

About DSA (p.1)

(Mary to cut and paste)

Acknowledgment (p.2)

This report is the result of the work carried out by community advocates for the campaign against Female Genital Mutilation among Refugee/Asylum seeking and other African migrant communities in Ealing, Hounslow, Hammersmith and Fulham.

As a result of the two events carried out by 12 hardworking women and their facilitators, more than 250 people have now been informed about the consequences of FGM both from the legal perspective as well as from the well being of the victims.

DSA would like to thank all those who made this event possible. The women who underwent the training on community advocacy were instrumental in this campaign against FGM.

Our special thanks go to our funders who made this workshop possible. The African Communities Project at Hammersmith and Fulham were very supportive of this project. May they find in this space an expression of our thanks.

We would also like to thank all our supporters and friends who have been with us through this campaign. Our thanks go to AFRUCA, SIZANANI AFRICA,
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I hope that this report is as informative and as useful as it was to the participants themselves.

Mary Kanu
Director DSA

This report was compiled and edited by Elizabeth Kayembe

Introduction.

This report is a compilation of an initial skills training workshop on community advocates held on 20th March 2004 and the result of the outreach work that followed from the workshop.

The workshop was conducted by Mary Kanu, the Director of DSA (Development Support Agency), for the refugee and African Migrant communities in Ealing, Hounslow, Hammersmith and Fulham.

The workshop that took place on 20th march focused on creating awareness on Female Genital Mutilation, its practices and implications to the victim and her community. There was also the added piece of vital information about new legislation on against FGM and how it affects the community. (See appendix)

The main learning points were drawn from the skills training on negotiation and presentation skills in advocacy. The community advocates were equipped with information as well as knowledge and skills about approaching victims as well as practitioners of this harmful cultural practice.

The women also watched video presentations (Let us talk, Another form of physical abuse). There was a specialist presentation by Eunice Munanie, a specialist on women's sexual health, on the statistics on FGM and what recourse exists for the traumatised.

As a result of these presentations, a discussion emerged, where the participants were recorded to put forward the following views:

- The campaign against FGM should target men because they have the power to change public opinion on the practice.
- Educate women on health promotion and also educating men on women's health issues
- Involve men and women and invite health officials to give professional talks on health issues
- Educate men first because it is they that refuse to marry uncircumcised women
- Create awareness with medical specialists to tell them what women are going through
- Because FGM has for a long time been used as a religious tool, religious leaders should be involved to confirm that FGM indeed is not a religious requirement as per any religion
- Empower women to believe in themselves. Develop women's forums that will enable them to assert themselves
- Use of family education and communication to reinstate the fact that FGM is not in the Koran
- Educate mothers, grandmothers, religious leaders
- Distribute video presentations to the community
- Target schools using leaflets, video and physical contact

- Reinforce the seriousness of the law by telling everyone about the consequences of upholding FGM

Workshop Aims

The aim of this workshop was to build the capacities of community advocates to raise awareness on the practice and highlight the consequences of the practice, including the legal implications on practicing communities.

At the end of this workshop, the women were charged with the mission of going out to the community to transfer this awareness to others.

The workshop held on 8th May 2004 was thus a platform for feedback from the community advocates.

Methodology

The women went out to find out about the awareness of the impact of FGM on women and girls in their community. They also went to find out the reception of the legislation regarding FGM. The women also went to gauge the attitude of other members of the community on whether FGM should be stopped and why. 12 women in all participated in this exercise.

Mode of data collection: Questionnaire

The women visited all possible meeting places. Some places recorded were: homes, a wedding ceremony, a youth centre, an IT/ESOL college, the mosque (at different parts within the mosque), at a conference, in someone's office, at an art centre and even on the street.

Participants presented a summary report on their findings. They recorded the general attitude that they encountered with each respondent. Below is a representation of the women's reporting. This section is followed by a statistical analysis of the findings completed on the questionnaires.

Asha:

1. Asha visited a wedding event, her class, the mosque, a friend's place and her sister's home. Her sister was planning to take her 5 girls back home to perform FGM. The researcher spoke to her at length and showed her the adverse effects of FGM. It was difficult to convince her, but eventually she succeeded.
2. At the mosque, she encountered a lot of opposition when showing pictures of mutilated female genitals. The women were very upset with her and did not want to hear of it. She accused her of selling out.
3. In another section of the mosque, she spoke with some other members who seemed to agree with her.
4. At the wedding, she made a brave move to distribute leaflets and to talk about the pain and suffering of women.
5. At a friend's place, they watched the video and shared information. 2 men who were presented agreed with her and said that the community should uphold the practice.

Ayan Abdi and Lul Ali:

They worked together to visit community groups in Forest Gate. They visited Forest Gate community centre where girls meet every Saturday. 7 women, a

mix of single women as well as mums attended. The young women said they can't stop FGM but they will stop it from happening to their children. The mothers seemed to have great trouble accepting the change that is taking place in their culture and traditions that are being discarded.

Many women asked questions about the effects of FGM. Some young women mentioned effects such as urine retention, and interrupted bleeding during menstruation, backache and painful intercourse.

In conclusion, the mothers were unhappy about the campaign because it was contradicting their culture, but the girls were more positive.

At the Elbow centre in Forest Gate, the researcher spoke to women attending English classes. Many were unaware of other types of FGM practiced by other cultures. As many listened, many more were shocked about the realities of FGM. Some traditional healers in the group were ware of the effects and agreed with the advocates on the consequences of FGM.

Many women did not seem to be aware of the new law against FGM. They thought, as it is a purely cultural practice, no one will find them out. The advocate explained how the government is working with the local authorities to identify such activities. The women agreed that it is important to meet more often as one meeting could not make much progress in convincing people to stop the practice. The advocate felt that the best way to convince the community against FGM was to highlight the effect of the practice on their health.

At the mosque, where women meet every Sunday, the women would not allow the advocates to open the leaflets. However, 6 women agreed to meet elsewhere. They accepted that some of them had complications, while others were divorced as a result of the friction. One girl narrated that because of urine and interrupted menstrual flow, her womb was permanently destroyed and thus she cannot bear children. The women seemed to be aware that FGM is not a religious requirement. They also found this talk very encouraging.

Faduma

She visited a lunch club for elderly women where she shared the adverse effects of FGM. While many agreed with the effects, they seemed to be upset that this was interfering with their culture. They felt that the government had no right to tell them what to do with their children, as they saw this practice as a way of protecting them against a permissive and promiscuous society. In one of the meetings, a man disclosed that he had to divorce his first wife as a result of FGM. It was noted that it is very rare for a man to disclose this.

One of the advocate's daughters was very upset that her mother had to explain about FGM after she had already put her through the problem. She refused to look at the leaflets claiming that they brought back very painful memories.

The advocate noted that it is very difficult to make inroads within the community on this matter. It is vital that there be a consistent way of contacting the people and carrying out follow up and to give support in order to identify and help those who are willing to stop the practice. Also information on where to go for help should be made available to those who need it.

Other women felt that this campaign was her own invention.

Farhiya and Igram

The community advocates found out that some women are not aware of the new law. The general feeling they had was that unless the law directly affects them, it did not seem to be of any importance.

At the Somali community centre, the men were against the talk on FGM, saying that their women could not find anything better to do than to talk about sexual issues. They were adamant that one cannot change their culture. They argued that the West does not have to accept their culture just as the Somali community will not accept the gay and lesbian culture.

Other men however were very supportive and they took the matter to other men for further discussion. The general male feeling is that this is a women's campaign and that they were not part of it. The supportive men were despised for preferring to have an "unstitched" girl. In all their discussions, many people did not seem to be aware of the law against FGM.

As a result of this campaign, one young woman contacted an advocacy worker to find out where she can be opened up after her wedding. This went well.

Also, a cousin who was preparing to go to Somalia for her children to undergo the ritual, accepted to stop it but only operate the symbolic act of "Sunna".

Fariya Ali

Fariya visited a family of 5 girls. 2 of them had already undergone FGM while 2 others have not yet undergone the experience. The mother was planning to take them over the summer holidays for the operation. The advocacy worker showed them the video and explained the details on the video. Although the mother was convinced, the children's grandmother was adamant about the practice going on. Her argument was that FGM restrains the girls from sexual promiscuity and more so in such a sexually permissive society.

An incident of a young man who went to wed in Somalia was narrated whereby the man got the shock of his life when he discovered that his bride was stitched. Having been brought up in the UK, the man knew nothing about the cultural practice of his people. He called off the wedding.

For the campaign to be effective during this summer, it was suggested that there be an active propaganda against FGM in schools, at the airports, at the

GPs and anywhere where the community can access this information. At the top of the campaign should be the alert on the legal implications on parents and custodians who facilitate FGM on their children abroad over the summer break.

Jamila

Jamila called over 6 of her neighbors and showed them the videotape. The women received it well. They were informed about the 14-year sentence for anyone practicing or facilitating the practice. However, because the 1985 law did not seem effective, many people were not convinced that it would be this time around.

At the mosque, the advocacy worker presented the leaflets. Some of the women presented walked out in protest. Some Egyptian women who were presented agreed that this practice should stop.

The women then proposed the Sunna method, which is more symbolic.

Anne

Anne spoke with 10 people in total. She was able to find a Somali man who was very supportive of her efforts. She gave him the video to watch with his friends and then met at the local centre on the next day for a discussion. The four men who watched the tape were supportive. One woman narrated how she went through FGM twice because it was not well done the first time. This was a very traumatic experience for her. She recalls having very painful periods.

It was revealed that in 1993, awareness campaigns against FGM had started in Mogadishu. Unfortunately due to the war, not much progress has taken place since. However, people are still insisting that it is a cultural requirement. When told about the war, many enquired whether Sunna was also implied. The advocacy worker still discouraged any form of FGM be it light or simply symbolic.

Most of the women coming for their ESOL classes were very interested and wanted to take the tape to watch with their friends. The men say that they would not like to have FGM done on their daughters and so are ready to back the campaign against FGM.

The need for consistency was once again called upon and also advocacy workers need to be very proactive in key in contacting schools, community halls and homes in order to distribute this information before the long summer breaks.

The men 's main concern is that their girls will emulate the permissive western lifestyle that leaves the girls deflowered. They argued thus that their cultural practice of stitching ensures that this does not happen.

Mary

Mary visited a Sudanese family and a few women during a conference that she was attending. The mother in the family admitted to experiencing FGM herself and decided that this would be done to her daughters. The mum explained that she underwent the operation at 5yrs of age, although she had tried to run away. She remembers excruciating pain whenever she passed urine and during menstruation. For delivery she had to be cut up and sewn up several times. She agreed that FGM had nothing to do with the law and that she did not consider having cosmetic surgery done on her to ease the pain.

During the second meeting there was 1 Somali woman and 1 Sudanese woman. The Sudanese woman underwent cosmetic surgery to be opened up. She would not let her daughter to undergo the operation. The other Somali woman was not ready to be opened up.

At a workshop elsewhere, Mary met with 2 Sudanese women who were circumcised. Her sister who underwent Sunna was forcefully taken back for the pharaonic operation (removal of the clitoris and labia) by the midwives. She is saddened to see that her brothers are keen on taking their daughters for the same operation, but she is helpless about it.

In a final workshop, Mary spoke to a young Sierra Leonean woman who was too shy to share her ordeal with the other women. She underwent the operation at age 12 and her nerves were badly affected. She had a horrific sexual experience besides painful periods and urination. She vowed never to do that to her children if she ever got any. Also she was not aware of cosmetic surgery and was curious to find out more.

Nimo

Nimo approached 10 people in all. She insisted on telling the people about the issue with the law. Anyone supporting or complotting with a parent to have their children mutilated would face up to 14 years in prison and be separated with their children who might be taken into foster care.

Questions asked ranged from, "how will they know? Who will tell?", etc.. Also, the children were brought up expecting it and not wanting to be the odd one out, they anticipated the ritual with eagerness.

Nimo informed the participants that children will be checked for any unusual behavior after the holidays, the GPs and other local authorities will be informed so that they will report any unusual infections or behavior from the children.

Many seemed to think that since the 1985 law did not take effect, the same would be of this new one.

Besides the meeting, Nimo also kept contact with the other advocacy workers who informed her of the progress and challenges they were facing.

Recommendations

After this very informative session, the women summarized their feelings as follows:

- More sessions needed and outreach work to be actively carried out. FGM is a cultural practice that has been around for a long time. It will take more effort to uproot it.
- This group was the first to reach the grass roots with such an impact. 12 women have persisted despite the opposition, despite the insults and the challenges.
- It feels good to be able to affect the community positively. The women felt very useful and empowered during this operation, and felt motivated to go out again.
- Using family, relatives and extended members of the family brought good results.
- Next time, it might be a better idea to go out in groups so as to provide moral and ethical support to one another.
- Workers will need to be sensitive in their approach in the face of diversity and also they should apply the strategic tactics taught during the skills training workshop.
- It is important to have a centre where people/members can come together and give each other support and share good practice.
- It was felt that many women are happy not to circumcise their girls, but were under pressure to it.
- The advocacy workers will also need a lot of support because they faced insults about only being able to centre all their lives on sexual matters and FGM despite their education.

The questionnaire

The questionnaire was used to compile the data that the women collated individually.

The following questions have been put together to make a statistical representation of the people interviewed and their opinion on FGM within their community.

1. As mentioned earlier, the advocacy workers met with the people in every possible venue. Places mentioned are: conference halls, mosques, homes, ESOL colleges, art centers, the street, homes, and office and community halls.
2. The total number of people contacted was 258
3. Of the total number, how many had been mutilated: 233 (91%)
4. How many were:
 - Mothers: 150

- Fathers: 11
 - Grandmothers: 38
 - Grandfathers: 2
 - Teenagers: 57
5. Fact sheet about what materials were used. This was a combination of leaflets, the videotape and group discussions.
 6. Effects on FGM on participants. The following statistics show the number of people suffering from the individual effects of FGM.
 - a. Difficulty in passing urine: 158 (61%)
 - b. Slow/painful menstrual flow: 149 (58%)
 - c. Bleeding during sex: 103 (40%)
 - d. Painful sex: 138 (53%)
 - e. Sexually transmitted Infections: 96 (37%)
 - f. Marriage breakdown/divorce: 69 (26%)
 - g. Nightmares and flashbacks: 107 (41%)
 - h. Headaches/migraines: 133 (52%)
 7. How many were aware that FGM is illegal: 130 (50%)
 8. How many aware that there are well woman clinics: Only 20 (7%)
 9. How many are willing to stop practicing FGM: 113 (44%) Not willing: 81 (31%) No commitment: 145 (56%)

Conclusion

Mary Kanu, Director of DSA thanked all the women for the job well done. She promised that if the funders were willing, she would invite the women to share their experiences at the next FGM conference in June 2004. She also thanked Eunice Munanie on behalf of the African Communities Project at Hammersmith and Fulham for funding and supporting this project. Eunice Munanie then issued certificates on behalf of the African Communities Project.

Appendices