

**Campaign Against Female Genital Mutilation:
A women's consultative meeting sponsored by the
Hammersmith and Fulham Primary Care Trust**

Meeting conducted by AFRICAN WOMEN'S WELFARE ASSOCIATION (AWWA)

Venue: the African Health Project at 111 Devonport Road
Date: 26th July 2003
Time: 12:00 – 3:00

Men's meeting
Date: 6th August 2003
Time: 4:00 – 6:00 pm
Venue: Oxford House, Derbyshire Street.

1. Background to the Project.

The campaign against Female Genital Mutilation (FGM) is a project aimed at developing a participatory approach for sustainable empowerment of women to campaign against Female Genital Mutilation (FGM) within Ealing, Hammersmith & Fulham, Harrow, Brent and Hounslow.

The campaign against Female Genital Mutilation has finally begun to attract attention in the UK and other parts of the world as the practice continues to be rampant among some African groups, particularly those that practice Genital infibulation.

The UK government together with the social services have made minor steps in recognizing the harmful effects of FGM where it relates to young girls below the age of 16. This can be investigated by the NSPCC and social workers within the community under child protection legislation.

However, the communities that still reinforce FGM do not seem to recognize the dangers and the long-term social and health implications this practice weighs on their children.

2. Aims and objectives of workshop

It is with this knowledge and background that AWWA decided to carry out the Campaign against FGM practices.

The aim of the initial meetings was to enable African women and men to share their views experiences and opinions on :

- The practice of FGM within their various cultures
- Propose concrete steps on how to take the campaign forward in order to benefit the larger community because the practice of FGM has far reaching implications affecting all members of the community.

Objectives:

It was expected that by the end of the meeting, the participants would be able to:

- Identify the various types of FGM practiced all over Africa
- Determine the negative social and health consequences of this practice on women and perhaps even on men.
- Propose ways of addressing this issue within the community and especially among those who perpetuate the tradition despite the changes in spatial and temporal settings
- Give their views on how to run the subsequent workshops

3. Participants

3.1 Women attending the 26th July meeting

14 participants attended the meeting. All of them were women of African origin and who represented different nations from the African continent. There were 6 Somali women, 2 Nigerians, 2 Ugandans and 4 Kenyans.

It was interesting to note that every country/culture represented practised one form of FGM or other.

3.2 Men attending the 6th August 2003

The second meeting was exclusively set aside for men. The meeting was graced by the presence of 5 men from the Somali community. The age range was between 36

-60. The men were very offered different opinions regarding the reasons for the practice of FGM in their country. It is interesting to note that although they all came from Somaliland, those that originated from the southern part upheld different reasons and practices from those in the north. The arguments were therefore varied and sometimes opposing even though the practice remained the same.

4. Facilitators

Nimo Mohamed has worked extensively with the Somali community over several years. She has developed strong links with the women and thus has been able to conduct several outreach activities related to health, housing accessing facilities and services as well as immigration matters within the Somali community.

Nimo's contribution to the meeting was invaluable and many of the women attending were able to express themselves thanks to her interpretation skills of the Somali language.

Eunice Munanie, a specialist on sexual Health within the African Health project highlighted the wider aspects of FGM to include the implications of migrating to Europe and the rather sexually permissive environment that some African men (and women) took advantage of.

The participants each made very valuable contributions that are recorded in this report.

Session one

In this session, the facilitator explained to both meetings that there are several types of FGM practiced in Africa. She went on to enumerate them as follows:

5. Types of FGM

1. Cutting off of the clitoris
2. Cutting off of the clitoris and other parts of the genitalia
3. Sewing up the genitalia, leaving a tiny passage for urine and menstrual flow
4. Cutting off of all the genitalia and sewing of the genitalia leaving only a tiny passage for urine and menstrual flow
5. Pulling/extension of the labia
6. Inserting corrosive substances to add dryness to the vagina.

6. Why is circumcision still practised in the African culture?

6.1 women's viewpoint

In the women's meeting, this question produced several answers. The answers were recorded as follows:

- It is considered a rite of passage into adulthood
- Some owe it to religious demands, (especially among Muslims).
- It is believed that women are curtailed from being promiscuous (excessive sexual appetite is held in check)
- Some cultures (where pulling is practised) believe that this improves love making for both partners.
- "Our parents did it so must we" justification that remains cemented in people's minds despite the changes in time and space.

These points were however refuted as invalid. In the first instance, in some cultural groups, little girls as young as four years were mutilated in the name of transition from childhood to adulthood. What happened in reality is that these children were deprived of their childhood and unlike their male counterparts, they were forced to grow up overnight. This in itself is very distressing as the girls are now forbidden to play freely, dress like before and cannot do other things they used to enjoy, all in the name of growing up. In most cultures, for example the Bantu speaking groups of East Africa a demeaning name is given to a girl or boy who has not undergone the tradition rite of passage into adulthood.

Secondly, the older generation of women within the Muslim community was brought up to believe that circumcision was a way of becoming pure and thus more in line with the will of Allah. They therefore upheld the practice with fastidiousness trusting that Allah acknowledged their faithfulness. However, it has been proven that female Genital Mutilation is mentioned nowhere in either the Koran or the Bible. Male circumcision is recorded in both Books as a pact between God and man.

Thirdly cultural traditions are used to inhibit women's free expression within the community.

This is a deep-seated gender issue whereby the men who are fundamentally the governors of traditional norms, perpetuate male domination through such practices. An outgoing, outspoken woman is considered sexually active and an embarrassment to the community. It was believed that by cutting off the clitoris, this would inhibit sexual activity and thus render the woman more docile and submissive to her husband the community at large.

Pulling of the labia in practicing communities is done by an older aunt who begins this practice on the little nieces at the tender age of four or five. This is a form of abuse whereby the girls are brought up knowing that pulling (painful and distressing) will make them good wives. The girls will carry the scars of elongated labia and loosened vulvas all their lives.

Likewise, the use of corrosive substances causes pain and discomfort for the women. However, since it is culturally justified as a requirement for pleasuring and "keeping your husband happy", the woman is obliged to undergo the exercise.

6.2 The men's responses

When men were asked for the reasons for upholding FGM in the African culture, they came up with the following responses:

- it is cultural and it is expected that a girl to be married should be found to be "sealed" on her wedding night. If not, the man has the right to divorce her the next day. Circumcision is therefore a prerequisite for marriage in the honorable and acceptable way.
- Girls are happy to be circumcised because it is a sign of their purity and virginity before marriage. By extension then it is assumed that both the girl and boy are happy for circumcision to take place. Marriages have been cancelled when the man discovers/learns that the girl is not circumcised. This can be very traumatic for all involved.
- It is proof of the quality of the girl
- It protects the man's dignity and pride to have a daughter that is circumcised.
- It is also a form of security. The explanation given here was that, in that vast and nomadic land where 90% of the people were nomads and therefore open

to hazards and attacks from bandits and raiders, girls could be easily abducted and raped. But once the bandits discovered that the girl was sewn (too small to penetrate) they would abandon their plot to rape. But today, some members argued, because of the security available in homes (secure houses as opposed to huts and tents in the wilderness), girls may not need to be sealed because they will not be violated.

- The example of a mobile phone was given: if your mobile phone is not locked, it is available for use by anyone interested. But once locked the mobile phone can only be used by the owner who has the key code.
- Men believe that if the woman is not cut and sealed, she is unhygienic. They feel that the labia minora and majora are of no use.
- To make the girl sexually docile. Otherwise, she will be too active/promiscuous
- A girl and boy can maintain a quality relationship until they are married because they will not engage in sex.
- In the UK, if the girls are not circumcised, they can be traumatised to find out that they are not marriageable when they go back to Somaliland.
- The aspect of religion was mentioned but it was hotly contested as many claimed it did not exist in the Koran, but in the equivalent of the biblical concordance book called the "Hadith".
- A girl who is uncircumcised becomes an outcast, is denied food and is left to die in the wilderness. It is therefore in her interest that the girl child be circumcised.

7. Effect of FGM on women and the community as a whole

7.1. Women's input

1. Divorce and separation. One member shared with the group the findings of a research carried out by St. Luke's Hospital in Nigeria. After asking women why they divorced, the researcher found out that 95% of the women complained that they did not enjoy sex with their partners. This led to infidelity as they went out in search of sexual satisfaction elsewhere. Triggered by this great percentage, the researchers went on to find out why the women did not enjoy sex. To their amazement, they discovered that all the women involved had undergone FGM, having their clitoris cut off at an early age. As a result of this men also suffered stigmatization as being unable to satisfy their women sexually. Both partners therefore tended to change partners and look for satisfaction elsewhere. This led to a high incidence of HIV/AIDS and other sexually transmitted diseases.
2. With the issue of migration to the UK, sexual permissiveness has rendered men and women more prone to socially unacceptable practices. Most men whose female partners have undergone infibulation and are keen on maintaining their virginity, tend to go to women belonging to other cultural groups because they are not "physically restricted". This behaviour puts the men and their faithful women at risk of contracting STIs.
3. Medically, doctors and midwives have until recently been oblivious to the practices of FGM. Therefore during check ups, childbirth or other gynecological exercises, the medical teams have met with challenges that they had never been prepared for before. This in the past has led to still births, refusal to give treatment, phobia, trauma on the part of the victim and other distressing consequences.

4. There has been a very high rate of urinary tract infections, Pelvic inflammatory diseases (PID), cases of Vesico-vaginal fistula (VVF) (the joining of the vaginal and anal passage due to tearing or cutting during intercourse or childbirth) painful menstruation and passing of urine and other medical complications among young girls and women.
5. Socially, the girl child is stigmatized when she cannot pass urine in one sitting due to a stitched vagina, having to spend long class time in the toilet, brings upon herself blame and punishment that she cannot understand. Likewise, she has to spend precious school days lying in bed riddled in pain due to suppressed menstrual flow, every month. In some cases the prevention of menstrual flow and urine have caused irreversible damage to the uterus and urine bladder, necessitating operations that render the girl childless or maimed for life.
6. The child suffers trauma and distress on learning that she cannot live as a child anymore. She suffers physical pain and is suddenly inhibited even in her natural process of elimination of body fluids.
7. Corrosive herbs/substances inserted in the vagina make sex not only painful (but apparently pleasurable for the man), but they also provoke breakage to the skin surface and can act as a catalyst to transmission of sexually transmissible infections including HIV/AIDS
8. Using the same sharp objects to cut or sew up several children (as it is a cultural practice to conduct this operation in age groups) the risks of infection is also multiplied.
9. Complications before, during and after childbirth are commonplace among women who have undergone infibulation

7.2 Men's input

With regard to the harmful effects of FGM, the men required prompting because the apparent reasons were all for the good of the community. But after further prompting from the facilitators and with emphasis on the health and social implications, the following responses came up reluctantly:

- Although it is for security, it is a barbaric culture. The perpetrators never considered the suffering the women would be going through. And even if she suffered, she would be reminded that it was for her good and the good of the community at large.
- This has caused infections in men and women because her passage being too small, the woman suffers repeated painful penetration and the man also self harms in the struggle to penetrate. An example was given where a young couple were unable to have intercourse for over three months and finally required assistance at the clinic to have the woman slit.
- Urinary tract infections and blood flow retention
- The men seemed to remember many women who had died as a result of childbirth but unaware that these complications were related to circumcision (still births due to the closed passage, hemorrhaging, infections, unpleasant vaginal odour, etc)

Session two

In the second session the participants discussed ways of alleviating the suffering of African women and their young girls. The following were the remarks that came from the group.

8. Proposed solutions

8.1 women's suggestions

We need to lobby the following groups, who are the mainstay of this practice.

1. **We need to target the men!** This practice only seems to benefit men who want to marry a virgin who is "tight" on their wedding night. Men are most reluctant to address this issue and mostly justify the practice by hiding behind culture and religion
2. **Older women** who cannot live with the shame of not passing down the community's cultural norms will even have their children "kidnapped" and taken back to their countries over the summer holidays to have the operation performed on African soil. The stigma of their offspring being rejected for marriage or being socially seen as an outcast is too much for the older women to bear.
3. **The young men** need to understand the negative effects of practicing FGM on their women. They should learn to move on and appreciate their partners as they are.
4. Fixation to culture has led many people to commit crimes or cause children to run away. There have been cases of murder, suicide, disappearance where the adherence to culture has become overbearing. There is a need to slowly turn the people's mindset on harmful practices while offering an alternative that will benefit the entire community. For example developing alternative rites of passage that uphold cultural values and better health for all can replace the harmful practice of FGM.

9. Recommendations

Women's recommendations

Both groups were very clear about the need to have information and facilities that could assist in alleviating the suffering of the women and girls. In the women's meeting, the following recommendations were made.

1. There is a need to have a counselling centre for families that struggle with the practice of FGM.
2. The centres should also allow for group counselling for women and other key people who are the influential role models, in order to address the positive and not so positive aspects of cultural practices and any possible alternatives.
3. Educate social workers and law enforcement agencies on the harmful effects of taking children away from their homes as measures against FGM. Find alternative methods of prevention rather than cure when the harm is already done.
4. Provide a list of culturally sensitive, aware and equipped centers/officers who will assist and support women who have to live with FGM. Examples

of already existing centers are GUYS clinic in central Middlesex, Well woman clinics among others.

5. Develop a strategy of reaching out to key perpetrators of FGM within the community; i.e., mothers-in-law, fathers, older men, etc...
6. Hold local informal groups to share among women in their local meeting places.
7. Educate professionals on FGM in order to avoid shock, stigmatization that leads to women avoiding critical checks like the smear test and other gynecological issues.
8. Lobby policy makers and address the existing laws regarding child abuse. The government is lacking in providing appropriate prevention services and only responds when the crime has been committed. There should be a legal requirement allowing the children to reach an age of consent whereby they may "design" their bodies if they so wish.
9. Acquire funding to recruit outreach volunteer workers who will meet with the local community on a regular basis in order to build trust and thus effectively address the issues of FGM.
10. Provide crèche facilities and transport fees for all participants. This will also provide the women with an opportunity to go out and meet with other members of the community as a way of therapy for isolation, loneliness and in some instances, depression emanating from their cultural beliefs and demands.
11. Organise a monthly meeting specifically for mothers-in-law and men to address their role in perpetuating FGM among the younger generations.

9.2 Comments from the men.

The men reluctantly agreed that the community needs to question some of these cultures that are inherited blindly and are of no more use to the users. The following recommendations were generally agreed upon:

- There should be a massive campaign in the UK about the effects of FGM and the need to stop practicing it. They however reiterated that this practice will take time to die out and the public must be given time to assimilate the change.
- The awareness campaigns must take place both in the UK and at the same time in Somalia so that when girls who are not circumcised go back home, they will not suffer the shock of rejection in a community that is not updated by the change.
- There should be a clinic to assist circumcised girls who cannot "open" on their wedding night. Also for FGM sufferers who may be in need of attention due to complications such as urinary infections, PID (Pelvic inflammatory diseases, etc...)
- Provide information on existing services for sufferers of FGM.
- Hire Somali voluntary workers to do the outreach. The community (Somali in particular) responds to word of mouth; many are illiterate or do not respond to written invitations. They will attend community events and perhaps volunteers could take advantage of such events to pass on important information.
- Provide counselling and support services both for men and women who may be suffering as a consequence of FGM. Men too can be traumatised by FGM through painful penetration, stigmatization of not being able to penetrate.
- Counselling and advice is also necessary for men who may require help in dealing with exposure to the risk of HIV/AIDS within the community in UK

due to the variety of cultures of presumably available women who are not "sealed" and therefore open to sexual encounters.

10. Conclusion.

The participants felt that this meeting was very helpful. It was the first time that Somali women had actually met with women from other communities and they were very surprised to learn of other methods and consequences of FGM among other cultural groups.

The men found the meeting very stimulating. At the same time it dawned that the task of influencing change within the community would be as challenging as it was humongous. The urgency of the matter was not ignored, thus the urge to set up awareness campaigns in both countries. The men offered their time for any future meetings and especially if they were required to speak for the good of the community. It was agreed that the man has the power to stop the practice in his home, but it would take the elders (both men and women) in the community to make this change evident and effective.

The facilitators thanked AWWA for planning, preparing and conducting the meeting and reiterated the fact that a lot had been learned.

The next meeting will be a workshop where training and further terms and conditions explained to the participants. It is expected that the training programme will heighten the awareness of the harmful practices of FGM and will enable more people to participate in eliminating this practice right from the grassroots level.

Part Two: The training workshops

This part of the programme is divided into two workshops. The first training workshop took place on the 16th August 2003 and the second on 30th August 2003. Both these meetings were designed to provide more insight on the types of Female Genital Mutilation that women still suffer in Africa and other parts of the world today.

1. The participants

A total of 20 women attended the two workshops. The participants represented six countries in Africa; Egypt, Uganda, Kenya, Somali, Tanzania and Nigeria.

2. The trainers/facilitators

Ms. Eunice Munanie gave insight on the breaches to human rights that women suffer worldwide. Female Genital Mutilation is just one of these violations. The trainer went on to explain the processes of FGM and the consequences both social and health-related of the practice.

The participants were particularly curious to know how different types of FGM affected the sexual health of the women affected. It emerged that even among the Somali women, there were different responses because of the different types of FGM practiced in the country.

3. Course Objectives

- To identify the different types of FGM among African women
- To highlight the consequences of FGM on health and social wellbeing of those involved
- To mobilize women in seeking acceptable solutions for them and their daughters.

4. Course material

The session was facilitated by Ms Nimo Mohamed who started by inviting the women to give their experiences on FGM

The trainer used a video cassette to highlight the human rights violations that women all over the world suffer. The trainer urged the participants to watch a documentary shot in Kenya on the practice of FGM and the effort of a group of people to stop the practice in the country.

5. Conclusion and recommendation.

The participants made the following recommendations:

- That a drop-in centre be created to provide support for victims of FGM
- That there be a special workshop to enlighten the women who have been damaged by FGM on techniques of sexual enjoyment since many of them have lost the sensation of sexual pleasure as a result of FGM.

Training workshop 30th August

Overall number of participants: 13

Facilitators: Nimo Mohamed, Eunice Munanie

Eunice gave an overview of the extent of FGM today. Over 3million worldwide have experienced FGM today. It is therefore not a practice that is unique to one group of people.

Different communities practise FGM differently, for different reasons and at different occasions. In Kenya for example female excision entails chopping off the clitoris as a rite of passage from childhood into adulthood. Thereafter, in some communities, this ritual by extension is a sign that the girl is an adult and can therefore engage in sexual relations, a privilege given only to adults. In other communities in the same country, the ritual, besides being used as a rite of passage, also maintains that chopping off the clitoris makes the women less sexually curious and thus reduces chances of promiscuity among women.

In the Somali community, the ritual is mainly upheld for purposes of presenting brides in their virginal state to their husbands, a condition that is tied to much honour or woe to the families concerned and to the community at large.

Among some communities, the woman experiences the cutting on her wedding day and is expected to have sex with her groom. Other women are cut and stitched immediately after delivery. All this causes pain, trauma and complication.

Session II.

The participants were divided into two groups to discuss the benefits, if any, and disadvantages of FGM from experiences.

The following were the responses shared:

Group 1

This group decided to look at the consequences of FGM in a sequential manner starting with the actual process of FGM. The contributions were recorded as follows:

1. During circumcision, the actual pain and trauma of excision and at times stitching up the tender parts of the genitals
2. Infection – including risk of excessive bleeding if the circumciser cuts a major nerve
3. At the next stage of marriage, the woman is welcomed by shock on her wedding night when penetration is extremely painful if not totally impossible. Many women have had to go to hospital to be cut open because the opening is too small. The wedding night brings back painful memories and trauma.
4. The woman is sexually inactive both as a result of the trauma and also because sexual intercourse is very painful. This removes any desire for sex.
5. During birth, the woman has to be cut up again in order to deliver safely.
6. In many cases where rapid intervention is not possible, women have given birth to still born children and they themselves have died as a result of childbirth.
7. Caesarian section during delivery has become commonplace for women who have gone through type 3 form of FGM because midwives, doctors are new to the realities of FGM and avoid distressing the child during labour. Women also fearing the pain and distress opt for this form of delivery.

Benefits

This group could not find any benefits to this practice.

Group II.

This group looked at the benefits that the community claimed to warrant the necessity of FGM.

1. Preserves virginity until marriage
2. Ensures cleanliness
3. No discharge
4. Brings honour to the family
5. Husband is proud of his virgin bride

Disadvantages

1. In the short term: it is painful
2. Difficulty in passing urine
3. Shock
4. Uncomfortable stitches
5. Infection
6. Dehydration because the girl fears passing urine
7. Urine retention
8. Death
9. Excessive bleeding.

Long-term effects

1. Painful periods
2. retention of periods
3. Migraine
4. Nausea
5. Swollen stomach
6. Infection

During marriage

1. Painful sex or no sex at all
2. No sexual sensation
3. Scared/ fearful
4. fertility problem/blocked tubes
5. marriage breakdown
6. shock
7. C-section

The groups came together and gave the following analysis. FGM is beneficial only to men and is used as a means of upholding the integrity of the community. There is absolutely no advantage to the women who are forced to practice this barbaric act.

Recommendations

- Men and women need to be educated and this campaign against FGM should be made massive so that all concerned are involved. Small meetings will not be effective in spreading the necessary change that is required.
- The video viewing on Channel 4 on 19th August was an opener for many in society. This needs to be followed up by a big project that will further enable people to change their views on FGM.
- Workshops should go beyond London
- Women want to continue the fight and therefore need the tools to become effective advocates.
- Invite young girls and boys in order to open their understanding on FGM and their society's expectations (for the practicing communities)
- Invite other communities and if possible, visit those countries practicing and create this awareness.

5. Our conclusion and action plan.

Overall workshop analysis

This workshop has been a very informative one to the organizers, AWWA, who had not envisaged the magnitude of the implications of FGM among African women. The

contributions of these women prove that many African women are still suffering in silence and many are still advocating for the practice on their daughters even though they accept that the consequences are adverse.

This realization prompts the need to prepare special training workshops for volunteers who can now go into the communities for mediation and support for women who may be in need of support, advice and information regarding how to address issues around FGM.

Also the women were keen and ready to receive training in order to become advocates in the community.

This workshop also highlighted the fact that the participants are not in need of training on FGM. Rather, they require an awareness-raising on the consequences of the practice, enabling in addressing these issues within their communities and the skill to present them effectively.

They will benefit more from seminars, information sharing workshops and forums that update them on issues of sexual health, social development and personal empowerment. Training will not be of visible importance to them.

Action plan

- A training workshop for selected women to become community advocates.

Case studies.

Names have been changed for privacy

Halima.

She got the shock of her life when, after giving birth, she went to pass urine and the flow was so intense that she jumped off her feet. This was an entirely new experience for her because, as long as she can remember, she has always passed urine in droplets. This is because she was stitched when she was a little girl and has since gotten used to this limited flow.

Amina.

After giving birth to her second child, she is unable to take antibiotics to cure her urinary tract infection because she is breastfeeding. She was stitched as a young girl and this infection has been with her for a long time.

Jane

Jane was the envy of the group as she explained her type of FGM as the *sunna* which only slits the clitoris without chopping off any parts of the genitalia. She gave examples of her fulfilled sexual experience to the amazement of many women in the workshop.

Mariam

She has gone through the trauma of a divorce because the husband could not cope with the complications of FGM. Some of these were the fact that she had painful intercourse. Besides, like most women, Mariam feels that the men do not understand the need to be sensitive and even more patient because the trauma of FGM has scarred their wives' genitalia as well as their ability to fully enjoy sex.

A midwife gives her experience

A woman came to see her wanting to be stitched up because her husband had been good to her, and this would be the best gift she could think of. Because she had given birth to several children, she was no longer "tight" and she wanted to pleasure her husband. Upon his return from a long journey away, he was overjoyed to experience such sexual pleasure that he had only had when he first married his wife. Amazingly, after this first experience, he recommended her to go back to the midwife to have her "tightened" again in order to give him the same pleasure.