

Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation

Evidence Brief

QUICK FACTS

Globally, more than **200 million** girls and women have experienced FGM, and at least **4 million girls** are at risk of being subjected to the practice each year by 2030.



Introduction

Despite intensified efforts to conduct research globally to inform strategies to address FGM, there has been limited rigorous high-quality evidence on what set of interventions are effective in ending the practice.

As we begin the final decade of acceleration towards zero new cases of FGM by 2030, increasing the rigor, relevance, and utility of research for programming, policy development and resource allocation is critical. **This evidence brief highlights key findings from an evidence review that synthesised and assessed the quality and strength of existing evidence on FGM interventions¹ from 2008 to 2020.**

This review notes that a number of studies have previously collated evidence on the effectiveness of interventions to end FGM, either through systematic or non-systematic reviews.² Majority of these reviews have been limited to studies that used experimental and quasi-experimental designs to determine the effectiveness of interventions to end FGM. Due to the limited number of studies that use experimental and quasi-experimental designs in the FGM field, these reviews have in most cases found limited evidence.³

While girls are one-third less likely today to be subjected to FGM than 30 years ago, rapid population growth in some of the world's poorest countries where FGM persists, threatens to roll back progress.



In countries where the practice of FGM has become less common, progress would need to be at least **10 times faster** to meet the global target of elimination by 2030.



¹ we define an 'FGM intervention' as any form of action or process of intervening, or a deliberate process to interfere with, modify or change people's (both women's and men's) thoughts, feelings, knowledge or behaviour to reduce the prevalence of FGM, or lead to the abandonment of fgm, or to offer care and other services to girls, women, and those indirectly affected by the practice (including men)

² Baillot et al., 2018; Berg & Denison, 2012b, 2012a, 2013; Denison et al., 2009; Esho et al., 2017; Johansen et al., 2013; PRB, 2013; WHO, 2011

³ Berg & Denison, 2012a, 2013

The current study builds on the existing evidence by conducting an up-to-date global synthesis of evidence on the effectiveness of FGM interventions, spanning over a decade. **In contrast to previous reviews, the present review considered qualitative, quantitative and mixed methods studies to fully reflect the existing evidence base; literature in Arabic, English, and French; and assessed both the quality of studies and the strength of the evidence to inform the discourse on what works to end FGM.**

Methods

This study conducted a Rapid Evidence Assessment of the available literature on FGM interventions from 2008-2020 by conducting a systematic search of literature in scientific databases and also from websites of institutions or organisations involved in FGM work (n=45). Additional literature was identified by hand searching references of retrieved studies and suggestions from experts in the FGM field.

- The quality of studies was assessed using the DfID “How to Note: Assessing the Strength of Evidence” guidelines. Studies that met the inclusion criteria were scored according to indicators aligning with the principles of conceptual framing, transparency, appropriateness, cultural/context sensitivity, validity and reliability.
- The strength of evidence was evaluated using a modified Gray scale that has been previously used to assess the strength of evidence of other reproductive health interventions. The modified Gray scale classifies studies into levels:

GRAY I systematic review of multiple well-designed, randomized controlled trials;

GRAY II well-designed, randomized controlled trial of sufficient size;

GRAY IIIA well-designed trial/study without randomization that includes a control group;

GRAY IIIB well-designed trial/study without randomization that does not include a control group;

GRAY IV well-designed, non-experimental study from more than one centre or research group, qualitative studies, and/or analysis of routine data; and

GRAY V opinions of respected authorities, based on clinical evidence, descriptive studies, or reports of expert committees.

Key findings

Out of 7,698 records that were retrieved, 115 studies met the inclusion criteria. Of the 115 studies included in the final analysis, 106 were of high and moderate quality.

Study findings were organised according to the four levels of the multi-sectoral approach underpinning the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change's global overarching theory of change.

SYSTEM LEVEL	Interventions providing an enabling environment for ending FGM.
COMMUNITY LEVEL	Interventions challenging gender and social norms.
INDIVIDUAL LEVEL	Interventions targeting girls' and women's empowerment.
SERVICE LEVEL	Interventions providing services for FGM prevention, protection, and care.

Evidence on What Works in FGM Prevention and Response

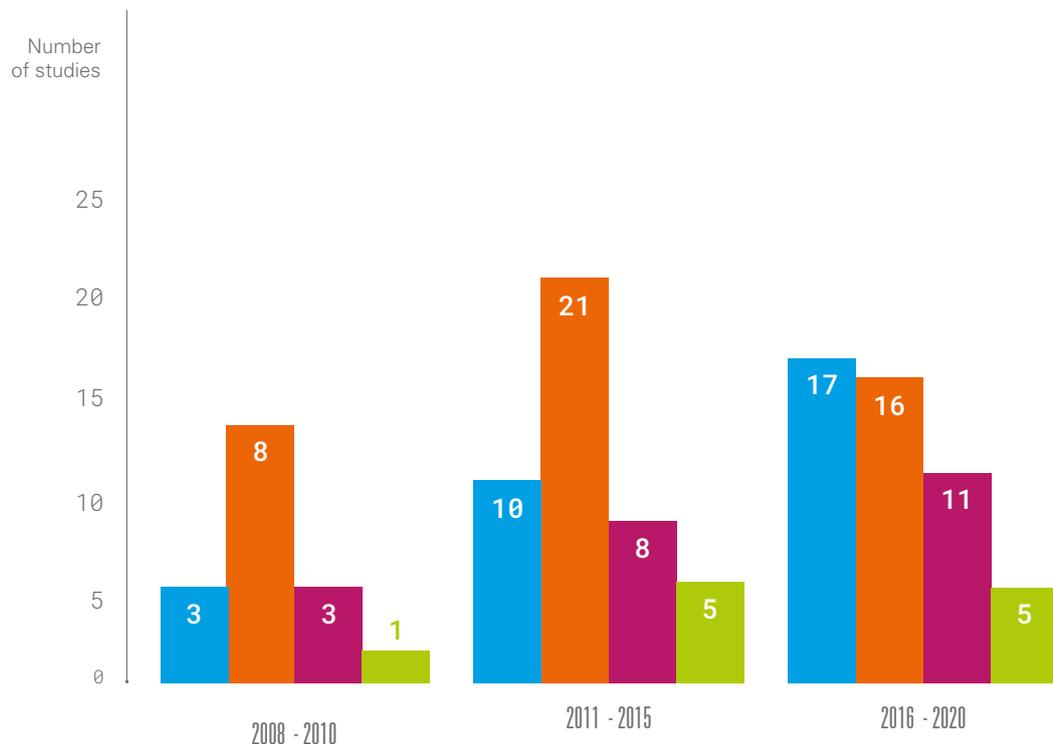
Combining the Gray rating strength of the moderate and high-quality studies along with the geographical spread of the interventions allows for analysis of successful programming toward abandoning FGM. This evidence review has demonstrated that there are some interventions that will lead to the abandonment of FGM. However, given the limited evidence across countries/regions overall, it is difficult to make strong claims toward interventions that may be said to "work," particularly in light of varying cultural contexts.

Nonetheless, a review of the evidence using the following categorization elicits several promising interventions with sufficient indications for additional action based on the following criteria:

- **Successful Interventions with Supporting Evidence:** 4 or more studies that are Gray IIIb or higher (i.e., IIIa/b, II, I) and have evidence from more than one country.
- **Promising Interventions that Need Further Evidence:** 3 or fewer studies of any Gray level or 2 or more studies Gray IIIb or higher but from only one country.
- **Interventions that Do Not Work:** 4 or more studies that are Gray IIIb or higher (i.e., IIIa/b, II, I) and have evidence from more than one country that the intervention does not work.

LEGEND

- System level
- Community level
- Individual level
- Service level



Successful interventions with supporting evidence

Level	Intervention/evidence
COMMUNITY	<p>Health education and community dialogues with parents and religious leaders can change attitudes about FGM: an important step in the continuum of change towards abandonment of FGM (Diop and Askew, 2009, Gray IIIa; Johansen et al., 2013, Gray IIIa-IV; Abdulah et al., 2020, Gray IIIb; Asekun-Olarinmoye and Amusan, 2008, Gray IIIb; Ekwueme et al., 2010, Gray IIIb; Galukande et al., 2019, Gray IIIb; Kipchumba et al., 2019, Gray IIIb; Barrett et al., 2020, Gray IV; UNICEF, 2010, Gray IV; Brown, 2013, Gray V).</p> <p>Media/social marketing efforts are effective in changing social norms and attitudes towards abandoning FGM, and, in some cases, reducing FGM (Abathun et al., 2018, Gray IIIa; Berg and Denison, 2013, Gray IIIa-IV; Evans et al., 2019, Gray IIIa; Ahmed, 2012, Gray IIIb; Hussein and Ghattass, 2019, Gray IIIb; Kaunga, 2014, Gray IIIb; Suzuki and Meekers, 2008, Gray IIIb; Vogt et al., 2016, Gray IIIb; Mehari et al., 2020, Gray IV; Brown, 2013, Gray V; Buttia, 2015, Gray V; Nielssen and Coulibaly 2014, Gray V; UNFPA, 2017, Gray V).</p>
INDIVIDUAL	<p>Educating mothers can reduce the numbers of girls undergoing FGM. The higher the level of formal education of a mother, the less likely her daughter is to undergo FGM (Afifi, 2010, Gray IIIb; Ameyaw et al., 2020, Gray IIIb; Bø Nesje, 2014, Gray IIIb; Modrek and Liu, 2013, Gray IIIb; Rawat, 2017, Gray IV).</p> <p>Educating girls leads to improved knowledge and changing attitudes: an important step in the continuum of change towards abandonment of FGM (Denison et al., 2009, Gray IIIa; Mahgoub et al., 2019, IIIa; Berg and Denison 2013, Gray IIIa-IV; Nambisia, 2014, Gray IIIb; Van Bavel et al., 2017, Gray V).</p>

Promising interventions that need further evidence

Level	Intervention/evidence
SYSTEM	Legislation accompanied by political will, in combination with additional interventions such as sensitization and locally appropriate enforcement mechanisms are promising practices in reducing FGM (Kandala and Komba, 2015, Gray IIIb; Ako and Akweongo, 2009, Gray IV; Al-Nagar et al., 2017, Gray IV; Baillet et al., 2018, Gray IV; Mehari et al., 2020, Gray IV; Muthumbi et al., 2015, Gray IV; Nabaneh and Muula, 2019, Gray V).
COMMUNITY	<p>Creating FGM-free communities via public declarations, particularly when accompanied by post-declaration follow up, may change attitudes and potentially reduce FGM (UNICEF, 2012, Gray IIIb; Ruiz et al., 2017, Gray IV; UNFPA–UNICEF, 2018, Gray IV; UNFPA, 2017, Gray V).</p> <p>Public statements of opposition to FGM by religious leaders may help change attitudes towards abandoning FGM (Barsoum et al., 2011, Gray IIIb; Kipchumba et al., 2019, Gray IIIb; UNICEF, 2012, Gray IIIb; Al-Nagar et al., 2017, Gray IV; Mehari et al., 2020, Gray IV; Abdi and Askew, 2009, Gray V; PRB, 2013, Gray V).</p>
SERVICE	Health-care provider training can improve capacity for prevention and treatment of FGM. Further information is needed on the type of training and the best ways to address the gaps (Kimani et al., 2018, Gray IIIb; McCracken, 2017, Gray IIIb).

Interventions lacking evidence

Level	Intervention/evidence
SYSTEM	Legislation may take a long time to end FGM (Cetorelli et al., 2020, Gray IIIa; Hassanin and Shaaban, 2013, Gray IIIa; Camilotti, 2016, Gray IIIb; Hassanin et al., 2008, Gray IIIb; Kandala and Komba, 2015, Gray IIIb; Nambisia, 2014, Gray IIIb; Al-Nagar et al., 2017, Gray IV; Brown and Porter, 2016, Gray IV; Meroka-Mutua et al., 2020, Gray IV; Wouango et al., 2020, Gray IV; Dowuona-Hammond et al., 2020, Gray V); additionally, criminalization may drive the practice underground (Shell-Duncan et al., 2013, Gray IIIa; Ako and Akweongo, 2009, Gray IV; Boyden, 2012, Gray IV; Plugge et al., 2019, Gray IV; Buttia, 2015, Gray V; Johnsdotter, 2019, Gray V).
COMMUNITY	Efforts to convert and/or provide traditional practitioners with alternative sources of income have not been effective in eliminating FGM (Johansen et al., 2013, Gray IIIa; Ako and Akweongo, 2009, Gray IV; Van Bavel, 2020, Gray IV; Vestbøstad and Blystad, 2014, Gray IV; Buttia, 2015, Gray V).
INDIVIDUAL	Alternative rites of passage with a focus on the public ceremonial passage of girls is not effective in reducing or eliminating FGM (Oloo et al., 2011, Gray IIIb; Mwendwa et al., 2020, Gray IV; UNICEF, 2010, Gray IV; Mepukori, 2016, Gray V; Graamans et al., 2019, Gray V).

Conclusion

The collective strength of these moderate and high-quality studies identifies successful and promising interventions, as well as interventions that lack evidence on their effectiveness, and thus provides ideas for guiding potential programming and policymaking.

IN SUMMARY:

Health education, community dialogues with parents and religious leaders, the use of media and social marketing efforts, and formal education for women and girls are examples of interventions that have a strong enough body of evidence to justify wider implementation as part of comprehensive efforts to eliminate FGM.

Legislation accompanied by political will in combination with additional interventions, creating FGM-free communities via public declarations, and health provider training are promising interventions that need further evidence.

Providing traditional practitioners with alternative sources of income and alternative rites of passage with a focus on public ceremonial passage of girls is not effective in ending FGM.

Adequately addressing FGM requires a holistic approach bringing together interventions that are sensitive to the complexity of FGM. This review has provided some insight on the effectiveness of interventions that have so far been implemented and assessed, but there remain several interventions for which there is insufficient evidence to determine their effectiveness in preventing and responding to FGM.