Interventions to reduce female genital mutilation/cutting affect attitudes, not practices

Girls exposed to female genital mutilation/cutting (FGM/C) are at risk of both immediate adverse physical consequences as well as long-term health consequences. The assessment of the effectiveness of interventions to reduce the prevalence of FGM/C is hampered by a lack of rigorous evidence.

What did the review study?
Female genital mutilation/cutting is a traditional practice that involves the partial or total removal or other injury to the female genital organs for non-medical reasons. It is mainly rooted in religio-social beliefs and carried out mainly in 28 countries in Africa on prepubescent girls.

FGM/C interventions aim to reduce the occurrence of FGM/C among practicing communities. This review examines the empirical research on the effectiveness of FGM/C interventions. The review also examines the contextual factors that may help explain the effectiveness, or lack thereof, of such interventions.

What studies are included?
Included studies reported on any interventions aimed at preventing, or reducing the prevalence of FGM/C with girls and/or young women at risk of FGM/C. Studies reporting interventions targeting members of communities practicing FGM/C such as religious leaders and traditional circumcisers as participants were also included. Effectiveness studies had to employ a controlled before-and-after study design.

The studies were conducted in Burkina Faso, Egypt, Ethiopia, Somalia/Kenya, Mali, Nigeria and Senegal.

The context studies adopted both qualitative and cross-sectional quantitative study designs. A total of eight effectiveness studies and 27 context studies with 7,042 participants were included in the review.
What are the main results in this review? Interventions to encourage the abandonment of FGM/C have positive effects on attitudes, but limited effects were found on the practice of FGM/C itself. The limited effects may be due to weak program intensity, implementation problems, and an insufficient number of study participant to detect changes.

The main factors that supported FGM/C were tradition, religion, and reduction of women’s sexual desire. The main factors that hindered FGM/C were medical complications and prevention of sexual satisfaction.

What do the findings in this review mean? The eight effectiveness studies which were included in the review had low methodological quality. But while there is doubt as to the validity of the findings, the results point to changes in attitudes. Thus, there is a need to conduct methodologically rigorous evaluations of effectiveness.