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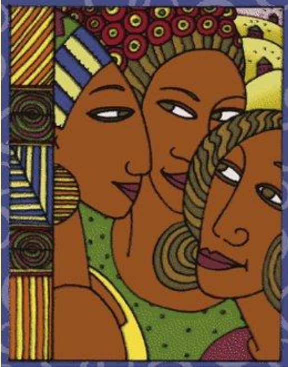

OUR SELVES, OUR DAUGHTERS:
A Community-Based Approach to Addressing Female Genital Cutting

Sexuality Education Resource Centre, Manitoba, 2015

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SEXUALITY & RELATIONSHIPS

Growing Up, Growing Older, Growing Together

PARENTS & FAMILY

ABORIGINAL

LGBT*

Lesbian, Gay, Bisexual, Transgender, Two Spirit, Queer, Questioning, Intersex, Asexual

IMMIGRANTS & REFUGEES

Community Leaders As Educators

YOUTH

Sexuality Education Resource Centre Manitoba is a community-based, non-profit, pro-choice organization. We are dedicated to promoting sexual health through education. With two Manitoba offices we work with all groups of people, of every sexual orientation, gender and place in life, along their individual sexual journey.

What is SERC?

Take a look at our new video and learn more about SERC and how we work with our communities

Watch Video

SERC RESOURCE LIBRARY

EVENTS & WORKSHOPS

SERC BRANDON
Check us out!

FEMALE GENITAL CUTTING
SERC SPECIAL PROJECT AND REPORTS

FOR SERVICE PROVIDERS

We offer many resources to health and community service providers across Manitoba.

- Our Services
- Resource Library
- Translation Services
- Projects & Reports
- Research & Evaluation
- Educators & Schools
- Safer Sex Supplies

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Programming with newcomers

- Our Families Can Talk About Anything! CIC project
- Afro-Franco STI Prevention WRHA project
- Knowledge into Action PHAC project

- Community Education open to all communities
- Training and consultation for service providers
- Online resources at www.serc.mb.ca

Our Selves Our Daughters

- Engage women from FGC affected communities (in Winnipeg) in culturally competent education sessions re FGC.
- Work closely with the women and community allies to enhance supports for women affected by FGC, and address prevention among daughters.
- Increase cultural competence in health and social service providers.

Objectives for Today's Session

- Participants will have had some of their assumptions about FGC challenged by the session.
- Participants will become aware of the complexity of the issues related to FGC.
- Participants will want to learn more about FGC and how to work with FGC affected women and their families.

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Addressing FGC

- Human rights
- Medical
- Anthropological
- Legal

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Our Stance

- FGC: a form of gender based violence
- BUT also a women-held tradition, slow to change

- MUST balance human rights stance with one that respects and affirms women and their cultures

- ALSO: women who practice FGC love their daughters
- REMEMBER : continuum of gender based violence affecting all women, all over the world

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Health and Social Services

- There is a continuum of positive to negative experiences for women affected by FGC.
- Women experience many barriers to accessing quality care and family related services e.g. reactions of service providers, competence of healthcare providers, hospital/agency policies.
- Women want and need a holistic approach to health & healthcare, and social services.

Beliefs about FGC

- "It's not abuse – abuse is intentional [harm]. It's seen as protections."

  - a participant

Beliefs

- FGC helps prevent rape
- Reduces a woman's interest in sex
- Guarantees virginity at marriage
- FGC shows a woman's ethnicity or identity as member of a clan
- Beliefs re beauty / cleanliness
- Prevents 'scratching' the genitals

Cultural Competence

A *process* that involves:

- exploring culture – my own & client's
- examining how culture has impacted me both personally and professionally
- applying these insights in order to interact with others more effectively.

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World Health Organization Definition of Female Genital Mutilation

- Female Genital Mutilation constitutes all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason.

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WHO Classification of FGM

Type 1: removal of clitoral hood; may involve removing part or all of the clitoris

Type 2: removal of the clitoris and part or all of the inner labia (minora)

Type 3: (Infibulation or Pharaonic circumcision): Removal of all or part of the clitoris, inner labia and part of the fleshy outer labia (majora). Remaining outer edges sewn/held together till healed shut leaving small opening for urine/menstrual blood to leave the body.

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WHO Classification of FGM

Type 4: Unclassified

- stretching, cauterizing, pricking, piercing or incision of clitoris and/or labia
- scraping, cutting the vaginal opening
- introducing herbs etc. into the vagina to cause bleeding or tighten / narrow the vagina
- any other procedure which falls under the definition of FGM

WHO Classification of FGM

- Women do not "classify" the type of FGC they have experienced according to WHO types.
- There is diversity within regions regarding the types of FGC that are practised.
- Various research suggests the prevalence of Type 3 (Infibulation) is 12 – 15% of all FGC.

Project approach: best practice

- A focus on enhancing the social, emotional, and educational supports for African newcomer women affected by FGC
- A strengths-based approach and a capacity-building approach
- A belief in the necessity of a “whole community approach” for sustainable and meaningful change in women and daughters’ lives

Focus Group Finding

- *"In our culture, it is important. But here, it is good and bad. What are the effects? We need to know the effects on our children. Do we need to circumcise here? We don't know how it is seen in Canada."*

- a participant

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Taking a Holistic Approach

- Knowledge about FGC to address physical issues with competence
- Understanding of emotional issues
  - mothers' concerns re children
  - impact of woman's role in family
  - immigrant/refugee experience
  - mental health issues (many factors)

Project approach: best practice

- Creating a dialogical encounter within a curriculum-based work.
- Holistic: integrate FGC within women's overall health & wellness

"[back home] we got information about stopping FGC, but the disadvantages were not clear to me. I come to class and I know more about that."

Changing Beliefs

"FGC was important [to discuss]. I was repeatedly thinking about my daughter; I thought I should have done it for my daughter. I was comparing different situations. But, then when I came here it became clear for me. I received information, the discussions, that what I'm doing is good."

- *a participant*

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Women's Health and FGC

- Women recognize the short-term consequences e.g. bleeding, pain
- Information helped women understand that there can be long-term health consequences
  - suffering not just "part of being a woman"
  - symptoms mean something is not 'normal'
  - a woman should get treatment

Women's sexual pleasure

- Very little research
- Ethnocentric view of women's sexuality
- Anecdotal evidence that even after infibulation many women experience sexual pleasure

- *Remember*: FGC affected women experience other trauma-related events in their lives i.e. refugee experience; war; sexual assault etc.

Women's sexuality

"And another one. FGC; before I used to think that all circumcised women did not have any [sexual] feeling. It made more clear for me to understand all about FGC. I don't have a daughter [yet] but I decided not to get my daughter circumcised."

- *a participant*

Our Learnings: Psychological Impacts

- Relatively little research
- In a safe setting, some may express feelings of hurt, anger, etc., but we did not find strong mental health needs specific to FGC.
- “Suffering” is often considered an integral part of being a woman …. FGC only part of the cause.

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Psychological Impacts: The Flip Side

"The most important psychological effect on a woman who has survived is the feeling that she is acceptable to her society, having upheld the traditions of her culture and made herself eligible for marriage"

Amnesty International: *What is Female Genital Mutilation?* Index Number: ACT 77/006/1997, Sept 1997.

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Building culturally safe spaces

- Importance of in-depth information (10 weeks)
- Closed, small group
- In first language or with interpretation by trained community facilitator

" We were very comfortable and energized (…). We felt we had a mutual understanding. The first [few] days were a little odd because we don't usually talk about these things so openly but we learned it's natural, and it's part of our well-being, and [we] shouldn't' be shy. It's important to learn about our health, and we are happy to do that now."

Focusing on Women's Experiences

- Importance of addressing issues that speak of *women's own experiences*.
- Considering change within the way the women understand FGC.

"Women can get together and discuss with each other and get close. When the opportunity comes up...it is a woman-to-woman issue."

For service providers …

- Culture, systems and policies tell us how to think and act.

  - Can legitimize discrimination and oppression e.g. SOGC policy; child protection

  - Can create a bigger gap between client and service provider – decreases effectiveness of services

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For service providers

- Women with FGC worry about how a healthcare provider may react.
- Assumptions about the universality of beliefs regarding women's health and sexuality will invalidate the best efforts.
- *Every* discussion with a healthcare provider impacts whether or not a woman will continue to access care.

For Service Providers

- What is the basis for thinking there's a problem? Don't make assumptions just because a woman has experienced FGC.
- Make the time to have a discussion – ask questions and *listen* without judgment.

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SOGC 2012 revisions

- Support community-based efforts to end FGC
- Framed within international human rights perspective
- State requests for ‘reinfibulation’ to be declined
- State duty to report to child welfare agencies
- Recommend development of policies and procedures / integration of FGC into medical curriculum

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Legal Approaches

… the best tools for fighting female genital mutilation are still based in education and advocacy, not law. Nonetheless governments cannot "officially" condone FGM by not creating anti FGM laws, thus creating a difficult dichotomy.

www.ReleaseMeFGM.org

Legal Approaches

- Changes to legislation are often part of prevention
- FGC illegal in numerous African countries

Legal Approaches

- Canada declared FGM/C illegal in 1997
- Legislation includes both criminal law and child protection law

Stopping FGC

- Education helps change beliefs
- Exposure to Canadian beliefs about FGC challenges cultural beliefs
- Community support for cultural change – involve whole community i.e. women of all ages, men, community leaders

Working towards Positive Change

- *Dialogue* for transformation

" I have benefited a lot from this program, I don't think I will circumcise my daughter…even the side effects. I was circumcised. I was lucky I didn't have any side effects, though my parents knew the side effects (…) I have learned a lot."

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Cultural Safety …

means an environment which is safe for people - where there is no assault, challenge or denial of their identity, of who they are, and what they need.

Cultural Safety – What Does It Mean For Our Work Practice?
Robyn Williams, Northern Territory University, Australia

Stopping FGC

- "We should not try to change the whole culture. Culture is a beautiful thing that tells us a lot about our history. What should change are those elements of culture that cause harm to us, in one way or another."

  - young male participant

Thank you …

Evaluations, please.