Section 3: Fact sheets

Each fact sheet provides practical information aimed at improving access and work undertaken with African women affected by FGM during pregnancy and birth.

1: Pregnancy and Birth

- Traditional practices and experiences of African women during pregnancy and birth
- Impact of traditional practices and experiences on African women's understanding of and access to pregnancy and birthing care in Australia
- Issues related to FGM during pregnancy and birth
- Things to consider when working with African women affected by FGM during pregnancy and birth
- Improving access to services for African women affected by FGM during pregnancy and birth

2: Postnatal Support

- Traditional practices and experiences of African women following birth
- Impact of traditional practices and experiences on African women's health and wellbeing in Australia
- Things to consider when working with African women affected by FGM following pregnancy and birth
- Improving access to services for African women affected by FGM following pregnancy and birth

3: Sexual and Reproductive Health

- Traditional beliefs and experiences of African women regarding sexual and reproductive health
- Impact of traditional practices and experiences on African women's sexual and reproductive health in Australia
- Things to consider when addressing the sexual and reproductive health of African women affected by FGM
- Improving access to sexual and reproductive health services for African women affected by FGM

4: Young African Women

- Expectations of roles and responsibilities of young women in Africa
- Impact of expectations on the sexual and reproductive health of young African women in Australia
- FGM and young African women
- Things to consider when working with young African women affected by FGM
- Improving access to services for young African women affected by FGM

5: Family Violence

- Views on family violence
- Impact of migration and settlement
- Improving women's access to family violence services

Pregnancy and Birth

Mama and Nunu 2 (MN2) is a manual for health professionals and those working with African women affected by FGM during pregnancy and birth. MN2 aims to increase the knowledge, expertise and capacity of health professionals and services involved in working with African women affected by FGM during pregnancy and birth and in doing so, promote access to timely and appropriate services by African women.

This fact sheet provides an overview of some of the traditional practices and experiences of African women during pregnancy and birth and how these can affect their understanding of and access to pregnancy and birthing care in Australia. We recommend this fact sheet be read in conjunction with sections one and two of this resource.

Traditional practices and experiences of African women during pregnancy and birth in Africa

Africa is a large continent and hosts a multitude of ethnic, cultural and religious groups. It is important to recognise that the experience of African women during pregnancy and birth is not only influenced by cultural and religious beliefs, but also by a variety of other factors.

Women's business

In most traditional African communities, pregnancy and birth are largely viewed as 'women's business' and men's involvement in this area is often minimal. A woman traditionally receives advice and support from female friends and relatives.

Cultural beliefs

Cultural beliefs and practices can influence a pregnant woman's level of activity, dietary choices and birthing preferences. For example, a pregnant woman might be told to avoid consuming rich/fatty foods to avoid giving birth to a large baby (Sudanese focus group). In some parts of Africa, pregnant women might also be encouraged to consume highly nutritious foods (Burundian focus group) and herbal teas or traditional remedies to soothe pain or discomfort.

Pregnancy and childbirth

There is a traditional emphasis on having a 'natural' birth and pain is often accepted as a normal part of this process (Adams & Adam 2001). This is particularly the case in regions where there is little or no clinical support for women antenatally and during childbirth. Women in rural areas often rely on traditional birth attendants for care during pregnancy, childbirth and postnatal recovery (Sudanese focus group). As a result, women might not be familiar with clinical aspects of antenatal care, including ultrasounds and screening for foetal abnormalities.

Some women may be concerned about procedures like induction of labour or caesarean section and their perceived harm or possible effect on future pregnancies.

Access to services

Health care is usually more available in urban areas, but is often inaccessible or expensive. Women who have access to and can afford clinical care experience pregnancy and childbirth differently to the majority of women living in Africa.

Impact on pregnancy and birthing care in Australia

Women's experiences and expectations of pregnancy and birth can vary depending on past experiences, different birthing practices and availability of health care services in country of birth.

Pregnancy and childbirth

Some women may be unfamiliar with the western medical approach to antenatal care including procedures such as antenatal screening, ultrasounds and caesarean births. They can perceive these procedures as inappropriate from a cultural and religious perspective and might try to avoid them. As a result, women can be at risk of late presentation (e.g. during childbirth) which can in turn affect the outcome of their pregnancy.

Absence of support networks

Women living in Australia without their extended family can be worried about giving birth on their own. They might not be able to develop strong social networks because of geographical isolation, settlement priorities and the impact of pregnancy and raising children. This can lead to feelings of isolation or an inability to cope with pregnancy and childbirth in the absence of support and information from female relatives. As a result, men might find that that they are required to be more involved in supporting their wives during pregnancy and childbirth, and to assume the role of carer previously undertaken by other women.

Issues related to FGM during pregnancy and birth

In their country of origin, women with type III FGM (also known as infibulation) are defibulated (procedure to open the vaginal orifice) antenatally or during labour to allow childbirth. Women then undergo refibulation, or the re-narrowing the vaginal opening following childbirth. According to Berggren et al.(2004), this procedure is mostly done to restore infibulated appearance of the genitals. Refibulation is sometimes supported by the husband and women might consider it essential in maintaining marital relationships as well as emotional wellbeing, body-image and self-esteem.

It is illegal to perform FGM procedures on a child or adult in Victoria. As a result, requests for refibulation are unlikely to be granted. Women can be anxious that remaining defibulated will have a negative impact on their sexual wellbeing and marital relationships.

For more information about FGM please see section one, chapters two and three.

The **Family and Reproductive Rights Education Program (FARREP)** aims to improve access to mainstream health care services by women from cultures in which Female Genital Mutilation (FGM) is sometimes practiced.

For more information about FARREP at Women's Health West, call 9689 9588 or visit *http://www.whwest.org.au/community/african.php*

Things to consider when working with African women affected by FGM

- FGM comes in many forms and women might not be confident asking questions about it. It is important to be aware that women who are affected by FGM might be unaware of which type and of what unaffected genitalia look like.

- Be aware of the diverse backgrounds, experiences and needs of women. It is important to ask women about their beliefs, expectations and needs regarding pregnancy and birth and to demonstrate respect for these.

- It is important to ask women only what you need to know and to be clear about why you are asking; explain how this information is relevant and will help you to best meet their needs.

- It is important to provide women with information early in their pregnancy of the possible effects and procedures related to FGM before and after birth. Information must be clear and simple, relevant and culturally appropriate and must avoid using technical terms and jargon.

- Some African women are unfamiliar with Australia's complex health care system, including routine tests and procedures. As a result, they might feel overwhelmed or intimidated. They might also feel unable to trust health care service providers.

Improving access to services during pregnancy and birth

- Use a welcoming manner and friendly body language and maintain a relaxed atmosphere.

- Maintain a non-judgmental and respectful approach.

- Be clear with women about what is happening and ensure that they are informed at every stage.

- Ask women what relevant anatomical terms and organs are called in their language

- Ensure that examinations are as non-intrusive as possible.

- Inform women whether or not your services are confidential and the circumstances under which confidentiality or privacy might be breached.

- Where possible use female interpreters and female practitioners.

- When using interpreters, ensure that you explain to the woman that confidentiality will be maintained and that interpreters are required to relay information accurately without editing, adding or omitting any information. Explain clearly that a failure to do so will result in a breach of confidentiality and outline to the woman the subsequent consequences for interpreters.

- Inform women that they are able to call and reschedule if they are unable to attend an appointment.

- Provide culturally and linguistically appropriate resources.

- Make appropriate referrals by knowing what services are available in your organisation or area and what they can do.

- Consult with FARREP workers and the target community where appropriate.

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Adams, J. and Adam, M. 2001, *Mama and Nunu (Mother and Baby) Pregnancy Care for African Women: an Information Manual for Service Providers*, Women's Health West, Melbourne.

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Information was also sourced from focus groups conducted by WHW with Liberian, Burundian, Sudanese and Somali women as part of updating this resource.

Postnatal Support

Mama and Nunu 2 (MN2) is a manual for health professionals and those working with African women affected by FGM during pregnancy and birth. MN2 aims to increase the knowledge, expertise and capacity of health professionals and services involved in working with African women affected by FGM during pregnancy and birth and in doing so, promote access to timely and appropriate services by African women.

This fact sheet provides an overview of some of the traditional practices and experiences of African women following birth and how these might impact on the health and wellbeing of African women in Australia. We recommend that you read this fact sheet in conjunction with sections one and two of this resource.

Traditional practices and experiences of African women following pregnancy and birth in Africa

Africa is a large continent and hosts a multitude of ethnic, cultural and religious groups. It is important to recognise that the experience of African women following pregnancy and birth is not only influenced by cultural and religious beliefs, but also by a variety of other factors.

Role of women

In Africa, women play an important role providing care, information and support following childbirth. Female friends and relatives provide support with household chores and ensure that the woman and her newborn have rest. Older and more experienced women pass information and advice to other women in a familial and communal setting. The role of women is also important in promoting familial and community solidarity.

Cultural practice

It is a widespread tradition for women in Africa to remain indoors for up to forty days following childbirth for rest and recovery. Female friends and relatives often undertake household chores and take care of the woman and her newborn. This role can include teaching the woman how to look after herself and her baby, information about breastfeeding and disciplining her children (Sudanese focus group).

Role of men

The role of men during this period can be limited as most of the support is received from female relatives. Often, the role of men is to provide for the family and be involved in disciplining children. However, some men might choose to be more involved in feeding, changing and cooking for their children (Liberian and Burundian focus groups).

Breastfeeding

It is common for women to breastfeed in Africa because breast milk is regarded as highly nutritious (Liberian focus group), readily available and free. Breastfeeding naturally promotes bonding between the woman and her newborn and is traditionally encouraged by female relatives who encourage and show women how to breastfeed.

In Australia, African women who would traditionally breastfeed might be reluctant to do so in public because they perceive it to be inappropriate. They might also feel pressure to take up bottle-feeding because they perceive this to be the preferred option in Australia.

Impact on African women's health and wellbeing in Australia

Challenges in maintaining cultural practices

Cultural practices such as the forty day resting period can be difficult to maintain in Australia because of competing priorities and the absence of support from family and relatives.

Women can find it difficult to manage additional and changing responsibilities without the support of female family and friends. They might also miss relatives and friends who were a source of support, knowledge and information.

Women from oral cultures can find it difficult to deal with the Australian health system, where health information is often shared in written form. This is particularly problematic for women whose English proficiency is limited or who are illiterate.

Women's health and wellbeing

For many African women, settling in Australia without their female relatives and extended family can be challenging. Women often miss the social and familial ties with female relatives and might find it difficult to manage childbirth and additional responsibilities in the home.

The changing role of women, associated in part with additional responsibilities and increased opportunities, in conjunction with the absence of support from extended family, can have a significant impact on the emotional wellbeing, mental health and social connectedness of African women.

For more information please see section one, chapter three and section two, chapter five of this resource.

Things to consider when working with African women affected by FGM

- Be aware of the diverse backgrounds, experiences and needs of women. Ask women about their beliefs, expectations and needs regarding children and parenthood and demonstrate respect for these.

- It is important to be aware that FGM comes in many forms and that women might not be confident asking questions about it. Be aware that women might not have been provided with information during their pregnancy or childbirth about the implications of FGM, defibulation and refibulation.

- It is important to ask women only what you need to know and to be clear about why you are asking, explaining how this information is relevant and will help you to best meet their needs

- African women can feel overwhelmed or intimidated by the complexity of the Australian health care system and might be unfamiliar with routine tests and procedures. Provide women with clear, simple, relevant and culturally appropriate information. Information could include contact details for relevant services, parenting and play groups, free and accessible facilities and appropriate health information.

- Be aware that women can find it difficult to access services and support because of settlement priorities, competing demands and family responsibilities

Improving access

- Use a welcoming manner and friendly body language and maintain a relaxed atmosphere

- Maintain a non-judgmental and respectful approach

- Where possible, allow for flexibility when scheduling appointments by ensuring that appointment times are realistic and that women are able to attend

- Provide women with clear instructions about the location of services and, where available, information about public transport

- Inform women whether or not your services are confidential and the circumstances under which confidentiality or privacy could be breached

- Where possible use female interpreters and female practitioners

- When using interpreters ensure that you explain to women that confidentiality will be maintained and that interpreters are required to interpret accurately without editing, adding or omitting any information. Explain clearly that a failure to do so will result in a breach of confidentiality and outline the subsequent consequences for interpreters.

- Provide culturally and linguistically appropriate resources

- Make appropriate referrals by knowing what services are available in your organisation or area and what they can do

- Consult with FARREP workers and the target community where appropriate

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Adams, J. and Adam, M., 2001, *Mama and Nunu (Mother and Baby) Pregnancy Care for African Women: an Information Manual for Service Providers*, Women's Health West, Melbourne.

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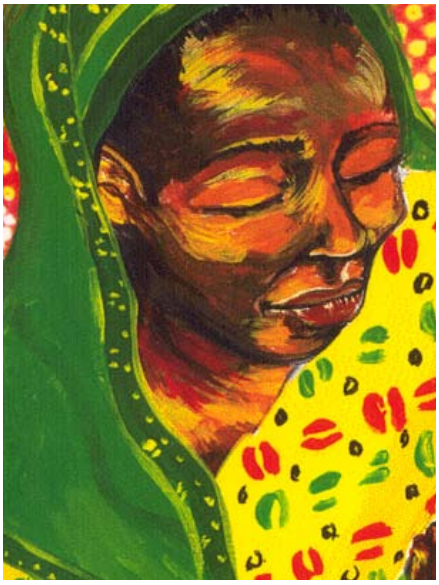
Information was also sourced from focus groups conducted by WHW with Liberian, Burundian, Sudanese and Somali women as part of updating this resource.



Sexual and Reproductive Health

Mama and Nunu 2 (MN2) is a manual for health professionals and those working with African women affected by FGM during pregnancy and birth. MN2 aims to increase the knowledge, expertise and capacity of health professionals and services to promote access to timely and appropriate services by African women.

This fact sheet provides an overview of traditional beliefs associated with the role of African women, childbearing and the use of contraception and how these can impact on the sexual and reproductive health and decision making of African women in Australia. It is recommended that this fact sheet be read in conjunction with sections one and two of this resource.

Traditional beliefs and experiences of African women regarding sexual and reproductive health

Africa is a large continent and hosts a multitude of ethnic, cultural and religious groups. It is important to recognise that the experience of African women regarding sexual and reproductive health can not only be influenced by cultural and religious beliefs, but by a variety of factors.

Importance of child bearing

For many African communities, childbearing is an important aspect of family life and families are encouraged to have children. Children are considered as important assets and provide much needed support to their families.

Value of motherhood

Women are often expected to get married and have children as part of their natural role as carers. Motherhood is highly valued and women can experience pressure from family and/or community to have children (Sudanese focus group).

Contraception

For many families, the choice to use contraception is influenced by personal, cultural and religious beliefs. In many cases, contraception is not seen as appropriate in communities where having a large family is the norm, or where contraception is not accepted for religious or cultural reasons.

Control over fertility

Lack of availability, awareness or ability to access fertility control measures can impact on a woman's ability to control her fertility (Natoli et al. 2008). This is further exacerbated by illiteracy and gender inequality in many African communities (Natoli et al. 2008).

Impact of traditional practices and experiences on the sexual and reproductive health of African women in Australia

Changes in lifestyle

Families who migrate to Australia often experience financial pressure due to the high cost of living and of raising children. This situation might challenge long-held cultural attitudes towards having large families.

Families can be faced with the difficult decision of 'abandoning' the culture of large families in a situation where the importance of upholding cultural practices and values is magnified. Changes in lifestyle, additional expenses and priorities can also affect a family's decision regarding children.

Changing role of women

Living in Australia can impose conditions that challenge traditional gender roles (MHSS 2008), including changing dynamics in sexual and reproductive decisions (e.g. childbearing and family spacing).

The availability and accessibility of contraception, male unemployment, low income and higher cost of living in Australia can influence the way sexual and reproductive decisions are made. Women can find greater opportunities to access employment and education, thereby enhancing their active role in the family and community.

Young women can also experience a generational shift in their role as women and in their attitudes towards childbearing and contraception.

Contraception

Women may find that information and resources about contraception are more available and accessible in Australia than in Africa. Women often accept or seek contraception because of increasing life demands, increased opportunities afforded through education and employment, changing gender roles or financial constraints.

For more information about FGM please see section one, chapters two and three, section two, chapter five.

Things to consider when working with young African women affected by FGM to improve their sexual and reproductive health

- Be aware of the diverse backgrounds, experiences and needs of women. It is important not to assume anything and to ask women about their cultural and religious beliefs and how to best respect these.

- FGM takes many forms and women might not be confident asking questions about FGM. It is important to be aware that women who have had FGM might not be aware that they have had FGM performed, what type they have and what unaffected genitalia look like.

- It is important to understand the context within women experience and understand their sexual and reproductive health. African women might not see sexual and reproductive health as part of their overall health and wellbeing or as a priority.

- It is important to ask women only what you need to know, to be clear about what is happening, to make sure you clearly explain what you are doing and how and why this is important.

- Use clear and simple language when discussing sexual and reproductive health and avoid using jargon. With the woman's consent, use simple diagrams to explain anatomical structure and function or to discuss medical procedures.

- Embarrassment about sexual and reproductive health matters and a lack of familiarity with, and trust of, services can make women reluctant to access necessary services. In many African communities, sex and sexual health are not discussed as they are considered very private matters.

- Use a welcoming manner and friendly body language and maintain a relaxed atmosphere

- Maintain a non-judgemental and respectful approach

Improving access to sexual and reproductive health services for African women affected by FGM

- Be clear with women about what is happening and ensure that they are informed at every stage

- Ask women what anatomical terms and organs are called in their language

- Where possible use female interpreters and female practitioners

- When using interpreters ensure that you explain to women that confidentiality will be maintained and that interpreters are required to relay information accurately without editing, adding or omitting any information. Explain clearly that a failure to do so will result in a breach of confidentiality and outline to the woman the subsequent consequences for interpreters.

- Provide culturally and linguistically appropriate resources

- Make appropriate referrals by knowing what services are available in your area and what they can do

- Consult with FARREP workers and the target community where appropriate

REFERENCES

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Information was also sourced from focus groups conducted by WHW with Liberian, Burundian, Sudanese and Somali women as part of updating this resource.

Young African Women

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This fact sheet provides an overview of expectations regarding the roles and responsibilities of young African women, the cultural significance of their transition into adulthood and how these might impact on their sexual and reproductive health in Australia. It is recommended that this fact sheet be read in conjunction with sections one and two of this resource.

Expectations of roles and responsibilities of young women in Africa

Africa is a large continent and hosts a multitude of ethnic, cultural and religious groups. It is important to recognise that the experience of young African women is not only be influenced by cultural and religious beliefs, but by a variety of factors.

Becoming a woman

In many African cultures, the transition into womanhood is a significant event in a young woman's life. From a young age, girls are often taught about being responsible and caring family members.

Cultural and social expectations

Young women learn about cultural and religious values as they prepare for adulthood and married life. There is usually a strong emphasis for young women to behave in a way that is culturally and religiously acceptable and to refrain from having sex until marriage (Liberian focus group).

Access to sexual and reproductive health information

It is uncommon for families to discuss sex or sexual and reproductive health with young women (young women's focus group). Asking parents about sexual matters is often thought to be inappropriate. Young women are likely to seek information about puberty and menstruation from close female friends, relatives or peers.

In many regions of Africa, sexual and reproductive health information is often limited or unavailable. As a result young African women might have little or no knowledge about sexual and reproductive health, particularly those with interrupted, minimal or no education as a result of war or forced migration.

Impact of expectations on the sexual and reproductive health of young African women in Australia

Intergenerational conflict

Intergenerational conflict is a main issue of concern for many migrant families. Parents are often concerned about their children's exposure to 'foreign' ideas and values, that might contradict their own religious and cultural values and the impact of these on their family, community and children's lives.

Families often experience challenges when dealing with cultural differences. They might fear that their children are changing and adapting to a new way of life that compromises their cultural and religious beliefs and values.

Challenges facing young women

For many young African women, living in Australia can present a number of challenges, including family and social pressure to uphold cultural and religious values (Young women's focus group).

Young African women are also subject to peer pressure to conform and make choices that can contradict their culture of origin, leading to family and intergenerational conflict. Lack of knowledge and/or understanding of sexual and reproductive health matters can significantly increase the risk of engaging in unsafe sex.

Expectations, opportunities and choices

Young African women living in Australia are likely to have greater access to education, employment and financial independence than in Africa. They are also subject to greater exposure about sex and relationships via the media and have greater access to information about sexual and reproductive health information. This is likely to influence the expectations and choices of young African women regarding relationships and gender roles.

However, young African women can experience difficulties accessing sexual and reproductive health services because of a range of reasons including, but not limited to, a lack of familiarity with and ability to access and navigate complex health systems, sexual and reproductive health services, poor sexual and reproductive health literacy, limited or non existent English and a general lack of awareness about their bodies and sexual and reproductive health.

FGM and young African women

Many FGM-practicing communities consider FGM as a rite of passage into womanhood. FGM is also often regarded as necessary to ensure that young African women are accepted as respectable (and therefore) marriageable by their community.

In Australia, young African women might not view FGM as a cultural requirement (young women's focus group). Having been exposed to western views regarding FGM and increased access to education and employment some young African women prefer not to have FGM. However, family and community members might be concerned that this will undermine the social status and marriageability of young African women within the community.

Young couples might also decide to undergo de-infibulation as they consider becoming sexually active, marriage and starting a family indicating a generational shift in attitudes towards FGM.

For more information please see section one, chapters two and three, section two, chapter five.

Things to consider when working with young African women affected by FGM

- Be aware that FGM comes in many forms and that young African women might not be confident asking questions about it. Young women who are affected by FGM might not be aware that they have had FGM performed, what type they have and what unaffected genitalia look like.

- Do not make assumptions about the level of understanding young African women have about their bodies and sexual and reproductive health.

- It is important to recognise the diverse backgrounds, experiences and needs of young African women.

- Embarrassment about sexual and reproductive health matters and a lack of familiarity with services can make young women reluctant to access sexual and reproductive health services. As a result, they can feel overwhelmed and intimidated.

- Be aware that the decision-making process and decisions made by young women are influenced by cultural, religious, social and familial factors.

- Use clear and simple language at all times when discussing all aspects of sexual and reproductive health and avoid using jargon and technical terms. It can be helpful to use diagrams and visual resources to promote more effective communication.

Improving access to services for young African women affected by FGM

- Ensure a welcoming manner and friendly body language and maintain a relaxed atmosphere.

- Maintain a non-judgemental and respectful approach.

- Be clear with young women about what is happening and ensure that they are informed at every stage.

- Ask women what relevant anatomical terms/organs are called in their language.

- Inform young women about the nearest public transport, cost of services and whether or not appointments are required.

- Inform young women whether or not your services are confidential and the circumstances under which confidentiality or privacy could be breached.

- Where possible use female interpreters and female practitioners.

- When using interpreters ensure that you explain that confidentiality will be maintained and that interpreters are required to interpret accurately without editing, adding or omitting any information. Explain clearly that a failure to do so will result in a breach of confidentiality and outline the subsequent consequences for interpreters.

- Provide culturally and linguistically appropriate resources.

- Make appropriate referrals by knowing what services are available in your area and what they can do.

- Consult with FARREP workers and the target community where appropriate.

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For more information about FARREP at Women's Health West, call 9689 9588 or visit *http://www.whwest.org.au/community/african.php*

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The Royal Women's Hospital 2008, Female Genital Mutilation (FGM): a resource for health professionals, Melbourne.

WHO 2008, Eliminating Female Genital Mutilation: an interagency statement.

Information was also sourced from focus groups conducted by WHW with young African women and Liberian women as part of updating this resource.

Family Violence

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This fact sheet provides an overview of the traditional views around domestic violence, the impact of migration and settlement on dealing with conflict and issues to consider when working with African women experiencing family violence.

Background

Most African communities are patriarchal where men are seen as leaders and bread winners in the family. Women are traditionally expected to care for family members (and sometimes extended family) and to keep the family together.

Although family violence is broadly understood to be harmful, knowledge about what family violence is can vary between individuals and within communities. In communities where family violence is not highly recognised, it can be difficult to identify what constitutes family violence (e.g. physical, emotional and financial abuse).

It is important to note that family violence is a universal phenomenon and is not characteristic of particular religious, cultural or ethnic groups.

In the event of a conflict within the family, it is typical in many African cultures that family or community elders act as mediators. A woman might nominate a person (usually a respected elder) from her family to speak on her behalf during the mediation process to ensure that her voice is heard. The husband may also nominate an elder to help him with the mediation.

Much value is placed on keeping a family intact, therefore divorce and separation are avoided as much as possible and are only sought as a last resort. Therefore, it is often difficult for women to seek help in ending a relationship due to the stigma attached to divorce and separation.

Impact of migration

Migration and settlement issues can impact on relationships within migrant and refugee families. Unemployment, under-employment, financial hardship and housing issues are some examples. Lack of social support networks can increase women's feelings of isolation and vulnerability.

In Australia a considerable number of families do seek the involvement of community elders in family violence issues. However women may find some community elders to be judgemental, ineffective or discouraging them from seeking separation or divorce.

Women may also be reluctant to access mainstream domestic violence services because of their unfamiliarity with the services. They may be afraid of the repercussions of an intervention on their family and how this may affect their position in the community.

Things to consider when working with African women

- Be clear about your role, scope, authority and responsibility and ensure that women are informed at every stage they access your service.

- Help women explore their own understanding of family violence and identify its different forms.

- Allow and encourage women to draw on support from a trusted party such as family member, a friend, a religious leader, a community elder or a bi-cultural worker.

- Help women decide on safe forms of intervention that they want to seek, i.e. whether they prefer traditional or mainstream or both methods of resolving a conflict.

- Use skilled interpreters and offer female interpreters where possible. To maintain the woman's privacy, ensure the interpreter is not familiar with the woman or the perpetrator or their families. This may be difficult in small communities or language groups.

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