# FGM is always with us

## Experiences, Perceptions and Beliefs of Women Affected by Female Genital Mutilation in London

## Results from a PEER Study

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Safeguarding rights & dignity

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## Disclaimer

The views expressed in this report represent those of the authors, and not necessarily those of the various organizations that supported the work.



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## The Research Partners

The Foundation for Women's Health, Research and Development (FORWARD) is an international non-governmental organisation (NGO) that campaigns for and supports the advancement and safeguarding of the sexual and reproductive health and human rights of African girls and women, particularly those at risk and affected by female genital mutilation.

Options is a social enterprise, providing technical expertise, short-term consultancy and long-term management services in the health and the social sectors. PEER (Participatory Ethnographic Evaluation and Research) is a specialism of Options developed in collaboration with academics at Swansea University.

## Contents

## Acronyms

| | |
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| PEER | Participatory Ethnographic Evaluation and Research |
| FGM/C | Female Genital Mutilation/Cutting |
| FORWARD | Foundation for Women's Health, Research and Development |
| UN | United Nations |

## Glossary

| | |
|---|---|
| *Alfarag* | Vagina |
| *Awra* | Naked, exposed |
| *Alghalfa* | 'With a hood': an uncircumcised girl |
| *Mukhatana, Mutahara. Makhfooda* | Terms to describe being circumcised |
| *Khitan, Tahoor, Khifad* | Terms for circumcision |
| *Zinna* | Committing adultery/promiscuity |
| *Razeela* | Committing sexual wrongdoing |
| *Mindeel Alsharaf* | Handkerchief of honour |
| *Laylat Aldukhla* | The wedding night |
| *Sunna* | Type II circumcision |
| *Pharaonic* | Type III circumcision |

## Report Structure

This report presents results from a qualitative PEER study conducted with women in London in July and August 2008. The report is structured as follows:

- An introduction to the study
- How the PEER method was used to generate and analyse qualitative data
- An summary of key findings
- Recommendations as they emerged from the women's data
- A more detailed overview of the findings, including quotations from participants
- Annexes including testimonies and experiences of FGM, as told by participants

# 1 Introduction

This report presents results from a qualitative, participatory research study investigating beliefs, perceptions and experiences of women affected by female genital mutilation or cutting (FGM/C). The aim of the research was to gain in-depth insights from women originally from high-prevalence FGM countries, and currently living in and around Westminster. The study used the Participatory Ethnographic Evaluation and Research (PEER) method,[1] and was led by FORWARD, with technical support from the PEER unit in the Options consultancy and the University of Wales, Swansea. The participatory research process allowed women to articulate problems and priorities from their points of view, enabling dialogue on these hard-to-discuss issues.

This study addresses questions including:

- What is the continuing impact of FGM on the lives of affected women?
- How do women affected by FGM perceive and interact with services (especially health services)?
- How do women feel about the practice of FGM, both for themselves and for younger generations?

Women affected by FGM and their peers have the most extensive knowledge of these issues. Through their direct participation in the research, these and other questions were tackled.

## Terminology used

There are several terms used to describe the practice, the most common being Female Genital Mutilation, Female Circumcision and the more recently adopted Female Genital Cutting or Female Genital Surgery. For research purposes FORWARD decided to use the term female circumcision, a term which does not offend the community. Throughout this report the terms female circumcision and FGM are used interchangeably. However, we believe that the term FGM depicts more accurately and gravely what women affected by FGM have undergone, emphasising the abuse of women's human rights.

[1] For more information, see www.options.co.uk/peer

## 2 Background

The World Health Organisation (WHO) estimates that 100-140 million women worldwide have experienced FGM. Prevalence is highest in East Africa. In Sudan, Somalia and Eritrea, at least 80% of women have been subjected to FGM (WHO, 2008). Four different types of FGM have been classified by the WHO (Types I to IV), with Type III being most severe and disfiguring (see box 1).

Box 1. WHO Classification of FGM types

Type I — Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)

Type II — Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)

Type III — Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)

Type IV — All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation

Adverse health consequences resulting from FGM are extensive, and include both short- and long-term complications. Complications vary according to the type of circumcision performed, in addition to other factors. Short-term complications include severe bleeding, infection or shock, usually related to the levels of skill and hygiene of the circumciser, and the sanitary conditions under which FGM was performed. Long-term effects may include post-traumatic stress disorder (Behrendt & Moritz, 2005) and reproductive tract infections (Morison et al, 2001). FGM also impacts significantly on maternal health. A recent study found an elevated risk of postpartum haemorrhage for women with types II and III (WHO, 2006). Risks to the unborn child also exist: research has found increased cases of foetal asphyxia or death in children born to women with FGM (Baker et al, 1993).

Various theories attempt to explain the continuing practice of FGM. One is the Schelling-Convention hypothesis, which links the practice of FGM to the marriageability of a family's daughter (Mackie, 1996). It has been argued that such practices can become self-enforcing conventions (Schelling, 1960), making them difficult to overturn.

Whatever the reasons for the continuation of the practice, the fact is that it infringes the rights of the girl child or woman. In most cases the girl has no choice in being cut. In each community in which it is practiced, FGM is considered part of that culture's identity. FGM cuts across religions: Muslims, Christians, Ethiopian Jews and traditional African religions practice it. The age at which girls are cut differs between communities, ranging from infancy to the age of 20 years, just before the woman marries.

FGM is illegal in the UK under the Female Genital Mutilation Act 2003. It has also been recognized by the United Nations (UN) as a human rights violation and is covered by article 1 of the UN Convention on the Elimination of Discrimination against Women (CEDAW) 1979 and article 19 of the UN Convention on the Rights of the Child (CRC) 1989. At the regional level, the African Union introduced an addendum in 2003 to the African Charter on Human and People's Rights which explicitly mentioned and condemned FGM (The Maputo Protocol).

A number of the above United Nations human rights treaty monitoring bodies have focused on FGM in their concluding observations on how States are meeting specific clauses of these treaty obligations. FGM negates "established human rights principles, norms and standards, including the principles of equality and non-discrimination on the basis of sex, the right to life when the procedure results in death, and the right to freedom from torture or cruel, inhuman or degrading treatment or punishment" (WHO, 2008).

There are currently eighteen countries in Africa which criminalize FGM, including Benin, Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Mauritania, Niger, Senegal, South Africa, Tanzania, and Togo (Centre for Reproductive Rights, 2008).

There is a shortage of data about prevalence of FGM in the UK. One estimate suggests that 74,000 women in the UK have undergone FGM and a further 7,000 girls under 17 are at risk (DOH, 2004). A study by FORWARD estimated prevalence of FGM in England and Wales as at least 66,000 in 2001 with 24,000 girls under the age of 15 being at risk (Dorkenoo, 2007). One study (Williams et al, 1998) found that 70% of unmarried Somali girls aged 16-22 living in London had experienced FGM, and that the vast majority of those had it carried out before arriving in the UK. Overwhelmingly, they reported that FGM had represented a very painful experience.

A more recent study (Morison et al, 2004), detailing experiences and attitudes to FGM among Somalis aged 16-22 years living in London, found that age on arrival to the UK had a significant impact on whether girls were circumcised. Only 42% of girls who arrived in the UK before the age of 6 were circumcised, compared with 91% of girls who arrived after the age of 11. Age at arrival in the UK also affected men's views of FGM: approximately half of men who arrived at 11 years or older wanted a wife who was circumcised, compared with less than a quarter of men who had arrived at a younger age.

Little is known of the socio-cultural context of women affected by FGM in the UK, or how FGM might affect the everyday lives of such women. The subject is highly sensitive, often secretive, and is primarily experienced by groups who are hard to reach using conventional research methods (Williams et al, 1998).

# 3 Method

## 3.1 Participatory Ethnographic Evaluation and Research (PEER)

PEER is a qualitative, participatory research method that is effective for working with hard-to-research groups. The process helps to understand health and risk perceptions and behaviours from an insider's point of view. The approach is based on training members of the target community to carry out in-depth conversational interviews with trusted individuals they select from their own social networks.

PEER has been implemented in over 15 different countries in the past decade and has a strong track record in health and social research. The method is particularly strong in producing insight into sensitive topics (e.g. behaviour perceived to be deviant or illegal, and sexual behaviour), gender relations, power dynamics within households and communities, and barriers and motivators to behaviour change.

The approach is particularly suitable for marginalised communities who are difficult to reach effectively with other research methods. The power dynamic between researcher and researched is fundamentally different from extractive focus group discussions or in-depth interviews. Over the course of the research, peer researchers are empowered as experts on their community. The resulting data describe the lived realities and perceptions of the peer researchers' social worlds. By tapping into established relationships of trust between peer researchers and their friends, PEER generates rich narrative data that provide insight into how people view their world, conceptualise their behaviour and experiences, and make decisions on key issues.

PEER received ethical approval from the University of Wales Swansea Research Ethics Board in 2007. PEER works to a rigorous code of ethical practice that is adapted for each study's unique context.

For this study on FGM, the PEER unit provided capacity building and technical support in the use of the PEER method. FORWARD provided facilitating staff, recruited peer researchers and organised training and data collection activities. Both partners collaborated in producing and disseminating findings. The research took place in the following stages:

## 3.2 Training

Ten volunteers (peer researchers), who were ordinary community members, were recruited to take part in a short participatory training workshop (3 days). All expenses/refreshments were covered.

- Volunteers were recruited using 'snowball sampling', whereby social contacts known to FORWARD staff were used to help recruit other volunteers through their social networks.
- Recruitment criteria were that they were women aged 25 years or older from the Borough of Westminster, that they were from FGM practicing communities, and that they were willing to take part. All volunteers came from London's Sudanese, Somali or Eritrean communities.
- Recruited researchers were fluent in their native language and English, and training was conducted in a mixture of English and women's first languages.

Facilitators and peer researchers worked together to establish research objectives and to develop prompts to guide in-depth conversational interviews around key themes (see Annex 7.4).

### 3.3 Data Collection

- Peer researchers carried out three interviews with three friends on three key themes (resulting in nine interviews each). Interviews were carried out in the third person: e.g. 'What do people in your community say about…?' No names were used. Interviewees were encouraged to share stories or examples they had heard.
- Peer researchers were asked to make brief notes of key issues or stories immediately after interviewing their friends, if they felt comfortable doing this.
- Supervisors from the research team visited peer researchers weekly to collect their findings, and made detailed notes.
- Finally, peer researchers met individually with social scientists from the research team for in-depth interviews. This allowed the social scientists to probe in detail and ask for additional explanations to aid interpretation of the data. Their detailed notes form part of the final analysis.
- A final workshop was held with peer researchers to discuss results, ask any unanswered or unclear questions, and get feedback from the peer researchers on their experience of the process.

### 3.4 Data Analysis

Data were analysed thematically. Emerging themes were assigned codes and explored further and triangulated during the final peer researcher workshop. The data were printed out, cut into text units (paragraphs and stories), and arranged under the coding framework. Data were then re-read, and a proportion of quotations were selected to capture the essence of each code. The research team then worked together to describe the key issues emerging from the data, and discuss their implications. Illustrative quotations were chosen to appear in this report.

# 4 Summary of Findings

*The following section outlines headline findings of the research. More detailed discussion, accompanied with quotations from the peer researchers, can be found in Section 6.*

## 4.1 Social Context

Londoners from Sudan, Eritrea and Somalia live in varying social and economic contexts. Common themes were that women feel they have greater freedoms as well as some greater burdens and responsibilities when compared with their lives 'back home'. Families are also configured differently, and tend to be nearer to the nuclear family model, often with a single parent, rather than the extended family model found in their countries of origin. Women are worried about their economic situation, language difficulties, the process of integrating into British society, a lack of suitable employment opportunities, and the safety and success of their children in British society.

## 4.2 What Motivates the Practice of FGM?

Participants described what might motivate the practice of FGM among people both in their communities in London, and in their countries of origin. The main motivators were said to include:

- The fact that it is a longstanding tradition which contributes to cultural identity
- That uncircumcised girls and their families are looked down upon by neighbours and extended family members
- The aim of controlling female sexuality both before and during marriage
- The perception that it is necessary for women's marriageability
- The perception that men desire a circumcised wife for their sexual pleasure
- Ideas around cleanliness

Religion was not thought to be a legitimate rationale for practicing FGM. People may feel compelled to circumcise girl children to protect them or ensure their chances in life, because of the strong social imperative to circumcise. The motivators for FGM operate most strongly through social mechanisms rather than individual choice. These include peer pressure, subjective norms about what other people think (particularly what women *think* men think), judgement by neighbours, and older generations influencing younger generations. In spite of this, some individuals are said to resist the practice through faking circumcision ceremonies, and avoiding leaving their daughters alone with older female relatives who they fear may circumcise their children without their parents' consent.

## 4.3 Women's Arguments Against FGM

Participants also described why people in their community believe FGM to be harmful, and why the practice should stop. They provided stories and examples of FGM:

- Being harmful to women's mental, physical and emotional health
- Not protecting girls' virginity or preventing sexual/emotional desire
- Harming girls' relationships with their family members if they are involved in her circumcision
- As a violation of women's rights
- Having legal consequences

- Not being required for religious reasons

Women's arguments against FGM, spoken fluently and in their own words, and crucially, coming from within the community, provide an important resource for those working to end FGM.

### 4.4 FGM – Who Decides?

Although parents are thought to have ultimate say in this decision, they may experience great social pressure to circumcise, particularly when they are in their countries of origin. Grandmothers and aunts are said to exert the most pressure. Women are more involved in the decision than men. Pressure is ongoing and if parents decide not to circumcise, they may worry for lengthy periods over whether they have made the right decision for their child. They may be concerned that their child will be teased and made to feel different from their peers. There were some reports of adult women themselves deciding to be circumcised before marriage.

### 4.5 Differing Perceptions of FGM

There is thought to be considerable variety in men's perspectives on FGM. While some might demand a circumcised wife, and request that their wives are reinfibulated after childbirth, others are said to be sympathetic about the pain that their circumcised wife might face, and have come to disagree with the practice. Changing expectations of sexual relationships (e.g. wanting their wife to feel pleasure) may also have contributed to this perceived shift. In some cases, men may be more opposed to FGM than women: stories were told of fathers who did not want their daughters to be circumcised but whose wives were determined to do it.

Older generations are firmly identified by women as forming the main force behind continued pressure to circumcise. Conversely, younger people living in the UK may not even have heard of FGM, or may not know about the practice in detail.

### 4.6 Impact of Education and Awareness

Women believe that increasing education, debate and information about FGM has resulted in growing opposition to the practice. In contrast, less educated people are generally thought to *'believe in culture more than anything'* and are said to continue to trust in the purported benefits of the practice (e.g. ensuring virginity), although there are some exceptions. However, although education is seen as necessary in changing opinion and behaviour around FGM, it is not seen as *sufficient*. Women had heard of health professionals who are said to continue to support FGM by seeking a circumcised wife, for example.

### 4.7 Impact of Moving to the UK

Those who are more integrated into UK culture are said to be less likely to support traditional practices such as FGM. Those born in the UK or who moved to the UK at a young age are perceived to have very little knowledge about circumcision, and do not necessarily perceive it to be an issue in their lives. Most of the study participants said that they were reluctant to circumcise their daughters, and felt more able to *decide* not to circumcise because the pressure to do so is less intense in the UK, partly because the family unit tends to be smaller, without the extended family (and in particular, grandmothers) living with them and telling them what to do.

However, women recognised that some people feel it is even more important to hold on to traditions when living outside their country of origin, particularly in a 'liberal' country like the UK. Women living in the UK do not entirely escape social pressure to

circumcise, as the pressure to circumcise daughters (and to get themselves reinfibulated after childbirth) may increase or start if they visit their home country. Attitudes to circumcision in the UK can also depend on whether families ultimately plan to return to their country of origin, in which case they may feel that the reasons for circumcising apply more strongly.

### 4.8 Perceptions of Behaviour Change as a Result of UK Law

Women felt that perceptions of the law (which were not necessarily accurate) have been important in influencing the practice of FGM in the UK, especially in discouraging people from taking daughters to be circumcised in their countries of origin. People are said to fear having their children taken away by Social Services, or losing their jobs. Women claim that even if people's *attitudes* towards FGM have not changed, the law has encouraged their *behaviour* to change. The UK law gives families support in resisting social pressure to circumcise, even when they are in another country (e.g. telling older people that they will go to prison if they circumcise their daughter).

A number of women talked of some people resenting the law and seeing it as interfering with their tradition and culture. However, other women felt that the law needs to be implemented, as it is currently rarely acted upon. Demand exists for examples to be made, while taking care that these examples are made in various communities (rather than singling one out). Most women had learned about the law from their friends and had inaccurate perceptions of its content and application. Others had received threatening letters from health providers (e.g. warning them not to circumcise their daughters) which were thought to be insensitive.

### 4.9 Implications of FGM and Impact on Women's Lives

The peer researchers vividly described the physical and emotional suffering linked to FGM. This was particularly severe for those with pharaonic-type (Type III) circumcision. The main areas in which women suffered were:

- A sense of loss, including loss of sexual pleasure
- Long-lasting painful memories of being circumcised, including panic attacks
- Feeling physically 'abnormal'
- Sexual problems, lack of sexual desire, pain during sex (particularly on the wedding night); accompanied by lack of confidence in seeking help for such problems
- Menstrual complications, reproductive tract infections, pain when urinating
- Ongoing resentment and bitterness towards family members responsible for FGM
- Difficulties in pregnancy and childbirth

Many of these problems may not have been discussed or considered as abnormal in women's countries of origin, if FGM was highly prevalent. However, now that awareness is higher, they are increasingly seen as avoidable health problems that women do not deserve to suffer.

### 4.10 Interaction with Health Services in the UK

Due to the highly personal and sensitive nature of FGM, circumcised women reported many barriers in accessing health services in the UK. These included:

- Health providers not being familiar with the particular needs of circumcised women, due to lack of training or exposure to these issues, and lack of cultural understanding
- Poor systems of referral to specialist services for circumcised women
- Perceived poor management of childbirth in pharaonically circumcised women, particularly in terms of emergency caesarean sections
- Poor communication skills of health providers leading to women feeling different or abnormal; health workers reacting to circumcised women with shock/horror, or gathering other health staff around to witness the 'unusual' patient
- Wide geographical differences in quality of care; quality of care being dependant on who happened to be on shift
- Women being reluctant to volunteer information about their circumcision to health staff, and doctors not enquiring directly about whether women are circumcised, making it difficult to plan care or make referrals
- Driving this reluctance to disclose information is a fear of being judged by health staff, as women feel that health workers in the UK perceive FGM to be illegal, abnormal and wrong
- Not always sharing a language with health providers, and problems of interpretation

Many circumcised women are said to be reluctant to undergo genital examinations, including smear tests. Few women mentioned mental health services, counselling, or sex therapy. While there may be a lack of awareness about services for emotional and psychological needs, an additional barrier is that these services are stigmatised as being for 'mad' people, and talking about sex is seen to be undesirable and unusual. Despite these problems, there is acknowledgement that the situation is improving, particularly in London. Women reported some very positive comments about health visitors, doctors and midwives.

### 4.11 Availability of Information on FGM

Many women felt that there was a severe lack of information about FGM and specialist FGM services available through health services. Of particular concern was the fact that very few women had heard about African Well Women's Clinics in London. Women were not aware of any work being done around FGM with women in the community, and felt that efforts were focussed on professional healthcare workers. Women perceived a great need to reach out to the community.

# 5 Discussion & Recommendations from Women's Narratives

*The following section examines how the research findings, and in particular, voices emerging from women in practicing communities, can be best used by FORWARD and its partners to promote the health and well-being of women and girls in these London communities.*

## 5.1 Understanding the Context of FGM

This research has explored the social and cultural context in which FGM occurs. It is important for both FGM-practicing communities and the people who work with them in different settings (e.g. school teachers, health providers, social services) to understand this context, for the following reasons:

**For people who work with practicing communities:**
Rather than presenting FGM as a completely alien and incomprehensible practice, it may help professionals who encounter FGM-related issues in their work to understand the social and economic context in which FGM occurs. This may enable them to develop greater empathy and sensitivity when communicating with individuals or families from practicing communities. Reacting with shock or horror when confronted with issues related to FGM immediately puts up a barrier between service providers and people from practicing communities. Women told us that they already feel different and sometimes even ashamed at interacting with people who they perceive to look down on their cultural identity because of FGM. There are several possible ways of doing this: providing materials/training to professionals (which could be adapted from reports such as this), or facilitating meetings and dialogue between professionals and people from practicing communities who would be willing to share their insights (e.g. volunteers such as the peer researchers themselves, who are now 'lay experts' in these issues having discussed them at length).

**For people from practicing communities:**
Even though women may be well aware of the context of FGM, they may never have had the opportunity to analyse and to discuss FGM in the context of women's rights. FGM directly and indirectly contributes to restricting women both socially and politically. Examples of processes through which FGM does this were described by the study participants:

- Fear stories about 'the wedding night' which haunt women
- Trauma and pain following FGM which impact on women's confidence and well-being
- FGM undermines bonds of trust between family members, and particularly between women from different generations
- FGM encourages female submission and lack of control, leaving power in the hands of men and older relatives

By discussing FGM as a human rights issue, and analysing the factors that support the practice, women develop the tools and skills to argue effectively against FGM, and may be better able to withstand pressure to circumcise their daughters. This process is already happening in countries where FGM is highly prevalent (e.g. Ethiopia), where in spite of women's political marginalisation, women have been among the most vocal and important campaigners against FGM, once their awareness has been raised and their analysis of the situation shared.

## 5.2 Raising Awareness and Facilitating Discussion of FGM

Social mechanisms help to perpetuate the practice of FGM, yet strong voices opposing FGM already exist within communities. Solutions to some of the difficult questions around FGM must emerge from practicing communities to be effective. Although action and ideas should emerge from communities themselves, they can be supported by external organisations, in the form of resources, and safe places and opportunities in which to discuss these issues. Women suggested that more awareness-raising sessions and workshops should be held with communities, using access points such as Arabic schools, community centres and women's health promotion coffee meetings.

Potential areas for community discussion include:

- Tackling false assumptions about the benefits of FGM, e.g. that circumcision protects girls' virginity
- Discussing how to cope with social pressure to circumcise (e.g. older women's expectations), especially when returning 'back home'. This could take the form of offering advice through peer support groups
- Identifying alternative rites of passage and symbols of cultural identity, and alternative ways to help parents to feel that they are protecting their girl children
- The best way to work with parents (both mothers and fathers) and grandparents of young girls who are involved in making decisions around female circumcision
- How to form stronger links with teachers, young people and their parents, to enable open dialogue on issues related to FGM
- How to capture and disseminate men's voices, especially those that counter the assumption that all men support FGM
- How to promote changes in attitudes and behaviour among community members who are not formally educated as well as those who are educated
- Using women's own arguments against FGM, and the consequences they describe (for example, through the stories and quotations in this report) in activities and materials to tackle FGM. Their arguments *against* FGM are the most powerful in tackling the logic behind reasons given *for* the practice of FGM
- How to increase awareness of health problems related to FGM and support and services available

## 5.3 Improved Communications Channels

Women identified key areas in which they desire more information:

- The negative physical and psychological consequences of circumcision, and more information on how common these experiences are
- The law and its consequences
    - Knowledge of the law against FGM is widespread, but there is demand for more information on the detail of the law. At present, stories and rumour characterise people's knowledge of the consequences of the law
    - Information about the law should not be presented in an accusatory or aggressive fashion, particularly to circumcised women themselves
- How to best access maternity and reproductive health services for circumcised woman, and in particular, African Well Women's Clinics (where they are located, what they are for, when they are open)

Communications strategies to tackle these information gaps must consider the private nature of the issue, and plan sensitive and appropriate ways of providing accurate information. The following recommendations, all raised by women during the research, should be considered:

- Women should be able to access information themselves: they do not want information to be supplied only via 'experts'
- The most important way in which information circulates is verbal communication through social networks, so interpersonal communications and peer-to-peer communication strategies should be considered
- Leaflets that women can collect discreetly, especially at GP surgeries, should be provided
- Website content for those with access to the internet (many women reported that Sudanese and Somali women use the internet) should be developed
- Materials should not be labelled as being primarily about FGM: it is more appropriate to produce materials about health matters in general, which then contain information about FGM
- Information should be available for people of all educational levels and different languages
- A telephone helpline would fit the criteria of being accessible to those without formal education, and would suit those who prefer verbal communication. It should have interpreters available, and be advertised as being for women who have health related concerns.
- Women strongly recommended that information (including telephone numbers for further advice) be included into maternity packages that are given out when they are in hospital after delivering

A further recommendation is to ensure that other relevant services can provide information/referral for specialist support, such as:

- SureStart and other family centres
- Family planning centres
- Other charities that women might access (e.g. One Parent Families, gender-based anti-violence organisations)
- Schools and specialist schools (e.g. Arab schools)
- Somali/Sudanese websites and local radio stations, which can inform communities about how to access specialised health services and GP surgeries

## 5.4 Training of Health Professionals

The study participants stressed that training health workers is an important component of any awareness-raising strategy. Their recommendations include:

- Good referral systems are the key. It would be difficult to train up all health providers to carry out specialist services for circumcised women. However, all health providers, especially GPs, should know how to offer circumcised women referral to appropriate services
- Awareness needs to be raised among health professionals (especially GPs, midwives and health visitors) of the needs and perspectives of circumcised

women. Anonymised stories (such as appear in the annex of this report) should be used during training of health workers to illustrate women's experiences

- Interpersonal and communication skills of health providers need to be developed: women do not like being stared at, faced with shock, or having others gather around to look at this 'unusual case'
- Training and guides for health practitioners must be updated to reflect these issues
- For women from countries with high prevalence of FGM, health practitioners should ask sensitively but directly about *circumcision* (rather than FGM) and appreciate that some women may be reluctant to disclose this information
- Health workers need to recognise the fact that FGM is just one aspect of people's culture; and respect people's culture as a whole

Additionally, this research showed that women are able to talk about matters related to sexuality, pleasure and relationships, if given a safe space, and opportunity to do so. However, some of the more liberal aspects of British culture (e.g. explicit scenes on the television) were seen as threatening or vulgar by women, so it is important that at sexual health services or counselling for instance sex is discussed sensitively and in acceptable ways.

# 6 Qualitative Themes and Illustrative Quotations

The following themes were explored during an analysis of PEER data during a workshop with researchers from the PEER team and FORWARD research associates. Themes include both pre-existing issues that FORWARD had identified as of particular interest in fulfilling their research objectives, and emerging themes that had not been anticipated but which proved to be important to the peer researchers themselves.

Quotations from the peer researchers are italicized, and some have been edited for clarity and concision.

## 6.1 Social Context

Londoners from Sudan, Eritrea and Somalia live in immensely varying social and economic contexts, depending on the length of time they have lived in the UK, their family situation, their educational background and employment status, their access to resources, where they live in the city, and numerous other factors. A lengthy research report could be written about perceptions of life in London on the basis of the data the peer researchers collected, but here, findings that have greatest relevance for the issue of FGM are presented.

A common theme in the data was that women feel that gender roles and identity are significantly different in the UK from those in their countries of origin, with one woman saying '*the UK is a country for women, not men*'. A participant described women being 'masculinised'. Examples include women taking on responsibilities that men typically shouldered 'back home', such as working outside the home to earn a living. With few employment opportunities if language skills are limited or qualifications are not recognised, women often said that they also had to work, for instance, if their husbands earned a low wage, did not have a job, or if women were single or divorced. Women have more freedom to go where they wish, and are able to leave an unhappy marriage due to support from the state and greater ability to earn their own living, whereas in their native countries, divorce was said to result in huge social stigma and economic difficulties for women. Women said that these changes could result in men feeling threatened. The shifts in gender roles could be felt both positively and negatively, even by women who felt that they had been empowered in many ways. Women could feel overburdened by the numerous responsibilities upon them.

Women identified several areas of life where they faced particular problems. The most pressing of these tended to be economic, and there was great frustration that experience, skills and qualifications that women had gained in their home countries were not recognised in the UK.

In addition, women experienced anxiety about their ethnic or national identity, and some said they thought they could never feel British. Almost all women spoke of difficulties in getting to know neighbours, a sense of social exclusion (often exacerbated by the lack of English language skills), experience of racism, and difficulties in accessing educational opportunities.

Mothers spoke of their lives as being focussed on their children. The educational opportunities afforded to children in the UK were said to mitigate some of the more negative aspects of their London lives. The risks perceived to confront these women's children were the subject of grave concern. Women felt that living in the UK

exposed them and their families to a highly sexualised culture, witnessed through mass media and people's behaviour and dress. They were disconcerted by this culture, which goes against values that they hold deeply. Women worried about young men's involvement in crime and drugs. Their daughters' involvement in pre-marital relationships was of equal concern. Women despaired of achieving the complex act of protecting their children from the negative aspects of living in London, helping them retain their cultural identity, and ensuring that they prosper in the UK.

## 6.2 What Motivates the Practice of FGM?

Women were asked to explore with their interviewees what they thought to be the reasons behind the practice of FGM. Their responses refer to what they think others in their community believe, and may reflect perceptions in communities in both London and in their countries of origin.

### Tradition

Many discussions around the reasons for FGM referred to it as a traditional custom that should be followed: *'we do it because it is our tradition'*. It is perceived by many interviewees to be an important part of Sudanese, Eritrean, or Somali identity. It was described as an ancient tradition that has been passed from generation to generation, and as something people do without questioning.

> *People know of it as a tradition. They take it for granted as an operation that must be done to all girls.*
>
> *For the older generation, they believe that FGM is a must. There are traditions and older people do not let go of them easily. It is a must.*
>
> *They believe it is a necessity to which there is no negotiation.*
>
> *Reasons to circumcise are traditional. It is associated with identity. It is a societal identity not for the person, a cultural identity the Somali must keep. Some people know of the health problems and have difficult experiences with delivery and other things: although they have problems, they still believe in it. It should be done.*

Female circumcision is traditionally perceived to be an important rite of passage and is celebrated accordingly. The social event that the family holds following the daughter's circumcision is central to local culture. Families in Sudan use the circumcision of their daughters as an occasion to which they invite people to celebrate. Women described how the girl who is undergoing circumcision is made to feel special, by being given gifts and being dressed in clothes similar to those a bride wears.

Female circumcision is thus a socially prescribed act in these women's countries of origin. Not participating in the practice, or in the accompanying social event, is seen by the wider social group as a rejection of shared values and identity.

### Religion

Many of the interviewees say that some people cite religion as a reason for female circumcision, viewing it as a religious duty, part of the prophets' '*sunna*'. However, it was widely recognised among the participants that the Qur'an does not actually require girls to be circumcised.

*From very early parents tell their children about FGM, as they explain to them that it is part of our religion and if they do not get circumcised they will not be good Muslims. As such they convince the younger generations to getting circumcised.*

*There is also religious pressure because religiously it is something that must be done for girls. It is not in the Qur'an but it is not a myth, it is true and it is something that must be done.*

### The Protection of Girls and Women from Sexual Desire

Circumcision was widely perceived as a way of controlling female sexuality. Sexual desire in girls and women is viewed as something from which they need 'protecting'. It is perceived to be a family's duty to circumcise their daughters to provide this protection. Not only can the circumcision provide physical protection by creating a barrier to intercourse (if pharaonically circumcised), but it is also perceived as a way to cleanse a girl from 'impure' thoughts and desires.

*The reasons to circumcise are to reduce sexual desires of women. They protect the girls to not be bad girls. Girls who have sex with many men because they have desires are bad girls. To reduce that and protect them from their needs, they do circumcision to 'lose steam' and create the 'cold'.*

*Those for it (circumcision) believe that it protects the girl from 'Zinna' (sexual promiscuity) and having loose morals.*

*The perception is that a girl who is circumcised does not get as aroused as one who is 'qalfa' (meaning 'with a hood') whose clitoris is intact.*

*Some even say that if two girls are watching television, and one is circumcised and the other is not, if a scene comes showing kissing for example, they say that the one who gets sexually excited is the one that is not circumcised.*

In the narratives, FGM is often described as the only way to protect girls from what are perceived as shameful feelings and desires. If families do not circumcise their daughters, they are thought to be failing in their duty to provide this protection. This perceived protection extends beyond protection of the girl herself to protection of the whole family's reputation. A chaste girl who is protected from these thoughts by being circumcised is perceived to bring honour and respect, whereas an uncircumcised girl is considered to be likely to bring shame on herself and her family.

*In our community the mother usually tells you that you have to protect yourself and your honour and not to bring the family shame.*

### Necessary for Marriageability

The wedding night is seen as a critical moment at which the honour of the girl and her family are tested. Although the tradition of holding the bloodstained bed-sheet up for all to see ('*mindeel alsharaf*' – handkerchief of honour) now only takes place in traditional villages in the country of origin, demonstration of virginity is still crucial. Many believe that uncircumcised girls will be unable to find a husband, and circumcision has become synonymous with ensuring virginity. Due to this phenomenon families circumcise to ensure their daughters can marry. Pharaonic circumcision is seen as ultimate demonstration of virginity, as a woman is 'closed' and must be 'opened' by her husband. Despite the pain that this entails for the

women (and often for the man), this opening up is felt to bring pride to the woman, and enables the man to demonstrate his strength and manliness.

> *When the man opens her, he feels proud of her crying pain and blood, and she feels proud too.*

> *An educated man back home in Sudan brought his wife to the doctor because she did not bleed on the wedding night. The doctor was so sad that even with an educated man he would come with this issue. The doctor tried to explain that there are different types of hymens, some do not bleed, that she was a virgin, but even so the man divorced her.*

### Limiting Women's Pleasure, Enhancing Men's Pleasure

Female circumcision is not only perceived by many to be a way to protect a woman's virginity before marriage, but by reducing her enjoyment of intercourse once married, it is seen to dissuade her from being unfaithful to her husband. Female sexual pleasure is often treated with suspicion even within marriage. It may be seen either as evidence that a woman has had previous sexual experience, or as a burden on a husband who may become 'exhausted', or as a reason why a woman would seek sexual pleasure from other men.

> *People are worried about their daughter's future. If she did not have FGM, they think she might have intercourse before she gets married and if she gets married she does not have to say her sexual feelings to her husband as this will make him suspicious of her, that she has had sex before.*

> *Somali men do not marry uncircumcised women. They think that she has extra sexual desire, which will leave them exhausted sexually due to her constant demands of sex. Especially because the men take 'khat'[2] in the evenings, which makes them feel very relaxed, so they would be too tired to perform.*

> *Also a woman not circumcised will not be satisfied easily, which makes the men fear that she might seek sexual pleasure from other men.*

A woman's role is perceived by many to involve making a man happy and giving him sexual pleasure and satisfaction. The traditional perception has been that this is more likely if the woman is circumcised.

> *Some people believe that the idea of girls' circumcision is strongly related to sex, when married the idea is that the man gets more pleasure through entering a tightly circumcised woman, which increases his pleasure during sexual intercourse. The whole idea of marriage to those who support the practice is that women were created to please men sexually and bring babies. Those who have such beliefs also believe that women have no other role in life other than serving and pleasing their husbands.*

> *Women get circumcised for men because men like it during married life. Some women force their daughters for this reason. This is the most important reason for circumcision.*

### Ideas about Cleanliness

[2] Khat is a green-leafed shrub whose leaves are chewed resulting in a stimulant effect.

As well as metaphorically cleansing the girl of impure sexual thoughts and desires, a further reason given for circumcision is the belief that it cleanses the genitals. Female genitalia in their natural form are classified as unclean, and are associated with odours and germs.

> *Some say that the girl who is not circumcised has a bad odour because she is not clean down there.*
>
> *They think this area has germs so it has to be kept clean.*

### Summary of Motivators for FGM

FGM raises complex questions about who should be held responsible for the practice. It is too easy simply to view FGM as a barbaric and uncaring practice, as community members themselves may not see it this way. In reality, parents or grandparents may sincerely believe that they are improving their daughters' life chances and social standing by conducting FGM. The individuals involved in making the decision to circumcise are often doing so in a context in which not circumcising a girl is almost unthinkable, for the long-established social reasons discussed above. The following quotation sums up the dilemma of parents living in the UK (or indeed, in countries with a high prevalence of FGM, where there is increasing legal and social opposition to the practice):

> *People here know of the law and the view of the government on female circumcision. Some support this position whilst some fear it. In the past people used to take their daughters during the holidays to circumcise them, now they can't do that. The question now is really what about our daughters' futures? How can we protect them and protect their honour without circumcision?*

While people know that FGM is forbidden in the UK, the absence of the practice leaves a potential gap. Parents feel an understandable compulsion to protect their children and assert their children's cultural identity; without female circumcision, do communities need an alternative practice or rite of passage to express these sentiments? Only practicing communities themselves can answer this question and suggest potential solutions.

## 6.3 Women's Arguments Against FGM

As well as discussing what drives the practice of FGM, peer researchers and their respondents described the reasons why some people believe FGM to be harmful, and reasons why the practice should stop. As their quotations show, each of the rationales behind circumcision can be effectively challenged using women's own arguments. The only exception is the cultural identity argument for circumcision, which will be discussed at the end of this section. It is important that arguments against FGM come directly from women in practicing communities, in their own words. The following section presents directly their arguments against FGM, in no particular order, letting the women speak for themselves. Arguments against FGM are likely to be most effective when they come from within communities, because people may resent outsiders coming in and telling them what they think is best for them.

Argument number 1: FGM is harmful to women

*People who do not want to circumcise have many reasons behind stopping it, the most important being the physical, mental and bodily harm that it causes. For bodily harm, the circumcised woman becomes disfigured in her sexual organs. With regard to physical harm, the woman can have illnesses, some chronic infections which she suffers until the last day she lives. Sometimes death might occur due to the way the gruesome operation was conducted.*

*During delivery most women suffer physically and emotionally, as the whole process is tiring and complicated, which also brings negative effects to the mother and her newborn.*

*Harmful effects and complications arise from circumcision, especially the pharaonic type, which has a lot of complications - emotional, psychological and health problems. A woman suffers these complications from circumcision throughout her life.*

*Younger people see that it is something unnecessary and people need to stop it. They believe it has a lot of harmful effects and that there is no use of it other than holding on to bad traditions.*

*There was a Sudanese girl in Sudan who was circumcised about a year ago. She bled to death from the circumcision. This story was all over the place*

*In another incident an auntie of a certain lady almost died during delivery because she bled a lot and it took a long time to deliver. This experience made her mother not have her other daughters have FGM.*

Argument Number 2: FGM does not actually protect girls' virginity or prevent them from sexual desire.

*Question: Does FGM actually stop girls being promiscuous? Answer: No, not at all. There are prostitutes who are circumcised. Also, I have heard stories of girls who have had sex before marriage, even if they are circumcised, and then go to get stitched up afterwards, so that they will still bleed because of the tightness.*

*Question: Does circumcision protect girls from having sex? Answer: No, love is not related to circumcision. A girl may like a boy if she is circumcised or not, the only difference is maybe when they actually get to having sex. At that moment it would be more difficult for them to actually have sex because she is circumcised.*

*Educated people know that you protect your daughter through discussion and talking, but it doesn't work through circumcision.*

*The reasons not to circumcise are because people do not want their daughters to suffer and now they know that they cannot protect girls from having sex in that way.*

*Despite people saying that circumcision makes the girl hold on to her values and honour, you find that the girl that is circumcised is the one that does the wrong and not the uncircumcised one.*

*Circumcision does not prevent a girl from having desires – it is in her head, there is no circumcision that could prevent that. When she hears about teenagers having sex before marriage, sometimes they are circumcised and sometimes not.*

Argument Number 3: Circumcising girls harms relationships within the family

*The mother is not thinking about her daughter – she is thinking about a man she does not know.*

*This lady says that she now has feelings of hatred to all those who have participated in the circumcision, including her mother, her grandmother, her father and even her husband as he put her in such a position and experience.*

Argument Number 4: FGM is a crime against the rights of women

*Educated people believe that people need to start working towards stopping the practice as it is a crime against the community in general and more specifically towards women.*

*You have a right to your body as it was intended - God created the body this way and nothing should be done to change this.*

Argument Number 5: Legal consequences of practicing FGM

*Maybe here in the UK some women may think of FGM, but they are afraid the child can be discovered by others, as you can't stop the child from talking. The social worker may also discover it. Women in Sudan are not afraid to practice FGM like women here in the UK. A woman from Sudan can just decide she is taking her children for a holiday in the rural areas and have them undergo FGM there, and only after a long time she will tell her husband what she did.*

Argument Number 6: FGM is not required for religious reasons

*Some people give religious reasons for circumcision but others argue that the prophets don't mention this and the points argued are weak points. The religious reasons have passed from person to person, this generation to the next and it has changed but there is no evidence for it.*

*Many Somalis mistakenly view circumcision to be a religious obligation, and that is not true as it is more a cultural issue, which with time turned into a religious belief.*

### 6.4 FGM - Who Decides?

The most common perception is that now it is ultimately the parents' decision as to whether or not girls are circumcised, but that parents do so under an immense amount of pressure from the extended family (particularly grandmothers and other elder females), and the broader community.

*There are several social pressures and everyone has a say with regards to circumcising, especially from family and friends, and the society as a whole. But the main people who make the decision are the father and mother. Society pressurises those who refuse to circumcise. Only the parents can*

*decide what is best for the child and have to decide even if there is pressure from family members.*

*Usually the person who has a say is the grandmother in addition to the aunts, although the whole community can actually voice their views. But the final decision is for the mother and father.*

The pressure usually takes the form of discussion between women in a family. Pressure to circumcise is described as passing down through generations of women, with grandmothers pressurising mothers of young girls, who in turn exert pressure on their own daughter or daughter in law.

*It was more the grandmother who insisted and pressured the mothers into circumcising their girls. Sometimes the mother continues from where the grandmother left behind, so that she also starts to pressure on circumcising the girls.*

Circumcision is seen as women's business, so the father tends not to be exposed to the same amount of pressure. Although he is often involved in the decision with his wife, he escapes the constant pressure that she experiences.

In some cases the grandmother is not only influential but makes the decision herself. A number of cases were reported where the grandmother went behind the parents' back and circumcised the girl. Such women are said not to trust that the child's parents know what is best.

Those parents that choose not to circumcise their daughters still face ongoing pressure to circumcise which at times can feel overwhelming.

*She did not circumcise her daughters in Eritrea, it was very hard to resist the pressure and protect her daughters, and the community was really against her for doing this.*

As such, some parents remain concerned that they have made the right decision for their daughters due to the pressure exerted upon them.

*I personally have made the decision not to circumcise my girl and I am not sure if I have made the right decision and what the future will hold for my child. My family keep on pressuring me and saying that I have done wrong in not circumcising my daughter.*

There are reports of the uncircumcised child being mocked by society, teased and called names such as *al ghalfa* meaning that the clitoris is still intact, *qalfa* meaning with a hood, or *awra* which means naked and deviant. Many parents want to protect their daughters from this discrimination and so feel compelled to circumcise their daughter. Similarly, young girls themselves may feel desperate to belong, and to be the same as their peers.

*They see themselves belonging with their peers in being circumcised. As an example, in Sudan there were two sisters aged 10 and 12 years old, who were not circumcised as their mother did not want them to be circumcised. They felt different and stigmatised from the other girls in their school, as all the other girls were circumcised. They faced a lot of name calling at school. They decided that they wanted to be circumcised and their grandmother, their*

*mother's mother, supported their decision and took them to the circumciser behind the back of their mother. The girls felt satisfied that they became similar to their colleagues.*

*There is a family who was living here in the UK. They decided to go back to Eritrea and stay there for good. Their daughters were aged 14 and 16. When they got back they asked to be circumcised because they felt different and isolated. They live in a rural area in Eritrea. The girls themselves decided to be circumcised although their mother did not want this.*

One response to the pressure to circumcise was that families might trick close relatives into believing that circumcision had taken place, when in fact it had not.

*There was one woman who pretended that she was having FGM done on her daughters and she asked for 6 million dinars (Sudanese currency) and she got the money because the husband believed her, but she did not do FGM on the daughters but used the money to buy them jewels.*

Other reports described attempts to convince the entire community that the circumcision had taken place, even to the extent of holding the celebration.

*I know of stories where there are families who have to cheat the whole community. They did the whole festival, walk around the city, gave the girls gifts, put henna on her, but actually they have not been circumcised. They tell the children to just lie there and don't move and when you go to the toilet scream a little bit.*

There were reports that some adult women decide to be circumcised either to please their husband, or to hide the fact that that they are not a virgin, or because a husband may demand his wife is circumcised.

*There is an incident of a friend in Sudan who is a Medical Doctor and is married to a Medical Doctor, but when the man found she had not had FGM he took her to a place in Sudan where FGM is done, and it was done to her*.

### 6.5 Male Perceptions of FGM

Although only women were involved in this study, their discussions and stories often focussed on men. This gave important insights into women's perceptions of how men think and feel about FGM. Men may influence FGM at two critical points in life: when selecting a wife, and in deciding whether or not to circumcise their daughters.

In the past it was presumed that men would seek a circumcised wife, but today men are said to have differing views: '*it really depends on the man'*. Many men are still said to want to marry a circumcised woman, for the reasons outlined earlier (as a sign of virginity, cleanliness etc). There were reports of some men returning to their home country, often to rural areas, to find a circumcised wife. Men were also frequently said to request that their wives are stitched up (reinfibulated) after delivery.

In contrast to these examples, a number of stories were reported of men who are opposed to FGM because they have seen their wives suffer, or men who have suffered themselves due to FGM causing problems in their sexual or marital relations.

*Those (men) against it feel that FGM has a lot of health complications and that their wives have faced a lot of problems and pain from it.*

*Men disagree with it also because they see how it happens, how painful it is, they suffer in their sexual relationships with their wives because the sex 'goes cold' (loses steam).*

*Men differ in their opinions, some want the practice to be stopped, as they have seen the pain that their wives have endured. It is also different in that here men are with their wives during delivery and usually see how difficult the delivery is, sometimes also the doctors explain that she had to have a caesarean section due to her circumcision.*

*Some men cannot stand their wives' pain, and might either try to take a slower pace or take her to the midwife to widen the vaginal opening.*

Women reported that there are changing expectations around sexuality, particularly among young men living in the UK. They claim that more men want to give women sexual pleasure, which may be due to the effect of the UK's more liberal culture with regard to sexuality.

*Now things are changing, because of more sexual culture here in UK, men want to find women who will enjoy sex.*

*It is not common amongst young Sudanese to want to give the woman pleasure, not at all, but now things are changing a little, they think about ways of pleasing their wives.*

Some men are said to feel a sense of relief if they discover that a women is not circumcised:

*Most of the men at the time when they put a ring on the girl's finger and they get to know each other, ask if the girl is circumcised. When they find out the girl is not circumcised, he feels relief.*

*Other friends say that during engagement, if man finds out she is not circumcised he feels relieved. Because he would want her to enjoy sex with him and have pleasure, and because he would know that it is very difficult to have sex with someone who is circumcised.*

Again, when it comes to deciding whether or not to circumcise their daughters, there is a range of perceived attitudes among men, with some choosing to circumcise.

*Sometimes the pressure (to circumcise) is from the man because he doesn't want to be taken as someone who is not a man because his wife and daughters are uncircumcised.*

However, the majority of accounts in which the father is involved in the decision to circumcise portray the father as being opposed to FGM, and wanting to protect his daughter from the practice.

*As a personal experience, I remember clearly that as a young girl, whilst in Somalia my father had not wanted me to be circumcised. He was a well educated man. I had insisted that I be circumcised and cried and pleaded to*

*my father so that I could be the same as all of my friends. It's very difficult to fit in unless you are the same as everyone. My mother and grandmother also wanted me to be circumcised so they did it behind my father's back.*

*As an example, I have my cousin, whose mother was insistent on being circumcised, while her father was refusing to do this. They were living in Saudi Arabia, so the mother took her to Sudan during the holiday, and circumcised her there. The mother was supported strongly by her grandmother. The father did not know and was not told what happened to the girl. The girl herself was too shy to talk to her father about something like that.*

*It is sad that there are some women who insist on circumcising their daughters, despite the father refusing the idea.*

Many men are said not to want circumcision for their own child, although they may want their wife to be circumcised. It is not clear what the reasons behind this may be, and whether indeed women's perceptions of men's attitudes are accurate. Further work with men is necessary to further explore these attitudes. However, it is important to understand what women *think* that men think, as these beliefs can influence motivations around whether or not to circumcise daughters.

### 6.6 Generational Differences in Perceptions of FGM

The elder generation are firmly identified by women as the main force behind continued pressure to circumcise. Conversely, younger people living in the UK may not even have heard of FGM, or may not know about the practice in detail.[3]

*The majority of older people are pro-circumcision, especially the grandmothers who insist on girls being circumcised. The elder generation want the practice to continue as it is part of their tradition. Conversely those in their thirties and forties do not want FGM to continue, especially amongst their children. As for the younger generation, many of them do not have an understanding of FGM and if they hear about it tend to believe that it is wrong.*

*Reasons for older people supporting FGM may be that they are not educated and are resistant to new ideas. They may not want to believe that it is a harmful practice and convince themselves that it is a good thing. To them, it is a tradition and they want to keep this identity and tradition alive. It is especially those who are not educated and from the older generation who see that it is an important practice which needs to continue, and that what is said on its harmful effects are lies to make people let go of their traditions and beliefs. Some elders believe they are always right and say all the media propaganda is just to drive people from the culture.*

*Elders may exert pressure on the young to participate in this practice. However the younger population in the UK often refuse because they know it is a crime. Some have even started to fight against these harmful practices through joining voluntary organisations. Young people are the most insistent on ending the practice of FGM although amongst the older generations there are still some who want to circumcise their daughters.*

[3] PEER studies among young people were underway at the time of writing, and results will be available in 2009.

Older women not only influence the practice by exerting pressure to circumcise young girls, but may also try to persuade their sons to find a circumcised bride.

The question of why older women may actively perpetuate practices that are painful and harmful to young girls and women has for many years been discussed by anthropologists among others. It may be partly explained by the idea of the 'intergenerational bargain', whereby young women tolerate lower status or poor treatment because of the implicit awareness that when they grow older and have children, daughters-in-law, and grandchildren of their own, they will occupy a higher social status and possess power and influence. They may thus be reluctant to afford younger generations exemption from harm that they themselves underwent. They may also genuinely believe that girl children will suffer in later life, due to social exclusion and the inability to marry, if they are not circumcised. Changing the minds of older people thus involves persuading them of the harm of FGM; arguing that girls will not face adverse outcomes if they are not circumcised; and recognising the fact that older women may themselves have suffered through FGM.

### 6.7 Impact of Education and Awareness

Women link increasing education, debate and information about FGM, and in particular, increasing knowledge about the adverse consequences of FGM, to growing opposition to the practice. In contrast, less educated people are generally thought to *'believe in culture more than anything'* and are said to continue to trust in the purported benefits of the practice (e.g. ensuring virginity), although it is recognised that there are some exceptions. Women are aware of the increasing efforts, both in their countries of origin and in the UK, by organisations working against FGM, and credit these efforts with changing opinions in recent years. However, they are also aware that educated people are not necessarily opposed to FGM:

> *My mother is well educated, a university degree holder, who has worked for years as a banker. She was insistent that we all go to Sudan this July on holiday and even said that she would pay for the tickets. When we questioned why she wanted us to go so badly she said that she wanted to circumcise my girls. My sister pleaded with her not to do that as she herself is now suffering from very severe menstrual pain. My mother was insistent, saying that the girls are here in London and will soon be speaking of boyfriends; but if they are circumcised they will be protected from harm's doing and will also be kept clean. In comparison, my mother in law has no education at all and barely knows how to write her name, but she has such good understanding and wisdom, she told my mother, 'haven't you seen the effects of circumcision on your young daughter, who suffers monthly with terrible period pains, and your daughter who faces so much problems during delivery?'*

While education was seen as extremely important and necessary to encourage positive behaviour change, it was not always *sufficient* to ensure changing opinions about FGM. The women themselves found it difficult to understand why educated people would continue to support FGM.

> *Most educated people refuse the practice, although there strangely are some educated people especially men who support female circumcision.*

Attitudes to FGM are also said to be related to whether an individual holds in general a traditional or conservative position, or a more liberal perspective. People from rural areas are thought to be more likely to express conservative opinions.

*Pressure usually comes from those families who are traditional and conservative, they believe that it is a must and needs to be done to girls.*

*Usually those in rural areas are the ones who want to continue and pressurise in the girl being circumcised.*

### 6.8 Impact of Moving to the UK

Attitudes towards FGM of Somali, Eritrean and Sudanese women born in their countries of origin, and attitudes of women whose parents are from those countries but who were born in the UK, are said to differ considerably. The age that women moved to the UK, and how well connected they are to their community or family 'back home', also influences their beliefs regarding FGM. Those who are more integrated into UK culture are said to be less likely to support traditional practices such as FGM. Those born in the UK or who moved to the UK at a young age are perceived to have very little knowledge about circumcision, and do not necessarily perceive it to be an issue in their lives.

*Those born in UK have no idea at all on FGM, their families do not tell them of the practice, as they think that they will not circumcise the girls and as such there is no need for them to know of this information, as they fear that it will mark their children as being different from others.*

All the peer researchers, in coming to live in the UK, had experienced moving to a society where circumcision is not the norm, and where issues around FGM are questioned much more openly. They felt that this led to women sharing their opinions and experiences more readily, and led to growing opposition to the practice. They gave many reasons why this opposition is growing. Many have suffered all their lives and no longer believe that FGM is just something normal. Most said that they were reluctant to circumcise their daughters. They said that they are more able to make the choice not to circumcise because the pressure to do so is less intense in the UK. This is partly because the family unit tends to be smaller in the UK, without the extended family (and in particular, grandmothers) living with them. In their countries of origin, women may not even be able to choose whether their daughters are circumcised.

*Peer pressure is a critical factor. Because they are living here in the UK, they are protected from the pressure: others have not had it done so they don't have to have it either.*

*If she had stayed in Sudan, there is an 80 to 90 percent chance she would have had her daughters circumcised - her father's family are from a very traditional area. But because she is here she chose not to, because of the amount of suffering that she went through, the pain, during menses, pregnancy and problems during delivery and also because when you come here you see the different ways and realise there are other options. If she had stayed in Sudan, even though she would have still suffered, she would have suffered with everyone else so it is considered normal, so she would have still circumcised her daughters.*

*Her mother is here with her in London and wants her to circumcise her children, but she has been able to resist because she is here in the UK. In Sudan, your children belong to everyone, but a benefit of being here in the UK is that they are your children: if you say no, it is no.*

However, although the pressure to circumcise may be less intense in the UK than in practicing countries, it can still be a significant influence. Older women who live in the UK are said to often hold tightly to traditions, and influence their families and the communities around them in London.

> *There is this old woman living here. She still believes in circumcision. She talks about it and says it must be done. She thinks it is a good thing. Her belief is that it was done to her and her daughter's generations and must be done to the young girls also. It must be done again and again and again. She tried to convince everyone about it. She lives here and still believes it.*

> *There is this old woman who came from Africa to the UK. She kept asking her relatives who she was living with, "Don't tell me all these women walking about are not circumcised?" She was astonished and didn't want to believe that women in the UK are not circumcised. She avoided interacting with people and told her relatives that she did not want to sit with them because they are unclean.*

Women recognised that some people feel it is even more important to hold on to traditions when living outside their country of origin, particularly in a liberal country like the UK.

Women living in the UK do not escape social pressure to circumcise entirely, as the pressure to circumcise daughters (and to get themselves re-stitched after childbirth) may start if they visit their home country.

> *When people go back to Sudan on holiday, always the grandmothers pressurise them to have their daughters circumcised.*

> *Grandmothers pressurise their children into circumcising their daughters, but most mothers either avoid going to Sudan if the pressure is too much until their children get older. Or if they go, they do not leave their girls alone, as they want to protect them, as the grandmother or aunts might circumcise the girls even despite the mother's refusal. Most mothers also have to explain to the grandmothers that the girls cannot be circumcised as it is illegal and will cause problems for them.*

Attitudes to circumcision in the UK can also depend on whether they ultimately plan to go back to their country of origin. If they plan to return, they may feel that the reasons for circumcising apply more strongly.

> *Some of the educated people believe that they do not circumcise their daughters as they are not planning to go back to their country due to the civil disruption there, and that they have already settled in the UK. But the elderly and non-educated believe that staying here is a temporary situation and that they will inevitably be returning home. As such they want to continue the practice, as they will be taking their daughters back home.*

### 6.9 Perceptions of Behaviour Change as a Result of UK Law

Women felt that perceptions of the law (which were not necessarily accurate) have been important in influencing the practice of FGM in the UK, especially in discouraging people from taking daughters to be circumcised in their countries of

origin. People are said to fear having their children taken away by Social Services, or losing their jobs. Women claim that even if people's *attitudes* towards FGM have not changed, the law has encouraged their *behaviour* to change.

> *Some people think that it is good to have a law, and helps in stopping the practice. Those who still want to circumcise their daughters do not agree with the law as they think it is interference of the culture and traditions of people, but are afraid of getting into trouble with the government.*

Some women described how they have used UK law as an excuse not to circumcise children in Sudan (e.g. telling older people that they will go to prison if they circumcise their daughter). The UK law gives families support in resisting social pressure to circumcise, even when they are in another country.

> *Those who do have information on the law have not circumcised their girls and some have even informed their families in Sudan that their daughters cannot be circumcised, especially when they take them on holiday. They tell them that they are living outside of Sudan and do not need to circumcise, and that if this is done they will be taken to prison. Some of the responses they hear are, 'who will marry them if they are not circumcised?' They respond that they will marry in the UK and will find people who will accept this. Usually they do get convinced after a lot of persuasion.*

Other people in the community are said not to perceive the law as a deterrent. Women reporting such opinions felt that no law will stop people from doing what they want to do if they are determined enough. A number of women talked of some people resenting the law and seeing it as interfering with their tradition and culture. However, other women felt that the law needs to be implemented, as it is currently rarely acted upon. Demand exists for examples to be made, while taking care that these examples are made in various communities (rather than singling one out).

> *If the law had actually been acted on for a few communities they might have been more fearful of it, but up until now it is just words, with no action!*

> *If there were examples of people having been penalised here in the UK, or seeing and examining the daughters, and from each of the different cultures here, from different communities, that would really change things a lot.*

Although there is widespread awareness about the existence of a law against FGM, the details are not well known, and in particular, there are unrealistic perceptions of the consequences of authorities discovering that FGM has taken place. People fear that children will be immediately removed from their parents, or that jobs will be lost. Although it is important that the law is perceived to have real force, it is also important that people do not have unrealistic perceptions of its implementation. For example, if a community member feared for the safety of a neighbour's child, and suspected that the child was vulnerable to FGM, they might be reluctant to report this to the appropriate authority for fear of the child's parents being immediately incarcerated or the children being removed from the family forever. The limitations in people's knowledge were acknowledged by the women in the study, and there was a call for more information to be made easily available.

> *The law is not clear - even those who have heard of it do not know what it will actually mean for the families.*

*People have heard there is a reward being given to someone who tells the police about people who are doing FGM. They have heard they put people in prison but do not know for how long.*

*People in the community know that the U.K. government has prohibited female circumcision but they don't know about the sentences and the fines.*

Women who knew about the law had obtained this information through a number of routes, with the most important being learning from friends.

*People in the community know about the law from their friends who experience problems with the government and from other nationalities who live in the neighbourhood and practice FGM. Some people here ask where they can get their daughters cut, and that is when they find out that it is forbidden and illegal and no one can do it.*

Another way of learning about the law was through UK health services, and examples were given of circumcised women being told about the law when they are delivering their child in the UK. Some women felt threatened by this. The way in which some parents were notified about the law resulted in anger towards the authorities, particularly if authorities assume that if a woman is circumcised, she will intend to circumcise her own daughter.

*There is this lady who has been circumcised. When she was pregnant, she was attending the local healthcare centre. When she gave birth to her baby girl, they sent her a letter telling her not to circumcise her daughter and that if she circumcised her, it would be against the law and she could go to jail. The woman found the letter threatening and she was very angry because she did not intend to circumcise her daughter. She was angry that the authorities assumed this just because she was circumcised. She wished the authorities had confronted her about her intentions instead of threatening her without knowing anything.*

Although it is necessary to target women in practicing communities when tackling FGM, women do not want to be stigmatised and made to feel like criminals. The above story highlights that a fine balance is required when implementing activities to tackle FGM, between the dissemination of anti-FGM policy and information, and the possibility of alienating women in practicing communities.

### 6.10 Implications of FGM and Impact on Women's Lives

The peer researchers vividly described the physical and emotional suffering linked to FGM. This was particularly severe for those with pharaonic type circumcision. Data suggest that almost every woman with pharaonic circumcision experienced some of the following problems.

Many women suffer from a sense of loss. They feel that something has been taken from them that cannot be returned.

*You have the feeling that you have not been allowed to have something you should have by nature. It is something to do with pleasure... you hear about this pleasure, but you have never felt it, you don't know what it is, how would you know?*

*The woman has a lot of emotional suffering due to circumcision as something of her was taken away from her. The memories and the pains follow her throughout her lifetime whenever she remembers her experience.*

*The female who has not had FGM is able to express loving emotions to her husband when she gets married, but the one who has had FGM is not able to because they 'took off her part'. And she also suffers pain during sex.*

*Many of our community suffer from emotional drawbacks, and women always feel that they lack confidence and they always fear that their husbands will leave them or find another woman who responds more to having sex with him. Women who are circumcised feel they have nothing to offer to their husbands as they have no idea about this 'thing' [sex/pleasure] as some say.*

Many women report feeling physically abnormal:

*They think they are not normal. The muscles which are meant to close and open in that area are taken away and it is stitched. Because of this, the muscle loses its ability to open and close. The area becomes like stone.*

*The younger generation who were born here and were taken somewhere else to be circumcised grow up thinking they are not normal. Some of them look for places where they can get this corrected to be back to normal. If they are not from very strict families, when they have boyfriends, they are sad and afraid because they are not like other girls. They are afraid to have boyfriends.*

Some stories pertain to sexual problems, including fear of sex, lack of desire for sex, and pain and/or lack of pleasure during sex.

*Women are afraid of sex because of the stories they hear from their friends and they are afraid to get married for the same reason.*

*People in our community say that female circumcision leads to sexual problems because the hole is so small.*

*When the girl marries sexual intercourse is traumatizing and painful and she feels no desire to have sex other than the fact that it is the wife's obligation.*

*They suffer emotionally and psychologically because some women suffer from their husbands' violence during sexual intercourse. Women worry and are afraid. Sometimes the complications can lead to depression.*

*All the females who have had FGM suffer during sex and some of them hate sex and feel the bedroom is a punishment, not because of the husband, but because of the pain they have during sex.*

In particular, there were frequent reports of lack of sexual pleasure:

*Women who are circumcised never 'reach heaven' but they get used to it and they just try to find small pleasure when having sex.*

*Emotionally, girls are usually normal until it is time to get married. They hear stories from their friends and they become scared. A lot of women who are*

*circumcised feel like they will never be able to function during sex or have any feelings. Sometimes, they have to pretend that they are enjoying sex and they pretend to have orgasms so that their husbands do not think they are not satisfied.*

*Most women see the emotional and psychological effect as the harshest effect on women. As the woman is a victim twice in her lifetime, once when her family circumcised her, without seeing what she wanted and without giving her any say. The second time she is a victim is when the husband does not accept their marital life, as he thinks it is from one side only -the husband's - because she, the woman, is like a frozen ice pack, which affects their relationship.*

*Sexual desire is very important. It is as important as the desire for other things such as eating, drinking and living. After circumcision the girl loses the desire for sex, which many believe is the most important thing for marital life; as such they feel that they have become sexually crippled. Nothing will compensate her for her loss even if it was explained to her. She does not feel it, and as such she is always in an emotional stress from her circumcision.*

In women's accounts of the impact of FGM on their sexuality, they often contrasted their expectations of relations with their husbands with those of women who had only lived in their countries of origin, where women's sexual pleasure and emotional engagement was discouraged. During discussions, the women pointed out that living in the UK throws into even sharper focus the harm inflicted by FGM to their sexuality, because they are more aware of the potential for pleasure and intimacy.

*Her aunt said to her, women who love their husbands are cheap, we are not like this one, we do not love our husbands, we are proud: it is shameful for people to know if you were actually in love with your husband with lots of feelings.*

The wedding night was described as being particularly harrowing for circumcised women. The wedding night has symbolic importance in many cultures as it is traditionally seen as the demonstration of a woman's virginity and a man's sexual prowess. However, circumcised women may dread the event, as they may have heard stories of sexual violence and physical and psychological agony, particularly if the woman is 'opened' by her husband through sexual penetration or with a knife. It is recognised that men, too, may suffer during this process. The following stories represent a small sample of the accounts relayed by women during the study. Even if the stories are not necessarily true, they demonstrate that young circumcised women are exposed to a climate of fear as they approach marriage, as they hear these and similar stories.

*On marriage and the first night of marriage (laylat aldukhla) women suffer a lot during sexual intercourse as it is so painful; the husband also suffers psychologically. Most of our men have a Middle Eastern culture, hence they believe that at the first night of marriage the women must lose her virginity. Due to this belief most of them commence the consummation of marriage despite the pains of the woman.*

*One of my friends faced a situation where her husband resorted to violent force on their first night which caused her to bleed heavily. She was taken to hospital where she also suffered broken bones and had to stay in bed,*

*immobile for quite a long time. On recovering she went back to her family's home and requested that she be divorced from the man.*

*Another woman during her first night of marriage had her vaginal opening forcefully cut by a knife which he carried on him, as he could not penetrate the tight opening. She suffered severe bleeding which nearly caused her to die.*

*Her cousin struggled so much to open his new wife during penetration on their honeymoon (she was pharaonically circumcised) that he actually broke his arm.*

*Problems during penetration are really painful. It can take a number of times to try to open it, men get depressed.*

*Men need more efforts to penetrate so they feel strong and macho.*

*Mostly men want to open their wives – the vast majority feel it proves their manliness... it is agony.*

*During the honeymoon people ask you to parties and to visit them and it is so embarrassing because you cannot walk properly.*

*The woman goes to her wedding night very scared because she has heard the stories of how painful it is.*

*There is a phrase in Sudan which they say at the wedding party – "today the happiness, tomorrow the slaughter day".*

The women described numerous other health side-effects and complications related to FGM, including problems with menstruation, ongoing infections, and pain when urinating.

*The most important effects are the pains that happen during the menstrual cycles as women suffer the pain both before and during the cycle - the blood also doesn't come out easily.*

*Some people are taken to hospital when they cannot pass urine. There is a story about a lady in Sudan who got infection and was not able to pass urine. She had fever because the opening was very small and so she kept getting infections and had bad smelling discharge. She had to go to Cairo for medical help and they told her it was because of FGM. The Doctor asked her if she would like to be opened up but she refused because she was not married and did not want her to lose her virginity.*

*During the actual process of circumcision a large part of the vagina (alfarag) is sewn, leaving only a very small opening which might cause lots of problems during the menstrual cycle, as the blood comes out with difficulty from the opening, usually with the monthly cycle there is a lot of pain and discomfort.*

*Her neighbour was circumcised so tightly that even her urine comes out drop by drop, and her menses stayed for 10 or 15 days.*

Side-effects such as itching were also mentioned.

*There is this woman with the pharaonic type of cutting. She felt the hairs of her parts growing in between the stitching and it started to itch severely. She went to different GPs and different nurses - no-one understood her problem. She tries to put antibiotics and other medications to relieve the itching because she doesn't know where to go to find help anymore. She asks the local nurse where she can get the sewing opened and they always tell her they don't know where she can get it done and tell her to ask somewhere else. This has gone on for years. Till today she suffers from this itching.*

The health issues that women described raise the question of what is considered - normal and what is considered abnormal or unhealthy in a woman's body. While many uncomfortable and serious health problems were described by women living in the UK, there is some evidence that what *they* see as health problems might not be classified as unusual in their countries of origin, because they are so common among circumcised women.

*After her first child she bled so much for 40 days, they thought they had forgotten something during the delivery inside her, so much blood and it looked like fleshy fatty tissue coming out, and they said it was because she had been circumcised and the blood had not been able to escape properly. Her other friends say that it happened to them too, it is normal because of the FGM.*

*The majority if not all have some or all of these health problems – if everyone has it done, and everyone feels pain on sex, then that is what is normal for women.*

Another adverse health consequence commonly described by women as being linked to FGM is mental health problems such as post traumatic stress disorder (PTSD). Ongoing psychological and emotional suffering as a result of the procedure itself could affect women's lives severely.

*Nothing affects people's abilities to love and be loved but sometimes, women hate being a woman.*

*FGM causes a lot of trouble from childhood. It is very painful to recall the memory.*

*People think that this operation is a horrible practice. Small girls never forget the experience all their lives. The effects follow them all their lives and they experience suffering. Girls who have been circumcised experience fear. Many of them get traumatized, they can't sleep and they get nightmares after this. They get fear and anxiety when they get married.*

*There is one woman who still experiences panic attacks and fear related to the experience of being circumcised, but yet is not able to speak out about it, or to talk to someone, as culture prevents them seeking help.*

*People don't say anything if they have psychological problems, they wouldn't admit it. People would think they are mad, and it's the same with sex therapists, people would never go, they would never do that, people think it is wrong to talk about sex, especially for women, very wrong.*

*Even though she had it done at 3 weeks old so she can't remember that part, it was torture for her through childhood - her mother was checking her all the time between her legs to check that they had done a good enough job.*

Women also spoke about the harm FGM could cause to family relationships. They described feelings of blame and hatred, especially towards anyone in the family who had forced them to be circumcised.

*My mother doesn't realise that every day that I go to bed, I hate my mum, because I do not feel pleasure during sex.*

*Psychologically, girls feel the effects when they get older especially when they learn about circumcision and what has been done to them. They feel angry or feel that they have been let down by their families.*

*For some people, the operation is done by their grandmother and they grow to hate them. This causes family tensions. There is this lady who was circumcised by her grandmother. When her grandmother died, she did not feel any emotion and she did not care because growing up, she hated her for being the one who circumcised her. She knew it was not normal to hate her grandmother but she could not help it.*

*As the girl starts to grow up, especially after starting her menstrual cycle, she starts facing problems which affect her emotional and psychological well-being. Emotionally she might feel that she has been a victim of her parents, the nearest to her, who have put her in this position, and she might even have mixed feelings of anger towards them.*

Women also described difficulties faced by circumcised women in conceiving, pregnancy, and childbirth, problems which could lead to negative emotional states.

*FGM affects the physical health because of infections and later causes the female to have problems getting pregnant when she gets married.*

*In addition each time they give birth they are cut and then stitched back and it takes a long time to heal.*

*During delivery there is a lot of suffering and difficulty as the vaginal opening is so small.*

*Now she is not well in her body or her mind as a result of labour here in the UK, they did not open her up, because they didn't understand what to do, there are so many problems during delivery here in UK. She is very depressed.*

*There is a 20 year old girl who was having her first baby. The baby almost died. The midwife did not open her so the baby was not coming out. By the time they opened her, the opening was so wide - to her thigh - so that now, she cannot walk because of the pain. She has promised to never give birth.*

*There is a woman who was giving birth to her child, they did not cut her and her bladder ruptured. She had a lot of bleeding and had many operations. She suffered trauma.*

*Women also suffer during delivery of the baby. Some women have to have bladder operations because they refuse to be opened and so they have to get a Caesarean to deliver their babies.*

These issues may have been regarded as normal in the past, or in women's home countries.

*There is no effect of circumcision on women's emotions, maybe because it happens right before them, to their friends, to their sisters – it becomes normal.*

*There are psychological effects which families and women have been ignoring as they see themselves belonging with their peers in being circumcised.*

*People say that you are taught that when you are marry you must have the pain, put cream and oil on your husband, so much pain is the pleasure, but it is ridiculous, we are like donkeys, we follow the orders. There can't be pleasure with so much pain.*

*It is just something you don't even think about it, it has been going on for so long.*

Women said that they previously suffered in silence. But now, knowing that other people are suffering leads them to view the health problems of FGM as avoidable and undeserved .

### 6.11 Interaction with UK Health Services

Due to the highly personal and sensitive nature of FGM, circumcised women may face barriers to accessing health services in the UK. Women reported a widespread perception that health workers are not likely to understand issues related to FGM, as circumcised women have specific medical, gynaecological, obstetric and psychological issues which health workers in the UK are not trained to recognise or treat. This may result in a lack of trust and confidence in health services.

*The health services do not understand, they do not do anything about the special problem of circumcision. People from the community are being treated like normal patients without being referred to specialist services.*

*Most of them say they do not have any faith in the healthcare here, because they think that health workers have no understanding of their culture and traditions, and thus no understanding of what their problems are, in particular in relation to women's health, particularly FGM.*

*It is not easy to go to health professionals with problems on circumcision as they might have no understanding on the issue.*

A number of the women pointed out that health workers' lack of understanding was not their fault as such, but was rather due to a lack of exposure to the issue of FGM.

*The health personnel, especially GPs, do not understand circumcision in women, as it is still something new for them to grasp. In Arabic countries health personnel have a good understanding as this is a common and normal practice amongst them.*

*The health workers do not say anything about FGM; maybe they do not know. The health visitor, the midwife, and the GP say nothing about FGM. The health visitor could help if she knew, but nobody says anything.*

Lack of understanding by health professionals was felt to lead to poor care and inadequate referrals to specialist services for circumcised women.

*Sometimes people go to one doctor after another describing their problems to them. They do not understand so they cannot find a solution.*

*There was a woman who was suffering from bleeding and pain. When she went to the GP, he told her it was normal. He did not know how to treat her. She kept going several times and at last they opened her.*

Women believed the majority of health problems related to FGM to be experienced during delivery. For pharaonically circumcised women, the vaginal opening is too small for spontaneous vaginal delivery. In women's countries of origin, women are opened (deinfibulated) routinely before delivery. Women perceived there to be a lack of expertise in managing delivery in pharaonically circumcised women in the UK, particularly in terms of whether and when to deinfibulate the woman. A number of women commented that this often leads to unnecessary emergency caesarean sections.

*There have been many incidents where the midwife or the healthcare personnel had no understanding of what is happening to the woman, and no understanding of circumcision, and in these cases the consultant is usually called to assist in delivery.*

*African women face a lot of difficulties and are usually given unnecessary caesarean operations to deliver their children, reducing their chances of normal delivery and the chance of having a lot of babies.*[4]

*Another lady in UK, during labour, was not opened to allow the baby to come out, as the midwife and the doctor had no idea on FGM and did not know what to do. When the baby came out the lady suffered severe tears in her vagina. She needed several operations to repair the damage which occurred, which caused her a lot of psychological and physical stress.*

*One lady in east London went to a hospital to deliver, there were two doctors and a midwife who had no idea what to do or how to deal with the situation, at the end they decided to do an emergency caesarean section on her, although it was unnecessary and she could have delivered by vaginal delivery.*

*As an example this has happened to me, I delivered nearly 9 years ago and am circumcised pharaonically, I am living in an area with few African women. The hospital had no idea of what my circumstances were, and I suffered complications, I bled severely and had to stay in intensive care after her delivery. This affected me emotionally as well as health-wise.*

[4] This quotation refers to the fact that women are advised to limit the number of caesarean sections they have, so it is hard for women who have had multiple caesarean sections to have large numbers of children.

*There is a woman who had some problems. She is not married. When she went to the doctor, he wanted to check her. She told him that she is a virgin and circumcised at the same time so he cannot check her. He did not treat her and told her that it is her responsibility and it is up to her.*

In some cases women were said to prefer going back to their home country of Sudan, Somalia or Eritrea for certain procedures:

*It is hard to get a referral to the right service and people prefer to go back home during holidays to 'be opened up' because here it takes very long.*

A lack of understanding of circumcised women's situation, or lack of sensitivity to their needs, often led to women feeling isolated, and could worsen feelings of being different or abnormal. The reaction of health workers could compound these feelings. Women did not feel comfortable if their health provider reacted with shock and horror, or by calling other colleagues to witness this 'unusual' situation.

*Sometimes when circumcised women go to the hospital, the nurses call each other to see the circumcised woman. This is an unhappy experience for many women. The nurses ask a lot of questions and they stare.*

*During my pregnancy at Saint Mary's I had informed the midwife of my circumcision. On my due date, that midwife was not there. The new midwife was of Chinese nationality. She took one look at me, and when she saw my circumcision she began screaming, saying 'Oh My God'. She even pressed the alarm. My mother and family were outside and thought that I was dying! Anyhow she called two doctors, they were both English and also had no idea what they were seeing. The third doctor who was called was from Pakistan and he advised them to make a cut sideways, as soon as they cut me the baby just came jumping out! This was about 7 years ago.*

*There is this woman who has pharaonic type circumcision. When she went to the hospital, the trainee doctor who was treating her was very surprised when he saw her. He asked her if she had an accident and what happened to her. She told him she was circumcised and explained everything to him. He started to cry and she ended up feeling sorry for herself. It was the first time she felt she had a problem.*

Women perceived there to be differences in services and care across geographical areas. London was thought to offer the best care for circumcised women, especially in areas with large numbers of African women, because health workers see FGM more frequently. However, even in London, quality of care was said to be inconsistent, depending on who is on shift.

*Nowadays people find that even if the midwives don't know what to do, there is usually another one who they can call or discuss with her the treatment options. But for hospitals outside of London you might find you go to a hospital which might not have any idea or knowledge on FGM.*

*She herself had a very good experience with the maternity health services. But it depends on the people you meet on their shift.*

*Sometimes when women go to the health service, they find that doctors are aware of female circumcision, but sometimes, they do not know.*

There is acknowledgement that, in London particularly, the situation is improving, with women being aware of examples of other women having had positive experiences. The women reported some very positive comments about health visitors, doctors and midwives knowing what to do.

> *A while ago, all the women used to choose caesarean to give birth but now the health services know about women who are circumcised. They know of their situations and the complications they can have during maternity like bleeding and that they need help with the opening before the baby comes. When the health services don't know about your condition, they refer people to other services.*

> *There are some who are understanding, especially if different communities come to attend the clinics or hospitals, as they get more oriented on the different cultures of the communities.*

> *Health services understand what goes on with circumcised women and they have trained people to deal with circumcised women especially in areas where there are many Sudanese people. There are no problems being referred to services in some areas and they know how to deal with situations. In other areas they have doctors on call to take up the cases.*

One noticeable barrier to receiving optimal healthcare raised was that women are often reluctant to volunteer information about their circumcision to health staff. Doctors in turn may not enquire directly about whether women are circumcised. Without this information, health staff are less able to plan care or make referrals for women.

> *Now health professionals have some understanding of FGM but even so, the women themselves do not inform them of the problems they might face, especially when related to their genitalia as they are shy to talk about it and fear that they will not be understood.*

> *As long as people mention it (that they are circumcised) early enough they can get the help they need. But many don't - maybe they are shy or maybe they think it is not important to mention it.*

> *People do not want to inform the health services about their experiences and think it is their own secret.*

Driving this reluctance to disclose information about FGM is a fear of being different or of being judged by health staff, as women feel that health workers in the UK perceive FGM to be illegal, abnormal and wrong. Circumcised women do not want to feel looked down upon or ashamed because of health workers' attitudes.

> *They fear that if they tell the midwife or another health professional, that they will not understand our culture and tradition and think that we are illiterate or have bad traditions.*

An extension of this reluctance to disclose information is that many circumcised women are said to be reluctant to undergo genital examinations, including smear tests. This exposes women to further health risks.

*Many women avoid the cervical smear test as they do not want to be examined, and also they believe that the smear test is for those women who are sexually active.*

*If she has a vaginal infection she will tell the doctor and if it was necessary for a swab, she would go to the nurse. Some prefer to ask doctors who they know, or relatives or friends instead of going to the local health clinic.*

Women also reported that not always sharing a language with health providers, and problems of interpretation, are further barriers for accessing services.

*Sometimes the language is the problem. Sometimes people ask for translation because they are desperate to explain their problem but the hospitals tell them there is no translation available so they have to wait for a very long time, even months, to get appointments with translation.*

*Going to the GP, people face problems finding an interpreter. Sometimes they are asked to bring a friend to interpret, even in private and confidential or personal matters. At the GP's there is an advert that there is an interpreter but it is not true*.

In comparison to maternity and reproductive health services, very few women mentioned other types of health services such as mental health services, counselling, or sex therapy. While there may be lack of awareness about services available to support emotional and psychological needs, an additional barrier to women in these communities is that it is not seen as usual to access such services.

*Not many people access counsellors – it is hard for people to talk openly about sex and emotional problems.*

### 6.12 Availability of Information on FGM

Many of the women felt that there was a severe lack of information about FGM and specialist FGM services available through health services. Of particular concern was the fact that few of the peer researchers, and almost none of their informants, had heard about African Well Women Clinics in London (which offer specialist services for women with issues relating to FGM), at least one of which has been operating for almost ten years.

*The services try to give you what they can, but information is really not available. There are no leaflets or anything else about circumcision at the GPs. There are leaflets about smoking and everything else but not about circumcision, maybe because this is not a practice here so they don't make leaflets like for smoking. Sometimes it is very difficult to get information, even when the services want to help, they don't have this information.*

*There are no leaflets available for people. No doctors, nurses, health visitors or midwives are available to provide information voluntarily.*

Women were not aware of any work being done around FGM with women in the community, and felt that efforts were focussed on health professionals. Women perceived a great need to reach out to the community.

*Some people have never been asked about circumcision. They hear that there are some organizations working on it, but the organizations work with educated people like doctors and nurses, not with the normal people.*

*The work done is done for educated people, so it makes it difficult to find information about circumcision and help.*

*Some organizations should work in the community with women to educate them about the situation, the implications and how they can approach the services and what to do when delivering. This should be done amongst people, not the educated persons - not just doctors and nurses.*

Other women reported better experiences, and found information to be more readily available:

*If people search for information, then it is easy to find. People find such information by asking in hospitals, community centres, libraries and on the internet.*

*Information can be found from the GPs, or even if the GP has not a lot of information, they request that you are given a leaflet, even translated leaflets.*

# 7 Annexes

## 7.1 Descriptions of the Experience of FGM

Women gathered accounts of what happens when girls undergo circumcision. These included personal accounts and testimonies of experiences that their friends shared with them. These data all relate to experiences of FGM in countries outside the UK; this study did not uncover any evidence that FGM is occurring in the UK, although this is not to say that it might be occurring. However, if it is, it is likely to be in the utmost secrecy. It may be unlikely that people with information about FGM occurring in the UK would share it with researchers, due to fear of prosecution.

Age at circumcision:

Among some tribes in Eritrea, girls are said to be circumcised as babies aged 13 or 14 days old. In Somalia and Sudan the girls were said to be older, between five and ten years old:

> *They do it at about five to six years of age, just before the child starts school.*
>
> *If a girl is older than seven and is not circumcised, it is a big shame for the family. They have to circumcise before the girl begins school.*

Identity of the circumciser:

> *A woman circumciser has a room built in her home especially for FGM operations. She inherits the job from the line of family members. These people are not trained to do FGM but just inherit skills to do it from the family before them.*
>
> *Sometimes, people who carry out FGM are just normal women. They are not nurses or doctors or any kind of trained person. For some people, it is done by their grandmothers.*
>
> *Some people have jobs as circumcisers and men do male circumcision and women do the FGM. They get a lot of money. They have a house known as "Ismahil Eltahan" where circumcision is done. This happens in rural areas in Sudan.*
>
> *Now in Sudanese cities FGM is done by doctors, midwives or medical people.*

Descriptions of what happens during FGM:

> *Usually in Sudan the midwife circumcises girls either at the girl's home or at the midwife's home. The girls are usually three to ten years old, sometimes even older than that. The midwife has her own equipment; she gives them a local anaesthetic and cuts the girl. If bleeding occurs the midwife takes the child to the hospital. Usually circumcision is during the holidays so that the healing takes its time.*
>
> *As young children in Eritrea they cut the labia majora and minora and do not stitch, they just keep the legs together for three weeks with a stick or something to maintain the hole, but the cut flesh just joins back together – they use butter and hot tea on it.*

*There are lots of horror stories as when the girl is circumcised her legs are kept bound together and she can't walk for forty days, it is also very painful each time you urinate and it's like someone pouring hot chillies inside your vagina. In Somalia the worst type of circumcision is done, and the opening is left to be the size of a matchstick. Sometimes some girls can't even urinate because they did not leave a large enough hole to let the urine out. Some of the girls die from the bleeding or from getting an infection and also there are long term problems as when the girls have their period they suffer and also when they get married and when they have children it becomes a continuous suffering for life.*

*Some lose a lot of blood during the FGM operation. There is an incident of a five year old child who had FGM and bled a lot and had to be taken to the hospital for blood transfusion.*

*The most common physical effects include infections, bleeding or the stitch of the cutting becoming undone. Usually they are given traditional remedies such as soaking the girl in garad[5] and water; it is usually used when the girl feels pain whilst urinating or if she has an infection.*

*It depends on the type of FGM. In the lower lands back in my country, people do type III and in the highlands they do type I. Most of the time they use razor blades to cut and then use normal thread that is used for clothes to stitch the area. Sometimes when they do FGM on the baby (at a few weeks to three years old), they cut the labia majora and there is bleeding from the cut area. When there is bleeding, the child's legs are tied together for three weeks until the skin joins together. Many people die of infection.*

*Sometimes they use blades or scissors and use a needle and some nylon thread that they buy from the government medical stores to stitch up, but she did not know what people use when they cannot buy that thread while in the rural areas.*

*Usually it is a gruesome ordeal with a lot of crying from the girl, and even with the child's screams no one does anything about it and her screams are ignored. It is usually done at the midwife's or in their homes. Some clinics in Sudan still conduct FGM underground, as it has become illegal for doctors to perform FGM.*

*The girls' ages range from three to eight years with most being circumcised at 5 years old. They are given a local anaesthetic but still feel the pain and are very scared. Mostly it is performed by the midwife or the underground doctor. Usually it is during the holiday season.*

*Often the mothers cannot be in the room. She was taken in by her Grandmother and neighbour. She was about seven years old. They put henna and gold on her and took her to the midwife's house. They put material in her mouth to stop the screaming and held her legs down.*

[5]Garad is a herb used as a traditional medication, thought to have antiseptic effects and to assist in healing wounds.

*The pain increases when it starts to heal. When they go to urinate it is very painful, even more painful. The girls are sleepless because of the pain. They use some medications like diluted tea, salted water, medical herbs, tobacco leaves. She is not allowed to play and they tie the legs with a rope at the knees to protect the girl to not open because of the stitches.*

*The first type of circumcision is the one where they take the whole outside parts away and stitch it, leaving one very small hole for sex and urine. The other type, they take the outside parts away but there is no stitching. The third type is between the two types. It is usually done by trained midwives who are well known. They make an invitation for friends and relatives and there is usually a party at the girl's home while the girl is being circumcised in the mid-wife's house. The woman holds the girl's legs and then it is done and finished. This happens between seven to eight years old but not more than ten years old. When the girls are more than ten they will be more afraid of it.*

*The cutting occurs usually at the midwife's or occasionally at the doctor's. In the midwife's home there are usually many families who go to her to circumcise their daughters. She is usually wearing white clothing and is carrying her bag. Sometimes the circumcision is performed on a large table which is covered by a white cloth or at the end of the bed or 'angareeb'. With a dish put below. Usually the girl's legs are held by the relatives, the mother, grandmother or aunts who accompany her. Usually she uses the clothes you were wearing as the cloth that shuts your mouth. The midwife uses a needle to give the anaesthetic and puts a cloth on your mouth to stop you from screaming. Then the cutting happens. The experience has a lot of pain involved and most times the child is aged about six years old.*

*It is a terrible experience which leaves deeply emotional and psychological problems. It is midwives who usually carry out the operation in the presence of grandmothers and other women like aunts. Sometimes the mothers are too scared to come in. It could occur in the midwife's house or sometimes the midwife goes to the girl's house. If it happens at the midwife's home, it is possible there will be a long queue of girls operated, one girl after the other. The girls enter the room with grandmothers and aunts. They fix the girls legs down and put clothes in her mouth to prevent her from crying. They caution her not to cry aloud, this way, they do not scare the other girls. This happens when girls are about six or seven years old. After the procedure they receive anti-tetanus vaccination and an antiseptic for washing. Some girls die afterwards and this is common in the villages.*

*You never know what you are going to get because the midwife may just do whatever type she wants to do, often it is not the family who decides.*

The celebration/party:

*Usually the ceremony is through a celebration, the child is given gifts and presents, they have their picture taken, jirtig*[6] *is done to the girl and she is also taken to the sea as a belief that if the custom is not done in the proper way, the girl will not deliver. The girl must also wear a ring made of a gold coin, as they say that bad things will happen to her, such as bleeding or the stitch coming undone. Also she is not allowed to be visited by someone coming*

[6] Jirtig' refers to jewellery, adornments and other ornaments worn by the girl on the day.

*from a funeral, as that person would have seen a dead person and a bad thing might happen to her.*

*The girls are rewarded through being given money, gifts and having jirtig, as a way for them to forget what they have undergone.*

*It is a happy occasion for the family. They make it like a festival. They buy new clothes for the girl, shoes, some families buy gold and they make henna. It is a big festival for them. The visitors give money and sweets and the girls get special meals during these days.*

*Before the girl goes for circumcision, they put henna on her, buy her a new dress and put lots of gold on her. During the operation there is a big party in her parents' house with dancing, singing and eating.*

*Generally the conditions and life in Sudan have become more difficult, financially, forcing families to reduce the ceremonies that they used to do to circumcise their daughters. It used to be a big ceremony with a big feast, now it is a much more contained occasion.*

## 7.2 Stories and Testimonials

The following stories were told to peer researchers by their friends, and demonstrate how extensively and powerfully memories of the experience of FGM continue to affect women.

*As a personal experience, my hands and feet were tied up tightly and I was held strongly by the most nearest and dearest to me, this can usually be the mother, aunt or grandmother. The thought of being tied by my dearest left me suffering more, as they were the ones who assisted in my hurt.*

*There is a woman who cannot forget her experience. They took her to a midwife's house with her sister. Her sister had to go first and she heard her screaming. The woman tried to hold her sister down on the table. Her sister was crying and screaming so she tried to run away. She was so scared she has never been able to forget this.*

*There is a woman who cannot forget. She always talks about the picture of the tray, the instruments, the cotton and the smell of dettol on that day. Till today when that woman smells dettol, she vomits. She saw all women like enemies on that day and can never forget it.*

*There is an incident where a sister of a man in our community here in the UK died after FGM was done and he had to go back home because of that. Two of his younger sisters had it done and one died but the other one survived. 'People can die because of tetanus' she said.*

*There is a story of a lady who can still remember two fat ladies who held her down and these memories still make her feel bad when she remembers.*

*I know of a horrifying story where a six year old girl died during the circumcision. This was about two years ago and the girl was circumcised in a home in the outskirts of Khartoum. The cause of her death was that she was*

*given a large dose of anaesthetic, and it turned out that the midwife who had performed the circumcision and given the anaesthetic was actually newly graduated with the girl being the fourth girl who she had circumcised. It was a well known story and the midwife, and the girl's family - even the father - were all taken to jail.*

*There was also one girl who was five years old, she died at the hospital where my cousin was working as a doctor. Her story was that something had gone terribly wrong with the circumcision, either she was not sewn properly or cut badly so she bled to death.*

*There are so many stories like this, which makes you think - why all the suffering?*

*In Sudan, her parents were away and did not want to circumcise their daughters, so the aunties took her and her sister, she was six and her sister was younger, and when the parents came back they were very upset. She would start bleeding at night, they took her to the hospital, the mother thought she was dying, and even her uncle was saying you should call the police. She remembers it as if it were today, the screaming, then a lot of pain urinating, but then they give you so many presents and henna…*

*There is a Sudanese lady who was circumcised by her grandmother in Sudan. For her grandmother, this was the first time she had ever circumcised anyone. She did not know how to do it. She was three years old when her grandmother circumcised her and couldn't remember much of it. Years later, when it was her sister's turn to get circumcised at age five, it was also her grandmother who did it. She found the experience very scary. Her grandmother dug a hole so that her granddaughter was above her. Her sister had her legs open, sitting above her grandmother. Her grandmother was working from below. This is not the usual way it is done. Usually the girl is lying down on the table. This woman used straw to stitch up her granddaughter because they live in a rural area with no access to facilities. She also did not use any equipment or medicines so that the girl would not feel the pain. They put something in her mouth so she wouldn't scream aloud.*

## 7.3 Perceptions of Current Practice of FGM

The following data describe how women see the current situation with regard to whether girls and young women in their community are still being circumcised. These data must be interpreted with caution. They do not necessarily reflect an accurate picture for the following reasons:

- Individual women do not necessarily have accurate knowledge of the practice at present in their community, as FGM is usually conducted secretly, particularly in the UK
- Some stories and examples may have occurred many years ago, so may not reflect the current situation
- The women participating in the study may be more likely to oppose FGM than other women in their community, and their informants may be less likely to tell them stories about FGM continuing to occur, as they are aware that the peer researcher may be opposed to the practice
- Some stories may have been repeated by more than one participant

Stories about current FGM practices:

There was very little evidence that FGM takes place in the UK. Most accounts of practice continuing describe girls undergoing FGM when taken to their parents' home countries during holidays. The following quotation was the only example of women mentioning FGM being carried out in the UK:

> *There are two people who can perform the circumcision, the doctor and the old women who might have had little or no health experience. This is especially for those who do the circumcision in the UK. The circumcision is performed at home for those in the UK and for those in Somalia it is usually done at clinics which are open especially for circumcision.*

The following stories describe girls being taken from the UK to their country of origin to be circumcised. In most of the stories, the impact of the law against FGM and the role of schools - as institutions that can act to prevent FGM and as places where children can report having been circumcised - are recognised. The stories describe children being taken into care, and describe children speaking out and reporting what happened to them.

One woman said she knew a woman who is now in jail because she had her daughters circumcised. The fact that this story is circulating in the community - even though no one has actually been prosecuted under the 2003 FGM Act - shows that although these stories are not necessarily true, their existence is important. These stories suggest that people *recognise* the force of the law and schools in preventing FGM. However, it is important to ensure that the law and other child protection institutions *deter* parents from circumcision, rather than driving the practice underground and making it even more secretive.

> *One family went back to Sudan and circumcised their daughters. When they came back here, they faced a lot of problems and the children were taken from them. It was found out because the children told this in school.*
>
> *There was a family who took their children back to their country in Africa. They had their daughters circumcised. When they came back to the UK, the girls went to school and told their teacher everything that had happened. The teachers called the authorities and the girls were taken away from the family. Their parents are not allowed to ever see them again.*
>
> *There was another family who were trying to take their children back to their home country to have them circumcised. The girls knew from school that they shouldn't allow this to be done to them. They didn't want to be circumcised so they refused to go back. Their family asked them to go on holiday to their country, they refused. They went to the authorities and told them they were afraid to go back because of this. The authorities made the family promise that if they went back to their country on holiday, they would not do anything to the girls, so they couldn't circumcise the girls anymore.*
>
> *I know of a doctor in Newcastle who took his young daughter to Sudan to be circumcised, but he is from a rural area in Sudan, he even had a very rural accent. They took the girl before she went to the nursery and the mother supported the decision despite the fact that that same woman had suffered a lot during her delivery and had even experienced tearing which needed a lot*

*of surgical repair. Her excuse was that they just wanted to take the tip off their girl's clitoris and not take anything more, and that they would not do a pharaonic circumcision. Her reason was to ensure that the girl becomes clean.*

*About 3 or 4 years ago, a Sudanese doctor living and working here in the UK with his wife took their daughter back to Sudan (to be circumcised). No-one has ever heard of the law being implemented so people believe that no-one is going to do anything about it.*

The women also reported other stories where there was an intention to circumcise, but it did not go ahead. Again, the law and schools are seen to have a strong influence:

*There is a story where a husband was being pressurised by his mother-in-law to have FGM done to his 5-year-old daughter and was prepared to take her back home, although the wife did not want this. One day when he had problems with his car and went to the police station, he saw an advert saying FGM is illegal even when the child is taken out of the country. From then he stopped and did not want to do it any more because of the law.*

*Someone else wanted to take her 14-year-old daughter to Egypt but the child was excited and was telling her friends about it at school and the teacher heard about it, and the Dad was called to make a statement and was told: anytime the girl goes out of the country for holiday she will have to be checked. He had to stop.*

A number of women stated that communities living in the UK are no longer circumcising their daughters.

*People living in the UK are aware of FGM and do not want to practice it, and their children that are born here do not know what FGM is all about. "When people are here, the practice is finished".*

However, other women reported that determination among some community members to continue circumcision. In these examples, the law was not thought to be powerful enough to prevent FGM

*All of them see that it is important to continue the practice. If it is not possible to circumcise the girls here, then those who support circumcision take their daughters back home to perform it there. The place does not prevent us from changing our practices and traditions, as it is part of our culture.*

*I have heard that families take their girls to be circumcised especially during the summer holidays as it is the longest holiday. For those who do this, they are not afraid of the law as they believe they will not be discovered. Most families believe that the child will not be examined unless the school nurse has consent from her family.*

*I was once talking to an Eritrean woman, she told me that the Eritrean women are helped by the Somalian women to take their girls at the ages of 2-3 years old home to be circumcised! The Somali community is large and help a lot. Sometimes if the Eritrean ladies still have not received their passports or immigration visas they are helped by the Somalians by them taking the young*

*daughters as their own. So that when the girls are brought back there is no issue with regards to informing the school or any other problem like this.*

Although a number of women had not heard of anyone living in the UK continuing the practice, some commented that even if it was continuing they would not necessarily hear about it:

*Some families conceal things well, so many of the stories are not even known.*

*People are scared of the law, and even if they want to circumcise, she hasn't heard that they do it here.*

*She has never heard of anyone taking their child back to be circumcised – if it did happen it would be very secretive and nobody would know. But she thinks that even so, it does not happen a lot.*

## 7.4 Interview Prompts

Theme One: Family life

*Note: The theme of family life will gives the researchers an idea of how people in the community are living in the UK.*

Q1 How do people in our community find life in the UK?
Q2 How do people in our community find social life in the UK?
Q3 How do people in our community find marital life in the UK?
Q4 How are people in our community finding education in the UK?
- for adults?
- for children?

Q5 How are people in our community finding jobs? Are there opportunities available?
Q6 How are people in our community integrating in the UK? How do they see themselves?

Theme Two: Female Circumcision

*Note: Explain to your friend that we are interested in all types of Female Circumcision. Explain that people in our community means other people like us living in UK (from Sudan, Eritrea and Somalia)*.

Q1 What do people in our community say about Female Circumcision?
Q2 How do people in the community feel about Female Circumcision? Is it different for:
- Men and women?
- Older and younger people?
- Educated and non-educated?
- People born in the UK vs, people born at home?

Q3 Do people want to continue this practice?
Q4 What do other people say actually happens during Circumcision?
- Who does it? How does it occur?
- Where does it occur? When does it occur?
- What stories do people hear about the experience?

Q5 What do people in our community say about the reasons to circumcise? What about the reasons not to circumcise?
Q6 What do people say about the pressure to circumcise? Who decides?

Theme Three: The wider implications of female circumcision

Q1 What do people say about the effects of circumcision on female's lives?
- Emotional well being & psychological?
- Physical well being/health?
- Sexual well being/health?

Q2 When approaching health services, what do people in our community say about their experiences?
- Understanding of health care personnel?
- About being referred to another service?

Q3 What do people in our community know about the UK government views on Female Circumcision?
Q4 What do people say about finding good help and information on Female Circumcision?
- Is it easy to find?/ Is it difficult to find? Where do they get it from?

Q5 What are people's ideas on how this could be done better?
Q6 Do people in our community know about the Well Women Clinic? What are their views on this?

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