

REPLACE 2

**Session plan-
FGM, health and wellbeing
FGM is not required by Islam**

Timings (approximate)	Activity	Detailed instruction for delivery
5 minutes	Welcome	<p>The facilitators should start by introducing themselves and saying something about their background, both professionally and personally; need to provide credibility in role but also seem personable and approachable.</p> <p>Ask each person in the group to say their name and something about themselves, particularly noting if they have experience of working in the community, in a health setting or similar.</p> <p>Whatever people say about themselves, facilitators should say something positive about that and the experience it brings to the group – simply being a parent is useful because of the perspective they bring in terms of needing to care for the wellbeing of others.</p> <p>Provide overview of today’s session and show people an outline of main sessions on the programme – indicate you will look at rest of course in more detail shortly.</p>
5-10 minutes	Ice breaker	<p>Give out the person bingo sheets and explain how to play: need to find someone in the room that fits as many of the bingo square descriptions as possible. When one row column or diagonal row is complete – can shout BINGO! And win a prize – have sweets/chocolates as prizes to give out.</p>
5 minutes	Pre-course evaluation measures	<p>Explain about evaluation of the programme and that we’d like those taking part to give us some information now and at the end about their thoughts and experiences. The evaluation measures ask specifically about FGM, so make sure</p>

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		<p>you tell people this and explain that it is because the broader project relates to the issue of FGM and this will be looked at on the programme, but is not the sole focus of what they will be doing. It's just important that we collect some information on people's thoughts and opinions on this as part of the programme. Provide information sheets and consent forms and talk people through them. Go through the baseline questionnaire and ask people to respond privately. Provide envelopes for people to seal up their responses into afterwards.</p>
<p>Up to 20 minutes</p>	<p>Cultural affirmation and discussion; “my culture, your culture”</p>	<p>Here we want to spend some time thinking about cultural differences but also cultural similarities and shared values between host country (e.g. Spain, Portugal) and country of origin of those taking part (e.g. Senegal, Gambia, Guinea Bissau). It should be a dynamic, lively activity with everyone putting in their thoughts and ideas.</p> <p>We suggest adapting an activity from FORWARD's advocacy training: Draw a large tree on a piece of poster paper & ask each person to attach a sticker/post it note with their country of origin and an example of something they love about their African culture (e.g. a tradition, a particular food, a festival, a value etc). After everyone has added one they can see if there are any more they can think of as a group. Purpose: to provide cultural affirmation and remind people about their heritage and culture that they love.</p> <p>Then ask about the reasons why they/their families moved to the country they are in now – are there positive things about the host country culture that either brought them here or that they have learned about since they arrived? Use different colour post-it notes to add to the branches of the tree. Purpose: to identify reasons to be positive about the move away from country of origin and help the facilitator gauge what it is about European life that is positive for them</p> <p>Try to note any commonalities between cultures as they emerge and encourage people to tell stories and elaborate</p> <p>Some of things that will have come up as positive about European culture may</p>

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		<p>include or be related to 'gender equality', 'human rights', 'sexual and reproductive healthcare', 'better economic opportunities,' 'better quality of life', 'education' etc.</p> <p>Then ask about negative things...are there any negative things or things they don't like about either culture...reasons why they left their country of origin/problems they may have encountered or challenges associated with their immigration experience and setting up life in their new country (or parents experiences if they were born here). Use two more different coloured post-it notes to denote negative things about each culture/country on the tree. Regarding country of origin they may talk about negatives like quality of life, escaping war or civil unrest, lack of work and so on; we may see comments about 'difficulty finding work in Europe still', 'migration and paper work issues', 'racism or negative attitudes towards immigrants' but possibly also comments about 'western education', 'overly liberal societies', 'lack of respect for elders', 'sexualised societies' and so on.</p> <p>Then ask about how they have overcome or how they could overcome some of these negative things. The point/purpose being that we can acknowledge things are not perfect in either context, but can hopefully get people to agree that the positives of setting up a new life in Europe are ultimately worth it (hopefully!). So they can still celebrate and maintain positive things from their own cultural background whilst benefiting from things like healthcare, housing, education and so on in the new context and manage/overcome things they don't like so much about it.</p> <p>It's possible that at some stage, perhaps now, when talking about ways to overcome negatives of European culture, someone will mention or refer to female circumcision/FGM. If it hasn't been mentioned, now is perhaps the time to do it as something that differs between European and some African cultures, and it can be part of the difficulties associated with adjusting to European/British life.</p>
	<p>Highlight importance of health and gain</p>	<p>So the idea here is that we try to tackle the beliefs that FGM including infibulation and re-infibulation after giving birth do not cause real and severe health</p>

Comment [KB1]: Need to generate list of potential responses between us for this and can add to it...

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	anonymous feedback on personal satisfaction with own health	<p>consequences for women and that health is an important and priority issue and therefore FGM is too. At the moment, I think this would only be appropriate in a women only group (but if men were going to be in a group we could consider an alternative way to achieve the same thing).</p> <p>Start the activity by introducing the general topic of health;</p> <ul style="list-style-type: none">• you could offer a few indicators of how important health is considered in the UK such as the fact there is a National Health Service that makes healthcare free to everyone at the point of access.• I don't know if there is an alternative phrase in Arabic or in any other relevant Sudanese languages, but in English people often say, 'at least I have my health' if they are experiencing difficult times, because ill-health is considered amongst the most burdensome of problems. How you introduce it - up for discussion• Then ask people to say what 'being healthy' means to them and how important they feel it is – go around the group asking people to comment• Can ask people to consider how hard it is when a loved one is not well – especially children• Feel free to add suggestions here – we want people to feel they agree however that health is important <p>Next if it is a women only group, introduce the topic of 'women's health' and the idea that women sometimes experience issues surrounding their sexual and reproductive health, menstruation and childbirth</p> <ul style="list-style-type: none">• Ask women to give suggestions about types of problems women experience (not necessarily FGM related); e.g. menstrual pain, difficulty passing urine, difficulty giving birth, pain during sex (add details that are not mentioned)• Say you'd like to understand anonymously how happy the people in the group feel about their own 'general health' and 'reproductive
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		<p>the point personally relevant to the group that they could perhaps be happier about their health and sexual and reproductive health</p> <p>Next, look to present some of the facts around the sexual and reproductive problems that can be caused by FGM and support what is said with evidence from research if you feel this will help (we can work out details of how to present this, I'm not suggesting we just give people research papers to read)</p> <p>e.g. http://www.intact-network.net/intact/cp/files/1374265161_ijwh-5-323.pdf</p> <ul style="list-style-type: none">• It is important to show variations according to 'type' of FGM so we don't just lump everything in together• In the paper linked to above the findings show that for women with type 1 and type 2 FGM in the Gambia (no infibulation) they are 4 times more likely to experience problems in childbirth and problems with menstruation and sexual dysfunction than women who have not been cut
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	Maternal symptoms	n (%)	
		No FGM/C	Type I and II FGM/C
	Dysmenorrhea ^a	64 (34.5)	260 (60.5)
	Recurrent urinary tract infection ^a	20 (14.4)	109 (25.5)
	Vulvar or vaginal pain ^a	7 (5.0)	99 (22.8)
	Vaginal discharge ^a	40 (28.8)	230 (53.6)
	Painful intercourse ^a	18 (12.9)	156 (36.1)
	Bleeding during or after intercourse ^a	3 (2.2)	51 (11.7)
	Difficult penetration during intercourse ^a	8 (5.8)	103 (24.0)
	Complications during delivery ^b	11 (11.7)	134 (46.9)
	Perineal tear ^b	9 (9.6)	97 (33.8)
	Prolonged labor ^b	8 (8.6)	62 (21.6)
	Need for episiotomy ^b	3 (3.2)	66 (24.7)
	Need for cesarean ^b	1 (1.1)	6 (2.3)
	Fresh stillbirth ^b	0 (0.0)	11 (3.8)
	Neonatal complications ^b	5 (5.3)	63 (22.5)
	Fetal distress ^b	3 (3.2)	40 (13.9)
	Caput of fetal head ^b	1 (1.1)	58 (20.6)
	<p>Next, it is important to get people's reactions to some of the information presented</p> <ul style="list-style-type: none"> • ask them what they think about the information • Does it ring true for them? • How does the information and the evidence relate to what they know about women in their community? • We may get people responding in support of the overall message; that they or someone they know has experienced health consequences as a result of their FGM but people may also talk about being fine and not experiencing problems – we can see that this is reflected in the data from the research as well – many women may well be fine! • It's important to acknowledge that yes, some people are and have been 		

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		<p>absolutely fine, or believe that they are experiencing 'normal' health</p> <ul style="list-style-type: none"> • If possible, use an appropriate video or film or some other way of presenting a case study about a real woman or girl's experience. If someone is willing to tell their story, then great, but a good idea to provide a real true story of a negative impact on health • Provide opportunity for discussion about the case study/personal story • Work towards making the point that even though, women and girls do survive and live well with having been cut; is it worth risking the health of a child or woman every time circumcision is performed? • Tell the group that they are important, their children are important and that their health and wellbeing is important; we don't want children and women put at risk • Mention health services that are available to women and girls in London and make sure information about how to access help and healthcare is available; leave leaflets, info etc out for people to just pick up so they don't need to ask
	<p>FGM and even 'little sunna' type circumcision are not required by Islam</p>	<ul style="list-style-type: none"> • Introduce the idea that some think even if there is a health risk it may be worth it because circumcision is a type of 'sunna' and part of Islam • There are some clear reasons why 'sunna' or FGM of any type are not required by Islam. I suggest going through each of the points below and asking people to comment or discuss their thoughts: <ul style="list-style-type: none"> ○ Islam does not support causing physical harm to people under any circumstances and therefore if we accept that harm can be caused by cutting women's genitals, it cannot be considered acceptable in Islam. ○ Professor Dr Hidir from the Islamic University of Rotterdam provides the following argument about why FGM/female circumcision/'sunna' type circumcision cannot actually be considered sunna or part of the requirements of Islam: <ul style="list-style-type: none"> ▪ Within the sources of Islam, there is a hierarchy that applies as follows; 1. Qu'ran 2. Quran and Hadith 3. Sunnah. From

Comment [KB2]: The exact way in which this message is presented needs discussion and input from Islamic teachers and others, but we should accumulate the best arguments/information to include here, and use.

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		<p>the Sunnah arise fatwa's. A fatwa is a legal opinion issued by a specialist regarding a specific issue.</p> <ul style="list-style-type: none">▪ Often hadith and sunnah are used interchangeably, what is the difference between hadith and Sunnah? <p>Sunnah are the practices that Prophet Muhammad (pbuh) taught his followers, examples include the Hajj and prayer. These practices are largely taken from the prophets Ibrahim and Musa (pbuh). The sunnah practices are therefore directly from the Prophet Muhammad (PBUH) and were transferred via the companions and followers of the prophet.</p> <p>Hadith literally means "that which is told". The Hadith are narrations from the Companions and contemporaries of the Prophet. They are comments and sayings of the Prophet regarding certain situations. These were written down and collated approximately three centuries after the death of the Prophet. The scientific study of the Hadith has established the strength of the evidence concerning each comment asserted as coming from the Prophet (pbuh). Six canonical books of the Hadith are identified. This Hadith is classified into different categories, from weak to strong. Weak means that there is no clear evidence that the Prophet (pbuh) made that statement; strong means that there is a clear chain of tradition, and several people who provide evidence that the statement was actually made by the prophet. Often there is also strong support from the Qu'ran Hadith. From strong hadith often follows a Sunnah. It is important to remember that every sunnah has come from a hadith and / or Qu'ranic verse, but not every hadith is a sunnah.</p> <p>There are of course different schools of thought within Islam known as 'Madhhab'.</p> <p>Female circumcision is mainly among followers of the Shafi'i madhhab. Within this madhhab there is a court ruling that female circumcision a 'wajib' (obligation). However there are two citations from the Hadith that are commonly used to suggest Islamic support for female circumcision. One (Soennan Abu-Dawud),</p>
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		<p>appears to suggest that 'cutting a little' is OK and the other, (Ahmad ibn Hanbal, Maliki) that female circumcision is 'makroemah' (honourable, noble, praiseworthy). These Hadith have been identified as da'eef (weak) and so sunna cannot follow from them.</p> <p>In addition, the wives of the Prophet, nor the daughters of the Prophet, nor the women of the companions of the Prophet, nor the daughters of the companions of the Prophet were circumcised. Given the example of the prophet in Islam, one must strive for a life based on the practices of the prophet. Should female circumcision be a meritorious act, then one can assume that the prophet his wives and daughters, and the women and daughters of the companions would advise to be circumcised. The fact that they were not means we can conclude that female circumcision is not a sunna.</p> <p>It could also be pointed out that there are many Muslims throughout the world who do not practice FGM. Can we provide evidence or testimony about a respected Muslim group that does not perform FGM? OR can we provide some testimony from a respected community member or members who will say they approve of the idea that FGM should not be carried out.</p> <p>Should be emphasised that FGM is a <u>cultural</u> not religious practice and pre-dates Islam. Draw attention to the fact that that to consider oneself a good Muslim, one must be completely against any practice that causes harm</p> <p>Once Dutch FSAN DVD has been produced, the section which shows the Islamic scholar talking about FGM not being required by Islam could also be shown at this juncture. Or if there are any good alternatives that FORWARD already has access to including inviting a local scholar, these could be considered.</p>
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