



FOREWORD

The One Community Program is a workshop developed collaboratively by the U.S. Committee for Refugees and Immigrants (USCRI), the International Institute of Erie (IIE), and the International Institute of Minnesota. It is funded by the U.S. Office of Women's Health. The goals of the program are to provide education to the Somali community and other refugee and immigrant groups about health-related cultural issues, especially regarding Female Genital Cutting (FGM/C).

This training was created to help members of the One Community Team fill these gaps in professional education by producing a range of training materials to build the capacity of health personnel to prevent and to manage the health complications of FGM/C.

In the United States, available estimates suggest that more than 513,000 girls and women have experienced Female Genital Cutting (FGM/C) or are at risk of FGM/C. Worldwide, as many as 140 million girls and women alive today have been cut.¹ Three million more girls and women are thought to be at risk of FGM/C each year. The great majority of affected women live in sub-Saharan Africa, but the practice is also known in parts of the Middle East and Asia. Today, women with FGM/C are increasingly found in Europe, Australia, New Zealand, Canada and the United States of America, largely as a result of migration from countries where FGM/C is a cultural tradition.

FGM/C covers a range of procedures, but in the great majority of cases it involves the excision of the clitoris and the labia minora (World Health Organization Classification (WHO)-Type 2). At its most extreme, the procedure entails the excision of almost all the external genitalia and suturing the vulva closed, leaving only a tiny opening (WHO Classification-Type 3). In November 2016, the American College of Gynecologists adopted the WHO system for FGM/C as a way for practitioners to better understand and communicate regarding patient evaluation and treatment*reference article

Whatever form it takes, FGM/C is a violation of the human rights of girls and women. It is a grave threat to their health. The complications of FGM/C – physical, psychological, and sexual – require skilled and sensitive management by health care workers, yet FGM/C is rarely mentioned, let alone covered in detail. This guide hopes to help you improve the quality of care and education women receive.

¹ <https://www.womenshealth.gov/publications/our-publications/fact-sheet/female-genital-cutting.html#sources>

Introduction

Who should use this instructor's guide?

The instructor's guide is intended for use primarily by the members of the OCP Team who are providing basic in-service training to local healthcare providers. The guide can be used as a train-the-trainer tool as well.

How is the Instructor's Guide Organized?

The guide consists of five modules on FGM/C. Each module can be expanded from 10-30 minutes depending on the provider's need and availability. Supplemental materials are provided. On the Power Point, the beginning of each module and its learning objectives are marked with a lotus flower – the sign of strength. The modules are as follows:

Module 1: Introduction to Female Genital Cutting (FGM/C)

This module is the building block of the workshop. It gives healthcare providers a general overview of FGM/C and where it is practiced.

Module 2: Traditional Beliefs, Values, and Attitudes Towards FGM/C

This module goes into further detail about the traditional beliefs and values that healthcare providers might encounter in women who have experienced FGM/C. It provides the tools and foundation to be more culturally competent and aware when talking with patients.

Module 3: Complications of FGM/C

This module explores the health complications that can occur for women who have undergone FGM/C.

Module 4: Strategies for Involving Individuals, Families, and Communities in the Prevention of FGM/C

This module takes a closer look at tools and approaches healthcare workers can use to be more inclusive in their discussions about FGM/C.

Module 5: Professional Ethics and Legal Implications of FGM/C

This module explains the ethical and legal complications that can occur in working with women who have undergone FGM/C or who are at risk.

Workshop Activities

Because FGM/C is an extremely sensitive topic, it is important that the instructor meet the healthcare provider where they are with their knowledge and experience with FGM/C. Using a combination of activities through the modules will help keep the participants engaged. Allowing participants time to ask questions is key to meeting the learning objectives.

- The Lecture
- Small Group Discussions
- Large Group Discussions
- Case Studies and Analysis
- Story Telling

Outline

	Time
Introduction to the One Community Project	2-3 minutes
Module 1: Introductions to Female Genital Cutting (FGM/C)	10 minutes
Module 2: Traditional Beliefs, Values, and Attitudes Towards FGM/C	10 minutes
Module 3: Complications of FGM/C	10 minutes
Module 4: Strategies for Involving Individuals, Families, and Communities in the Prevention of FGM/C	10 minutes
Module 5: Professional Ethics and Legal Implications of FGM/C	10 minutes
Closing and Workshop Feedback	5-7 minutes

Learning Objectives

At the end of the end of the presentation, the participants are expected to have a general knowledge of the OCP Program and FGM/C. The specific learning objectives of each module are detailed below.

Module 1: Introduction to Female Genital Cutting (FGM/C)

At the end of this module, participants are expected to be able to:

- Identify which ethnic communities practice FGM/C;
- Give a description of FGM/C;
- Recall the World Health Organizations classification of FGM/C.

Module 2: Traditional Beliefs, Values, and Attitudes Towards FGM/C

At the end of this module participants are expected to be able to:

- Understand the origins of FGM/C;
- Identify the reasons FGM/C is practiced.

Module 3: Complications of FGM/C

At the end of this module participants are expected to be able to:

- Describe the immediate and long-term complications of FGM/C;
- Identify the appropriate community resources to address said complications.

Module 4: Strategies for Involving Individuals, Families, and Communities in the Prevention of FGM/C.

At the end of this module participants are expected to be able to:

- Understand how culture and belief systems connect to community/healthcare access;
- Understand how to better define patient's needs and be culturally competent to address them;
- Provide support and/or referrals for women and girls who want to prevent FGM/C.

Module 5: Professional Ethics and Legal Implications of FGM/C

At the end of this module participants are expected to be able to:

- Understand the cultural differences in how community is defined;
- Understand the male role in FGM/C;
- Provide support and/or referrals to women and girls who want have undergone FGM/C or want to prevent it from happening.

Materials Needed

- ✓ Agenda
- ✓ Attendance Record
- ✓ Pencils and Pens
- ✓ PowerPoint
- ✓ Projector, Laptop, Extension Cord, Speakers
- ✓ Refreshments and Snacks
- ✓ Video/Audio Clips (Imbedded in PowerPoint)

- Handouts
 - Copies of PowerPoint Slides
 - Workshop Evaluation
- Banana

The Workshop

I. Introduction (2-3 minutes)

1. Describe the One Community Program (Slide 1).
 - The One Community Program is a workshop developed collaboratively by the U.S. Committee for Refugees and Immigrants (USCRI), the International Institute of Erie (IIE), and the International Institute of Minnesota. It is funded by the U.S. Office of Women's Health. The goals of the program are to provide education to the Somali community and other refugee and immigrant groups about health-related cultural issues, especially regarding Female Genital Cutting (FGM/C).
 - Describe your role and background
- 2.. Show Slide 2 and go over the agenda with the participants.

II. Module 1 Introduction to Female Genital Cutting (10 minutes)

1. Review the Learning Objectives on slide 3 with participants.
2. Slide 4 is a large group activity. The goal of this activity is to set the tone of participation among the participants. The activity should provide an opportunity for participants to learn something about each other and the facilitator. The facilitator should be prepared to answer to these questions (answers are available by clicking under the questions).
 - Encourage participants to give their name before answering.
 - Jot down answers on a flip chart, white board, or note pad.
 - Once everyone has shared, reflect to the group any themes that came out. Themes could include misconceptions of who practices FGM/C, over exaggeration of numbers, or a general lack of knowledge. Remember, your role in the workshop is to educate.
3. Slide 5 presents a series of facts on FGM/C as well as tools used in the various types of procedures. Discuss the slide with the group.
4. Slide 6, describes the four types of FGM/C as defined by the World Health Organization. Discuss each type with the group. Provide Handout 1 Types of FGM/C to the group. Allow time for them to take notes. Show the video.

III. Module 2 Traditional Beliefs, Values, and Attitudes Towards FGM/C (10 minutes)

1. Review the Learning Objectives on **slide 7** with participants.
2. Show **slide 8**. Provide one participant with the banana and ask them to peel it. Observe that if the participant peels the banana from the stem down they are most likely American. If they peel it from the bottom, they are most likely from another country outside the U.S. This activity is meant to highlight that culture is made up of both large and small learned behaviors. Learning how to peel a banana differently is much easier than changing a system of beliefs that can ostracize and individual. Discuss how if peeling a banana one way versus another did ostracize you, you might reconsider your actions.
 - Explain that we do not know when or where the tradition of FGM/C originated.
3. Transition into **slide 9**, which explores the possible reasons that FGM/C continues to happen in certain cultures e.g. Somalis. Discuss with the group that genital cutting process often happens at a young age highlighting that these girls are not often given the choice of whether they wish to take part in this tradition. They are unable to make the decision themselves but are continuously pressured by the beliefs already set by their parents as well as the social norms set by their community. Because the young girls do not want to be ostracized, banished from their village, or looked down upon by their parents and rest of the community, they are left with no choice but to take part in this practice.
 - Below is a list of additional reasons that can be discussed:
 - a) Social Pressure
 - b) The Excisor is powerful and respected
 - c) It makes a girl beautiful
 - d) Enhances male sexual pleasure
 - e) Solves the problem of infertility
4. **Slide 10** shows participants the geographic areas where FGM/C primarily occurs. Ask participants if there is anything that surprises them about this map. Encourage discussion.

IV. Module 3 Complications of FGM/C (10 minutes)

1. Review the Learning Objectives on **slide 11** with participants. Before clicking on **slide 12**, encourage the group to give you their input on what would be both short and long term complications with FGM/C.
2. **Slide 12, 13, and 14** provide participants with a list of complications. Discuss the lists with the group.
3. **Slide 15** offers providers several suggestions on working with circumcised women. Discuss the slide.

V. Module 4 Strategies for Involving Individuals, Families, and Communities in the Prevention of FGM/C (10 minutes)

1. Review the Learning Objectives on **slide 16** with participants.
2. Show **slide 17**. Explain the medical professionals are respected by families and that they have an important role to play in the education and prevention of FGM/C. However, it is important for medical providers to understand that beliefs around FGM/C are very ingrained in the community's way of thinking.
 - Small Group Activity: On the left of **slide 17** is a set of beliefs. Give the group a few moments to discuss the set of beliefs a patient might have and how they, as the medical provider, will contribute to a change in behavior. Bring the group back together. Possible answers are on the right and can be revealed after a large group conversations occurs. Simply click on the empty area. *Let's Brainstorm* can be done independently. There are 3 distinct text boxes to reveal.
3. Discuss **slide 18**. Encourage participants to take notes and ask questions.

VI. Module 5 Professional ethics and Legal Implications of FGM/C (10 minutes)

1. Review the Learning Objectives on **slide 19** with participants.
2. **Slide 20** Discuss the professional ethics outline on the slide.
3. On **slide 21**, review the federal law for those who assist or commit FGM/C. As a trainer, you should make sure you are familiar with child protective services and your local agency.
4. **Slide 22, 23, and 24** provide examples of current cases. Review the cases with the group.
5. **Slide 25** give the group the most current State laws regarding FGM/C. This will need to be updated and reviewed regularly to ensure that you are offering the group the most current and applicable information.

VII. Closing (2-3 minutes)

1. **Slide 26** Thank the participants for coming. Provide your contact information. Pass out the evaluation form and encourage them to complete it.

Workshop Evaluation

Circle the best answer.

1. I understand what the One Community project is.	YES!	Somewhat	NO!
2. I understand the legal implications of FGM/C.	YES!	Somewhat	NO!
3. I understand the cultural sensitivity of FGM/C	YES!	Somewhat	NO!
4. I understand how cultural beliefs can limit medical care.	YES!	Somewhat	NO!
5. The information was interesting to me.	YES!	Somewhat	NO!
6. The information was useful to me.	YES!	Somewhat	NO!
7. As a healthcare worker, I felt comfortable sharing my experiences and beliefs about FGM/C with the larger group.	YES!	Somewhat	NO!
8. The information I learned will positively influence how I interact with women who have undergone FGM/C.	YES!	Somewhat	NO!
9. I have a better understanding of the different types of FGM/C	YES!	Somewhat	NO!
10. I feel better prepared to address a patient's experience with FGM/C	YES!	Somewhat	NO!
11. After the workshop, I can identify community resources and tools to help women who have undergone FGM/C.	YES!	Somewhat	NO!

Comments, Thoughts, Anything Else We Should Know?

THANK YOU FOR YOUR PARTICIPATION TODAY!

Instructor Feedback

Facilitator Name: _____ DATE: _____

How many participants attended this module today? _____

How many participants were expected to attend today? _____

Where did you facilitate today? _____

The Presentation		Completed	
Review of Learning Objectives		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Opening		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Introduction to the One Community Project		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completed all 5 modules in the time allotted		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participants were engaged in the session.	Not at all A little	Somewhat	A lot
Participants felt comfortable sharing thoughts and ideas.	Not at all A little	Somewhat	A lot
Participants thoughtfully considered the information presented.	Not at all A little	Somewhat	A lot
I was able to generate an atmosphere of mutual respect.	Not at all A little	Somewhat	A lot
Did you make any additions or changes to the module or to the activities in the module?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe what you added or changed and why.			
Please describe anything that went well or caught you by surprise.			

Handout 1 Types of FGM/C

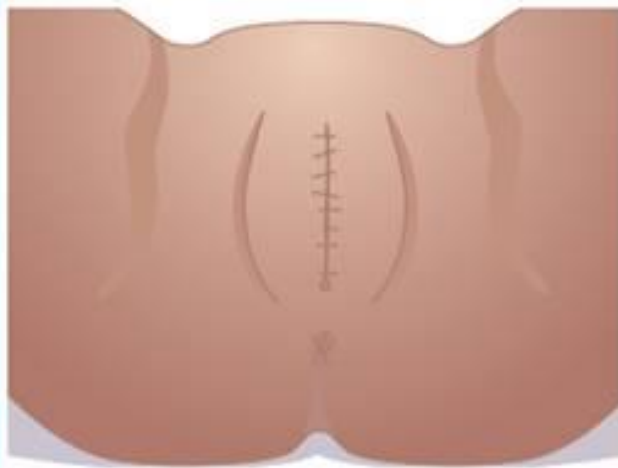
World Health Organization (2008) classification of female genital mutilation



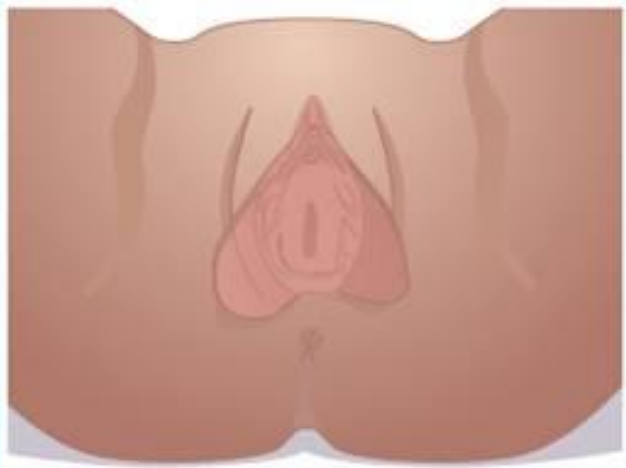
a) Type 1 – clitoridectomy



b) Type 2 – excision



c) Type 3 – infibulation



d) Type 4 – other, for example stretched labia

Notes:
