



AED Initiative

FGM REDUCTION WORKSHOP REPORT

7th to 9th February, 2015



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Table of Contents

1	Introduction.....	3
2	Workshop Objectives	3
3	Climate Setting.....	3
4	Facilitation Methodologies	4
5	Workshop Summary Activities.....	4
5.1	FGM: Traditional Cultural Practice.....	4
5.1.1	Definition	5
5.1.2	Origins	5
5.1.3	Procedures	5
5.2	Hazards/Complications of FGM.....	7
5.2.1	Complications of FGM.....	7
5.3	FGM from a religious perspective.....	8
5.4	FGM and Human rights	9
5.5	Advocating for Social Behavior Change	9
5.5.1	Communicating Behaviour Change	10
5.5.2	Tips for Effective Communication.....	10
6	Points Noted/Recommendations.....	11
7	Workshop Evaluation	12
8	Appendices	12
8.1	Workshop Timetable	12
8.2	Participants Attendance Sheet.....	13
8.3	Evaluation Questionnaire.....	13
8.4	Action Plan.....	14
8.5	Photos	14

1 Introduction

A three days' workshop session on FGM and other gender based violence was conducted at the organization training hall for 10 community groups from the districts of Banadir region. The Workshop was organized in partnership with PPEP inc, under the cooperation of Banadir Local authority. The Workshop ended satisfactorily on 9th February, 2015.

2 Workshop Objectives

The Workshop objectives include:

- ✓ To educate the participants about the dangers of FGM, gender related issues and child protection.
- ✓ To share experiences on FGM and Gender related issues.
- ✓ To support the community groups to initiate awareness and advocacy on anti-FGM, gender and Protection Issues.
- ✓ To enhance the capacity of the participants to lead and advocate for change.

3 Climate Setting

To set the theme for the workshop the following were done:

- ✓ **Registration:** The participants were registered in the workshop attendance sheet and their Presence confirmed with their signature on each day session.
- ✓ **Introductions:** Each of the participants was given the chance to stand up and introduce himself to The rest of the participants;
- ✓ **Housekeeping:** Volunteers from the participants were appointed; Habiba Abdi as the time Keeper, Fadumo Mohamed as the energiser.
- ✓ **Workshop Norms/Regulations:** Do's and Don'ts were set for the Participants to abide by during the workshop sessions

- Participants should be punctual and keep time during the three sessions.
- Unnecessary noises would not be entertained during the workshop sessions.
- Participants should be free to share their experiences.
- Participants should respect each other's views, and ideas.
- Raise your hands if one wants to ask, answer or give feedback during the session.

✓ Participants Expectations

The following points were contributed by the participants when asked;

- To understand more about dangers of Female Genital Mutilation and other Gender based violence.
- To be able to mobilize community members about FGM practice.
- To gain skills and knowledge on advocacy and social change behavior.
- To discuss about ways of reducing and preventing the practice.

4 Facilitation Methodologies

The facilitation techniques used during the workshop sessions were conceptually modelled for the better understanding of the participants. A brief note lecture on the topics in the local somali accent were compiled with group discussions to give room for the participants to share their experiences on the subject matter. Plenary sessions enabled the participants to freely discuss on set brainstorming questions. Stories and case studies witnessed were shared with the participants. Energisers and Role plays during the sessions increased the participants concentration making the workshop lively with no boredom.

5 Workshop Summary Activities

5.1 FGM: Traditional Cultural Practice

Through brief presentation, the participants were made to understand the definition FGM , the history of the practice, facts and figures of those affected and how the procedure is performed.

Group Works: Examining which traditions in the community are Beneficial, Harmful and Neutral

Beneficial	Harmful	Neutral
<ul style="list-style-type: none">–Breast feeding– Women relieved of work after delivery.–Waqal (slaughtering an animal for babies on the 7th day of	<ul style="list-style-type: none">– Lack of autonomy for women in seeking medical care (decision made only by men)– Food taboos for pregnant women and children	<ul style="list-style-type: none">– Wearing talisman– Putting a piece of thread on the babies' anterior fontanel to cure hiccups– Wearing charms to keep evil

delivery. – Special care and nutritious diet for a newly delivered mother – Puberty rites (without FGM) which prepare adolescents for womanhood	– Early marriage and early child bearing for girls – Force feeding for babies – Son preference – Priority of access for men and boys in the family to good food (mothers and daughters eat last) – Female genital mutilation	spirits away
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5.1.1 Definition

“Female genital mutilation (FGM) constitutes all procedures which involve the 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 reasons (WHO, 1995)”

5.1.2 Origins

- ✓ It is not known when or where the tradition of female genital mutilation originated.
- ✓ Some people believe the practice started in ancient Egypt(Pharaoh Empire)
- ✓ Some believe it started during the slave trade when black slave women entered Ancient Arab societies.
- ✓ Some believe FGM began with the arrival of Islam in some parts of sub-Saharan Africa.
- ✓ Others believe it started independently in sub Saharan Africa, prior to the arrival of Islam, Notably among warrior like people
- ✓ Some believe the practice developed independently among certain ethnic groups in sub-Saharan Africa as part of puberty rites.

5.1.3 Procedures

FGM is carried out using special knives, scissors, razors, or pieces of glass, The operation is usually performed by an elderly woman of the village specially designated this task, who may also be a traditional birth attendant (TBA),

Type I	Excision of the prepuce, with or without excision of part or all of the clitoris.
Type II	Excision of clitoris with partial or total excision of the labia minora
Type III	Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening

Type IV	(infibulation)- Pricking, piercing or incising of the clitoris and/or labia. Stretching the clitoris and/or labia. Cauterization by burning of the clitoris and surrounding tissue. Scraping of tissue surrounding the vaginal orifice (anguriya cuts) or cutting of the vagina (gishiri cuts). Introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it. Any other procedures that fall under the above definition.
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Brainstorming Exercise: Understanding participants beliefs, values and attitudes towards FGM.

This exercise was used to explore the participants beliefs, attitudes and values towards FGM.

A list of value statements on FGM were prepared on a sheet. As the facilitator read the statement, each participants answer whether "AGREE or DISAGREE" is noted.

Value statement	Agree	Disagree
FGM improves fertility.	6	6
FGM prevents maternal and infant mortality	4	8
FGM helps the genitalia to be clean.	7	5
FGM prevents the genitalia from growing	4	8
FGM is an essential part of culture.	8	4
FGM is performed to please husbands	12	0
FGM causes health, mental and sexual problems for girls and women	5	7
Type 1 FGM does not lead to any complications; it is therefore acceptable	3	9
Performing FGM in a hospital environment is more hygienic and less painful for the client.	9	3
Type IV FGM is harmless; people should be allowed to continue	4	8
FGM is a violation of human rights.	6	6
FGM is a religious obligation	7	5

In the discussion forum, the participants noted the following:

- ✓ That FGM is a cultural practice that is most common in their communities.
- ✓ That the practice not only affects women but also men.
- ✓ That FGM is a harmful traditional practice which every one in the community should Participate in its eradication.
- ✓ That FGM is a practice that they inherited from their forefathers/ancestry.
- ✓ That FGM is a source of income for practitioners in the community.

5.2 Hazards/Complications of FGM

The participants had insufficient knowledge about the hazards and complication of the practice and it was important to relate case studies of complications in the community. The communities were able to understand that some health maternal complications in the community are as a result of the practice.

5.2.1 Complications of FGM

Physical	Psychological	Sexual
<ul style="list-style-type: none"> - Severe pain due to the operation being performed with crude instruments and without anesthetic. - Hemorrhage. Excision of the clitoris involves cutting the clitoral artery which has a strong flow and high pressure. Packing, tying or stitching to stop bleeding may not be effective and this can lead to hemorrhage. - Acute urine retention can result from swelling and inflammation around the wound, the girl's fear of the pain of passing urine on the raw wound, or injury to the urethra. - Infection is very common as a result of unhygienic conditions; use of unsterilized instruments. - Difficulties in menstruation can occur as a result of partial or total occlusion of the vaginal opening. Such difficulties include dysmenorrhea and haematocolpos (accumulation of menstrual blood in the vagina). - Fistulae (holes or false passages) between the bladder and the vagina (vesico-vaginal) or between the rectum and vagina (recto-vaginal), can develop as a result of injury to the soft tissues during mutilation, 	<ul style="list-style-type: none"> - For some girls, mutilation is an occasion marked by fear, submission, inhibition and the suppression. - Some girls and women are ready to express the humiliation, inhibition and fear that have become part of their lives as a result of enduring genital mutilation. - For some girls and women, the experience of genital mutilation and its effect on them psychologically are comparable to the experience of rape. - The experience of genital mutilation has been associated with a range of mental and psychosomatic disorders; such as sleepness,night mares, loss of appetite, panic attacks. - Girls who have not been excised may be socially stigmatized, rejected by their communities, and unable to marry locally, which may also cause psychological trauma. 	<ul style="list-style-type: none"> - Excised women may suffer painful sexual intercourse (dyspareunia) because of scarring, narrow vaginal opening, or obstruction of the vagina due to elongation of labia minora, and complications such as infection. - Vaginal penetration for women with a tight introitus may be difficult or even impossible without tearing or re-cutting the scar. This may lead to loss of self-esteem and sexual dysfunction. - Vaginismus may result from injury to the vulval area and repeated vigorous sexual intercourse. - Inhibition of coitus because of fear of pain may damage the marital relationship and even lead to divorce

<ul style="list-style-type: none">- Problems in childbirth are common, particularly following severe forms of mutilation, because the tough scar tissue that forms causes partial or total occlusion of the vaginal opening.		
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Group Work: Community beliefs of why FGM is practiced

Through group work discussions, the participants presented the following beliefs/reasons of why FGM is practiced in their communities.

- ✓ FGM is a source of income for practitioners, therefore they will always keep to the traditions/society cultures through their personal interest.
- ✓ In FGM practising communities, it is believed that a woman's external genitalia are ugly and dirty, and will continue to grow ever bigger if they are not cut away. Removing these structures makes a girl hygienically clean
- ✓ Some communities believe that unless a girl's clitoris is removed, she will not become a mature woman.
- ✓ Some communities believe that removing the external genitalia is necessary to make a girl spiritually clean and is therefore required by religion.
- ✓ The unexcised girl is believed to have an overactive and uncontrollable sex drive so that she is likely to lose her virginity prematurely, to disgrace her family and damage her chances of marriage,
- ✓ It is also believed that the tight vaginal orifice of an infibulated woman, or a woman who has had chemicals placed in the vagina in order to narrow it, will enhance male sexual pleasure, in turn preventing divorce or unfaithfulness.
- ✓ Female genital mutilation is believed to ensure a girl's virginity. Virginity is a pre-requisite for marriage, which is necessary to maintain a family's honour and to secure the family line.
- ✓ In communities that practise FGM, girls are generally subjected to powerful social pressure from their peers and family members to undergo the procedure. They are threatened with rejection by the group or family if they do not follow tradition.

5.3 FGM from a religious perspective

Shiekh Mohamed Abdihafid, A religious leader was invited to talk to the participants about the FGM relation to the Islamic religion. The participants were perplexed to hear that the practice is not at all linked to our religion as Islam. The leader went ahead to interject the somali community normal expressions "One who is not circumcised is not a Muslim, and even her parents are seen as not being in the religion".

The use of some religious terms to refer to the practice has given it an Islamic identity and strengthened the belief that Islam requires FGM. An example is the use of the word Sunnah which is an Islamic religious term .

This belief is strongly held by the Somali community who said:

"It is part of the religion of which firooni (infibulation) is not a must, but Sunnah is a must".

"Islam says just cut a bit, which is Sunnah..."

The Sheikh cited quranic verses and the sayings of prophet Muhammed delinking FGM from Islam.

5.4 FGM and Human rights

Female genital mutilation is a human rights issue because the practice violates the rights of women and children. International human rights conventions oblige Member States of the United Nations to respect and ensure the protection and promotion of human rights, including the rights to non-discrimination, to integrity of the person, and to the highest attainable standard of physical and mental health.

The participants were introduced to international conventions and declarations relevant to FGM; that the conventions and declarations promote and protect the health of the child and the woman; some specifically provide for the elimination of FGM. These include:

- ✓ The Universal Declaration of Human Rights
- ✓ The International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights (1966)
- ✓ The Convention on the Elimination of All Forms of Discrimination against Women (1979).
- ✓ The Convention on the Rights of the Child (1990)
- ✓ The Declaration on Violence against Women (1993)

5.5 Advocating for Social Behavior Change

Harmful traditional practices sometimes seem impossible to change. Efforts to alter or eradicate them require the cooperation and understanding of community leaders, policy makers, and the people who have experienced or witnessed hardships these practices cause. Community education is critical to increasing public awareness of the negative consequences of these practices and changing societal norms. Laws condemning harmful practices must be implemented and enforced. When respectful of tradition, advocacy can unite communities, reinforcing practices which benefit all members, while at the same time confronting those which damage the integrity and diminish the humanity of girls and women.

Advocacy means speaking up, or making a case, in favour of a specific cause in order to win support for it.

The most important strategies in advocacy are:

- ✓ Building coalitions with people, e.g. NGOs or institutions with similar interest.
- ✓ Effective use of mass media:
- ✓ Working with communities: Change will only occur when people who practice FGM are convinced of the need for the eliminating it.
- ✓ Building coalitions. Partnership with others active in the same field has several advantages. It allows for the sharing of experience and expertise, and the pooling of resources.

5.5.1 Communicating Behaviour Change

This session was vital for the participants as they were able to grasp the appropriate communication skills in mobilizing and advocating for the elimination of FGM in their community.

Communication for behaviour change (CBC) is different from communicating simply to impart information, and for this interpersonal skills are specially effective. Interpersonal communication is a process whereby two or more people discuss an issue together to try to reach mutual understanding.

The following points should be considered when communicating to various audiences on social behavior change:

- ✓ Assess and decide on appropriate ways of communicating e.g use media,magazines,newspapers
- ✓ Know your audience – this means identifying the target group e.g. individuals, family members, women or youth or men's groups, community leaders;
- ✓ Find out about the practice of FGM locally.
- ✓ Know your material – have the information and materials well prepared and readily available.
- ✓ Create and maintain trusting relationships: In communicating for behaviour change it is very important to establish a rapport with the target audience.
- ✓ Present clear and appropriate information.

5.5.2 Tips for Effective Communication

- ✓ Clarify your own attitudes towards FGM.
- ✓ Know your subject – have the facts clear in your mind as well as the messages you wish to communicate.
- ✓ Speak clearly, with confidence and conviction.
- ✓ Emphasize and repeat important points.
- ✓ Use participatory approach.
- ✓ Make the person/people you are addressing believe they are especially important in this campaign and have the power to make a difference.
- ✓ Suggest a plan of action and agree on a follow-up date to discuss progress.
- ✓ Have determination, patience and never give in to despair, no matter how slow the progress maybe.

Activity: Ranking values

.The participants were asked to rank in order the following actions that could be taken for the prevention of FGM, by using 1 to indicate the action you feel is most important, and 12 to indicate the action you feel is least important.

S/N	Action	Rank
1	Working with the community to prevent FGM	2
2	Listening empathetically to clients who have undergone FGM	7
3	Creating good interpersonal relationship with clients with FGM.	8
4	Becoming emotionally involved with clients who have FGM complications	11
5	Teaching community about the need to eliminate FGM	1
6	Being honest in answering clients questions	10
7	Seeing that community acts on professionals advise	6
8	Helping to decrease a client's anxiety in relation to FGM complications	9
9	Making sure that community is involved in decision-making regarding FGM	4
10	Following legal mandates regarding the practice of FGM	5
11	Maintaining professional ethics all the time when dealing with clients who have undergone FGM	12
12	Being in the forefront of efforts to eliminate FGM.	3

Group Work: Role of community groups & Government in FGM elimination

Community Groups	Government
Carry out mobilisations and awareness forums	Develop policies and plans to eliminate FGM
Act as agents of change in the community	Commit to develop laws
Religious leaders to preach in mosques about FGM	Sign and ratify international declaration which condemn FGM
Youth should stigmatize the practice and not marry FGM girls	Initiate and fund anti-FGM programmes
Youth groups to organize peer to peer education	Political leaders to advocate for laws and policies on FGM
Organize youth campaign forums in schools ,colleges e.t.c	Arrest and prosecute those who practice FGM

6 Points Noted/Recommendations

- FGM is a deep rooted cultural practices in somali community and will require mutual efforts from the community leaders and governments to eliminate.

- Increased awareness creations and education for the community groups is essential in eradication of FGM.
- There is need to be lobby with the government officials, politicians and the concerned ministries to develop police and plans for FGM eradication.
- There is need to create income generation activities for FGM practitioners as an alternative source of income.
- Hold public forums in the districts gatherings advocating for the elimination of FGM.
- The participants requested for more trainings to the community and the number of participants to be increased.

7 Workshop Evaluation

At the end of the workshop, the participants knowledge and understanding of the workshop topics were assessed and the results were satisfactory. The participants appreciated the knowledge gained and expressed their willingness to train others in the community.

8 Appendices

8.1 Workshop Timetable

Date	Session 1 (8.30am – 10.00am)		Session 2 (10.45am 12.00pm)		Session 3 (2.30pm - 3.45pm)
7/02/2015	Participant Introduction FGM practice overview History of the cultural practice and how it is Performed.	B R	Dangers/hazards related to the practice Facts on health problems associated.	L U	Plenary Discussions: Effects of FGM practice in the community(Case studies)
8/02/2015	Gender Based Voilence and Child protection issues in the community Group work(common GBVs and socio cultural influence in the community)	E A	FGM from a religious perspective	N C	International Legal frameworks on human rights. Declarations, Conventions and code conduct
9/02/2015	Advocating & communicating for change in the community	K	Discussion forum ; Role of community groups in social change	H	Workshop evaluation Action Plan Closing Ceremony

8.2 Participants Attendance Sheet

S/N	Name	District	Day 1	Day 2	Day 3	Signature
1	Malyun Mohamed Abdi	Hodan				
2	Arfon Abdi Ali	Daynile				
3	Fadumo Omar Mohamed	Waberi				
4	Zaynab Hussein yussuf	Dharkenley				
5	Dhahiro Abdi Gedi	Wadajir				
6	Fadumo Mohamed Osman	Xamar Jabab				
7	Maryan Abdullahi Mohamed	Kaxda				
8	Fowsiyo Ahmed Omar	Howl wadaag				
9	Amino Sulieman Hassan	Warta Nabada				
10	Habiba Abdi Aden	Xamar weyn				

8.3 Evaluation Questionnaire

The table below shows evaluations done at the end of the training to measure the training content, presentation and facilitation of the course.

1. In your opinion, Was this workshop helpful?.....
.....
2. What are the most important information about FGM have you learnt?.....
.....
3. What were the most interesting topics in the workshop?.....
.....
4. Did the workshop change your beliefs, values and attitudes towards FGM.....Yes.....No.....

.....

5. How would you rate the presentation and facilitation of this workshop.....Poor.....Good.....Excellent....

.....

6. Any other comment?.....

8.4 Action Plan

Day	Venue	Target Audience
Monday	Home visit	Family members (men, women and children)
Wednesday	MCH	Mothers and children
Thursday	Water Points	Domestic and livestock water users (pastoralists, women, children , men
Friday	Mosque	Worshipers
Sunday	Madrassa/Koranic schools	Teachers and children

8.5 Photos





