Community advocacy training – detailed session guide

Session 1 – Introduction and cultural affirmation

Materials needed: Person Bingo sheets and pens/pencils; 4 different colours of stickers/post-it notes/slips of paper and blu-tak and sheet of poster paper with a tree drawn on it.

Timings (approximate)	Activity	Detailed instruction for delivery
5 minutes	**Welcome**	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. 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. 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. 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.
5-10 minutes	**Ice breaker**	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.
5 minutes	**Pre-course evaluation**	Explain about evaluation of the programme and that we'd like those taking

	measures	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 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.
5-10 minutes	**Expectations and concerns**	Expectations for programme: Facilitator asks people to raise any expectations, concerns they have about the sessions and attempts to allay concerns and answer questions. Suggested activity: Ask each participate to write down one expectation and one concern and post them in a 'post box' for the facilitator to open and read to the group and discuss (this may allow people to be more open and honest especially as they don't know the group yet) Provide definition of a community advocate: For example: (we may want a different definition or a different term to describe course) *'taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice'. (The National Lead for Advocacy, Valuing People Team, 2009, UK)* Provide assurance that this is intended to be a collaborative process and that there is some training but participants' views, expertise and experience is

		essential to the process and what happens as a result. Need to be clear that we want people to be trained as advocates in their communities, capable of communicating on important topics (not sure how explicit we'd want to be about FGM here – for discussion) Provide overview of the rest of the programme
Up to 1 hour	**Cultural affirmation and discussion; "my culture, your culture"**	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. 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 f 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. 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 Try to note any commonalities between cultures as they emerge and encourage people to tell stories and elaborate

		Hopefully some of things that will have come up as positive about European culture will include or be related to 'gender equality', 'human rights', 'sexual and reproductive healthcare', 'better economic opportunities,' 'better quality of life', 'education' etc. 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. Then ask about how they have overcome or how they could overcome some of these negative things. The point/purpose being that we an 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. 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 they do, then say something along the lines of, 'I'm glad you mentioned that, we will look at that in more detail later in the

		course because that is a difference between European and Guinea Bissauan/Gambian/Senegalese cultures. It's not practiced here and it's against the law here; so we'll look at that in more depth later'
5-10 minutes	**Summary and conclusions and feedback from the group**	The main summary should remind them of the positive things they talked about and the ways they have identified of minimising or overcoming negatives about the European host country; find a way to focus ultimately on the positives of having both cultures in their lives. Then ask people for feedback or comments on the session; either aloud or on comments sheets or both and keep a record/note of the things that were said.

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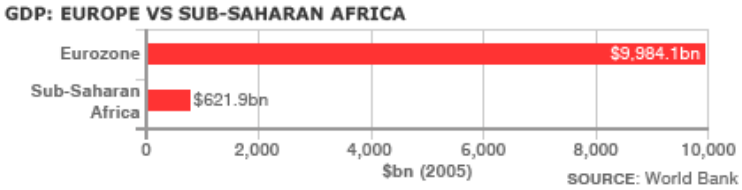
Session 2 – European citizenship: Gender equality and economic growth

Materials needed: The completed tree from the last session; white board or flip chart and marker pens; PowerPoint slide(s) or a poster with any graphics you think may be useful from those suggested below; list of beliefs about FGM form the REPLACE2 data analysis

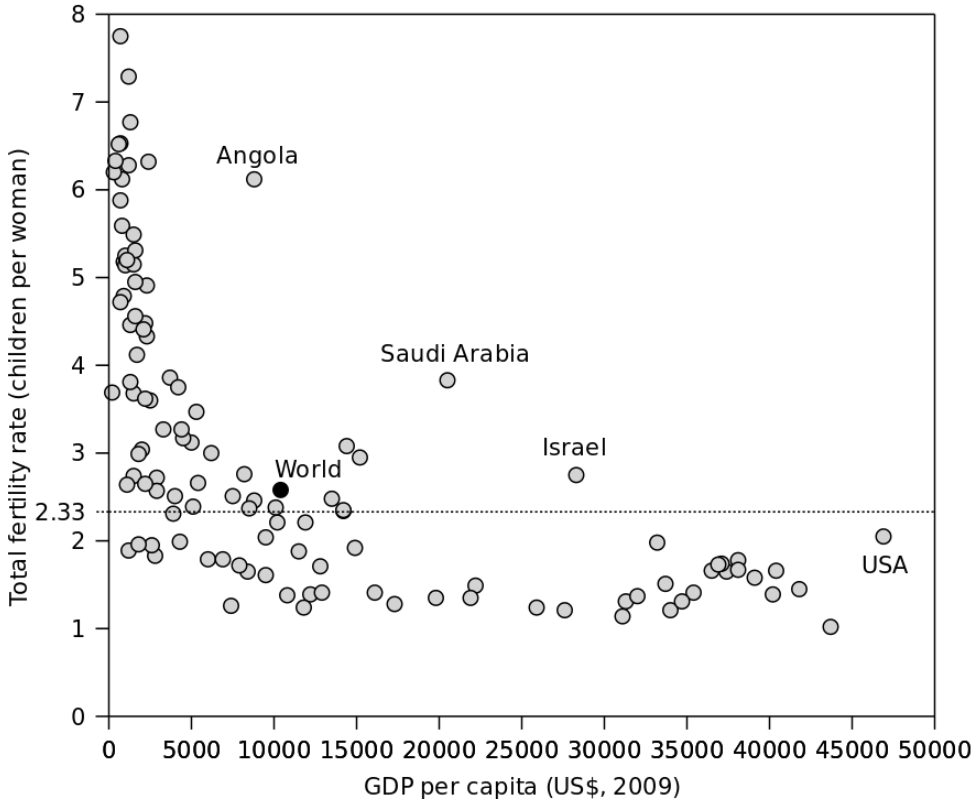
Timings (approximate)	Activity	Detailed instruction for delivery
5 minutes	**Welcome and re-cap from last session**	Welcome the group again and if they don't know each other well/mostly met for the first time in last session, do introductions again and ask people if they can remember some of the things looked at last time. Let discussion flow a little if possible so that everyone relaxes a bit. Bring out the tree to help people remember.
10-15 minutes	**Broader consideration of why people migrate from Africa to Europe**	Then try to bring focus of the discussion to reasons for migration and positives about European culture again. If anyone is being a bit negative or is stuck on a negative issue (e.g. because they are struggling with an issue personally), try to deal with this by asking it if would be useful to discuss the issue/any problem they are having separately from the group to see if support can be identified for them. Get the group to specifically remember the positive things they identified about coming to Europe, reasons why they came, what they learned when they got here and note these specifically on a white board/flip chart. Then ask them if they think of other reasons why people might come, just so you can get as broad a selection of reasons/positives as possible. Hopefully the potential for economic opportunities or something similar relating to finding work and a more prosperous life will come up.

		Say something like: Clearly, Europe has its own economic issues, and Spain and Portugal have issues like others in Europe with unemployment, but the fact remains that Europe is economically far better off than Africa, and millions of Africans have migrated and continue to migrate to Europe every year for the chance of a better more economically prosperous life (can copy and paste this graphic comparing Gross Domestic Product (GDP) if thought useful to show onto a poster or PowerPoint slide).  If possible and appropriate, relate this back to the experience of people in the room; if they have shared stories or experiences relevant to this. Allow discussion or new stories if people want to talk. People may want to talk about unemployment as a general issue in this part of the session, as it is an issue for migrant communities as well as for native Spanish (or Portuguese) people too. It may be a good idea to look at what support could be offered around addressing unemployment, as well as allowing time to discuss the impact that unemployment is having on people and the community. Their thoughts and views would be usefully fed back to the REPLACE2 team for updating the materials.
Up to 15 minutes	**Economic growth linked to gender equality**	Next, when it is appropriate to move on, explain that Scientists and researchers have identified strong evidence about the relationship between economic growth and development and the level of gender equality within a country. In particular this review of the evidence by the Institute of Development Studies (2013) in the UK http://www.ids.ac.uk/files/dmfile/Wp417.pdf

		found that where gender equality, particularly in relation to education and employment is promoted this has a positive impact on economic growth. This makes sense in that if you increase the number of people (i.e. women) who are contributing to the workforce through their knowledge and skills, more people and more educated people making their contribution, this will have an impact on economic growth; more ideas generating new businesses and so on. See also Chatham House report Allow people to respond to and comment on this; encourage discussion. What do they think? How do they respond? What are their thoughts on gender equality within the EU/Spain/ Portugal and within Senegal/Gambia/Guinea Bissau? Clearly, Europe is not perfect in relation to gender equality – lots of issues that could be raised in relation to that, but generally it can be argued women have a more equal role in society, contribute more to the world of work, have greater access to education and economic opportunities – the aim is to try to get people to agree that this is a good thing – some may be quite traditionalist and say it is not – and it's important to let everyone have their say and express their views. Ideally, it would be great if everyone felt that gender equality is good because it just is! But if anyone isn't in agreement hopefully the link to economic development helps to promote the idea. If migrants come to Europe because of greater economic opportunities, wouldn't it be better to create those through greater gender equality in places other than the existing developed/industrialised nations that people migrate to.
Up to 15 minutes	**Sexual and Reproductive Health linked to Gender equality and Economic growth**	Next, when appropriate to move on identify that research has also shown a strong relationship between women having control over their sexual and reproductive health and economic growth. The picture is complex, but generally speaking as women access contraception and good reproductive healthcare, they have fewer children. Fewer children means they have fewer dependents, more time to contribute to the workforce and the per capita growth goes up (economic output by person). Can use graphic below to illustrate.

Comment [KB1]: If possible it would be good to find a simple graphic to illustrate this but haven't com e across a good straightforward one yet.

Comment [KB2]: Clearly, need to be sensitive in way this is phrased and exactly how we say this needs to reflect what is said and believed by the group you are working with

		 Again, ask people what they think of this; what are their thoughts, reactions?

		Also, make the point that giving women access to reproductive healthcare supports them in achieving greater equality, since they can have more control over their lives and make rational decisions about how many children they want to have and when they want to have them. And again ask about thoughts and for discussion about that.
Up to 30 minutes	**Introduction of some of the beliefs identified about FGM in the focus group discussions**	Next introduce the group to the fact that Gabinet/APF have recently been doing some work with their community on the topic of female circumcision/FGM; people have taken part in focus group discussions about it and other related issues in their community. Say that is widely believed from a European perspective that cutting the genitals of girls takes away their right to sexual and reproductive health; it takes away some of their control over that part of themselves. Say that we'd like to share some of the things people said about FGM in those discussions; I think we should share statements/beliefs that are in favour of FGM What we're trying to do in looking at some of the beliefs, particularly ones that talk about curbing sexuality and protecting purity and respect etc is that these single out women as being problematic in some way and are very much perpetuating gender inequality; making out that women are different in this regard and should be cut to address this. Ask for people's thoughts and reactions to this Male circumcision may well be raised to counter this argument and say that it is equal to FGM. It's important to acknowledge the point, but state that in many cases of FGM, the amount of flesh removed is equivalent to cutting off half of a man's penis – male circumcision, only involves removing some of the foreskin at the tip of the penis. Male circumcision is not done to curb sexuality either; so it is an example of gender inequality. You may also want to add the perspective that some argue male circumcision is also wrong; but this may be quite an antagonistic line of argument since it is strongly regarded as necessary in Islam and Judaism.

Comment [KB3]: Need to look at the summaries and pull out the most relevant ones for use here.

5-10 minutes	**Summary and conclusions and feedback from the group**	It's ok if not everyone is fully agreeing with the line of argument. We may be unable to persuade everyone. Make sure everyone feels that their views and opinions are valued and welcomed; whatever their perspective. Finish the session by summarising the main points and thanking everyone for their time and input to the session. • Considered why people have moved from Africa to Europe and why so many people continue to do so: largely economic reasons • Considered how economic growth is linked to gender equality and opportunities for women to be involved in education and the workforce • Considered how economic growth and gender equality are linked to women having control over their sexual and reproductive health • Considered community beliefs that are pro FGM and how these reflect gender inequality

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Session 3 – Health, sexual health and skill development

Materials needed: list of beliefs about FGM from the REPLACE2 data analysis; some kinds of pictures or images or models of the types of FGM and clear ways of explaining how the cutting can lead to harm

Timings (approximate)	Activity	Detailed instruction for delivery
5 – 10 minutes	**Welcome and re-cap from last session**	Welcome the group again and if necessary re-do introductions/remind people of names etc. Engage in some 'small-talk' possibly and let discussion flow a little so that everyone relaxes a bit. Then ask people if they can remember what was covered in the last session. Let people offer contributions but ensure the main points are covered. • Considered why people have moved from Africa to Europe and why so many people continue to do so: largely economic reasons • Considered how economic growth is linked to gender equality and opportunities for women to be involved in education and the workforce • Considered how economic growth and gender equality are linked to women having control over their sexual and reproductive health • Considered community beliefs that are pro FGM and how these reflect gender inequality
10-15 minutes	**Consider wider selection of pro and anti-FGM beliefs**	Remind people of the pro FGM beliefs they looked at last week in more detail and how some of those could be considered to reflect a level of gender inequality. Then go on to explain that the focus groups with community members also drew out a lot of anti-FGM beliefs and thoughts from people in their community who are in favour of circumcision/FGM coming to

	from the focus groups with the community	an end. Ask them to consider all of the beliefs represented, what do they think about them; how do they feel?
Up to 30 minutes	**Present the arguments about health and emotional consequences of FGM**	Using the anti-FGM beliefs that have come from the community focus groups as a starting point, link the various beliefs to clear lines of argument about the **health consequences** of FGM. The link to the community beliefs from focus groups is important because it shows people that others from their community are anti-FGM and approve of the idea that FGM should end. Anti-FGM health–related beliefs from Spanish focus groups: ∞ It **affects giving birth** (WFG) ∞ It puts **women at risk** (WFG) ∞ When giving birth **your child will suffer** (WFG) ∞ It is **not good for health** (M/WFG) ∞ Women who have FGM can have **urinal problems**, or **other complications** that can result in needing to go to **hospital** (MFG) ∞ Some who perform circumcision are **inexperienced** and **do it because their grandparent's had** been doing it (MFG) **[this can cause complications]** WHO fact sheet in Spanish on FGM: http://www.who.int/mediacentre/factsheets/fs241/es/ Problematic lines of argument about health consequences should be identified by the group so that they can look at how they might be made more convincing for the community. It could be noted that the expressions of negative health consequences were quite vague and lacked detail amongst community members (see bullet points above), so perhaps there is a lack of understanding about *how* FGM causes harm. Simply providing some detail about what the cutting involves (different types of FGM) and what that can then lead to may be helpful. Refer to images/drawings or use a model of what has been removed to help explain. This link to a royal college of nursing manual has clear drawings (pages 6 and 7) of the 'types' of FGM, and also a photograph of an infibulated woman's FGM (page 16). Be careful

Comment [KB4]: Need to find the best way to illustrate this clearly – some pictures are not very clear. Need to be careful thought about making sure people understand what you are going to show them , and are happy with that.

		about using this as it may be considered shocking and inappropriate. http://www.londonscb.gov.uk/files/resources/fgm_resources/b_rcn_educational_resource.pdf It may be the case that people in the community believe that 'type 1' or 'type 2' FGM that does not involve infibulation (Type 3 - sewing up the opening to leave only a small hole) may be less harmful and not lead to health consequences. To counter this belief people could refer to evidence such as the paper below and they could also draw on personal stories http://www.intact-network.net/intact/cp/files/1374265161_ijwh-5-323.pdf • 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. This table comes from the paper and hopefully provides a fairly simple summary.

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)

You could spend some time picking out the details from this table and discussing/commenting further – the actual number (n) of women who experienced the problem is provided for each group and then the percentage is in brackets () afterwards – the bracketed number makes the two columns comparable; so for example 5% of women in the study who had not had any type of FGM experienced pain in the vulva/vagina compared with nearly a quarter (22.8%) of women with either type 1 or type 2 FGM.

It's important to acknowledge that some women with FGM suffer no longer-term health consequences and some uncut women still have sexual and reproductive health problems; and we need to validate this alongside people's experiences and what they know about their community but the evidence is clear; the risk is still on average, 4 times higher for those

		who've had types 1 and 2 FGM. Consideration should also be given to **emotional and psychological** consequences of FGM; also drawing on any relevant beliefs from focus groups and problematic lines of argument – how can we generate strong evidence or convincing lines of argument for the community. Beliefs from the focus group that we might class as 'emotional or psychological' really only relate to beliefs about sexuality/sexual stimulation (or lack thereof) and related problems. ∞ One woman talked about **some women from Africa** who **have been circumcised** coming **to Spain and 'following men around'** as they cannot be satisfied by their husbands also. (WFG) ∞ You **cannot satisfy a women who has had FGM** because what makes her feel **pleasure has been removed**. (taken from APF data) ∞ FGM brings **problems in marriage between husband & wife** (M/WFG) The evidence about the emotional and psychological consequences of FGM is far more limited than the evidence relating to the physical health consequences, so it may make sense to start by just asking people to comment and make suggestions about things they are aware of, if any, and see where that takes things. The following website (use Google translate to get Spanish or Portuguese or whatever language most helpful) offers some information about evidence relating to psychological consequences, in particular see the 'research' and 'practice' sections: http://www.fgmnationalgroup.org/psychological_aspects.htm Essentially the evidence suggests that women can experience psychological, emotional and psychosexual problems as a result of their FGM. Many women will not experience such problems so it is not likely to be part of everyone's experience and certainly not likely to be talked about commonly in the community. The greatest problems are likely to be related to

		FGM carried out in adulthood and type 3 FGM.
Up to 30 minutes	**Consideration of valid counter-arguments**	The group should now start to think about the pro FGM beliefs held in their community and consider what counter-arguments would be valid and acceptable to these within the community. I suggest taking a summary list of main beliefs relating to health and psychological consequences of FGM and asking the group to identify ones they think are most likely to be important in the community around continuation of the practice and then focus on developing counter-arguments to these. They can use evidence presented to them in this session, but it would also be useful if they pointed out why these counter-arguments may sometimes lack persuasiveness for them (if they do). What could make them more persuasive? Below I've copied beliefs from our summary document and tried to suggest counter-arguments: ∞ Never heard of/ **never encountered any complications** (WFG) – some don't have problems and that is great for them, but we have clear evidence that even those with type 1 or type 2 FGM (so no infibulation) are at greater risk of health problems: why take the risk with children from now on, now we have that kind of evidence? ∞ Any **complications/ death** will be **considered as the will of god** / predestination. (WFG) – this links it to religion and we have arguments coming later on about religion and it not being required by religion. Difficult to genuinely argue against people who believe in God; except that we have evidence that those circumcised are more likely to suffer health outcomes. ∞ "**It was done to us**, our mothers and our ancestors and **we did not die** as a result of it." (WFG) Not everyone will die or have negative health consequences, we acknowledge this. But they didn't have the population level evidence about harm caused by the practice; when we have new knowledge it's important to take this into account in our actions. ∞ "have **eight children** and am **still alive** without been operated on." / mothers have given birth without problems (WFG) – as above argument ∞ Circumcised **women in Africa give birth** with **no problems** whilst some uncircumcised women in Spain have problems during birth (WFG). Yes but look at overarching data from populations, not just anecdotal experiences.

		∞ "If we say them together, they will say it is the "Londindeh" that caused these diseases. They are not stupid. **They will relate all the diseases with the "Londindeh", because they want to stop it**, when they have a thousand similar diseases." (WFG) Might be worth unpacking any beliefs about Europeans wanting to stop FGM; talk about why Europeans don't want it to happen or why they think Europeans are against it to dispel myths ∞ "**They only tell them its negatives** such as it causes infections and HIV AIDS. **A lot of people contracted HIV AIDS without being circumcised**. **90% of the HIV cases are in the white people**." (WFG) Need to absolutely acknowledge he reason HIV is spread, through sex, sharing needles and lots of white people and Europeans have HIV/AIDS, but be clear on where risk lies relating to FGM i.e. shared blades for cutting; damaged skin and flesh of the female genitals may increase likelihood of transmission during sexual intercourse. ∞ **Circumcision** is sometimes **done as a result of infections**. (MFG) ∞ A women **menstruates every month** and if she has **not had FGM she will have dirt** that can **cause 'something else'** (MFG) Not true – need to look at the evidence – true some women will get infections who have no circumcision but the risk is greater if the flesh has been damaged during FGM. ∞ Women who have not had FGM smell more than someone who has. Fanado/ FGM is cleaning. "Fanado itself is an action of hygienic cleaning" 9taken from APF data) Do they think that European women who have not been circumcised smell? ∞ **After giving birth**, the **circumcised recovers more quickly** compared with the uncircumcised (MFG) There is absolutely no evidence to support this assertion – the opposite is true
Up to 60 minutes	**Role-play and practice of counter-arguments**	Once some consensus about counter arguments has been established, ask the group to start thinking about how these issues can actually be discussed in the community. When and where is it possible to talk about FGM – see if you can come to some agreement and gather ideas about this. Get the group to think about the way in which such discussions in the community might play out; write 'role-play' scripts and think about the way the counter-arguments might fit into these. Start getting people to think about having these conversations – practice them with one

		another – try out different pro FGM arguments they may encounter and see which counter arguments work best. Could get them to turn this into a small play or selection of 'scenes' to make it feel like you're creating something with a purpose. This is about building confidence about responding to pro FGM argument sand counter-arguments through role-play, practicing the anti-FGM arguments that feel most valid to the community and modelling ways to respond to those who may hold pro FGM beliefs.
5-10 minutes	**Summary and conclusions and feedback from the group**	Recap the main things covered in the session: • Considering economic development and opportunity and how it is linked to gender equality and how pro FGM beliefs are quite specific to women and strengthen gender inequality in the community • Consideration of health consequences of FGM and what the evidence tells us. • Consideration of the main pro FGM beliefs held in their community and valid and acceptable counter arguments for them • Thinking about ways to build discussion and conversation about ending FGM that uses well thought out anti-FGM arguments to counter prof FGM beliefs and positions • Practicing and modelling using the arguments through role-play and/or developing a play script on the issues covered.

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Session 4 – Religion: Islam, 'sunnah' and FGM – Action Planning

Materials needed: If willing and available it is a good idea to invite an Imam or Islamic scholar with anti-FGM views to come and talk to the group – making sure that they have a credible argument about why FGM is not required by Islam; REPLACE2/FSAN DVD if wanted could be used

Timings (approximate)	Activity	Detailed instruction for delivery
5 – 10 minutes	**Welcome and re-cap from last session**	Welcome the group again and if necessary re-do introductions/remind people of names etc. Engage in some 'small-talk' possibly and let discussion flow a little so that everyone relaxes a bit. Then ask people if they can remember what was covered in the last session. Let people offer contributions but ensure the main points are covered. • Considered the health consequence beliefs relating to FGM that are held by their community • Considered how pro FGM beliefs might represent gender inequality within the community • Considered that some members of the community hold ant-FGM beliefs already and are aware that there may be health consequences • Considered general health consequence arguments (according to the world health organisation; WHO) and considered where the community may find these unpersuasive or problematic – e.g. is it about not understanding exactly how FGM causes harm? • Looked at what FGM actually involves and presented data showing that even the 'less severe' types 1 and 2 FGM still put women at much

		greater risk of health complications to do with reproduction and childbirth compared with uncut women. • Hopefully drew on personal experiences/stories about health consequences but also acknowledge that there are uncut women who experience these difficulties and there are cut women who do not – it's about risk – if we know there is a risk why take it? • Considered emotional/psychological consequences • Started to look at pro FGM beliefs and developing good counter-argument responses; perhaps developed role play scripts or a play script to start practising these, becoming familiar with them and building confidence in talking competently about the health consequences of FGM.
10 minutes	**Introduce this session**	The aim of this final session (which may of course end up spanning more than one session as works best for the group) is to provide some counter-arguments to the belief that FGM or 'sunna' is a requirement of Islam. If an Imam or Islamic scholar is attending then of course mention or introduce them as appropriate. The session will then involve practising use of the counter arguments Following this the group will start to form plans about involving other community members/communicating about the issue in their community.
Up to 40 minutes	**Imam/Islamic scholar presents (in the future could present DVD**	Hand over to invited speaker: If no speaker is available then use the following information to support delivery of this part of the session and/or the REPLACE2/FSAN DVD when available. 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: • 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 form 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: Within the sources of Islam, there is a hierarchy that applies as follows; 1. Qu'ran 2. Quran and Hadith 3. Sunnah. From the Sunnah arise fatwa's. A fatwa is a legal opinion issued by a specialist regarding a specific issue. Often hadith and sunnah are used interchangeably, what is the difference between hadith and Sunnah? 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. 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. There are of course different schools of thought within Islam known as 'Madhhab'. 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), 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. In addition, not 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. 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.

		Should be emphasised that FGM is a cultural 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 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.
Up to 40 minutes or more depending on what the group wants to do	**Discussion and role-play/practice**	The group should spend further time reflecting/discussing the arguments presented if they've not already had time to do this. Are there any problematic unpersuasive arguments to contend with? How do they feel and what do they think about the arguments that have been made? Ask the group to draw on some of the beliefs from their community about FGM and religion to help them understand what beliefs they might come across if talking with others in the community. Beliefs include: ∞ FGM is **Sunna of the Prophet** and is in **religion** (WFG) ∞ **"If 'Londindeh' was bad it would have been prohibited by the Prophet."** (WFG) ∞ "We **believe** in what is **mentioned in the Qur'an**." (WFG) ∞ "FMG is not stated in the qur'an. It is considered a **tradition and not religion**" (WFG) ∞ "We clearly know that it **cannot be removed from religion** because **it is part of religion**" (WFG) ∞ FGM is **Sunnah** (WFG) ∞ (MFG)- Believe it is part of religion – **haven't studied the Qur'an** but it reveals **FGM should be done** – the **scholars have the reasons** why it should be done. ∞ Male- **would like to know if doing or not doing FGM affects your religion** (MFG). ∞ "I also know that **religion talks about it**. I heard that **the prophet said if you do it, it is good** and if you do not do it, it is not an obligation" (MFG)

		∞ "If they provide reasons that it should not be done and it is in accordance with our religion, then I will accept. **If the reasons are not in accordance with the religion, then I will not agree** neither today nor tomorrow." (MFG) ∞ It is not obligatory – "The Prophet was passing a day and he heard someone crying. When he asked, he was told they were circumcising a girl. **He then said let them not cut it too much**. This was all he said. **He did not say it was permissible nor did he say it was prohibited**." (MFG) As in the previous session(s) on health, see if the group will create role plays or scripts of how discussions might play out. Ask them to practice these and watch each other practising these – they can adjust and add things as they go.
Up to 1 hour but may want to arrange additional sessions to do this justice and support people, depending on what it is they want/plan to do	**Goal setting and planning** **Behaviour change techniques to include:** **Goal setting (behaviour)** **Goal setting (outcome)** **Identity associated with changed behaviour** Ask people to construct and articulate a new self-identity as someone who is able to communicate about this issue confidently and competently in their community	The final task with the group is all about firming up their position as anti-FGM and hopefully motivated to take action in their community of some kind to end FGM. It may be useful to start by asking people to talk about how they feel about FGM now – hopefully the group is anti-FGM – or at the very least more open to being against FGM than they may have been at the start of the sessions. It's important to remain non-judgemental. If there are people in the group who are simply not willing to change views or consider talking about FGM with an anti FGM position, then it may be worth thanking them very much for there time and input and asking if they will complete the follow-up questionnaire, but given that the focus is now on thinking about what can be done to start a change in the community, suggesting to them that they may no longer want to be involved (though I suspect anyone feeling this way would have stopped turning up anyway). Those people who want to be there still should be asked to consider their identity as someone from an FGM affected community who is anti-FGM. Ask people to construct and articulate a new self-identity as someone who is against FGM of all types.

	Problem solving	For those that want to, the group should be directed to set behavioural and outcome goals – what do they want to do (behavioural), what do they want to achieve (outcome) – e.g. behaviour might be to raise the issue with a group of community members or friends or family members and outcomes might be to persuade one person per month through conversations to help them or go for some training themselves. The group could set individual or group based goals for this. This is up to them, and as they do agree what they want to do, direct them to engage in problem solving activities – i.e. what challenges are we likely to face in doing this and work together to identify solutions/strategies to overcome potential problems.
	Action planning	Should then get people to establish clear action plans about exactly how they will go about achieving the goals they have identified, thinking it through in very careful detail; when, where , how, with whom, any further problems identified should be thought through and any social support required identified so plans can be made for how to put that in place – can the group support one another, what can APF/Gabinet do to support etc. (though I understand that there may be no budget to support anything that costs money)
	Identification of self as role model Inform people that through their own actions they may be an example to others, to their children; others may take courage from this and also feel able to express an anti-FGM view **Verbal persuasion about capability** Tell the people that they can successfully perform the wanted behavior	The facilitator should use the two techniques on the left (identification of self as role model and verbal persuasion about capability) at appropriate points in discussions to strengthen people's beliefs about what they are able to go out and do in their community. If the group use any kind of social media/mobile phones it may be useful to set up support using this medium. E.g. 'What's App?' group set up by Sudanese women in London to communicate for free with each other on their mobile phones.

	(communication with elders/others about FGM and wanting it to end), arguing against self-doubts and asserting that they can and will succeed. **Social support (unspecified)** **Social support (practical)**	
	Summary and conclusions	