Produced with support from PRIME II, the video has also been distributed to government ministers, members of parliament and mayors. In addition to increasing primary providers' knowledge and skills, PRIME has worked with the MOH and NGOs to expand the providers' role as leaders for community campaigns to eliminate FGC.



Clients in Favor of Eliminating FGC



Clients who Intended to Excise Daughters

Results

At the 27 health centers in the three PRIME II implementation areas, providers are now three times more likely to ask pregnant women if they have FGC complications that might affect birthing. The mean number of FGC complications treated on-site has increased by 26%. While counseling on FGC was virtually nonexistent at baseline, an end-of-project review of health center registers showed that 414 female prenatal care clients received private counseling about abandoning the practice. Nearly three quarters of providers passed the counseling skills performance test, up from 12% at baseline. Providers facilitated 473 educational sessions in the health centers on the negative effects of FGC and 958 men who had come for consultation or to accompany a woman or child participated in waiting-room talks about the practice. At the end of the intervention, the percentage of clients who said they were in favor of eliminating FGC rose to 89% from 44%, and the percentage of clients who intended to excise their daughters declined to 52% from 70% at baseline.

Training providers to prevent and manage complications of FGC helped to increase the quality of other RH services in the health centers, as providers improved their skills in patient reception, counseling and screening. Improved counseling skills and provider comfort level in conducting RH talks paid off in a dramatic increase in educational sessions on general reproductive health topics, from 153 at baseline to 2,074 at the end-of-project review. Health information systems at the target sites were also strengthened as a result of tools put in place to monitor FGC-related visits, complications and referrals. Such monitoring activities were nonexistent at baseline.

Of the 1,187 community outreach sessions supported by the intervention, providers were present as resource persons at 714 (60%). Due to the intervention's success, PRIME has received additional funding to extend FGC abandonment efforts through strengthened provider-community partnerships.

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