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To cite this article: Christiana Kouta, Elina Kofou & Christina Kaili (2020): United to end female genital mutilation: an on line knowledge platform for professionals and public, The European Journal of Contraception & Reproductive Health Care, DOI: [10.1080/13625187.2020.1752651](https://doi.org/10.1080/13625187.2020.1752651)

To link to this article: <https://doi.org/10.1080/13625187.2020.1752651>



Published online: 21 Apr 2020.



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United to end female genital mutilation: an on line knowledge platform for professionals and public

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ABSTRACT

Introduction: An estimated of 500,000 women and girls in the European Union (EU) have undergone female genital mutilation (FGM), with a further 180,000 at risk every year. Meeting the needs of these women and girls demands multidisciplinary action. This paper presents the United to End Female Genital Mutilation (UEFGM) knowledge platform, which is part of an EU-funded project. The platform is designed as a practice tool to improve the knowledge and skills of professionals who are likely to come into contact with women and girls affected by FGM.

Method: Literature review was applied in regard to FGM along with expert validation process for the development of the modules particularly the e-learning section, expert and stakeholders' meetings for the other pillars of the Platform.

Results: Three pillars were developed in the Platform: a) e-learning, b) country specific focus and c) live-knowledge discussion forum. The Platform explores related knowledge, skills, good practices, shared knowledge among professionals. UEFGM serves professionals and public as well in EU and worldwide.

Conclusion: UEFGM comprises e-learning with a country-specific focus and a live discussion forum in which knowledge is shared between professionals worldwide. UEFGM discusses FGM and all related matters in a culturally- and gender-sensitive manner. It is a unique multidisciplinary and multilingual educational resource that has been found useful in everyday practice.

ARTICLE HISTORY

Received 10 December 2019

Revised 12 March 2020

Accepted 3 April 2020

KEYWORDS

Education; female genital mutilation/cutting (FGM/C); professionals; training

Introduction

Female genital mutilation (FGM), also known as female genital cutting or female circumcision, is a form of gender-based violence comprising all procedures that involve the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons [1]. FGM is a human rights violation and constitutes a form of violence against women and girls. It has short-, medium- and long-term detrimental effects on the physical, psychological, social, sexual and reproductive health and rights of affected women and girls [2–5].

The practice of FGM varies between countries and ethnic groups, but studies show that the main compelling factor for its existence and continuation is attributed to social pressure and tradition [6–8]. It is deeply rooted in a complex variety of religious, cultural and social factors and historical backgrounds inherent within patriarchal families and communities [4,9]. In many cultures it constitutes a rite of passage to adulthood and is practised in order to gain cultural conformity and confer a sense of ethnic and gender identity and respectability within the community [4,9,10].

FGM is generally performed on girls aged between 4 and 12 years, although in some cultures it is practised as early as a few days after birth or as late as just prior to marriage, on the wedding night or during the first pregnancy [4,9]. FGM is most commonly practised in about 30 countries in Africa, Asia, the Middle East and Latin America

[1,11–13]. Prevalence rates vary between and within countries and regions, with the most decisive criterion being ethnicity. There is evidence of the practice being performed in Europe, North America and Australia among migrant communities from FGM-affected countries [12,14–16].

An estimated 200 million girls and women are currently living with FGM and a further 8000 girls are at risk. It is estimated that some 3 million girls a year undergo the procedure [12]. According to the European Parliament, an estimated 500,000 women and girls in the European Union (EU) have been subjected to FGM [17], with a further 180,000 at risk each year [18]. Around 20,000 women and girls from FGM-risk countries of origin (20% of all female applicants in 2011) seek asylum in the EU each year [19].

In 2012, the United Nations General Assembly adopted a resolution on eliminating FGM and called for intensified action across policy, community and health sectors [20]. A year later the assembly raised concerns that despite the increase in national, regional and international efforts to eliminate FGM, the practice continued to exist in all regions of the world [21]. There also appeared to be an increase in the incidence of FGM being carried out by medical personnel in all regions in which FGM was practised [21].

As important as the implementation of effective policies and interventions to prevent and eliminate FGM is the need to minimise the health consequences for women who have already undergone FGM. This can be

accomplished by improving the knowledge base of professionals dealing with FGM-affected women and by strengthening their capacity to deliver high-quality care; efforts should also be made to halt the medicalisation of FGM [22]. Understanding FGM as a form of violence against women and the impact it has on the life of affected women and girls is an essential component of improving their support.

The purpose of this paper is to critically discuss the need for education and knowledge among professionals, particularly health care professionals, who are likely to come into contact with women and girls who are affected by or at risk of FGM, in order to provide them with the best possible care, information and support. We present the first online European knowledge platform for professionals dealing with FGM. The platform seeks to improve public and professional knowledge about FGM to better prevent and address this specific form of violence against women and girls. The platform, United to End Female Genital Mutilation (UEFGM), is available at <https://uefgm.org/>.

Literature review

FGM is part of the continuum of violence that a woman or girl may experience during her life; it may also be linked to other forms of violence against women, such as child marriage. Both are practised because of dominant social norms rooted in gender inequality and aimed at controlling women's and girls' sexuality and reproductive rights [23]. Any girl born into a community that practises FGM is potentially at risk [24]. The practice denies women and girls their right to physical and mental integrity, the highest attainable standard of health, and freedom from violence, torture, inhuman and degrading treatment and gender discrimination [1,4].

Landmark international agreements, human rights laws and national legislation in many EU countries have in recent decades recognised the practice of FGM as a form of gender-based violence and a violation of women's and girls' human rights, including their sexual and reproductive rights, and as an extreme form of discrimination and violence directed exclusively at girls and women because of their sex [25]. The UEFGM platform is widely used by health care professionals; below is a discussion of how it may be used in their training.

Needs and gaps in the training of health care professionals

The situation and trends of FGM in Europe highlight the need for a systematic and coherent approach to the training of European professionals [26]. The need to improve their knowledge of FGM was identified as a priority in 2012 by the United Nations General Assembly [20] and in 2013 by the European Commission [27]. Needs may be viewed in terms of both prevention and management of survivors. A recent study in Spain found a lack of knowledge about FGM and existing protocols of action among primary health care professionals [28]. It is essential for health care professionals to be able to refer affected or at-risk women and girls to appropriate services to ensure multidisciplinary

and cross-cultural care. Zurynski et al. [29] highlighted the need for easily accessible educational resources and evidence-based guidelines to enable health care professionals worldwide to provide culturally-sensitive care to women and girls affected by FGM. In a study to assess knowledge, attitudes and training on FGM among medical and midwifery professionals in London, Relph et al. [30] found that although the majority of respondents were aware of FGM, their ability to identify the condition and its associated morbidity was suboptimal; less than 25% of the study participants had received formal training in recognising or managing FGM.

The United Nations General Assembly resolution on intensifying efforts to eliminate FGM [21] and the European Commission's communication on the elimination of FGM [27] emphasise that the needs of these women and girls demand strong multi-agency and multidisciplinary cooperation, both nationally and internationally. The European Institute for Gender Equality FGM-mapping study emphasised the need to enhance the capacity of professionals from the health, social, education, asylum and justice sectors, among others, to improve protection and provide the necessary support and care to affected women and girls [26]. Related professionals must know how to support women and girls and provide culturally-competent, gender-sensitive care.

Women from English communities affected by FGM expressed the wish for a holistic approach to their health needs, not simply with regard to their sexual and reproductive health, and also to last throughout their life course, from puberty to menopause [31]. Health care professionals are in a unique position to influence attitudes about FGM and women's bodies and rights. They can help with the decision-making process about whether a girl or woman needs to seek further care. Use of effective communication skills enables these professionals to discuss FGM and women's needs with empathy and compassion and in a non-judgemental manner [32].

Overall it seems there is a need for professional training and community engagement to implement and support appropriate care for women and girls affected by FGM [33]. Health care professionals should receive training on FGM-related complications, legal and human rights issues and their role in preventing the practice [9]. In addition, the European Commission supported inclusion of the topic of gender-based violence, including FGM, in the educational/training curricula for all professions that were likely to come into contact with affected communities [27].

World Health Organisation guidelines on the management of FGM complications recommend that health care professionals be trained so that they can offer evidence-based and culturally-appropriate information, health education and care to girls and women living with FGM [4]. The United Nations urged countries to develop, support and implement comprehensive and integrated strategies for the prevention of FGM, including the training of social workers, medical personnel, community and religious leaders and relevant professionals [21]. Better training could increase prevention capacities and decrease the 'medicalisation' of FGM [4].

Medicalisation of FGM is not acceptable: since FGM is a harmful practice, the procedure violates medical ethics;

medicalisation perpetuates FGM, and the risks of the procedure outweigh any perceived benefit [4]. Motivations for health care professionals to perform medicalised FGM included financial gain, reduction of health complications, and client demands for medicalised FGM owing to fear of negative sanctions of the community [9]. Relph et al. [30] found that 8.9% of their study participants (medical and midwifery professionals) in London felt that the procedure should be medicalised to reduce the associated morbidity. These findings highlight the need to target health care professionals in interventions aimed at preventing FGM and improving the management of women living with FGM. Improving education on FGM has become priority, not only to improve the health care of affected women, but also to prepare health care professionals to be involved in advocacy [34]. While some countries now require health care professionals to educate their clients on FGM, in others it is not considered as important, given the heavy workloads and time constraints faced by many health care professionals [35].

Migration to European countries of women with FGM from high-prevalence countries requires relevant expertise to provide specialised health care to women and girls with FGM. Health care professionals, as the primary care providers of women during pregnancy and childbirth, are critical to the provision of high-quality care. Health care professionals have a key role in providing informed care, which includes identifying and treating the psychological and physical health consequences of FGM, as well as documenting the practice in patient records, reporting it to the authorities where appropriate, and preventing the practice from being carried out. Health care professionals, however, often receive little to no training on how to provide care and treatment to women and girls with FGM [36], and it appears not to be included in most health care curricula [37].

A recent systematic review on the interventions aimed at improving health care professionals' capacities to prevent and treat FGM reported only two studies on improving knowledge of FGM and confidence in treating it among participants [38]. This shows the lack of evidence about existing training programmes [22]. There is a need for education and training of both clinicians [37] and midwives [39]. Different interventions aimed at improving health care professionals' knowledge, skills, attitudes and communication have been developed and implemented worldwide (such as Health Education England's e-learning website [40]), but it seems there is a need for an intervention and/or a programme with a more comprehensive and holistic approach to issues related to FGM.

Developing the UEFGM knowledge platform

The idea of developing the UEFGM platform emerged after identifying the lack of comprehensive training on FGM and the need for it. The UEFGM platform consists of three main sections: e-learning, country-specific focus and a 'live knowledge' discussion forum. The platform acts as a multilingual resource and educational tool providing easily accessible, culturally-appropriate and gender-sensitive information. It supports professionals from diverse backgrounds across

and beyond the EU. UEFGM builds on a previous project for professionals involved in health care and asylum matters funded by the End FGM Fund 2012 (End FGM European Campaign and Human Dignity Foundation). The development of the UEFGM platform was funded for 2 years (2015–2017) by the European Commission's Directorate-General for Justice and Consumers. The consortium consisted of expert organisations (12 partners and four associate partners) in FGM. Each partner had a role in developing the content material of the platform, which was then evaluated by external experts and evaluators. The process is explained below.

The UEFGM is designed for professionals dealing directly or indirectly with women and girls affected by or at risk of FGM, to better comply with their international obligations: health care professionals (e.g., nurses, midwives, doctors, gynaecologists, mental health professionals), asylum and migration officers, reception centre and migration service staff, legal professionals and judicial authority officers, social workers and child protection officers, police/law enforcement professionals, teachers, academics, students, policy-makers (e.g., from ministries/departments of asylum, health, interior, justice), EU and national institutions and agencies (e.g., for international protection, migration, victims of crime), media professionals, non-governmental organisations, women's and migrant organisations, shelters, states and statutory agencies. The platform offers its services free of charge.

e-Learning course

The UEFGM e-learning course aims to enhance the skills of a wide range of professionals who provide support and protection to women and girls affected by FGM. It addresses the issue of FGM in the context of health services, asylum, law and judiciary, law enforcement and police, education, social services, child protection, media, civil society and human rights. The course is available in nine languages: Dutch, English, French, German, Greek, Italian, Portuguese, Spanish and Swedish. It is divided into six thematic streams (health, asylum, law enforcement/police/judiciary, protection, education and media) and consists of two foundation modules and 11 specialist modules. Each module was written by an expert team from the consortium and validated by two external experts (per module) and by an external expert panel review. After compiling the e-learning course, a pilot phase was carried out by consortium members, in which two partners were assigned to pilot two modules and comment on them.

Foundation modules provide an introduction to FGM as a human rights issue and a particular form of gender-based violence, including the involvement of gender and social dynamics. The specialised modules involve specific issues on FGM related to the professional (e.g., health, asylum). Participants may select two specialist modules in their field of expertise. It is important to note that each module combines a variety of material and exercises, including case studies, self-assessment quizzes and videos, providing the learner with a wide and informed perspective from which to develop essential skills. Course participants are expected to complete a short self-assessment quiz or

interactive game at the end of each module. After completing all required modules and quizzes, the participant will then receive a personalised electronic certificate. While attending the e-learning course, learners have the opportunity to interact with other e-learning participants in order to exchange information, views, experiences and good practice.

Country-specific focus

UEFGM is the only online platform that offers country-specific information about FGM relevant to 11 EU member states: Belgium, Cyprus, France, Germany, Ireland, Italy, Netherlands, Portugal, Spain, Sweden and the UK. The information includes legislation, prevalence of FGM, support services for victims, good practice, and additional resources and guidelines for professionals dealing with FGM in each specific country. Country-specific information is available in English and in the official language of each country. Each country-specific focus was written by an expert national team from the consortium. It was then validated by a stakeholders' face-to-face review meeting in each country and a second final virtual review meeting by stakeholders.

'Live knowledge' discussion forum

The UFGM knowledge platform offers users the opportunity to interact with other professionals to share experience and best practice and to exchange knowledge and information through webinars. All the webinars that have been conducted are available online and can be viewed at any time as recorded at the time of the live discussion. The live discussion forum promotes good practice in sharing expert knowledge and liaising with professionals in different countries. Each webinar was prepared and delivered by an expert team and includes real-time participant questions and facilitator responses. Webinar participants could ask written questions live, which all participants could view and to which facilitators could respond live. Evaluation by the participants, as well as external evaluation, demonstrated a need to share knowledge and expertise and confirmed the success of this component: 'This has been very valuable for my work'; 'It is so interesting to be able to talk with so many colleagues from different countries ... to listen to their views, practices, paradigms'.

The platform was evaluated by its online users and by an independent external evaluator. The majority of the users/learners (96%) agreed or strongly agreed that the course materials helped them to clearly understand the subject matter; 58% of users rated the course as excellent, 41% as good or very good, and 1% as fair or poor. Overall, users stated that they were very satisfied with the information, knowledge and education gained through the course, since it would be directly applicable to their work and also necessary for their professional development. Further, the majority of learners (90%) were willing to recommend the platform to other professionals. The whole platform went live in 2017. It has had more than 170,000 visitors and 1,274,467 visits since it was launched.

Conclusion

The UFGM knowledge platform is a multilingual, user-friendly learning tool on FGM. It provides a wide range of information on FGM for both professionals and the general public. The UFGM platform helps in delivering victim support more effectively, to prevent and address this specific form of violence against women and girls. The platform was designed and compiled by international experts dealing directly or indirectly with women and girls affected by or at risk of FGM, to better understand FGM and support affected women, girls and communities.

Acknowledgements

The authors thank the partners and associate partners of the UFGM project for their professionalism, expertise and support. Partners: Mediterranean Institute of Gender Studies (Cyprus); Portuguese Family Planning Association; Italian Association for Women in Development; National Network of Migrant Women (Ireland); Foundation for Women's Health Research and Development (UK); Intact (Belgium); Group for the Abolition of Female Genital Mutilation (Belgium); Excision, Parlons-en! (France); End FGM European Network (Belgium); Medicos del Mundo (Spain); Terre des Femmes (Germany). Associate partners: European Police Academy; European Midwives Association; European Network of Migrant Women; United Nations High Commissioner for Refugees (Global Learning Centre – Protection Unit, Bureau for Europe). The authors also thank the external evaluator of the project and all external experts and stakeholders of this project.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by the European Commission's Rights, Equality and Citizenship Programme, Directorate-General Justice and Consumers, under grant JUST/2014/RPRI/AG/FGMU/6983.

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