

TOOLKIT

Midwives committed to the abandonment of FGM!



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ENGAGING MIDWIVES
in the **Global Campaign**
to **End Female Genital Mutilation**



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BACKGROUND

Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM is widely practiced in 29 African countries and in some countries in Asia, the Middle East and Latin America and it is estimated that more than three million girls, the majority under 15 years of age, undergo the procedure every year. Between 130 million and 140 million girls and women throughout the world have already undergone FGM.

The practice of female genital mutilation is deeply rooted in tradition and persists as a social norm upheld by underlying gender structures and power relations. FGM is recognized internationally as a violation of the human rights of girls and women and constitutes an extreme form of discrimination against women.

In many countries the growing trend of medicalization of FGM is one of the greatest threats to the abandonment of the practice. A recent analysis of existing data shows that more than 18 percent of all girls and women who have been subjected to FGM in the countries from which data are available have

had the procedure performed on them by a health-care provider, including midwives.

Midwives play a key role not only in averting maternal and newborn deaths, but also in promoting good health in communities as a whole. FGM is a deeply entrenched cultural practice and many midwives face significant social pressure from the community to perform it. Midwives are however ill equipped to resist this pressure because the majority of midwives have not received formal training and education on FGM. In order to reverse the trend of increasing medicalization of FGM, it is essential to strengthen the capacities of midwives on FGM and engage them in the campaign to end female genital mutilation.

UNFPA is mobilizing midwives in the prevention and care of FGM through a joint initiative in the context of the UNFPA-UNICEF Joint Programme on FGM/C and the UNFPA Midwifery Programme. Building on the expertise and networks of the two global programmes, UNFPA will empower midwives to serve as role models, counselors and advocates in the campaign to end FGM.

OBJECTIVES

1

Reduce the number of midwives performing female genital mutilation, including re-infibulation by 50 %

2

Double the number of midwives trained on FGM prevention and care

3

Strengthen the capacity of midwives to serve as champions in female genital mutilation prevention

4

Engage the Midwifery Associations in the 17 target countries in the global campaign to end female genital mutilation

5

Increase the awareness of policy-makers on the key role midwives can play in female genital mutilation prevention and care

6

Ensure that all target programme countries have FGM integrated into the midwifery curriculum

7

Increase the number of girls and women receiving prevention and care services

KEY MESSAGES



FGM

Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Female genital mutilation violates the right to health and bodily integrity and is a form of violence against women and girls. It is nearly always carried out on minors and is a violation of the rights of children.

The practice also violates a person's rights to security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the practice results in death.

Female genital mutilation is a harmful practice that is deeply rooted in tradition and upheld by the unequal power relations between men and women and the desire to control women's sexuality.

In some communities it is believed that the practice has religious support, but there is no evidence that FGM is required by Islam, Christianity or any other religion. Many religious leaders are advocating for the abandonment of FGM throughout the world.

Female genital mutilation exposes girls and women to severe and at times life threatening health complications, including hemorrhage, tetanus, sepsis, urine retention, sexual dysfunction and infertility.

Female genital mutilation has a direct impact on maternal mortality. Girls and women that have undergone FGM are 70% more likely to suffer hemorrhage after giving birth and are twice as likely to die during childbirth.

Female genital mutilation has a direct impact on infant mortality. FGM is linked to higher rates of infant resuscitation, stillbirth and increased risk of death during and immediately after birth.

Medicalization of FGM

“Medicalization” of female genital mutilation refers to situations in which FGM is practiced by any category of health care provider, whether in a public or a private clinic, at home or elsewhere. It also includes the procedure of re-infibulation¹ at any point in time in a woman’s life.

A recent study found that more than 18% of all girls and women who have been subjected to FGM have had the procedure performed on them by a health care provider. In some countries this rate is as high as 74%.

Any health care professional who performs female genital mutilation is violating girls’ and women’s right to life, right to physical integrity, and right to health. They are also violating the fundamental ethical principle: ‘do no harm’. In most countries, it is also a violation of the law.

In the hope that it will reduce the risk of complications, people are increasingly turning to trained health care providers to perform female genital mutilation. However, medicalized FGM is not necessarily safer and it still ignores the long-term sexual, psychological and obstetrical complications of the practice.

Performance of female genital mutilation by health care providers contributes to upholding the practice of FGM.

1 In women who have undergone type III FGM, reinfibulation refers to the practice of resuturing and thereby recreating an infibulation following a procedure in which the infibulation has been partially or fully opened, most commonly to facilitate childbirth.

Midwives and FGM

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graph TD; A[Midwives and FGM] --- B[Midwives as trusted community members are important advocates for sexual and reproductive health in the communities they serve and can play a critical role in the abandonment of female genital mutilation.]; A --- C[Female genital mutilation is a deeply rooted cultural practice and many midwives face social pressure from the community to perform it. There is a need to strengthen midwives' capacity on FGM prevention and care to empower them to resist this pressure.]; A --- D[As frontline health workers, midwives have unique knowledge about the practices and social dynamics within the community and are able to identify who is performing FGM and when and where it occurs.]
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Midwives as trusted community members are important advocates for sexual and reproductive health in the communities they serve and can play a critical role in the abandonment of female genital mutilation.

Female genital mutilation is a deeply rooted cultural practice and many midwives face social pressure from the community to perform it. There is a need to strengthen midwives' capacity on FGM prevention and care to empower them to resist this pressure.

As frontline health workers, midwives have unique knowledge about the practices and social dynamics within the community and are able to identify who is performing FGM and when and where it occurs.

HOW CAN MIDWIVES HELP PREVENT FGM?



Role Model

Midwives are influential members of their communities and can serve as role models in the prevention of female genital mutilation. By pledging never to perform female genital mutilation or re-infibulation and never to cut or re-infibulate their daughters and granddaughters, midwives can help prevent FGM.

When a midwife is vocal about her position to never perform female genital mutilation or re-infibulation both at work and in her community, she can contribute to the abandonment of the practice.

Counselor

Midwives are counselors and care providers on sexual and reproductive health in their communities and can help prevent the practice of FGM by sensitizing women and their families on the consequences of female genital mutilation and re-infibulation, including health risks and human rights violations.

Midwives should be specifically aware of the increased risk that women that have undergone FGM face during pregnancy and childbirth. When counseling women and their families, midwives should inform them of these risks and strongly recommend that women who have undergone FGM seek professional care throughout pregnancy and delivery.

Midwives should be able to detect complications that are a result of FGM and provide care when possible. If a midwife is not able to provide care for a complication, the woman should be referred to other care services.

Advocate

Midwives can serve as advocates for the abandonment of female genital mutilation in their communities by providing information on the devastating consequences of the practice and the benefits of abandoning the practice.

By taking active part in the community dialogue and change process on female genital mutilation, midwives can contribute to the abandonment of FGM. Community members are more likely to embrace health messages that come from a local midwife than from an outsider.

SUGGESTED ACTIVITIES

The background of the page features a photograph of children in a school environment. A prominent vertical wooden pole is in the center, with a green rope hanging from it. To the left, a young boy is shirtless and looking towards the camera. To the right, a young girl with braided hair is looking directly at the camera. The overall scene is brightly lit, suggesting an outdoor or well-lit indoor setting.

GLOBAL LEVEL

REGIONAL LEVEL

COUNTRY LEVEL

Advocacy and capacity development activities targeting health professionals, global decision-makers and global media

- Target global conferences, commissions and events on gender, reproductive health and development issues. Organize plenaries and side-events on the medicalization of FGM and the role of midwives in the abandonment of FGM. Conduct induction trainings for midwives and other frontline health workers on the e-learning modules on FGM prevention and care. Make extensive use of social media to engage health professionals and activists. Possible events include:
 1. **CSW 59** (Commission on the Status of Women)
 2. **XXI FIGO World Congress of Gynecology and Obstetrics**
 3. **Women Deliver** Global Conference
 4. **ICM Triennial Congress**
- Engage global decision-makers, the media and health professionals on FGM and midwifery through the organization of panel discussions and other side-events and the dissemination of statements, films and press releases on themed days such as:
 - The International Day of Zero Tolerance for Female Genital Mutilation (*6 February*)
 - The International Day of the Midwife (*5 May*)
 - The International Day of the Girl Child (*11 October*)
 - International Day for Elimination of Violence against Women and 16 Days of Activism (*25 November-10 December*)

- Prepare a UNFPA-FIGO-ICM joint statement on FGM. The statement should strongly condemn FGM and the medicalization of the practice and be disseminated globally.
- As part of the global advocacy work, prepare an audiovisual human interest story on a midwife serving as a role model and champion for FGM prevention in her community.
- Engage The Guardian's Global Media Campaign to End Female Genital Mutilation on the topic of medicalization of FGM and the role of midwives and health professionals.

Social media

- Prepare social media messages adapted to each event that can be shared globally and further adapted to the local context in each of the FGM programme countries.



REGIONAL LEVEL

Advocacy and capacity development activities targeting regional decision-makers and health professionals

- Target regional conferences and events such as:
 1. ICM Regional Conference
 2. Events related to CARMMA (Campaign on Accelerated Reduction of Maternal, New Born and Child Mortality)
 3. Other African Union events
- Target ECOWAS (Economic community of western African states).
- Target SADC (Southern African Development community).

Strengthening the capacities of regional midwifery associations and health professionals

- Organize a regional meeting on engaging midwifery associations to end FGM with 4-5 National Midwifery Associations and the Federation of Associations of Midwives Africa Central and West (FASFACO) and the East, Central and Southern African College of Nursing (ECSACON) to:
 - Develop strategies for engaging midwifery associations in FGM prevention and advocacy.
 - Strengthen capacity on FGM prevention with education via the e-learning module.
 - Facilitate south-south cooperation.
- Midwifery Association Twinning in collaboration with ICM: partnership between 2 midwifery associations to share experiences, best practices and lessons learned in order to strengthen and develop FGM prevention and care capacity.

COUNTRY LEVEL

Advocacy activities targeting midwives

- Organize panel discussions and sensitization sessions on the de-medicalization of FGM and the role of midwives in the abandonment of FGM during national conferences for midwives and health professionals.
- Engage the national association of midwives in advocacy work for the global campaign to end FGM.
- Organize a petition for midwives: “I am a midwife and I want to make FGM history!” One possibility is to put up large banners that midwives can sign, in order to make their commitment more visible.
- Engage midwives by organizing a large march for midwives committed to making FGM history.
- Produce posters and pamphlets on FGM targeting midwives and health professionals. The posters can be disseminated in health centers.

Strengthen the capacity of midwives and other frontline health workers in FGM prevention and care

- Organize induction training on the e-learning modules on FGM prevention and care.
- Organize training sessions on advocacy and behavior change communication for midwives and their associations in order to equip them with the information and skills necessary to be active participants in FGM prevention, including as role models, counselors and as advocates for change at the community level.
- Identify best practices on FGM prevention among midwives.
- Organize an annual award for midwives advocating for the elimination of FGM.
- Identify midwives that can serve as champions in the abandonment of FGM and strengthen their capacities on FGM care and prevention, advocacy and community mobilization.

Strengthen health systems through targeted activities for decision-makers

- Ensure FGM care and prevention is integrated into routine care including prenatal and post-natal services.
- Strengthen management information systems on FGM including registration, follow up, tracking and data collection and implement FGM reporting and registration procedures at hospitals and clinics.
- Strengthen referral systems for women and girls that have undergone FGM to ensure access to essential services.
- Training relevant ministries, decision makers and public health experts to increase knowledge and build capacity to address the medicalization of FGM.
- For more information on health system strengthening please see the WHO *Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and their Measurement Strategie*: http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf.

Advocacy activities for health system strengthening

- Engage midwife champions and the leaders of midwife associations in advocacy and policy-influencing activities directed at decision-makers with the aim of mobilizing political will and funding and creating a supporting legislative and regulatory framework.
- Engage key stakeholders to support national policies against the medicalization of FGM, including policy-makers, civil society, religious leaders and traditional leaders.

Community Mobilization against FGM and the de-medicalization of FGM

- Engage midwife champions and celebrities in sensitization activities such as community meetings, public statements, concerts, marches and theatre performances.
- Produce a short documentary film on a midwife champion for dissemination in the community using both national television and mobile video trucks (if available).
- Build partnerships with local radio stations in order to produce radio shows and radio soap operas on FGM and why the medicalization of FGM is not safer. Use midwife champions as spokespersons.
- Produce posters and pamphlets on FGM and the de-medicalization of FGM using cartoons to facilitate understanding also for community members that are illiterate.

Engaging Local Media in the abandonment of FGM and the medicalization of FGM

- Build a network of journalists that are engaged in the campaign to end FGM and organize sensitization sessions for them on the medicalization of FGM and the role of midwives and health professionals.
- Organize interviews with midwives serving as champions in FGM prevention.
- Facilitate trips to the field for journalists engaged in the campaign to end FGM.



Because everyone counts

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