

Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation: A Review of Evidence

Implementing Partners – The Five Foundation

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Overview

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Background

The FGM field has had a history of limited funding for research, especially operations research

Limited synergy between evidence generation, programming and policy development

Increasing the rigor, relevance, and utility of research for programming, policy development and resource allocation is critical

Objectives



Assess the quality and strength of evidence generated by studies that have evaluated interventions for the prevention of or response to FGM

Describe the FGM interventions evaluated by studies deemed to be of moderate and high-quality

Determine what interventions are most promising for FGM prevention or response

Methodology

Rapid Evidence Assessment (REA)

Used a rapid evidence assessment approach to synthesize evidence of studies assessing interventions to support FGM abandonment between 2008 to 2020

Systematic review of the literature (scientific databases, websites, references)

Assessed the quality and strength of the evidence to determine what works, what doesn't and where we need more evidence

Key Findings

Categorization of interventions

UN Joint Programme's global theory of change and compendium of indicators for measuring effectiveness of FGM interventions

- **System Level:** enabling environment for ending FGM
- **Community Level:** challenging existing gender inequalities and social norms that propagate FGM
- **Individual Level:** empowering girls and women to make informed decisions regarding SRHR
- **Service Level:** protecting girls and women at risk of FGM, preventing FGM, and providing care to those affected by FGM

Interventions at the system level

Enactment and implementation of anti-FGM legislation (30 studies)

- Legislation accompanied by political will, sensitization and locally appropriate enforcement mechanisms can reduce FGM
- Laws implemented as a single intervention can be counterproductive: alienate beneficiaries of health services, reduction in the age of cutting and secrecy in performing FGM

Interventions at the community level

Health education, community engagement, media, public declarations, working with religious or cultural leaders, and conversion of excisors (45 studies)

- Health education and community dialogues with parents and religious leaders can change attitudes towards FGM
- Media/social marketing efforts are effective in changing social norms and attitudes towards abandoning FGM, and, in some cases, reducing FGM
- Efforts to convert and/or provide excisors with alternative sources of income are not effective in eliminating FGM

Interventions at the individual level

Formal education for women and girls, and alternative rites of passage (22 studies)

- Educating mothers can reduce the numbers of girls being cut
- Educating girls leads to improved knowledge and changing attitudes towards FGM
- Activities associated with ARPs may lead to increased knowledge, but limited evidence on its ability to prevent girls from undergoing FGM

Interventions at the service level

Training healthcare providers and capacity building of the health system, and the use of rescue centres at the community level (11 studies)

- **Limited evidence**: health provider training can improve capacity for prevention and treatment of FGM
- **Limited evidence**: rescue centres offer a short-term solution of housing girls/women running away from FGM but are limited as a viable strategy for ending FGM

Takeaways from the evidence review

System level

- Laws are important in ending FGM but can only be effective when complemented with other interventions

Community level

- Community-based interventions are effective in changing attitudes - need to move beyond attitudes to behaviour change

Individual level

- Short-term interventions are needed (maternal education is long-term)

Service level

- More research is needed

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