

## Respective Health Care for Women and Girls Experiencing Female Genital Cutting

Initial Project duration : 36 months starting from the 7 January 2019, new end date 31 March 2023, extended due to COVID-19

Public Health, Primary Care, Health Sociology

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### Overview

Equitable and gender-sensitive health care to women and girls with or at risk of FGC is a challenge, specifically in accessing health resources that meet their needs, which can be complex. The objectives of this unique consortium are as follows: **1.** To gather knowledge, attitudes and practices of healthcare professionals towards FGC; **2.** To identify the extent to which healthcare provider training packages incorporate the voices of women who have been subject to FGC for efficient, culturally safe and gender sensitive training tools; **3.** To contrast predictive models of risk estimates across partner countries; **4.** To gain better understanding of the best practices regarding policy implementations and legal frameworks with regards to the prevention of FGC; **5.** To develop and pilot-test an informative video on defibulation for and by women themselves in accessible languages.

### Progress to date

Informative short video-clips: RAFIQ Productions in partnership with the Minister of Justice (Canada):

- Élise Dubuc (Sainte-Justine Hospital) :
  - [https://youtu.be/8\\_U2vmwEy0A](https://youtu.be/8_U2vmwEy0A)
  - <https://youtu.be/uPJC4ujsDS4>
- Bilkis Vissandjée (Université de Montréal - CIUSSS Centre-Ouest de l'Île-de-Montreal) : <https://youtu.be/m8b6CN4-BbI>
- Rachel Chagnon (University of Quebec in Montreal) : <https://youtu.be/vI9QG8fWuY4>
- Véronique Harvey (RIVO Resilience (Réseau d'intervention auprès des personnes ayant subi la violence organisée);
  - <https://youtu.be/v-ENDURqkzI>
  - [https://youtu.be/Wik8Fpc1t\\_Y](https://youtu.be/Wik8Fpc1t_Y)
- RAFIQ : Stories of Lived Experiences
  - <https://youtu.be/p84tNOeZ-Es>
  - <https://youtu.be/djklIF-Vqj8>
  - <https://youtu.be/F6FwRH2IBQM>

Informative short video-clips: GAMS Productions in partnership with the Ministry of Public Health (Belgium)

- FPS Health, Food Chain Safety and Environment (French): <https://www.health.belgium.be/en/node/39316>
- GAMS Belgium's Website (English, Dutch and French): <https://gams.be/en/initiating-a-dialogue-on-deinfibulation/>
- GAMS Belgium Youtube Chain (all nine languages - Afar, Amharic, Arabic, Dutch, English, French, Fula, Somali, Tigrinya) : <https://www.youtube.com/channel/UC9osj8btP6Uc6INCvrfmQdw/videos>

Selected scientific publications:

- O'Neill, S., Richard, F., Vanderhoven, C. et Caillet, M. (2021). Pleasure, womanhood and the desire for reconstructive surgery after female genital cutting in Belgium. *Anthropology & Medicine*, 1-18. <https://doi.org/10.1080/13648470.2021.1994332>
- Azadi, B., Tantet, C., Sylla, F. et **Andro, A.** (2021). Women who have undergone female genital mutilation/cutting's perceptions and experiences with healthcare providers in Paris. *Culture, Health & Sexuality*, 1-14. <https://doi.org/10.1080/13691058.2021.1982010>

## Respectful Health Care for Women and Girls Experiencing Female Genital Cutting

- **Essén B, Mosselmans L.** (2021). How to ensure policies and interventions rely on strong supporting facts to improve women's health: the case of FGM/C using Rosling's Factfulness approach. *Acta Obstetrica et Gynecologica Scandinavica*, 100(4), 579-586. <https://doi.org/10.1111/aogs.14059>
- **O'Neill, S.** et Pallitto. (2021). The Consequences of Female Genital Mutilation on Psycho-Social Well-Being: A Systematic Review of Qualitative Research. *Qualitative Health Research*, 31(9), 1738-1750. <https://doi.org/10.1177/10497323211001862>
- **O'Neill S, Bader D, Kraus C, Godin I, Abdulcadir J, Alexander S.** (2020). Rethinking the Anti-FGM Zero-Tolerance Policy: from Intellectual Concerns to Empirical Challenges. *Current Sexual Health Reports*, 12, 266-275.
- **Florquin S, Richard F.** (2020). Critical Discussion on Female Genital Cutting/Mutilation and Other Genital Alterations. *Current Sexual Health Reports*, 12, 292-301

### Impact of COVID-19

All in-person activities were replaced with online meetings until January 2021 with progressive in-person within countries depending on respective sanitary measures. The next in-person meeting since the one in February 2020 is planned for April 2022 at Uppsala University in Sweden.

### Team members

	<b>Woman</b>	<b>Man</b>	<b>Other</b>
<b>Gender balance in the whole consortium</b>	110 (95%)	6 (5%)	0 (0%)
<b>Presence of women as lead researchers/PIs</b>	6 (100%)	0 (0%)	0 (0%)
<b>Gender Experts in the team</b>	7 (100%)	0 (0%)	0 (0%)
<b>Subsequent team members trained (Gender equality and/or IGAR)</b>	7 (100%)	0 (0%)	0 (0%)

### Contribution to the achievement of UN Sustainable Development Goals (SDGs)

Tools and resources integrated recommendations identified in SDG 3, by ensuring universal access to sexual and reproductive health-care services, and the integration of reproductive health into national strategies and programs, namely, sensitive knowledge of personal and clinical trajectories of women and girls with FGC, strategies to address communication barriers in order to provide adequate and timely information as well as referral to specialist clinics.

### Differences/inequalities between women and men highlighted by the project:

Various analyses activities are currently in process from knowledge, attitudes and practices data collection among health care and social services providers (Europe and Canada) and analyses within Canadian legal databases in reference to FGC and asylum. It is expected that these activities highlight areas where actions will need to be reinforced to decrease inequalities in access to quality of care and services.

### Positive impact of the project on gender equality/scientific evidence on gender in the field

Given the delicate and gender-related nature of the topic, the five work packages are inherently and cross-sectionally addressing gender equality. Narratives, qualitative, quantitative measurements and legal discourse include sensitivity to equity, diversity and inclusion in learning and capacity building strategies.

### Socio-economic impact; involvement of policy makers/civil society

Estimates of prevalence of women and girls in Canada who may have undergone or may be at-risk of FGC are discussed in its best ways to report so as to address the issue of access and quality of care while remaining cautious in preventing potential risks of stigma. Such a report will be a first in Canada. Such work is to claim sustained support for sensitive and personalized programs as well as coherent policies to reach out and serve girls, women and families experiencing or at risk of FGC in migrant welcoming societies. Transferability of lived experiences and scientific evidence into clinical practice by improving clinical guidelines for quality and safe interactions between healthcare providers and women and girls is the ultimate goal.