TACKLING FGM IN THE UK: VIEWS OF PEOPLE FROM COMMUNITIES AFFECTED BY FGM

At the end of 2015, the Tackling Female Genital Mutilation Initiative (TFGMI), with technical support from Options, undertook a Participatory Ethnographic Evaluation Research (PEER) study as part of its final evaluation. Ten projects across England and Wales participated in the PEER project. PEER collects voices of people from communities affected by FGM, and asks questions about how people view FGM and efforts to end it. PEER studies were also conducted at baseline (in 2010), end of Phase One (in 2013), and at the end of the TFGMI (in 2016). These PEER studies offer valuable insights into what progress has been made and what more needs to be done to end FGM.

WHAT DO PEOPLE FROM AFFECTED COMMUNITIES SAY ABOUT FGM?

The PEER studies show significant shifts in understanding and attitudes towards FGM between 2010 and 2016. Overall, strong progress has been made in raising awareness and opposition to FGM across communities and people affected by FGM. Groups where a visible shift towards speaking out against FGM was evident included parents, grandparents and young women who had either undergone or were at risk of FGM. The voice of women, stating their opposition to FGM and their role in ending the practice, comes through very strongly.

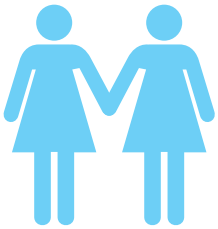
KEY FINDINGS

- A critical mass of people speaking out against FGM has been achieved in many areas.
- There has been very public discussion about FGM in many areas, as talking about FGM is no longer seen as taboo.
- The empowerment of parents, and in particular mothers, who are deciding not to commit FGM on their daughters, has come to the forefront.
- Those who oppose FGM view the law and legal instruments (such as FGM Protection Orders) as means of resisting wider family pressure to commit FGM.
- Health arguments have been vital to challenging support for FGM, but are insufficient in themselves. Under the TFGMI, understanding of health, legal and religious arguments against FGM have worked together to challenge support for the practice.
- FGM is now widely understood as not being a religiously-endorsed practice.
- However, there are still some who continue to support the practice, and this needs to be addressed.

"If it wasn't for the law I don't think that people would have stopped this. The law gives women the power to say no. If the woman is educated she can use the law to threaten the father or the mother-in-law that she will go to the police if they try to have her daughter cut. This has happened. I know a case where the mother threatened to tell the police that the aunt wanted to do FGM on her daughter. She also told the husband that she would tell the police if he supported the aunt and had the daughter cut."

- Manor Gardens Welfare Trust, female respondent, London

THE PEER METHOD



The PEER method uses third person interview skills, such as asking, "What do other people say about FGM?". Interviewees do not need to talk about their personal experiences. PEER works well as a way to research sensitive issues, such as FGM, which is illegal in the UK and is often difficult to talk about. The PEER project started by training project leads in research ethics and basic conversational interview skills. The PEER questions from previous rounds were reviewed and updated. Project leads then selected up to three community members to be a part of the PEER project. They were trained, and then interviewed three friends each. 'Friends' were people from a community affected by FGM who they trusted and were required to have had some contact with the project itself, such as attending training or a workshop. Those who were project volunteers were excluded from being interviewed.

> *"We have daughters - I would never touch my daughter...she will never go through it."*
>
> - BWAFHS, female respondent, London

29 PEER researchers interviewed 52 'friends', giving a total sample size of 81. The ages of PEER researchers and their friends ranged from 21-65 years of age, with an average age of 36-37 years. The research results are only applicable to areas where the TFGMI worked.

PEER RESEARCH QUESTIONS

Q.1 What do people in our community say about FGM?
Q.2 How has this changed over the past two years?
Q.3 What do people in our community say about efforts to end FGM?
Q.4 What do people in our community think about the needs of women affected by FGM?
Q.5 How has our project impacted on our community and FGM?
Q.6 What more should be done to tackle FGM?
Q.7 Please tell me a story about what we have talked about today.

SHIFTING SUPPORT FOR FGM

People felt that attitudes in TFGMI project areas had shifted for a variety of reasons, including greater mass media focus on FGM, a stronger legal response, access to specialist services, and community-led prevention projects. Community-led projects have created 'safe spaces' where women and men can talk about the intimate ways in which FGM has affected their lives.

There is still an ongoing need to address support for FGM. There is still support for 'less severe' forms of FGM (often called 'Sunnah', which is probably Type 1 FGM[1]). This has been observed since the beginning of the TFGMI.

People also said that support for FGM was highest among specific groups: some men; newly arrived communities; older people; and people from FGM-affected communities residing in areas where few FGM prevention activities had been conducted.

> *"More women are openly rejecting it because our collective voices and stories are strong. The truth in stories is very powerful - it makes people think - even those who are initially pro-FGM - it is hard to deny the testimonies and pain of so many women."*
>
> - BWAFHS, female respondent, London

> *"I think the younger generation do not support FGM but I do know two of my friends who are only 29 and 30 but advocate for FGM. They say as they only received the less harmful type of FGM and it did not cause them any lasting damage why would they not do it to their daughters."*
>
> - GSWG, female respondent, Liverpool

1. 'Sunnah' refers to the tradition as taught by the Prophet Muhammad (PBUH) and commonly refers in many countries to FGM Type I according to WHO's classification. This is the 'total or partial removal of the clitoris'.

INCREASING WOMEN'S ACCESS TO CARE FOR FGM

Women's awareness of the ways in which FGM has affected their lives and their health has increased over the course of the TFGMI. Women's support for FGM is often directly linked to access to care, as this can often be when they come to understand how FGM has harmed their wellbeing. There is now wider awareness among other people in the community of the complex needs of women who have survived FGM. Women's access to specialist services, such as de-infibulation[2], is happening earlier in their lives (not just during pregnancy and childbirth).

People are also talking more openly about women's mental health needs, and demand for culturally-appropriate mental health services is increasing. Women survivors of FGM also greatly valued informal discussion groups where they could get emotional support.

> *"Mental illness is a huge unaddressed factor – affected women need access to specialist counselling."*
>
> - BWAFHS, female respondent, London

The effects of FGM on women's intimate relationships are also more widely talked about, and are often said to result in poor relationships or in them breaking up.

> *"The women affected by FGM need psychological support in terms of their sexual relationship because they become passive in sexual relations, which may lead to a sort of depression and they avoid such relations, which in the long term results in separation or divorce, or the husband having a girlfriend."*
>
> - BAWSO, female respondent, Cardiff

There is good evidence that access to care has increased in areas where women have been encouraged to do so through outreach. While awareness of the need for specialist services has increased, many felt that this has not been matched by an increase in provision.

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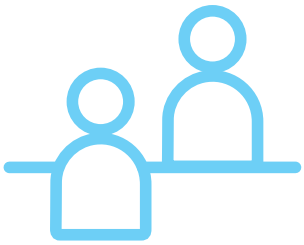
2. 'De-infibulation' is the surgical procedure to re-open women whose labia have been sewn shut for Type III FGM (according to WHO's classification).

> *"An increased conversation about health implications has slowly changed people's minds about the practice. In our culture when a woman gives birth, other women in the community collect money or buy gifts to give to the new mother. During this visit women usually talk about child birth and labour experience, and most times FGM complications are brought up in the discussions. This is when you hear regrets of going through the practice and often women say 'I will break away from the practice'."*
>
> - AAF, female respondent, London



WHAT WORKS FOR TACKLING FGM?

There is now good evidence from the PEER data on what people from FGM-affected communities feel works for tackling FGM. The PEER data does not identify one factor which has shifted attitudes alone: instead comprehensive responses, with multiple actors working together, have worked best.

However, the PEER narratives do make clear that there is widespread support for a grassroots approach, enabling community-led change in local areas. Whereas some mass media approaches were viewed by some as negatively stereotyping communities, project staff from community based organisations (CBOs) were able to challenge support for FGM without causing offence.

> *"At first, people in my community took offence to the campaigns to end FGM as they felt that they were being demonised, but the positive approaches from your projects enabled them to understand the meanings behind the campaigns. Some people's traditional mind-sets towards FGM shifted."*
>
> - AAF, female respondent, London

Overall, the 10 projects were seen as vital sources of information, workshops, safe spaces, discussion, support, signposting, advice, and sometimes counselling services to support women's access to care. Community support groups like these were frequently described as the first point of contact for women wishing to seek care and support with FGM. Respondents had high levels of trust in their knowledge of FGM, access to information, and confidentiality.

There were some concerns about 'mandatory reporting', and that attempts to identify children at risk of FGM would be heavy-handed. PEER interviewees often knew of cases where women's own opposition to FGM was not believed. There was strong support for more training of frontline professionals so that child protection could be implemented appropriately.

> *"Change can only happen with cooperation from other groups. Training of healthcare professionals about 'mandatory reporting', the dos and don'ts – this needs pushing, more so than the legislation itself. This will require the help partly of the government, NGOs and communities – all combined."*
>
> - FORWARD, female respondent, Bristol

> *"Women are more likely to seek help - they now are more open to accessing services - it shows the power of information. Community organisations have a special way of cascading messages."*
>
> - BWAFHS, female respondent, London

WHAT MORE NEEDS TO BE DONE?

People in the PEER study were asked what more they thought needed to be done to tackle FGM in the UK.

> *"More projects like this need to happen so the conversation can continue. To ensure victims of FGM do not feel alone, and they are protected from this awful, despicable tradition. There could be more media coverage about FGM."*
>
> - SDS, female respondent, Leicester

1. They firstly wanted to continue funding for community based organisations who can provide high-quality advice, information and outreach to communities.

2. They also supported having more male engagement, so that men would be able to better support their wives (if they had FGM) and protect their daughters.

3. They also wanted the media, and the FGM movement more broadly, to celebrate the successes of community-led change, where rejection of FGM had happened.

"The media gives a one-dimensional portrayal of why people have practised FGM - they also never highlighted the point that it is now heavily rejected and mostly by Somalis."

- BWAFHS, female respondent, London

4. Where frontline professionals are identifying FGM, they also wanted the conversations about FGM to be framed around support and not punishment for women affected by FGM.

''Also, when a woman discloses she has had FGM, I've heard about cases where people straight away ask her, 'OK well are you going to cut your daughters or take them abroad?', without first offering the support to the woman that just made a disclosure. This makes women feel unsupported and will make it harder for women to come forward to seek support if needed."

- FORWARD, female respondent, Bristol

5. Lastly, there were calls from some respondents for better and more widespread access to high-quality information on FGM. This was said to be good through maternity services, but women wanted to be given more information at other points, such as on registration at their GP or in other places in the community.

The PEER study has generated rich insights into how people from communities affected by FGM view efforts to end the practice. This shows the strong support and value of community-based prevention work.

A summary of the Tackling FGM Initiative: Evaluation of the Second Phase (2013-2016); the full evaluation report; and the 'Communities Tackling FGM in the UK: Best Practice Guide' are available on: www.preventingfgm.org