Girls Talk Health

A SEXUAL AND REPRODUCTIVE HEALTH PROGRAM FOR YOUNG WOMEN

Including young women from communities that traditionally practice FGC
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Context
Girls Talk Health

About Women’s Health In the North (WHIN)

Women’s Health In the North (WHIN) is the regional women’s health service for Melbourne’s northern metropolitan region (NMR). WHIN aims to strengthen women’s health and wellbeing, with a strategic focus on:

- Sexual and reproductive health
- Violence against women
- Gender equity and gender analysis
- Access to economic resources
- Environmental justice

WHIN’s mission is to address gender inequities and the determinants of women’s health, safety and wellbeing through leadership, advocacy, research, knowledge translation and strategic partnerships. WHIN is committed to carrying out this mission in a way that is feminist, ethical, inclusive and courageous.

WHIN’s strategic objectives are to:

- provide leadership and expertise to improve women’s health, safety and wellbeing
- identify, build and resource strategic partnerships that promote women’s health, safety and wellbeing and improve regional service responses
- undertake and influence research, resource development and knowledge translation to inform innovative approaches to women’s health, safety and wellbeing
- engage with women and communities to facilitate, influence and support positive change to their health, safety and wellbeing and
- build a strong and sustainable future for the organisation.

WHIN has been delivering the Family and Reproductive Rights Education Program (FARREP) since the program’s establishment in 1998. FARREP aims to eliminate the practice of Female Genital Cutting (FGC) and to improve the physical and mental health and wellbeing of women from communities where FGC may be traditionally practiced.

There are four components to the WHIN FARREP program:

- **Girls Talk Health**: This program targets young women who come from communities in which FGC is known to occur, and is suitable for use in school and group settings. The Girls Talk Health program will be explained in this booklet.
- Professional education workshops: Developed for those working with women from communities where FGC is traditionally practiced to inform them about FGC and the resulting health implications that may be observed in daily practice.
- Community education: Delivered to women from communities where FGC is traditionally practiced.
- Secondary consultations: WHIN provides secondary consultations to professionals and community members about FGC.

WHIN also participates in broader FGC advocacy activities in the community, and contributes to state- and nation-wide research and resource development.

What Is Female Genital Cutting (FGC)?
FGC is also known as female genital mutilation (FGM) or female circumcision and is the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (World Health Organization, 2014).

FGC is embedded in a complex set of traditional rituals and cultural values, often seen as an important necessity by the communities who practice it. However, over the past few decades, FGC has been internationally recognised as a human rights violation of girls and of women because it:

- has no medical benefits and can cause significant trauma and negative health effects;
- discriminates against women;
- is generally performed on girls aged between infancy to 15 years of age; and
- may not occur with informed consent.

About 100-140 million women worldwide have undergone FGC, primarily in parts of Africa, the Middle East and Asia. Except for a few isolated cases, evidence suggests that it is rarely performed in Australia. However, migrants from FGC-affected communities may have already undergone the practice, or are considered to be at risk (Multicultural Centre for Women’s Health, 2013).

Legislation and FGC
Subjecting someone to FGC is a serious crime under state-based law in every state and territory in Australia. Penalties include up to 20 years imprisonment. It is also illegal to take a person to a country outside of Australia to circumcise them. These laws are supported by community education and women’s health support programs, including the programs delivered by WHIN.

WHIN’s Position on FGC
WHIN supports the abandonment of the practice of FGC and recognises it as a violation of human rights, specifically the sexual and reproductive rights of women and girls.

WHIN uses the term ‘female genital cutting’ to avoid stigmatising victims and affected communities, whilst simultaneously acknowledging the pain and impairment associated with the practice. Calling this practice ‘female genital mutilation’ can make it difficult to engage with communities where it is performed.

In order to eradicate FGC, responses must be set within a holistic, community-based, culturally sensitive, sexual and reproductive health context rather than in the context of violence against women and girls. FGC is a women’s health and human rights issue that needs to be eliminated by applying evidence-based approaches that build community ownership. Women who have undergone FGC must be respected and provided with the resources and support they require.
Program Implementation
Program Introduction

Since 2002 WHIN has delivered Girls Talk Health in secondary schools in the NMR. Girls Talk Health targets young women who come from countries where the practice of FGC is concentrated. The program is funded by the Department of Health, Victoria.

According to recent research in the region (Vaughan et al., 2014) young women from communities that traditionally practice FGC believe that girls do not have sufficient access to information about FGC and its implications for their health and wellbeing. There is also lack of awareness of local support and clinical services available. Research participants emphasised that young women did not enjoy discussing FGC and it could be an uncomfortable subject to broach. This supports the importance of talking about FGC in an informal, supportive setting, and to include other target issues in a more holistic approach.

The primary aim of this program is to educate young women about sexual and reproductive health in a culturally sensitive way in a women only space. Unlike sexuality education provided as a part of the standard school curriculum, Girls Talk Health delivers sexual and reproductive health information, which includes FGC. It also promotes access to health services for women who have undergone the practice and advances prevention efforts towards the abandonment of FGC.

By educating young women, WHIN aims to support attitude change in NMR communities and create environments that are supportive of the elimination of FGC so that girls can forego the practice without risking social exclusion from their communities.

Underpinning Frameworks and Theories

Girls Talk Health sits within WHIN’s sexual and reproductive health priority and is underpinned by human rights and feminist frameworks. It is based on social learning theory and follows sexuality education best practice.

Human rights framework – every girl and woman is entitled to basic human rights, including the right to health. FGC is a practice that discriminates against women and is a violation of women’s bodies that can cause negative physical, psychological and sexual health and affects their ability to exercise their sexual and reproductive health rights. Internationally women and children’s human rights are protected by a range of conventions and declarations, including The Universal Declaration of Human Rights (1948), The Convention on the Elimination of All Forms of Discrimination against Women (1979) and The Convention on the Rights of the Child (1990). In Australia, legislation protects the rights of girls and women from practices that violate their rights. In Victoria, the Crimes - Female Genital Mutilation Act 1996 prohibits FGC in all its forms.

Feminism acknowledges inequalities that have been created by a patriarchal society and offers a method to raise awareness about these and to change structures and systems that oppress
women in order to work for greater gender equity. By listening to women’s perspectives and respecting their choices feminism can help recognise the power differences within oppressed groups and provide a greater understanding and acceptance of women’s diversity (Women’s Health West, 2013).

In social learning theory individuals learn by observing and imitating others. The learner is not a passive recipient of information – cognition, environment and behaviour all interact to influence each other (Bandura, 1971). Social learning theory underpins Girls Talk Health in three ways. First, the participants are engaged mentally and within a conducive environment, where they have to model desired learned behaviours. Second, the program is facilitated by a member of the community who acts as the ‘model’. And third, the program equips and empowers participants to pass what they learn on to their own communities.

Sexuality education is often controversial, with many believing that educating young people about sex and sexual health will result in negative outcomes. However, research shows the contrary, that comprehensive sexuality education can delay the onset of sexual activity and promote safer sexual activity once it is initiated (Family Planning Victoria, The Royal Women’s Hospital, Victoria, and The Centre for Adolescent Health, 2004).

The Talking Sexual Health framework developed by the La Trobe University Australian Research Centre in Sex, Health and Society identified five key components of comprehensive sexuality education. These are:

- taking a whole school approach – developing partnerships;
- acknowledging young people as sexual beings;
- acknowledging and catering for the diversity of all students;
- providing an appropriate and comprehensive curriculum context; and
- acknowledging the professional development needs of the school community.

Girls Talk Health endeavours to align itself within these frameworks and theories in order to work within a best practice framework, to provide factually correct education about sexual and reproductive health, and to positively influence current and future practices towards the abandonment of FGC.
Girls Talk Health

Program Partnership

Girls Talk Health utilises a co-facilitation model and is based on a partnership between WHIN and the school/organisation implementing the program. A working relationship is established between the WHIN health promotion staff member and a school/organisation staff member who undertakes the program coordination role.

Each professional involved in the partnership of Girls Talk Health bring specific skills and knowledge to the program. The roles of those involved in the program are outlined below.

WHIN Health Promotion Worker

The WHIN Health Promotion Worker is responsible for initiating, implementing and evaluating the Girls Talk Health Program. The WHIN Health Promotion Worker will:

- recruit schools or organisations to the program;
- educate the Program Coordinator about the program and the roles of both partners;
- provide all required resources to implement Girls Talk Health including lesson plans and evaluation materials;
- provide information on the practice of FGC, sexual and reproductive health and related referral pathways;
- work collaboratively with the Program Coordinator to prepare and deliver each section of Girls Talk Health;
- provide information to program participants in a culturally and linguistically sensitive manner;
- offer further professional education to wider school or organisational staff members about FGC;
- present certificates of completion to participants; and
- compile and provide a final evaluation report.

Program Coordinator

The Program Coordinator is a designated school- or organisation-based staff member, usually a School Health Nurse, Welfare Officer or Social Worker who provides a vital role in the implementation of the program. The Program Coordinator will:

- organise program delivery including providing information about Girls Talk Health to the school management and gaining permission to deliver the program;
- organise program logistics such as booking venues and times for the program to be delivered;
- recruit young women to participate in the program and arrange parental permission if required;
• attend all *Girls Talk Health* sessions;
• actively co-facilitate workshops alongside the WHIN Health Promotion Worker;
• provide ongoing support and referral to young women involved in the program; and
• provide feedback to WHIN to aid program development and evaluation.

**Clinical Staff**

If there is a clinician involved in the delivery of the program, such as a School Nurse, it is recommended that they deliver the sessions that cover anatomy, sexual functioning, sexually transmitted infections, contraception and pregnancy.
Program Delivery

*Girls Talk Health* is designed to be delivered in schools and group settings. It is comprised of a series of education sessions that cover core topics related to the sexual and reproductive needs of young women, with a special focus on the unique needs of women who have experienced FGC.

The learning objectives of *Girls Talk Health* are to increase:

- young women’s knowledge of sexual and reproductive health, including contraception and Sexually Transmitted Infections (STIs);
- young women’s awareness of the practice and health impacts of FGC;
- young women’s access to relevant and appropriate health services;
- girls’ understanding of their health rights as young women living in Melbourne’s north; and
- young women’s understanding of the importance of the abandonment of FGC.

The *Girls Talk Health* program is specifically designed to be culturally sensitive to meet the learning needs of young women from communities where FGC may be traditionally practiced.

Initial Planning

The program commences with an initial meeting between the WHIN Health Promotion staff member and the Program Coordinator to confirm participation in the program and to plan the program delivery. During this meeting the program duration is confirmed and lessons are planned accordingly. Responsibilities for implementation are established and supporting information and resources about FGC and sexual and reproductive health are provided to the Program Coordinator.

Professional Education

WHIN is able to conduct a professional education session for wider school or organisation staff prior to delivering the *Girls Talk Health* program to students. This builds the knowledge of the issue of FGC for the staff. It also increases their capacity to deliver and manage the program in the long-term. It is important that staff know about the program and its content, so that any issues or disclosures that arise after the program is delivered can be managed and appropriate referrals can be made.

Family Information Session

The WHIN Health Promotion Worker can provide an education session for the parents or families of participating girls to detail the program and its content.
Ongoing Communication

Regular communication will be maintained between the WHIN Health Promotion Worker and the Program Coordinator to plan lessons, arrange resourcing, manage program delivery, ensure student wellbeing and implement the evaluation processes.

Student Selection

The practice of FGC is concentrated amongst communities from different regions of Africa, and in some countries in the Middle East and Asia. Girls and young women who are from these regions originally may have experienced or be at risk of experiencing FGC and may benefit from attending the Girls Talk Health program.

Below is a table which shows countries where FGC is known to be practiced at differing prevalence rates as well as the languages spoken. This is intended to be used as a guide when selecting and inviting students to participate in the program. However, it is important to remember that not every woman who has originated from these countries or speaks these languages will have experienced FGC, or even have knowledge of the practice.

<table>
<thead>
<tr>
<th>Country of Origin where FGC Is Practised</th>
<th>Main Language Spoken, Other than English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egypt</td>
<td>Arabic</td>
</tr>
<tr>
<td>Mauritania</td>
<td></td>
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<tr>
<td>Sudan</td>
<td></td>
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<tr>
<td>Yemen</td>
<td></td>
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<tr>
<td>Benin</td>
<td></td>
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<tr>
<td>Burkina Faso</td>
<td></td>
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<tr>
<td>Cameroon</td>
<td></td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td></td>
</tr>
<tr>
<td>Guinea</td>
<td>French</td>
</tr>
<tr>
<td>Mali</td>
<td></td>
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<tr>
<td>Niger</td>
<td></td>
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<tr>
<td>Senegal</td>
<td></td>
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<tr>
<td>Togo</td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td>French, Arabic</td>
</tr>
<tr>
<td>Djibouti</td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>Kiswahili</td>
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<tr>
<td>Uganda</td>
<td></td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td>Somali, Arabic</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Tigrigna, Arabic</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>French, Sango Language</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Amharic</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>Portuguese</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Indonesian</td>
</tr>
<tr>
<td>Iraq (Kurds)</td>
<td>Kurdish</td>
</tr>
<tr>
<td>Malaysia</td>
<td>Malay</td>
</tr>
<tr>
<td>Thailand</td>
<td>Thai</td>
</tr>
</tbody>
</table>
Factors that affect learning

The participants may be first-generation immigrants or recently-arrived to Australia and not speak English as their native language. While immigrants usually achieve conversational proficiency within three years of starting to learn a new language, it takes a much longer time to succeed academically in a new language, especially when all of schooling occurs in the new language (The Victorian Foundation for Survivors of Torture, 2012). Students can take up to seven years to reach a standard of academic language comparable to their peers who are native-born speakers. When it comes to immigrant students who are from a refugee background, they are at even greater risk of having educational disadvantage, including interrupted or inadequate schooling, financial hardship, mental health issues, cultural transitions and family stressors.

These factors must be taken into consideration when delivering Girls Talk Health. The program needs to be flexible and sensitive to the literacy and learning levels of participants.

Program Schedule

A series of sessions have been developed to provide a comprehensive sexual and reproductive health education program. WHIN recommends that all of these sessions are delivered and in the order outlined below, as they have been developed to ensure that sexual and reproductive health knowledge is delivered in a way that is sequential and complementary.

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Knowing your body</td>
<td>To educate participants about the reproductive system and its functions.</td>
</tr>
<tr>
<td>2</td>
<td>Female Genital Cutting</td>
<td>To facilitate culturally sensitive discussions about the health implications of Female Genital Cutting.</td>
</tr>
<tr>
<td>3</td>
<td>Respectful relationships</td>
<td>To explore what a respectful relationship is.</td>
</tr>
<tr>
<td>4</td>
<td>Conception and pregnancy</td>
<td>To provide information about the process of conception and the stages of pregnancy.</td>
</tr>
<tr>
<td>5</td>
<td>Contraception</td>
<td>To provide understanding of what contraception does, the different types of contraception and how to access them.</td>
</tr>
<tr>
<td>6</td>
<td>STIs and safer sex</td>
<td>To provide information on sexually transmitted infections (STIs) and how to practice safer sex.</td>
</tr>
<tr>
<td>Optional</td>
<td>Clinical health service tour</td>
<td>To inform participants about their local hospital and the services available to them.</td>
</tr>
</tbody>
</table>
There may be situations where the program will need to be modified for specific group requirements. In these cases, the WHIN Health Promotion Worker will work with the Program Coordinator to ensure that the program is tailored to meet the requirements of the group, whilst maintaining a commitment to achieving the program aims.

The program includes an optional additional session of a hospital, clinic or community health centre tour. This has been designed to give program participants a hands-on experience of the health system including clinical facilities, health professionals and learning about health careers. It also provides opportunity for additional educational content to be delivered by hospital education services. Inclusion of the health facility tour is decided by the Program Coordinator.

**Managing Disclosures**

In the event that staff members receive disclosures from students regarding FGC, sexual assault, or other sexual and reproductive health issues, the WHIN Health Promotion Worker will support the Program Coordinator with information and provide assistance in making appropriate referrals.

A staff member who is under the *Children, Youth and Families Act (2005)*—including a school nurse, teacher or principal—may receive a disclosure of cutting, and be concerned that this is seriously impacting on the student’s immediate safety, stability or development. In this case, the professional is mandated to report to child protection of the event. The Act (2005, s.184) states that if a belief, based on reasonable grounds, is formed that a child needs protection as a result of physical injury or sexual abuse, the mandated professional must report the disclosure (The Department of Health, Victoria, 2014).

**Program Evaluation**

WHIN is responsible for the evaluation of *Girls Talk Health* to ensure that the program is relevant, successful and achieving the program aims. Evaluation is also critical for the continuous improvement of the program.

On commencement of the program, participants will be asked to complete a *Girls Talk Health* survey which measures their knowledge of sexual and reproductive health. This survey is repeated again at the completion of the program to assess whether the program has influenced their knowledge, attitudes and beliefs about the topics covered during the course of the program.

In addition to this survey, participants are also invited to ask questions at each session through a Secret Question Box. At the start of each session participants are given slips of paper and pens and asked to write any questions they have throughout the session. At the end of the session, these questions are put in the Box and answered in the next session. The Box is a useful tool because it allows questions to remain anonymous, it helps the session run according to time, and the information collected may be used to adapt session content if required to ensure relevance of the program for participants.

To contribute to overall program content and delivery the WHIN Health Promotion Worker maintains a reflective log of each session. An evaluation is distributed to participants and the
Program Coordinator on the completion of the last session to gather feedback about the overall program delivery, content and appropriateness.

At the completion of the program WHIN provides the program partner with an evaluation report.

Please contact WHIN to access the remaining program resources or to discuss delivery of *Girls Talk Health* within your school or educational setting.

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