The REPLACE Community Readiness to End FGM Assessment

PRACTICAL HANDBOOK

(based on REPLACE Approach: see www.replacefgm2.eu)

Prepared by

Professor Hazel Barrett & Dr Yussif Alhassan

Coventry University

UK

March 2016

This project is co-funded by the European Union

This Practical Handbook has been prepared under the auspices of CHANGE Plus Project. CHANGE Plus is co-funded by the European Union under the Rights, Equality and Citizenship Programme and coordinated by TERRE DES FEMMES. The sole responsibility of this Practical Handbook lies with the authors. The views adopted in this publication do not reflect the opinion of the European Commission. The European Commission does not guarantee the accuracy of the information given in this publication, nor does it accept responsibility for any use thereof.

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AIM

The aim of the REPLACE Community Readiness to End FGM Assessment is to determine how ready a community is to challenge the social norm perpetuating FGM within an FGM affected community living in the EU, and thus inform the type of behaviour change activity/intervention that is required to move the community towards ending FGM.

INTRODUCTION

As we have seen from the Community Mapping Exercise, African communities living in the EU that practice FGM have different belief systems, social norms and community enforcement mechanisms that perpetuate the practice. It is clear that the socio-cultural context of EU member states plays a significant role in how practising communities respond to anti-FGM messages and legislation. Not only do practising communities react to external environmental issues, they also respond to internal changes within their communities. Because of the different socio-cultural environments associated with each EU member state, we cannot assume all practising communities hold similar beliefs regarding FGM, even if from the same ethnic group or country of origin. Furthermore, we should not assume that all individuals who identify as members of a practising community wish to continue the practice. Indeed, Johnsdotter (2007) suggested that Somalis living in Sweden may find it a relief that they do not have to circumcise their daughters, though more recent findings suggest women having migrated to Sweden from an FGM-practicing country were more ambivalent to the practice – having recognised its negative health consequences but acknowledging the importance of the practice within their culture (Isman *et al.,* 2013). Conversely, research has shown that residing in the EU may change the 'meaning' of the practice, for example, Johansen (2007) proposes that some individuals may perceive FGM as being an ethnic identifier, a means by which individuals can retain their ethnicity and 'culture' whilst residing in the EU.

Thus each community is different and will be at different stages of readiness to challenge and overturn the social norm supporting the continuation of FGM in the EU. Few if any interventions in the EU aimed at ending FGM have taken this into consideration, often using the same intervention for all FGM affected communities. As a result the impact of these interventions has frequently been disappointing, with awareness of FGM being raised but little evidence of behavioural change and the associated abandonment of FGM.

The REPLACE Community Readiness to End FGM Assessment is an appraisal of a community's readiness to end FGM and places communities in one of nine stages of readiness to change ranging from stage one 'no community awareness of the issues associated with ending FGM' to stage nine 'high level community buy in to end FGM'. This is an innovative method for assessing the level of readiness of a community to work towards ending FGM which is based on six dimensions of change and helps inform the type and content of behaviour change activities/interventions that should be used with the community to shift behavioural change towards the goal of ending FGM. It can also be used, if applied before and after activity/intervention implementation to identify any shifts in community readiness to end FGM.

THE REPLACE COMMUNITY READINESS TO END FGM ASSESSMENT

The REPLACE Community Readiness to End FGM Assessment is based on the *Handbook for using the Community Readiness Model* (Plested *et al,* 2006) produced by the Tri-Ethnic

Centre for Prevention Research at Colorado University. This Handbook was produced to tackle domestic violence, and alcohol and drug abuse in American communities. It has been adapted by the REPLACE team for working with FGM affected communities living in the EU. It has been trialled and evaluated by all REPLACE partners with the FGM communities engaged in the REPLACE Project (Barrett et al, 2015a, 2015b).

The REPLACE Community Readiness to end FGM Assessment is multi-dimensional assessing six dimensions of change which are scored and then equated to one of nine stages of readiness to change. These are shown in Figure 1.

The scoring of the dimensions to change and the corresponding readiness to change stages are shown in Figure 2. The community's stage of readiness to end FGM gives a strong indication of where a community is on the continuum of social norm transformation and helps inform the type and content of behaviour change activities and interventions that should be used with the community to shift behavioural change towards the goal of ending FGM. The link between the dimensions of change, the stages of readiness and associated activities and interventions are shown in Figure 2.

The fact that communities are not homogeneous and readiness to change may vary by age, gender and length of residence living in the host country, might suggest that the REPLACE Community Readiness to End FGM Assessment could be applied to different segments of the community, with interventions being tailored to these groups. However if a social norm is to be challenged and overturned all segments of the community must be involved.

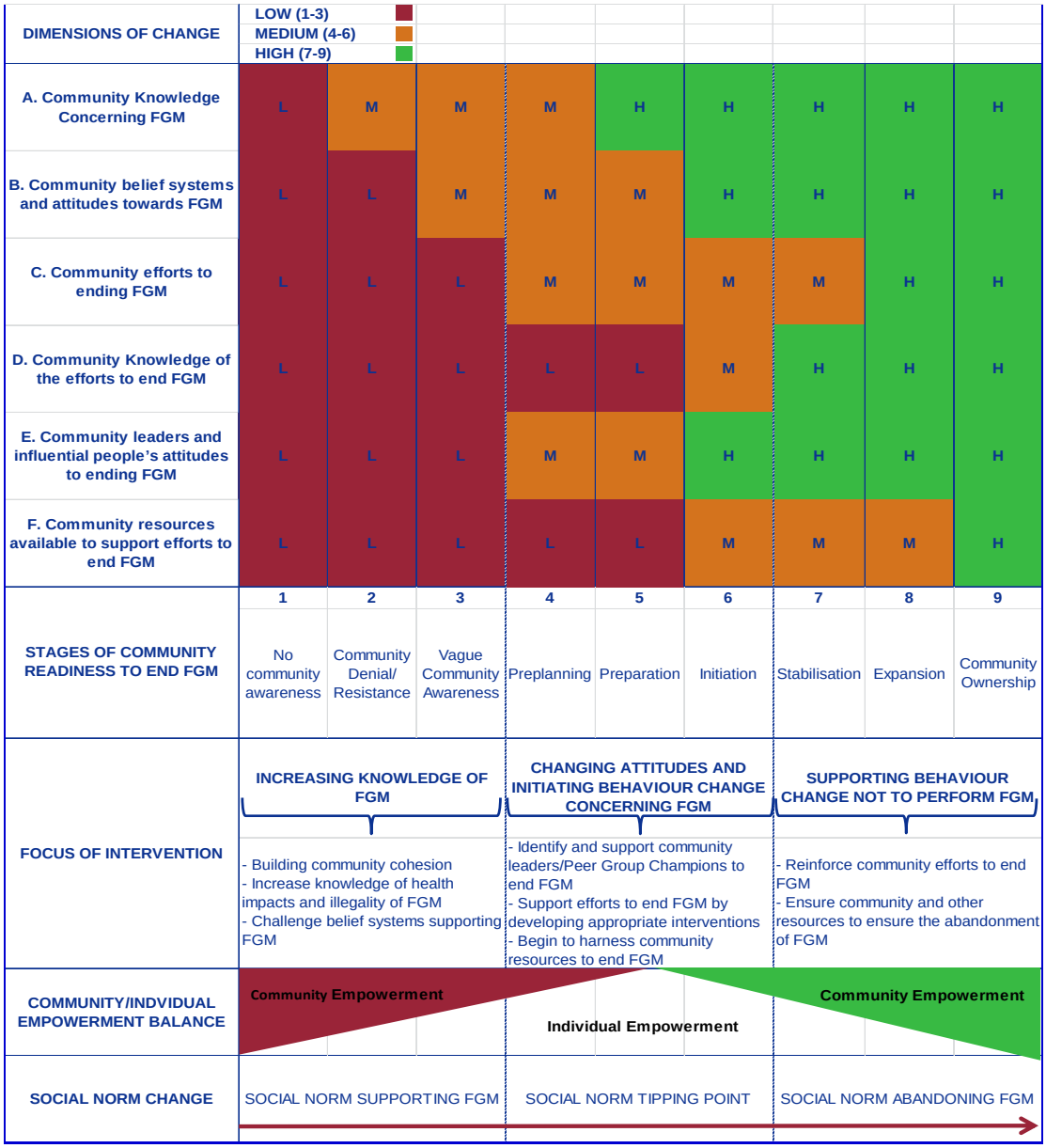
Figure 1: Dimensions of Change and Stages of Readiness to Change

Dimensions of Community Readiness	
A	Community Knowledge concerning FGM
B	Community belief systems and attitudes towards FGM
C	Community efforts to ending FGM
D	Community knowledge of the efforts to end FGM
E	Community leaders' and influential peoples' attitudes to ending FGM
F	Community resources available to support efforts to end FGM

stages	Community Readiness to End FGM
1	**NO COMMUNITY AWARNESS**: FGM/C PRACTICE IS SOCIAL NORM
2	**COMMUNITY DENIAL/RESISTANCE**: SOME COMMUNITY MEMBERS RECOGNISE FGM IS AN ISSUE
3	**VAGUE COMMUNITY AWARNESS**: MANY HAVE CONCERNS ABOUT FGM BUT NO COMMUNITY MOTIVATION TO CHANGE
4	**PREPLANNING**: COMMUNITY RECOGNITION THAT SOMETHING MUST BE DONE ABOUT FGM, BUT EFFORTS LACK FOCUS
5	**PREPARATION**: COMMUNITY LEADERS BEGIN PLANNING IN EARNEST TO END FGM IN THE COMMUNITY
6	**INITIATION**: COMMUNITY ACTIVITIES & INTERVENTIONS UNDERWAY TO END FGM
7	**STABILISATION**:COMMUNITY LEADERS SUPPORT ENDING FGM IN THEIR COMMUNITY
8	**EXPANSION**: COMMUNITY MEMBERS FEEL COMFORTABLE WITH ENDING FGM
9	**COMMUNITY OWNERSHIP**: HIGH LEVEL OF COMMUNITY BUY-IN TO END FGM WHICH BECOMES THE SOCIAL NORM

Source: REPLACE, 2015a, 2015b

Figure 2: REPLACE: Community Readiness to End FGM Assessment



Source: REPLACE 2015a, 2015b

The REPLACE Community Readiness to End FGM Assessment is a culturally sensitive appraisal that puts communities at the centre of the evaluation with independent scorers undertaking the final ratings and calculating the overall stage of readiness of the community to end FGM. It is also a useful evaluation tool that when undertaken before, immediately after and sometime after the delivery of an intervention can indicate if there has been a shift in community readiness to end FGM.

UNDERTAKING THE REPLACE COMMUNITY READINESS TO END FGM ASSESSMENT

Undertaking the REPLACE Community Readiness to End FGM Assessment involves 5 steps as follows:

Step 1: Representatives of the FGM affected community have to be identified. These people should represent different segments of the community including: men and women (all should be over 18 years old); different generations (unmarried, newly married but with no children, parents with young children, grandparents); people with different roles within the community (such as religious and community leaders); and length of time the person has been living in the community (such as established members of the community and those recently arrived). The REPLACE Community Readiness to End FGM Assessment should be explained to them, a Participant Information Sheet should be handed out and informed consent to participate should be sought as well as permission to audio record the session. These were explained and examples given in the Community Mapping exercise.

It is suggested that 5-10 people are identified and give their consent to take part. These may well be people who took part in the Community Mapping exercise, if it is felt that they represent different elements of the community. Or other members of the community could be invited to participate.

Step 2: CHANGE Agents and Champions must decide if they will undertake individual Community Readiness to End FGM Assessment interviews or a number of Community Readiness to End FGM focus groups. Guidance on how to conduct narrative interviews and focus group discussions was given in the Community Mapping exercise (see Annex 2 & Annex 3 of the Community Mapping Practical Handbook). This decision will be informed by time and resource constraints. The REPLACE team undertook the assessments using each method and found both to be effective. If undertaking focus groups it is advisable to have separate focus groups for different genders and/or age groups.

Step 3: Undertaking the Community Readiness to End FGM interviews or focus group discussions. These should be audio recorded if consent is given. The interview/focus group schedule of the Community Readiness to End FGM Assessment is given in Annex 1. There are 18 questions, organised by the six dimensions and should take about 30-60 minutes to complete. Those undertaking the interviews or facilitating the focus group discussions should transcribe the responses to the questions from the audio recording as accurately as possible.

Step 4: Independent scorers (not those involved in undertaking the interviews or facilitating focus groups) to be identified and to become familiar with the REPLACE Community Readiness to End FGM Model (Barrett *et al* 2015a, 2015b), the interview/focus group schedule (Annex 1), the anchor ratings for scoring the schedule (Annex 2) and the scoring sheet (Annex 3). It is recommended that two scorers are used for each community and undertake their scoring independently of each other.

Step 5: Independent scorers assess the interview/focus group schedules on the scoring sheet (Annex 3) using the anchor ratings (Annex 2). Once scorers have completed their independent scoring then these should be discussed and averaged using the scoring sheet (Annex 3).This will produce an overall Stage of Community Readiness to End FGM for each community.

LINKING THE REPLACE COMMUNITY READINESS TO END FGM ASSESSMENT TO BEHAVIOUR CHANGE ACTIVITIES/INTERVENTIONS

Clearly the strategies and interventions associated with ending FGM will be different for each of the community readiness to change stages (Figure 2). In addition whilst communities may be placed in the same stage of readiness to change, their scores may differ across the dimensions of change. This provides a good guide to the dimensions of change that require attention and intervention and can ensure that a behaviour change activity/intervention with appropriate input is implemented and matched to the dimension needs and stages of readiness of the community.

In general the application of the REPLACE Community Readiness to End FGM Assessment indicated that if a community was placed in:

Stages 1-3: interventions need to focus on building community cohesion, increase awareness and knowledge of the health implications of FGM and that fact that it is an illegal practice in the EU and begin to challenge the belief systems supporting the continuation of FGM.

Stages 4-6: interventions need to initiate behaviour change through identifying and supporting community leaders, developing appropriate activities/interventions and harnessing community resources to end FGM. These are crucial stages in social norm change, as during these stages the tipping point in Social Norm change will occur and individual self efficacy and empowerment will begin to challenge the Social Norm supporting FGM.

Stages 7-9: activities/interventions need to support behavioural change as well as embed and strengthen social norm change in abandoning FGM.

There must be logical and step-by-step attention to each of the dimensions of change when undertaking the Assessment. It suggests that increasing a community's awareness and knowledge of health effects and illegality of the practice in the EU must be achieved before belief systems supporting FGM can be challenged and community efforts to end FGM be mobilised. In order for sustainability and the abandonment of FGM, leadership as well as community and outside resources are necessary.

The role of CHANGE Agents and Champions is essential in raising awareness of the issues associated with FGM in the EU, challenging the social norm supporting the continuation of FGM and developing and implementing activities/interventions to change behaviour.

CONCLUSION

The REPLACE Community Readiness to end FGM Model is easy and affordable to use, and it provides a nuanced tool to inform behaviour change activity/ intervention development, especially when combined with the results of the Community Mapping exercise. It is a tool that can easily be used by communities to determine the stage of readiness to end FGM and help inform the development of appropriate activities/interventions. Also when used at regular intervals it can monitor a community's progress towards social norm transformation where FGM is no longer acceptable.

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ANNEX 1

The REPLACE Community Readiness to End FGM Assessment

Interview/Focus Group Questions.

Identification code for interview/focus group:

Community name:

Date:

Name of Facilitator:

Participant Information Sheet handed out [ ]

Informed Consent given [by all participants if a focus group discussion [ ]

Consent to audio record session given [ ]

Debrief Sheet handed out at the end of the interview/focus group [ ]

Dimension A: COMMUNITY KNOWLEDGE CONCERNING FGM

A1 How knowledgeable are members of your community on the issue of FGM? Is it viewed as an issue? Are some members of the community more knowledgeable than others? Please give examples.

A2 What information is available concerning FGM in your community and through what channels? Please give examples.

A3 Do people know about the health impacts and legal aspects concerning FGM and where do they get this information from? Please give examples.

Dimension B: COMMUNITY BELIEF SYSTEMS AND ATTITUDES TOWARDS FGM

B1 Does your community support the continuation or ending of FGM? Why?

B2 What are the main obstacles to ending FGM in your community? Please give examples.

B3 Would the community support efforts to end FGM? What type of efforts would the community support? Explain your answer.

Dimension C: COMMUNITY EFFORTS TO ENDING FGM

C1 Are there any efforts being made or being planned by your community to end FGM? If so please give examples.

C2 If so, how long have these efforts been going on in your community and who are they aimed at? Give examples.

C3 Are efforts routinely evaluated and the results used to make changes and improve the activity/intervention? Give examples.

Dimension D: COMMUNITY KNOWLEDGE OF THE EFFORTS TO END FGM

D1 Does the community know of any efforts aimed at ending FGM and how effective they are? Is so please give examples.

D2 Are there any sections of your community that know little (or a lot) of the efforts to end FGM? If so please give examples.

D3 Who (what organisation) do members of the community go to get information about FGM? Please give examples.

Dimension E: COMMUNITY LEADERS' AND INFLUENTIAL PEOPLES' ATTITTUDES TO ENDING FGM

E1 Who are the leaders and influential people in your community that have a view on FGM? What are their views on FGM e.g. support the practice, ambivalent, disagree with FGM? Give examples.

E2 How are these leaders and influential people involved in effort to end FGM? Please explain how they are involved e.g. on a committee, task force, working with NGO, campaigning to end FGM, evaluating existing efforts etc.

E3 How committed are these leaders and influential people in supporting the end to FGM in your community? Give examples.

Dimension F: COMMUNITY RESOURCES AVAILABLE TO SUPPORT EFFORTS TO END FGM

F1.Do activities/interventions to end FGM have a broad base of support within the community? Please give examples.

F2 How are current community activities /interventions funded and resourced? How is resourcing secured and from whom? Please give specific examples

F3 Do community activities/interventions have a broad base of community volunteers working with them? Why? Give examples.

(Adapted from Plested et al, 2006)

Facilitator Notes:

ANNEX 2

The REPLACE Community Readiness to End FGM Assessment

Anchor Ratings for Scoring Each Dimension.

Dimension A: COMMUNITY KNOWLEDGE CONCERNING FGM

Score	***Anchor Rating***
1	*FGM is not viewed as an issue*
2	*No knowledge about FGM*
3	*A few people in the community have some knowledge about FGM*
4	*Some community members know about the health impacts and legal status of FGM, but information is lacking*
5	*Community knows that FGM occurs within the community and general information is available*
6	*A majority of community members know about the health impacts and legal status of FGM and recognise it is a problem within their community*
7	*Community has knowledge of and access to detailed information about FGM in their community*
8	*Community members have knowledge about FGM within their community, and understand the consequences and risk factors*
9	*Communities have detailed information about FGM within their community, as well as information concerning the effectiveness of local activities and interventions to end the practice*

Dimension B: COMMUNITY BELIEF SYSTEMS AND ATTITUDES TOWARDS FGM

Score	***Anchor Rating***
1	*The prevailing attitude is that FGM is not considered and is not commented on in*

	the community. 'FGM not a concern for the community'.
2	*The prevailing attitude is: 'There is nothing we can do to stop FGM' or 'Only 'those' people do it' or 'We do not think it should end'.*
3	*Community is neutral, disinterested or believes FGM is not an issue that does not affect the community as a whole.*
4	*The attitude in the community is now beginning to reflect an interest in ending FGM. 'We have to do something, but we do not know what to do.'*
5	*The community are concerned about FGM and community members are beginning to reflect modest support for efforts to end FGM*
6	*The community believe it is their responsibility to end FGM and are beginning to be involved in efforts to end FGM*
7	*The majority of the community supports efforts to end FGM.*
8	*Some community members or segments challenge specific activities and interventions, but in general are strongly supportive of the need for activities and interventions to tackle FGM. 'We need to keep up on this issue and make sure what we are doing is effective.'*
9	*All segments of the community are highly supportive and community members are actively involved in evaluating and improving efforts to end FGM*

Dimension C: COMMUNITY EFFORTS TO END FGM

Score	***Anchor Rating***
1	*No awareness of efforts to address FGM*
2	*No efforts addressing the issue*
3	*A few individuals recognise the need to initiate some type of effort to end FGM, but there is no immediate motivation to do anything*
4	*Some community members have met and have begun a discussion of developing community efforts to end FGM*
5	*Efforts to end FGM are being planned*
6	*Efforts to end FGM have been implemented*
7	*Efforts to end FGM have been running for several years*
8	*Several different activities/interventions are in place, covering different segments of the community and reaching a wide range of people. New efforts being developed*

	based on evaluation results
9	*Evaluation is routinely used to assess the effectiveness of different efforts to end FGM and the results are used to make changes and improvements in activities and interventions.*

Dimension D: COMMUNITY KNOWLEDGE OF THE EFFORTS TO END FGM

Score	***Anchor Rating***
1	*Community has no knowledge of the need for efforts to address FGM*
2	*Community has no knowledge of efforts addressing FGM*
3	*A few members of the community have heard about efforts to end FGM but their knowledge is limited*
4	*Some members of the community know about local efforts to end FGM*
5	*Members of the community have basic knowledge about local efforts to end FGM*
6	*An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community about these efforts*
7	*There is evidence that the community has specific knowledge of local efforts to end FGM including who to contact concerning FGM*
8	*There is considerable community knowledge about different community efforts to end FGM as well as the level of activity/intervention effectiveness*
9	*Community knowledge on activity/intervention evaluation and on how well local efforts to end FGM are working*

Dimension E: COMMUNITY LEADERS' AND INFLUENTIAL PEOPLES' ATTITTUDES TO ENDING FGM

Score	***Anchor Rating***
1	*Community leaders and influential people do not recognise FGM as an issue*
2	*Community leaders and influential people do not believe FGM is an issue*
3	*Community leaders and influential people recognise the need to do something to end FGM*
4	*Community leaders and influential people are trying to get efforts started to address FGM*

5	*Community leaders and influential people are members of committees, groups and organisations that are addressing FGM in the community*
6	*Community leaders and influential people are active and supportive of efforts to end FGM*
7	*Community leaders and influential people are supportive of continuing basic efforts to end FGM and are considering what resources are needed from the community*
8	*Community leaders and influential people support expanding and improving efforts to end FGM through active participation*
9	*Community leaders and influential people are continually reviewing evaluation results of efforts to end FGM and are modifying support accordingly*

Dimension F: COMMUNITY RESOURCES AVAILABLE TO SUPPORT EFFORTS TO END FGM

Score	***Anchor Rating***
1	*There is no awareness of the need for resources to deal with FGM*
2	*There are no resources available to deal with FGM in the community*
3	*The community is not sure where to get resources to begin efforts to end FGM*
4	*The community has volunteers, organisations and/or space available that could be used as resources*
5	*Some members of the community are actively investigating how to get resources*
6	*Resources have been obtained and/or allocated to tackle FGM in the community*
7	*A considerable part of the support for on-going efforts to end FGM come from community resources. Community leaders and influential people are trying to access additional resources*
8	*Different resources and funds have been secured for existing efforts to end FGM and additional support has been secured for future activities and interventions*
9	*There is continuous and secure support for activities and interventions to end FGM in the community. Evaluation is routinely undertaken and there are resources for trying new activities and interventions*

(Adapted from Plested et al, 2006)

ANNEX 3

The REPLACE Community Readiness to End FGM Assessment

Independent Scoring Sheet.

Name of Scorer:

Date of scoring:

Community name:

Independent Scoring:

1. Ideally interview/focus group results should be rated by two independent scorers.
2. Using the Anchoring Ratings for each dimension (Annex 2), independent scorers should allocate a score of between 1-9 to each dimension for each interview/focus group.
3. For each community all interviews/focus groups should be added together and then divided by the total number of interviews/focus groups to give an average for each community.
4. The scores of the independent scorers for each dimension should be averaged and an average total for all dimensions given.
5. The average total for all dimensions should then be divided by 6 (the number of dimensions) to give the overall stage of readiness of the community. The scores correspond with the numbered stages, with a score of between 1-1.9 equating with the first stage of readiness, 2-2.9 with stage 2 etc.
6. Disagreements between the independent scorers and any impressions about the community should be noted.

Scorer 1: Independent Scoring of interviews/focus groups

	Interview/focus group 1	Interview/focus group 2	Interview/focus group 3	Interview/focus group 4	Interview/focus group 5	Etc	Total	Average Dimension Score (total divided by number of interviews/focus groups)
Dimension A								
Dimension B								

Dimension C								
Dimension D								
Dimension E								
Dimension F								

Scorer 2: Independent Scoring of interviews/focus groups

	Interview/focus group 1	Interview/focus group 2	Interview/focus group 3	Interview/focus group 4	Interview/focus group 5	Etc	Total	Average Dimension Score (total divided by number of interviews/focus groups)
Dimension A								
Dimension B								
Dimension C								
Dimension D								
Dimension E								
Dimension F								

Combined Independent scores of interviews/focus groups

	Independent scorer 1 Average Dimension score	Independent scorer 2 Average Dimension score	Total independent scores	Average Dimension Score (total divided by number of independent scorers)
Dimension				

A				
Dimension B				
Dimension C				
Dimension D				
Dimension E				
Dimension F				

Average Dimension Scores

	Average Dimension Score
Dimension A	
Dimension B	
Dimension C	
Dimension D	
Dimension E	
Dimension F	
Total	

Total Average Dimension Score *divided by* six (number of Dimensions) = _____ (community stage of readiness to end FGM)

Stages	Community Readiness to End FGM
1	No community awareness: FGM practice is a social norm
2	Community denial/resistance: some community members recognise FGM is an issue
3	Vague community awareness; many have concerns about FGM but no community motivation to change
4	Preplanning: community recognition that something must be done about FGM, but efforts lack focus
5	Preparation: community leaders begin planning in earnest to end FGM in the community
6	Initiation: community activities and interventions underway to end FGM
7	Stabilisation: community leaders support ending FGM in their community
8	Expansion: community members feel comfortable with ending FGM
9	Community ownership: high level of community buy-in to end FGM which becomes the social norm

Comments, impressions and qualifying statements about the community.

(Adapted from Plested et al, 2006)