

**African Women's Organization in Vienna, Austria**

**PROCEEDINGS  
Of**

**EXPERTS MEETING REPORT**

**on**

**"Development and Production of a FGM Teaching Kit and the Training of  
Community/Religious Leaders, Women and other Communicators on its use"**

**EU Daphne Project**

**October 2003**

## **Acknowledgments**

The African Women's Organization and its partners RISK from Sweden and VON from the Netherlands have been granted funds by EU Daphne and its sponsors from Austria to run a two-year project of preparing an FGM training kit and consequently training of trainers.

The African Women's Organization and its partners first of all would like to thank the EU Daphne Project and our Austrian sponsors. Our appreciation goes to our sponsors in Austria - Ministry of Social Affairs, the City of Vienna, Ministry of Interior, and Amnesty International Austria. We also thank the invited guests, and the experts for attending the meeting and contributing to the lively discussion on the problem of FGM and the strategies of preventing it.

Contributions have been made to this session by the representatives of the Inter-African Committee for twenty eight African countries dealing with FGM, NGOs from the United Kingdom, Sweden, Germany, Portugal, the Netherlands, Italy, France, Belgium and Austria. Our appreciation goes to Mrs Berhane Raswork, President of the IAC for taking active part in this programme.

Special thanks goes to Mag. Barbara Prammer, member of the Austrian Parliament and former Minister for Women's Affairs and current IAC representative to the EU. We thank her for working closely with us with great understanding and for supporting our project at all times.

Etenesh Hadis

EU Daphne Project Co-ordinator and The African Women's Organization  
Austria.

October 2003

## **FORWARD**

The need of a kit is an essential tool in the anti-FGM campaign to change values and norms among the immigrant population in Europe. The kit is planned for the use of NGOs and organizations dealing with immigrants in Europe.

In order to prepare a flexible and adaptable kit which would reflect local grassroots level situations, African Women's Organization and its partners organized an Experts Meeting. The purpose of this meeting was to exchange European and African experiences in the field of teaching material and information regarding FGM and to determine the contents and strategies of preparing a teaching kit with the aim that it will be used by NGOs within the EU member countries. To achieve this objective participants were invited from Europe and Africa whose expertise were drawn upon.

This report presents the proceedings of the Experts Meeting held on June 2-3, 2003 in Vienna. It consists of statements by invited guests such as policy makers and professional bodies who are in one way or another involved directly or indirectly in the anti-FGM campaign. It also includes organizational experiences in information, education and communication and use of teaching material other countries have been utilising to address the issue of FGM. Best practices were also shared and lessons were learnt to further improve the kit.

This meeting adopted a very participatory approach in its proceedings as contained in part three that makes it very unique. A lot of information was generated during the discussions which gave insights into the preparation of the kit. A detailed information on the modules is contained in a separate kit which will be published later. It is envisaged that the kit will be a useful material for further development of training material for other target groups which it does not address.

## **ORGANISATION OF THE REPORT**

This report is organised into three parts. Part one consists of the proceedings of the opening session that includes the speeches of government and NGO representatives and institutions within Austria who, lend their support to the initiative.

Part two consist of the presentations of experts about their country experiences on teaching methods and effective strategies for the elimination of FGM in their communities. It also includes discussions on how to come up with a module for two critical target groups for the immigrant community in Europe.

Part three consist of a workshop situation where theory is put into practice by working groups on modules intended for community leaders and communicators for the elimination of FGM among the immigrant community. This section is also consists of plenary sessions were discussions were centred on the information presented to improve the modules.

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## **EXPERT MEETING OPENING PRESENTATIONS**

### **OPENING CEREMONY**

**"Development and Production of a FGM Teaching Kit and the Training of Community/Religious Leaders, Women and other Communicators on its use"**

**EU Daphne Project**

June 2 and 3, 2003

### **PART I**

#### **Welcome Speech**

**Mrs. Etenesh Hadis  
Project Coordinator**

Honoured guests  
Ladies and gentlemen

I am very honoured to welcome you on behalf of the African Women's Organization and its partners, RISK from Sweden and VON from the Netherlands, and our sponsors in Austria.

We have come together because we all have one objective and that is to see the end of the harmful practice of female genital mutilation. According to the EU DAPHNE Programme, there are around 270,000 girls and women victims or are at risk within the Union. These are our targets. There are different approaches to address the problem. The most certain way is to bring changes of values and norms among community members that maintain the practice as part of tradition and culture. Many of us as NGOs have field experiences, some more than others. What we have learnt is that changes come through education and information.

It is on these grounds that the African Women's Organization and its partners decided to focus on the training part which includes the preparation of a simple, flexible and adaptable teaching kit. Our proposal was accepted by EU DAPHNE Programme, which has put the fight against FGM as a priority and has funded 10 projects on this specific subject. Our project consists of two phases: the first phase is to prepare a simple teaching aid kit for which we are gathered here; and the second is to train trainers using the kit. Training of trainers will first take place in Austria, Sweden and the Netherlands. In the case of Austria the focus areas will be Vienna, Graz and Linz. Situations permitting, this training may take place in other EU member countries.

The experts gathered here have acquired years of experience in addressing the issue and are involved in training. Our objective is to compile our experiences here in Europe and Africa and develop simple kits that can be used easily without complications. It should provide aspects, tools and the means of presenting the information. We believe that it will in due time be improvised by new experiences gained during implementation. It is not an easy task but as long as we all put in our share and experience, it will have meant that we have moved one step forward.

The African Women's Organization and its partners would like to thank EU DAPHNE Programme for its funding, and our sponsors in Sweden, the Netherlands and in Austria – the City of Vienna, Ministry of Interior, Ministry of Social Affairs, and Amnesty International Austria.

We also want to thank Dr. Elisabeth Mezulianik who had supported us from the beginning, Mrs. Berhane Ras-Work, IAC President, and all the experts who have given their precious time to be with us.

Thank you

**DI Mag. Konstantin Spiegelfeld**  
**AAI Rector**

We are very proud to be hosts for this experts meeting. This institute was founded by Cardinal König in 1959. It is an institute where dialogue between people with different culture and religion is favoured and promoted. We are very favoured that people like you meet here and help this institute to find the right way in our world. We support, with the Catholic Women's Organization and Foreign Ministry, women in Africa and Asia. We want to support them to find the right way in life; that they have the same dignity and that they are wanted in our country. So, we try to support them here in Austria as well as in their own country.

We are also very happy that Mrs. Hadis is working in our institute. We get much information from her about the subject of this experts meeting. The aim of this institute is to provide information and education. We meet very closely to realize this aim. This experts meeting is suitable for this institute's objectives of providing information and education.

I am already curious to learn what the experts here will say on this subject. I want to learn more about the problems of harmful traditional practices so that we too can help and that the problem be solved in a better way than it is now.

Sometimes I hear from medical students in Vienna that the issue of FGM is a subject of their lessons, however, they only hear that nothing is being done against it. One aim of this meeting could be that contact should be established with professors in the University. Perhaps it is possible for you to give a lesson or lectures to the students on what is being done to eradicate this harmful traditional practice. I would enforce it very much. I could help in creating links with these professors.

I wish success to the experts meeting.

**Opening Statement**  
**OSR. Dr. Elisabeth Mezulianik**  
**Head of the Department for Integration in the Vienna City Administration**

As a member of the City Administration in charge of integration matters, I am very happy to welcome you all to the DAPHNE Conference here in our city, Vienna. As we all know integration means not only potentials for all of us, it also means that we have to face difficult issues and find solutions. One of these issues is FGM. For many years it was a taboo. For more than 12 years more have become aware of the serious consequences and problems in connection with FGM.

It is our responsibility to make life as pleasant as possible for all of our citizens and, of course, this should be our prime concern. This means we have to take all measures which are necessary that no citizen will in any way be injured or harmed – not even for tradition and cultural reasons. We should be aware that with such a conference we can make a difference in this country or the countries where you come from. This conference should be an opportunity to make a difference, even in those countries where FGM originated.

Integration is not only a national question. It is a global challenge. We have to make sure that we work together in this global situation. If we do this successfully it will have an impact in the European cities, and also all over the world. For more than 12 years, FGM has been an issue in the City Administration and studies have been conducted to identify the dimension of the problem in our city. I would like to mention the African Women's Organization here in Vienna which has put great effort to gather facts that will help us in this challenge. A case in point is the study conducted in October 2000 which gave us a very shocking picture of the situation of FGM here in our city. But we have to go on.

The City of Vienna has now designed a new project. We have created a practice where victims or those affected by FGM can be helped through counseling by medical personnel and can be informed about all aspects of FGM. This project with a budget € 40,000 can only be one step – first step. It will serve as a perfect means to get a full picture of FGM in the City of Vienna and will be the basis for further measures.

Simultaneously, we have to launch a wide range of information campaign in those areas of our society where the problem of FGM is more likely to show, especially in nurseries, kindergartens, schools and hospitals. Subsequently, staff of these facilities, have been fully informed about all aspects of FGM. The taboo has been broken. Now we have to carry the responsibility of making the problem of FGM known to everyone. This conference is a perfect platform to identify ideas and measures in our common endeavours. I wish you all the best for this conference and fruitful meeting and also nice stay here in Vienna.

**Major Friedrich Kovar**  
**Vienna head office of the Federal Police**

My appreciation goes to the Afro-Asiatic Institute for inviting me and hosting this event and to the African Women Organisation for the invitation and the opportunity to address this opening meeting.

It is my personal task and also of the authorities to be involved in such campaigns. We organised 2 events in the Police Direction of the City of Vienna regarding the practice of FGM and something very astonishing happened there. We showed films on FGM practice in Africa and when those films were shown, men were swallowing heavily and women – colleagues, Police women - went out of the room because they could not endure the way these films were shown. The problem we had was at the first event a year ago, since then a lot has happened. The taboo was broken. There was always the question raised “Is that a concern of the Police?”

In the meantime there was a change in the Criminal Law - Paragraph 90, Article 3. This is a paragraph which refers to situations where somebody allows his body to be wounded, meaning the wounded one agrees to it. It is now broadened with a 3rd article relating clearly to FGM. I would like to quote this Article 3: “if the nature of a mutilation or another way of wounding the genital organs is done to cause a sustainable reduction/disturbance of the sexual feeling, no agreement can be given to that”. With this paragraph FGM became a criminal act, a punishable act which helps us to intervene. Until then it was very difficult, if we even knew about it, to do something against it.

FGM is a matter, where the wounded, the victims, do not come and report to the police, or in very few cases, and only through third parties do we get information about such acts. As my colleague before said, sensibilisation plays a very important part here, especially in the area of medical professions, teachers, the police, and social workers. To sensibilise means that the eyes are opened for such acts. The Police is trained in many areas of “culture”. Vienna has become a multicultural city and very often FGM has been seen under the cover of culture. Culture has to end if people get wounded, if people have to endure pains or in extreme cases if people die because of it.

There culture has to be put to an end and there the police has to come in. Although keeping up culture is important in many areas bad cultures must be avoided and eliminated. And I am sitting here beside a colleague from Amnesty International, which has publicized a new report in which the police is a part of it, there the police dare not retain bad culture.

If we as police see our task to work in the FGM area, it is in the area of sensibilisation of our workers, and enhance our knowledge to contribute to the fight against FGM. We do not know much about it. It is astonishing to hear that FGM is also practised in Vienna and that astonishes the police and there it is necessary that the police is sensibilised.

I wish you two successful days, I wish you much success, and over all practicable results which we could bring into our organisation.

**Karin Ortner**  
**Director Communication of Amnesty International Österreich**

In my feature of an active member of Amnesty International I respect this conference or meeting as a CALL for GLOBAL ACTIONS.

We are all interested to change the world – a little bit, a part of it.

Female genital mutilation is an affair of human rights.

Female genital mutilation is violence against women.

AI considers FGM from a human rights perspective.

The roots are in cultural traditions, and a kind of systematic discrimination of women and girls.

Impunity and human rights violations of women must be combated resolutely. One step on the way to support women all over the world to be accepted as a human being is to help them with their special problems. So I am engaged in the work of the abolishment of female genital mutilation. To abolish this form of discrimination of women is an important step in the future – an important step for women's rights.

The human rights declaration of 1948 is the abutment of the system of human rights and it means that all human beings are born free and equal in dignity and rights. The declaration protects the right of security of person and the right not to be victim of cruelty and inhuman or abasing treatment. These rights are very relevant for working against FGM.

If you consider human rights, you see that the rights of women and girls on physical and psychic inviolacy, the right not to be discriminated and the right of health are universally valid. You remember the first results of European Parliament in 2001 which recognizes the acceptability of FGM as reason to stay for asylum seekers in a country.

The work of Amnesty International includes raising the international public awareness; and also the request of governments to sign international human rights contracts.

There is no doubt that the cultural and legal challenges, as well as the innovative and thoughtful initiatives developed in a lot of countries will allow and protect anti-FGM projects. Each organisation will help to adress some of the most compelling aspects to eradicate FGM. Amnesty recommends the FGM teaching kit as a tool for effective campaign against FGM.

I wish us all two good days to be motivated in our fight against FGM.

**World Conference on Religion and Peace (WCRP-Austria)**  
**Ms. Brigitte M. Proksch**

Started her speech by appreciating the work undertaken by the African Women's organisation and lends her support to the campaign against FGM. She noted that WCRP has groups in Vienna, Graz and Salzburg. They will be involved in awareness raising about the issue of FGM. She noted that no religion gives a justification for FGM and all religions respect the fundamental rights of the individual. Religious leaders all over the world should recognise this and talk about the harmful effects of FGM. She observed that silence is a sin, and an offence and that the WCRP will create awareness about it. She finally wished the meeting a very stimulating and successful one.

**Mag. Christina Buder**  
**Association Frauensolidarität**

As a member of Frauensolidarität I want to congratulate the AWO in Vienna for this important initiative concerning the eradication of FGM, especially among migrant women in Europe.

As a feminist organisation on women and development, we are quite familiar with the issue of FGM. In our library FGM is one of the most frequently asked questions, often from a very voyeuristic point of view.

We were often asked why we are not engaged more actively in the anti-FGM campaigns. As a more or less white Austrian women's organisation we always found it hard to be initiating an issue about which we are not primarily concerned. Although one of the most well-known anti-FGM activist was originally an Austrian, namely Fran P. Hosken, we always stressed the point that, especially concerning work with migrants of African origin, it has to be women from this specific community themselves who should take up the work on this important issue which is threatening women's rights.

We feel happy to have gotten to know the AWO of Vienna from its very first start. As so often, there was the pure engagement of a bunch of women mostly of African descent – and not much else: no rooms, no money, no political support. But the energy and the will to end this traditional and harmful practice, which is more and more a part of women's lives even in Europe, they were strong enough to build a foundation on which the AWO in Vienna started an impressive lobbying and advocacy strategy up to this moment where donors and political decision makers are ready to take their share in supporting the very important work of the AWO of Vienna.

Frauensolidarität is very happy to see strong black women in leadership who are ready to join with their community the diversity of the Austrian's Women Movement. Concerning FGM the times are over where only white women were campaigning and the women who were actually FGM victims were pushed aside. We, therefore, also ask the political decision makers to support migrant women financially and politically in their self-organisation which is very important for a diverse democracy and an important point concerning migrant's human rights.

Frauensolidarität is also very happy about the very holistic approach the AWO in Vienna uses in its work which includes economic and social rights. Left in poverty, war and without education the harmful practice of FGM will never vanish.

So I want to wish you on behalf of Frauensolidarität a very successful expert meeting on training materials and we certainly offer you all our support in this very important work of yours.

Thank you.

**Ms. Berhane Ras-Work**  
**President of the Inter-African Committee**

On behalf of the Inter-African Committee (IAC), I would like to express my sincere gratitude to the African Women's Organization (AWO) in Vienna and its dynamic leader Etenesh Hadis and also all those who supported the realization of this meeting – Experts' Meeting – Daphne Project, the City of Vienna and all of you who have worked hard to bring us together. I feel privileged to be here this morning because we in the IAC believe that a healthy and important change of attitude takes place only when appropriate education and information reaches the affected community.

Traditional practices, such as FGM are much interwoven in the value system of the community. They are so much internalized that any anti-FGM campaign for it to be successful has to take into account the target group and the cultural context within which the practice exists.

Appropriate educational materials are indispensable for easy communication and for maximal impact and also for assessing impacts of information that we transmit. This is particularly relevant in the campaign against FGM. The victims are usually un-informed about the function of the female body; the guardians of the practice are un-informed, and sometimes even the learnt religious leaders are not informed about the harm and consequences of this practice. This means that educational material and tools have to take into account all these target groups, that is the victims, the women, in order for them to understand what happens when a practice like FGM takes place – the mutilation and the consequences. It also has to take into account environment, for example, the youth. What kind of information do we transmit to the youth, using what tools. Usually, the tools that are appropriate for adults may not be appropriate to the youth. And also to the religious leaders, how are we going to communicate this very delicate issue to them, especially in the African context and in the African community context. Sex and sexuality are taboos that are not explained openly.

It is with this deep understanding, how sensitive the issue is and how important it is to develop appropriate tools that I would like to thank Woizero Etenesh Hadis and the AWO for taking this important initiative. We, the IAC, have long experiences in this matter both education and developing materials in order to reach the village level women, illiterate often, as well as policy makers who may be experts in their field but may not be aware of practices such as FGM. We have developed flanelgraphs, anatomical models, slides, films, that can be shared with our partners and here our partner is the AWO. We will be very happy to share all the materials we have.

In the European context it is always important to assess the social environment and the profile of the immigrant population to be reached in order to produce effective and acceptable tools. Here I appreciate the study that has been undertaken by AWO in terms of determining the profile of immigrants living in Austria, and the number of immigrants that are affected and that could be affected. This will serve as a basis for developing the tools. We are very happy with the collaboration between the IAC and AWO. We will continue to share our experience, expertise, information in order to be mutually benefiting, mutually consolidating our movement.

We believe in the IAC that we should keep the bridge going between here in Europe and Africa. Alone fight in Europe would be an isolated one, and can have negative consequences. So it is very important that the migrant population is informed about the evolution and

development that is taking place in Africa. This bridge can be and should be organizations like the AWO here and RISK and many others that are fighting in their respective countries within the African migrant community. This bridge should be kept, maintained and consolidated as well. This can be done in many different ways. This will help us to avoid marginalization of the African community and also create a sense of security within the African community to say if things are taking place in Ethiopia, if FGM is challenged in Ethiopia, why should I do it in Europe living in Europe. So it is very important that we keep the information flow between here and Africa.

Now building the capacity of the communities in order for them to choose to undertake their own campaign is also very important. The community has to be empowered. It should not be top down; it should be within the community. So, consultation like this is very important right from the beginning with the affected group, potentially to be affected group, with the leaders of the community, with the leaders of religious organizations, and of course, the host country. There should be dialogue. We always question the validity of those policies that are imposed from top; and this not only Europe but Africa as well. That is why we in the IAC will always encourage education, information, change of attitude before focusing on legislation. Of course, legislation can be a backing but it cannot solve the problem. There should be sensitization in order for legislation to be effective.

Here the importance of educational materials and the training of trainers cannot be really over emphasized. It is absolutely important. I fully appreciate the position and working method of Woizero Hadis and her group. I feel sincerely privileged to be associated with this movement and we remain disposed in the IAC to collaborate and share experiences.

I wish you good luck.

**Ms. Erika Leonhartsberger**  
**Soroptimist International**

Ms. Erika Leonhartsberger the representative of Soroptimist International to the United Nations in Vienna. She reported about a statement presented by Soroptimist International to the Commission on Crime Prevention and Criminal Justice of the UN-ECOSOC in May 2003. In this statement FGM is condemned and a call for its eradication is made. Governments are urged to establish comprehensive policies in order to prevent FGM and provide all possible information about FGM in order to develop a consciousness that toleration of FGM is unjust. She pledged the concern of SI for banning FGM.

## PART II

### ORGANIZATIONAL REPORTS ON TEACHING METHODOLOGY AND TEACHING KITS

Moderators: Mrs. Etenesh Hadis, Mrs. Isatou Touray, Mrs. Fana Habteab

#### **Berhane Ras-Work** **President of the Inter-African Committee**

Since FGM was a very sensitive issue, we had to really work very slowly and carefully. Initially we did not use any teaching material. We just went to the villages and communities and started discussing. Discussions were not abruptly throwing out the subject. We talked about health first, children, about birthing and then gradually introduced how about this problem; does it really affect the delivery process, for example. This was a very informal discussion. Out of this came a dialogue among ourselves. This way we could initiate some kind of opening to bring up the issue.

In the African context issues such as FGM cannot be brought out openly like that. Through this kind of dialogue we realized that many of the women did not understand the function of their own body and many did not even know how they look like in their normal state as they were mutilated when they were 6 or 7 years old. So, they don't know what a normal female organ looks like.

From this understanding, we developed small slides that could be privately viewed with a very small viewer. The women could look at the slide individually not openly. It was a very interesting experience for the women to see what a normal female body should look like. Then we talk about the functions of each part of the body: what does the clitoris do, labia minora and what happens when these are not in place. Gradually out of this we developed the anatomical model. It was not for public use initially. It was for medical doctors, students, nurses, midwives. Showing this in public was not acceptable.

Continuing the dialogue and the information and the education, this educational material/tool became very popular. Because the women themselves started asking so FGM causes hemorrhage, so FGM causes infection, so the blockage of the delivery in my experience was because of this. So they started relating the problems to the practice of FGM. The anatomical model has become a very popular teaching tool. We have assessed the impact and we have made some modifications from the initial stage.

Then we have for illiterate women flannelgraphs with detachable small pictures that one can fix on a piece of material, and hook it on a tree. You have these small pictures that shows the normal process of pregnancy, how does pregnancy take place, how does the baby develop in the womb and birth – normal birth and blockage of FGM. The flannelgraph has served a purpose for some time. We don't produce it anymore because it has been replaced by the anatomical model.

Then we had several films – live, documentary – that shock but are effective. You show a film from Nigeria, baby-girl is being mutilated – “*Beliefs and Misbeliefs*” has such an impact on policy makers, religious leaders, on women themselves, on husbands. Some of them say we didn't know that the thing happens this way, when did we allow it and opens a dialogue.

Policy makers and many of them say we have to stop it. It is a very strong tool. It is so powerful we want to show it alive because that is what happens in reality.

We have also teaching materials, training manuals for opinion leaders, for religious leaders, for health workers.

We have now set up a scientific committee to evaluate the teaching materials that we have in existence, to see the impact, how effective it will be at this stage of our campaign. We feel the ground work has been done. We need to upgrade our teaching materials. To do that we have this scientific committee that is working also to develop research manuals and research protocols, produce teaching material for different target groups.

The thing in here is to look at the social context, cultural context that you are working in, the level of education of the community that you want to reach, the interest of the community that you want to reach.

As I said youth have a different interest. In Guinea, for example, the teaching methodology that our national committee uses is sport tools, materials which have a message on FGM. In the case of religious, you have to be a bit more serious; you quote the Koran and the Bible. Prepare leaflets that can be easily distributed.

General orientation: social context, the level of the target groups, the interest of the target group, the message you want to deliver.

**Ms. Saida Ahmed Ali**  
**Centro Studi Africani in Torino, Italy**

I represent the African Studies Center in Italy and we have a little department of women's studies. Normally graduate students have conducted researches on this issue. It is the first time that we are working on this issue as a project. We proposed a Daphne Project because in Italy the mass media presented the issue in a negative way. We as an African organization had to bring out our knowledge in this field and present it in its cultural context to create appropriate awareness.

Our project is a two-year Daphne Project. We began last year and will be completed this year in December.

The project aims to define strategies to prevent FGM among immigrant communities and families. The aims of the project are to extend previous North European experiences to Italy and Spain; organize a new forum of educational/formative skills; train multipliers on health, physical, psychological and legal aspects of FGM; arrange specific prevention instruments; prepare awareness campaigns and kits; web sites as a forum and interaction instrument for our partners and external organizations.

The objectives are to sensitize large parts of communities and families affected by the FGM practice; empowerment for immigrant women; give equal opportunities for migrant young girls; produce instruments to preserve the integrity and dignity of young girls by means of information kits, training, guidebooks, information campaigns.

The target groups are community animators, cultural mediators, healthcare workers, justice and education staff, interested communities and staffs.

We are about 20 partners from 6 European countries in Europe including a lot of Italian organizations. The promoter/coordinator is Centro Studi Africani. There is also another important organization, Centro Iniziativa per l'Europa, the real organizer of the project. There are also organizations such as UNICEF, Amnesty International, etc. Then we have partners from Sweden, the Netherlands, Germany and Spain.

By the time the project is two years we will have implemented different activities. The first year (last year) we did mapping of the affected community and the services where people can have information both in Italy and Spain. We elaborated guideline for operators and prepared training skills for health and education staff, social workers, cultural mediators and animators. We also prepared information kit and brochures for communities. We created a web site. We did two evaluations – the 1<sup>st</sup> was at the beginning of the project in Frankfurt with all the partners, and the 2<sup>nd</sup> was an interim evaluation done at Barcelona at the end of the 1<sup>st</sup> year of the project.

The activities of the 2<sup>nd</sup> year focus on training for 60 persons from target groups in all partner countries. We will have the 1<sup>st</sup> in Italy in mid-June and we will train 60 persons from the target group – opinion leaders, animators, religious leaders. The 2<sup>nd</sup> training will take place in Barcelona in July. We will have two more in Germany and the Netherlands and will be training 20 persons together.

The aims of the training skills are to provide multipliers with effective instruments for correct information and awareness campaign. Our criteria to select multipliers are: must have permanent residency, must be adult, excellent knowledge of the language, must be from a community affected by the practice, must share the aims of the project, must be active within their community groups, must be recognized, positive and practical.

The methodology we are going to share are a productive methodology able to involve the group for exchanging and real elaboration of experience between them and the trainers. The course will be structured as a workshop where the common work of analysis and reflection can present a concrete occasion of enrichment for the actors of the course – trainers and multipliers. The lesson will be supported by case simulation and transversal communication.

For the content of the training skills, we think that it is not only enough to give training on the issue of FGM because when you are going to communicate with a person and say in Italy or Spain it is not allowed; you have also to provide this person with broad instruments to discuss with. The skill will be divided into identity and body practice. This issue will be presented by a sociologist from the university. We also mix the trainers – native trainers, professionals and experts from the community.

Another skill will be individuality and subjectivity of women. The issue will be presented by a sociologist. Then we also have professors who are going to train on the role of religion, tradition and social conditions of FGM.

Another issue is the psychical and psychological side-effects of FGM. This lesson will be given by gynecological doctors and psychologists. Another point is getting to know about health systems of the country of residence on health protection of children and women, family planning, pediatric clinics, services.

The final lesson will be national and international legislations on FGM.

Slogan: *Save the diversity not the suffering; avoid the harm not the culture.*

**GAMS-Belgium**  
**Ms. Khadidiatou Diallo**

I thank first of all the organizers who invited us to be here and express our methodology of work on the field. We are GAMS Belgium, the Belgian section of the IAC. Our didactic material was provided by the IAC such as the models, video cassettes and other documentations. We work directly from the foundation and directly contact the concerned population. Currently, we have 170 women coming to the center.

Here I am going to say some words about our methodology of work in Belgium. Our first task is to listen to the women who come for help at the center. We listen and analyze in order to determine if the woman is affected psychologically, physically or gynecologically. Then analysis and evaluation is done, and if the person is affected psychologically, then she is sent to a psychologist who can help her. If the person has gynecological problems such as infibulation, she is sent to medicals who are able to help her for defibulation.

We have two groups of activities. We developed cooking and sewing courses so that women can have interactive activities and find jobs. Our objective is to sensitize, motivate them to get out of their homes and come over every morning or evening. If a woman is interested in a cooking course for instance lasting three months, then she is sent to a professional school where she will really attend cooking or sewing courses.

We do not ask directly about female genital mutilation because, if it is directly raised then there is blockage. In our culture raising it directly is entering intimacy and, therefore, during the activity, we speak about polygamy, marriage or how to keep our husband from getting married to another woman. We speak about our weapon to keep our husbands from getting married to a second woman and the fact that our weapons are diminished given that we are excised. From there we come to a point where we ask what are we going to do to maintain our husbands? Then we come to the sexual relation between men and women.

From there on, when tongues are set loose, we start to talk about the difficulty of having sexual intercourse. More often than not they say that they are infibulated and that each time they have sexual intercourse they have pain.

At that moment, we make an evaluation, we discuss and check first if the person has a residence permit (legal documents concerning their stay in Belgium). If the woman is difibulated, and that she has no "papers" and that she is sent back to her country, she is in the risk of being reinfibulated.

At that moment, we take the file in hand and we ask the Belgian authorities to allow the woman to stay in Belgium. Then and only then can we have defibulation. It is in the same context that we have difficulties in labour rooms, when medicals call us and say that they have a woman who is “completely closed up”.

We made, therefore, a brochure or a guide that tells how to handle an infibulated woman in a labour room. It was distributed by the Health Ministry to every Belgian hospital.

We have a woman minister who is very active and very conscious about the problems of women and their suffering, and she made a proposition of laws on female genital mutilation. We were invited as experts and we supported that law on mutilation. We supported it because there was no law then and there were women who proposed doctors to do excision. It was then decided that it will not be done on Belgian territory and the law on mutilation was passed.

Concerning Gams Belgium, our mission is the abolition of FGM. We also have a project for the youth. We work a lot with the models, video cassettes in which there is about forced marriages, FGM. We also have a project on comics.

### **Gams France Dr. Isabelle Gillette-Faye**

I am very happy to be here to speak on this issue. I think it is very important to think together about the methodology of the teaching kit because now you know we have a lot of projects in Europe to create and to present new materials. I think it is important to understand how we deal in France, Gams France, with these questions. It is important to understand the contents of our organization.

Since our association works together with doctors and African women, we use mediators since the last 22 years. Since the beginning of 1982 we have been using the same kits – the Universal Child Birth Picture Book. It was first edited and published by Fran. P. Hosken. It is important that illiterate women know their bodies first, to understand what happens when they give birth, etc, and to know the medical complications about FGM. This is one of the first tools used before the IAC produced proper material (anatomical model). Since we are the section of IAC we use the same kits like in Africa. (I don't want to repeat here what others have already described.)

We have published two guidebooks for animators with videotapes to stop FGM. This focuses only on migrants coming from West Africa in the majority where we don't have the problems of infibulation. We talk a lot about excision and not infibulation. It is not the same.

I have an interesting observation on West Africa, where I often travel to observe. I understood that the most important thing is not teaching but who receives or understands the experience of the population. Why? Because if you pay you can receive and for me it is very important. The problem is not of persons thinking to know the truth, all the truth about FGM, for example, some doctors can explain to you the medical complications; anthropologists and sociologists can explain to you all about the culture of this or that ethnic group. I think it is very important to listen to the woman just because the roots of FGM are very deep. It is not

only a problem of religious thing or something like that. The grassroots belief of FGM are very deep. So, I think it is necessary to listen and to understand why these women continue the practice.

I think we can't arrive with a map, a plan or something like that. I prefer to use the term IEC (information, education, communication). Why? Because when you come to teach, you arrive, give your course and then you go somewhere else. But if you do IEC you can have real actions, I think. It is not a question of I know everything, and you know nothing. The truth is we can share our experience.

The last point I want to introduce is the question of gender because we work only with women. I think now it is necessary to join men to implement the best prevention methods. In France we also have another problem. I think it is the same in the other parts of Europe. You have the human rights and the women's rights. It is impossible for them to understand the difference. The problem is not only the problem of the girls or the problem of the rights of women. It is important to give gender attention. We want to develop gender development because we think it is really important.

It is in Mali where the Modinko ethnic group live. Two years ago the IAC President of Mali arrived in the village with all the old village men. The President arrives to watch the complications of the mutilation. The men asked what happened to the women. In my own experience a lot of men when they understand what happens to women they want to stop. They stop. It is important to have a shocking message to explain the suffering of women.

### **Multi-Purpose Community Development Project, Ethiopia** **Mrs. Mulu Haile**

I am here to share my experience on how we integrate FGM in onelocal NGO ( Multi-Purpose Community Development Project) with other development activities.

Background information: Ethiopia has a population of 67.2 million; growth rate 2.9%; absolute poverty level 44.2%; fertility rate 5.9 per woman; potential health coverage 51.8%; rural to urban migration rate 23.5%; prevalence of FGM 80% practiced in all regions except Gambella (West Ethiopia).

The constitution of 1995 article 35 stipulates that the state shall enforce the right of women to eliminate the influence of harmful customs, laws and practices that oppress or cause bodily or mental harm to the woman are prohibited.

The national policy on women, health and population, education, training policy give more emphasis to the gender issue. The preparation of the draft proclamation on FGM is also underway by the parliament and there will be parliamentary discussion on it in June.

MCDP stands for multi-purpose community development project. It is a secular and development oriented indigenous NGO established in June 1988, located in Addis Ababa, in the poorest community slum area of the capital city. Its vision is to see self-reliant Ethiopian society. Its mission is to contribute towards bringing long lasting changes and improvement in the life of disadvantaged members of the community with more emphasis on women and children. It is an integrated community development project but focuses on women and

children. FGM being the problem of the female as well as girl-children, we focus on FGM as one activity in our integrated programme.

The project area is located near the capital's main market area, one of the biggest in Africa, and the capital's bus station terminal where the rural-urban migration rate is high, 23.5%. In 2000 we had a mid-term assessment survey. There are some findings. The findings indicate that the total population of the project area is 10,750 of which the project's target population is 48%. Working children, ie. Child labour is the most prevalent problem in the area. The total households are 1,123 of which 46% are headed by females. Because of the rural-urban migration, there are a lot of women coming to this place to exercise their traditional practices inherited from the country side.

Our assessment also showed that 55% of the households have an income of less than 100 Eth. Birr (\$ 12). About 70% of the women have treatments by birth attendants at home. 77% of the households practice FGM (whereas it is 80% for the country). 29% of the girls between the ages of 15-30 have reported experiencing unwanted pregnancy and abortion. 65% of the families prefer traditional treatment because they don't want to go to the hospitals either of poverty or ignorance.

MCDP is using the existing tools in the country to mitigate FGM. We are lucky to have NCTPE (the national committee on harmful traditional practices) and also the IAC headquarter in the capital city. There are a lot of materials and MCDP doesn't want to publish other materials except to update it and utilize it.

What I want to stress is the fact that FGM is integrated in community development project. This approach is very important. We integrate FGM and other activities with our integrated development programmes. When you see a poor community in our place you see poor housing, poor sanitation, poor income, you see children not going to school. Under this situation, it is very difficult to be listened to when talking FGM or other harmful traditional practices. To get their attention you have to integrate FGM as part and parcel of the programme to be effective in your endeavour. For example, we have different programmes, such as family planning, general reproductive health. FGM is part and parcel of reproductive health and part of the overall project. We relate and associate it with saving and credit program, with other reproductive programs, with HIV, sanitary facilities, etc. So that when we integrate it with that we have ears to be listened to. We have an entry point to enter the community. We cannot solve FGM as an issue by itself. The problem of the community is multi-dimensional. Integrating FGM with other activities proves to be the most effective and successful approach.

To make this programme effective, we have training of grassroot community development promoters, especially female. Women have more and easy access to enter the house more than men. We have IEC material. We have peer education and panel discussion at community level. We have programme with sports, puppet shows, drama where we integrate FGM with these activities. We have ears to be listened for this. We have 4 schools in our community and we provide them with mini-media. They have clubs in the schools and discuss on FGM, HIV, child rights, which is transmitted via the mini-media. This has been effective at school level.

We use also coffee ceremony, one of our traditional practices. It is customary that at this ceremony women discuss. It is the only forum where women discuss about their husbands, families, etc. We use this institution for creating awareness in our neighbourhood committees.

During coffee drinking our promoters can give them a forum to discuss FGM and other issues.

**Mrs. Isatou Touray**  
**Secretary General GAMCOTRAP (Gambia) and member of IAC Scientific Committee.**

Mrs. Isatou Touray gave a brief overview of GAMCOTRAP's activities on FGM and noted that resource materials of the IAC are being utilised and adopted to suit field activities they run in different parts of the Gambia. She noted that it is necessary to have a holistic approach to the campaign against FGM that is to work with different target groups using all the resources available such as slides, films stories, testimonies of victims and witnesses as well as poems and other traditional forms of communications. She observed that there is progress and the campaign against FGM is no longer a taboo in the Gambia.

Isatou observed that the debate still continues at the community and grassroots level targeting different actors such as women, men, community leaders, youth groups, and the circumcisers themselves. While this is going on the debate on FGM is now approached as a human rights issue in the Gambia.

GAMCOTRAP is now targeting organizations and individuals who are involved in human rights issues such as Amnesty International in Gambia, lawyers and other human rights organizations and activists to take on advocacy around FGM. At the same time the organization works closely with the State Department of Health because it relates to sexual and reproductive health and rights of women and girl children, and other related departments including the donor and UN Agencies existing in the Gambia.

She noted that the integrated approach GAMCOTRAP is involved in therefore make them to address issues of poverty of circumcisers. The circumcisers are mostly very poor and tend to perpetuate the practice because they earn income from doing so. Activities addressing the poverty of circumcisers are providing alternative employment activities based on the identified needs of the people involved. Currently GAMCOTRAP is involved in working with 13 circumcisers in a small scale entrepreneurship project funded by IAC in the Central River Division and Upper River Divisions of the Gambia.

She also explained the work of the IAC Scientific Committee which is working towards scientific approaches as well as developing indicators to improve the performance of its national committees and also to utilise the outcome of the work of the committee as a framework for its collaborating partners at the national, international and regional levels. She observed that developing a kit for the immigrant population in Europe is towards the right direction as FGM has taken on a global character because of migration and the globalisation of knowledge about different nation states. She noted that we must all put our energies together to fight against FGM because of the negative effects it has which are inimical to the sexual and reproductive health and rights of women and girl children. She expressed her appreciation for collaborating with the African Women's Organization in Vienna, Austria for inviting her to facilitate the process.

**Mrs. Fana Habteab**  
**Swedish National Association for Ending Female Genital Mutilation (RISK)**

RISK is a Swedish acronym for National Association for Stopping FGM and was established in November 1994. Membership is open to anyone interested in promoting the campaigns against FGM. Members in the organization are mostly women from different age groups and countries. RISK associates with local organizations in Uppsala and works towards the fulfilment of the UN Conventions for the rights of the child.

One of the activities RISK is doing is to train information officers. In 1998 RISK trained 12 information officers - African women from Ethiopia, Somalia and Eritrea. They had 8 weeks of intensive training conducted by health officers. Out of the 12 officers, 7 of them are employed and working within their own communities in Stockholm and Uppsala.

From May 5-7, 2000 RISK had 3-days intensive training for 30 African women. Some of them have been employed after the training. In February 2002, RISK also gave information to men. It took RISK 2 years to convince men to come and listen about FGM and its consequences on the health of women and children. In March 2003, RISK took the initiative to build a network in Sweden to exchange information and share experiences about the campaign against FGM with all organizations working in Sweden.

As interest about these information officers became popular, it grew a lot. As a result RISK gave training in March 2003 to other 15 women from all over Sweden in Stockholm. This course will continue in July 2003.

RISK has close contact with national and international organizations. RISK represents the IAC in Sweden. RISK has taken part in different meetings, conferences, discussions and seminars. RISK believes that the best thing for promoting the fight against FGM is through conferences, discussions and exchange of information and views.

The local organizations in RISK help to spread information, conduct dialogue, hold group discussions, coordinate activities on FGM, and explain the laws against FGM in Sweden. The law in Sweden has become very strict now and RISK wants all to know and understand what the law is in detail. RISK works very much in Amharic and has translated Fran P. Hosken's book into Amharic and is in the process of translating it into other languages. It transmits about FGM and its work through the radio and TV.

In general RISK's work is to train information officers and to spread information about FGM.

**Mrs. Alem Desta, Netherlands**  
**VON**

What I would like to say in regards to methodology, approach and use of this complex issue has been nicely presented by Saida from Italy. We use the same methodology and the same approach used in Italy and I don't need to repeat myself here. Another thing mentioned by Gams France regarding health policies, the problem of living status of women, lack of medical help for women without residence permit are all problems faced by our Dutch sisters living in Holland living without residence permit.

Another practical experience told by the Ethiopian sister is the use of coffee ceremony to meet women within the cultural life to talk about personal problems and to find solutions to them. Coffee ceremony is an important means for women to just talk, share problems, even solve problems, and exchange information. We use that kind of approach in Holland. We use swimming lessons, sewing lessons, bike training lessons to make the women meet with each other, thereby creating a meeting point for them. When they meet they usually discuss about different problems but we have a hidden agenda for them – FGM, HIV, etc. Our hidden agenda comes out as part of the natural discussion.

We have a little bit different approach in the Netherlands because the Netherlands was completely ignorant about FGM. Until 1992 nobody talked about FGM, not even African women. I did my research in 1982 on FGM in Ethiopia but I never talked about it, only on paper. In 1991/92, some 35,000 Somalis came to the Netherlands. The medical service in the Netherlands, the policy makers, the government, everybody was faced with a big problem. Nobody knew about it (FGM). Medical doctors were giving interviews at the same time and some were saying “I think a woman has burnt herself in my clinic.” When a woman goes to a hospital for delivery, there was another shock. Netherlands didn’t have the experience of this exposure, say like the British, and they were really shocked. People started talking about it.

The women they interviewed knew nothing about it because they came from the rural area. The conscious Somali women were not there at that moment or they were not approached. The women who were interviewed at that moment said, “Well, it is my culture; it is my religion; it is me; it is my identity”. So everybody was talking about their identity, their culture. Everyday you see it in the TV. You hate being an Ethiopian, a Somali or even an African because everybody asks you have you done it yourself too. Did you see the TV yesterday?

There was a big discussion in 1992. The Medical Association suggested to the government that there are different forms, and different consequences and complications of FGM. They said that incision is the simplest form and has no complications. So, they suggested to the government that they should be allowed to do that in the Netherlands.

When we heard about the doctor’s request, we asked the government to organize a big conference on this issue and we suggested that Berhane from the IAC and the director of Forward UK be invited. At this conference we Africans said no to FGM and any government that listens to us has also to say no to FGM. So we in the Netherlands said no, and our sisters in Africa also said no, so the question was what will the government decide. So, the government passed a protocol stating that any form of genital mutilation or attachment of anything which contradicts the integrity of the female is not permitted in the Netherlands. We now use it as a tool to implement all our activities.

Another specific aspect of our work is that we relate our campaign to the abuse of human rights. We try to discuss all sectionality of human rights abuse, different forms of oppression, abuses, exclusion of women, etc. We say it needs a holistic approach; not only train the trainers (which we do). It must include health policy, integration policy, survival and accommodation policy. If you are excluded from one, then there is something you are missing. In our case it is not only FGM that we deal with but we also deal with the problem of honour killing among Afghan, Iranian and Turkish women immigrants.

We are a partner in this project. We believe that we have to unite, exchange experiences and knowledge.

**Ms. Shamis Dirir**  
**Black Women's Health and Family Support (BWHFS)**

I am from an organization called Black Women's Health and Family Support (BWHFS). We are 21 years old and based in London and embrace 11 organizations. For the first 10 years, we concentrated on the grassroot level women whom we are working with.

The method we used first of all was to open counselling sessions for the women to come together and to listen. We listen to what they have to say to what they are telling us. Our method was to help them individually and in group and also to look at the legal matter.

How do we approach them? We bring the whole family together: the mother, the father, the son – everybody together. We listen to them and then ask them what they want. We tell them that our work is to eradicate FGM. We follow what they tell us.

We now have 9 projects. One project is counselling bringing women together and to listen to them and then to write their cases: social services, health services, accommodation, those who circumcised their children, etc. So at the end we have the whole case of each woman. Another project is providing information and advice regarding domestic violence, legal matters, immigration, housing, etc. Once we have dealt with all the various problems of the woman, then we talk about FGM. We now have 3,800 women in our list who have not circumcised their children at all.

How do we do it? We explain to them about the law, the problem of FGM, about the host, etc. This way we have done work with the government on the law because in 1985 a law was passed in England. In the 1985 law action was taken on the woman only when the circumcison was done in the country. Now there is a new law that states circumcison of children outside of the country is also punishable by a jail term of 4 to 10 years. Before they passed the law they should have raised awareness of the community and explain to the women about the law. Unfortunately, what they did was pass the law very quickly without really allowing any room for the law to advocate and make awareness raising.

The other thing we do is to link our work to Africa. We have done similar project in Somaliland, for example. In all these interventions what we have learnt and the method we used is to work with the women and families together. If you separate them you are nowhere. If the women listen to you, the man will also follow suit.

The other methods and tools are films, posters, anatomical model (for use outside of UK). We use the same material used by the IAC as we work with them. The women wanted us to help their children and so we set up one organization called Knowledge Is Power. We bring the young people together, train the parents and the children and bring the whole family together. The trained parents have become advocates for the community. For the young we organize football matches for the young boys and drama and dancing for young girls. Then we organize workshops bringing them together, so that they can discuss FGM. In that way we now have 360 young people advocating against FGM in the UK.

The lessons that we have learnt is that FGM has now become commercialized. Even people who have no idea about the issue have now formed organizations. In England there are 7 African clinics and only two of them are African while the rest are just called African. As an African woman I can assure you that wherever we are we want to advocate, we want to get rid of it and I think we are on the way.

I think we have now to talk about a teaching material, the lessons we we have learnt through years of experience at the grassroot level. We have been talking about it for 30, 40 years. For example, in Sudan in 1939 a bill was passed and they are still doing it. But the method, the approach, the ways we want to do it is what is going to stop it.

In the area of religion, there is some confusion. For example, we invited 20 religious leaders to a conference on the issue of FGM. One said prick it and shed the blood. One said cut and one said infibulate. So the confusion comes from the religious leaders. We have to organize a big conference and invite all the religious leaders to clarify the religious aspect and reach a common stand on FGM.

**Dr. Schadia Zyadeh-Jinniate' Gynaecologist,  
African Women's Organization in Vienna**

The African Women's Organization is relatively a young non-government organization established for helping immigrant women with their integration. When it embarked on addressing harmful traditional practices some five years back, it had to establish a benchmark on HTPs in Austria. Therefore, it was necessary to carry out a survey on the practice of FGM among the immigrant population in various cities in Austria. The findings were to be the base for future interventions.

The issue of FGM is a complicated subject which includes a variety of fields: culture and tradition, religion, sociology, health, politics. Therefore, any forum that addresses FGM has in one way or another bring in these interwoven issues.

In our intervention activities we have concentrated on:

1. the nature and types of FGM.
- 2 the myths and justifications for the practice (including religion and tradition/culture).
3. Consequences of FGM on the health and well-being of women and children.
4. What is being done at the grassroot level in Africa as well as Europe to show that it is no longer a taboo.
5. We have prepared documents on the background and other aspects of FGM for local use in German.

The methods used in realizing these activities consist of:

- Meetings and discussions
- Symposiums
- Debate for and against FGM

The technics used to pass over these messages include:

- Exhibition
- Posters
- Leaflets
- Videos (IAC and WHO)
- Overhead transparents (for health consequences and FGM)
- Questions and answers.

**Terre des Femmes, Germany**  
**Ms. Gritt Richter**

First of all I want to thank the African Women's Organization for having invited me to this meeting. I am really glad to share information about teaching and teaching materials on FGM.

Perhaps some of you will realize in the course of my short lecture that the teaching materials that I present are not teaching materials in the sense that you possibly understand this term. But I think that in the context of the aim as well as the actual work of TDF and its focal points you will consider them as teaching materials in a wider sense. So, let me link then information about the activities of TDF against FGM with a presentation of our teaching materials.

Since its foundation in 1981 TDF has been fighting against FGM as a violation of Human Rights of women and children and as a form of torture which cannot be legitimised with tradition, culture or religion. Our engagement has two focal points. The first focal point is giving detailed and competent information about FGM. Our main activity is to inform about FGM. Our target groups are specific professional groups, like juridical and social workers, midwives and doctors, teachers and politicians etc. and the German public in general. We translate our main activity into action not only by giving lectures, writing articles, organising workshops or seminars, but also by using posters or advertisements. In 1997 we published an anthology of articles on FGM and in 1999 we published a book on this subject, because in Germany the lack of information concerning basic knowledge on FGM was enormous.

One year later, in 2000 TDF produced a social spot for cinemas in order to reach more people and started, together with two other NGOs, a tour through Germany with the art exhibition "Female Genital Mutilation. Nigerian Artists speak out". We give special attention to immigrants from countries practicing FGM. We inform parents about FGM and prevent the practice from being carried out in Germany or abroad. Since 1999 we have known for sure that in our country doctors are practising FGM for money. That is why, in 2000 we published the information brochure "We want to protect our daughters" following an example from France. Our brochure came out in six languages: English, French, German, Somali, Kiswahili, Arabic and is still being distributed.

For this special project, we focus our public relation activities not only on immigrants but also on medical and social workers, because we hope that more and more people working in these fields will use our brochure in conversations with immigrants and distribute it among them. That is why in addition we developed a special advertisement for medical and social journals.

At the moment we are launching a photo exhibition about our project against FGM in Kenya, and we are working on the second edition of our successful book published in 1999. TDF is running a new project: a CD-ROM for pupils, about which I am going to tell you more now.

In our daily work we have noted that FGM is more and more discussed in German schools. Unfortunately, the focus often lies on the cruelty of the act itself, but not on the socio-cultural background of the practice. We observe this with great concern and want to equip young people with competent information.

The concept of the CD-ROM as training material contains four modules: 1. General information (FGM, Africa, Western World, Human Rights and Women's Rights), 2. Reflection (roles of women and men in Africa and our societies, control on women's bodies,

beauty surgeries), 3. What can I do?, 4. Materials for school lessons (literature workshop etc.).

Here I want to finish my short presentation of the activities of TDF against FGM in Germany and summarise my report so far.

1. In the context of our work, which aims to inform about FGM, we have a range of training materials in a wider sense: exhibitions, social spots, CD-ROM, lectures, workshops, seminars, publications like our book, various articles, brochures, leaflets etc.
2. In addition to this, excerpts from our book or articles focussing on the requirements and qualifications of midwives, doctors or juridical staff are published in specialized journals and are used as own training materials. TDF activists and other NGOs are working with them.

If we are looking more specifically on our lectures, workshops and seminars, I can say that we are using neither unusual nor new or surprising training materials. For German public we use overhead transparencies showing the prevalence of FGM, figures or anatomic drawings of the different forms of FGM. We work in addition with videos, for instance focussing on campaigns against FGM in African countries and we have to our disposal short films on sub-subjects like "FGM in Europe" or "FGM in Germany" and slides.

For the videos we take care that the act of FGM itself is not shown, because we have experienced that people react too shocked. On the other hand we are using such material very consciously in workshops for juridical or medical staff and for people working in asylum procedures. Of course we give people the possibility to leave the room if they want. Especially medical staff have to see the procedure and have to know what the genitals of mutilated women look like, because they have to deal with these women and have to control their own reactions on first seeing them.

If we are doing special workshops for midwives or doctors we usually work together with specialists. Often the focus lies not so much on the detailed information itself but more on discussion. We learnt that information about FGM and its consequences is easily read by our target group, that is why we give written material. The bigger problems are fear and insecurity dealing with the situation of being confronted with circumcised women. Discussions help to take away this fear and prepare for the concrete situation.

The second focal point of TDF is the assistance to projects in Africa. TDF has raised funds for projects in Burkina Faso, Tanzania and Kenya for many years. Of course these projects use training materials, like videos, the UCPB, the anatomic pelvis model from the IAC, posters, leaflets, songs, theater presentations, discussions etc. and sometimes materials which are provided by the state like in Burkina Faso. In our project we do not have a general approach. The women use different strategies according to their situation.

From discussions, I know that especially community and religious leaders have to be involved to include:

1. TDF has a lot of experiences in using different training materials in Germany. We have valuable information how to address the subject in an appropriate manner to different target groups.
2. For our project assistance in Africa it will be very useful for me to learn and to discuss with you about new training kits and bring this information to Germany and to our project in Africa.

Thank you for your patience.

**National AIDS Commission Portugal**  
**Carla Martingo**

The National AIDS Commission (NAC) is a government organisation, responsible for drawing up and implementing the national aids plan for the fight against Aids. NAC is the national focal point for the European Project AIDS 8 Mobility, coordinated by NIGZ-Netherlands. It is the local coordinator for the Phase project, the European Women Network for the prevention of HIV/AIDS and other STIs. It works in the field of prevention, care and support of HIV affected persons. Ms.Carla Martingo has been working for the NAC for 5 years, and is responsible for affected groups including migrants and ethnic minorities and women.

Ms. Carla Martingo was exposed to the FGM issue during a master's degree course on Intercultural Relations. During her research on FGM being practised in Portugal she reached the following conclusions.

FGM is practised within the Guinea-Bissau community in Portugal. Portuguese population figures according to the foreign services show the existence of 18,728 Guineans living legally in the country. From these 12,940 are men and 5,787 women. The population from Guinea-Bissau is mainly concentrated in the district of Lisboa with 12,964 residents.

It is said that those who have money to pay for the circumcision trip send their girls to Guinea. It is also claimed that there are local circumcisors operating in the neighbourhoods.

How did FGM become a public issue? Last year a member of the an NGO, the Sinin Mira Nassigue, visited Portugal and was interviewed by a reporter who had earlier started her own investigation. This brought FGM into the newspapers and since summer last year the government and the governmental organisations, like the Commission of Equality and Women's Rights, are publicly stating their strong will to forbid this practice in Portugal.

The present law integrates FGM among the corporal offences. A new law is worked out by which FGM will be punished specifically by 2 to 10 years of imprisonment. Even if the victim her consent it will still be considered a crime. It will also be considered a public crime which means that anyone can file a charge if he or she knows that FGM is being practised. It is no longer the victim only who can file a charge.

Very recently the same newspaper that interviewed the representative of Sinin Nassigué related the case of a 38-year old woman from Guinea who applied for asylum in Portugal on the grounds of escaping FGM in her country. Unfortunately, her claim was denied by the Portuguese Parliament.

**Association for Democracy in Africa**  
**Mr. Chucks Ugbor**

It is for me an honour to have been invited by the African Women Organisation to participate in this Experts Meeting within the EU Daphne Project “Development and Production of a FGM Teaching Kit and the Training of Community/Religious Leaders, Women and other Communicators on its Use”.

Our Organisation ADA (Association for Democracy in Africa) acknowledges the genuine efforts the AWO is putting in this area of human rights violations and the continued struggle to create awareness among the African and the Austrian communities as well as the Austrian authorities and in disseminating information, creating a forum for discussions and debates on the elimination of female genital mutilation.

In July 2001 the AWO and ADA jointly held a debate where African men, both those who were for and against FGM were engaged in a very tough but honest debate. This event attracted people of all walks of life including Austrians and the Austrian media. We are here today, again as part of the continued effort and initiative of AWO, to discuss the development and production of a FGM teaching kit.

Our organisation ADA having been dealing with African immigrants in Austria as well as civil servants from all arms of the government in Austria for almost a decade, consider the ‘FGM teaching kit a very essential instrument in order to foster meaningful and sustainable struggle in the elimination of FGM.

The success of an FGM teaching kit, in my own opinion, shall very much depend upon the survey and analysis of the target group concerned at a particular point in time, since communities, beliefs, culture, religion etc. do differ from one another. This, therefore, means that the method and tools being used in training the trainers must reflect and consider those points I made earlier, as well as the level of understanding of those who may be receiving these trainings and FGM lessons as well.

It may again be necessary to combine the methods and apply them as the teachers may deem necessary at a particular geographical area or for a particular target group using videos, booklets, folders, etc. where most appropriate and applicable to achieve desired results.

Since professions differ, attitudes and mentalities of individuals also differ the use of only one method or approach may not be successful in the struggle to eliminate FGM. This is why we have gathered here to discuss and contribute ideas today and tomorrow to ways and means that may at the end produce a workable FGM teaching kit.

Thank you for your attention.

## **SOS-Struggle for Students, Austria**

### **Mag. Issa Mansaray**

My main concern here is how to get the FGM stories into the media. We know a lot of newspapers and media outlets have been covering the stories. When I talk about media here my aim is not only for domestic media but how to target the big news outlet like the BBC, CNN, New York Times and the other major newspapers in Africa.

The media is always interested in getting different stories. When we are not able to get the type of information we need from a particular source we discard that and we try to look for other news that are immediate. Just like any other organization, supply of information depends on members of these institutions, members of African Organizations dealing with FGM. They must always ask themselves how to get their stories to the media? How do they make the editors to give it a priority not only to write a short note in one of the newspapers to claim we have covered it?

We have institutions such as Society of Professional Journalists, International Press Institute who are concerned on how to project the image of the media. They call in their colleagues to cover their own stories. They write their own newspapers and news releases. This can also be applicable to the FGM and those that are supporting it, those that are actually trying to give the real picture of what is happening, and those that feel it should be prevented.

One way to do this, for example, is to rely on media research. Try to make sure that press release and constant releases are made to all media outlets. We have in our profession what we call keep it simple and short (KISS). If you send a big report to the newspaper or to the editors, they will not give it priority because they don't have the time for that. If you keep it simple and short, sticking to the main points only, they will consider it and find a place for it. This should be one strategy for reporting FGM.

Another problem is that we are swamped with a lot of information across the board from Africa, EU, etc. So, if you want the media to get your stories into the newspapers and other media outlet, you should include journalists in your trainings, conferences, seminars, etc. Most of our colleagues in Africa, for example, are not well trained to cover politics, health issues, human rights issues, etc. So, when you incorporate these people, it means that you the reporters as part of your forum. When discussions take place, they are there. They are part of you. So whenever you have stories, they give it priority because they feel that they are part of it. They have a feeling of belonging to your movement.

We have also what we call the story angle. When sending the information to the newspaper or radio stations, they look for the sensitive part of the story. This is what the editors are looking for. We look for what is making the story interesting – is it linked to the politics of a particular country? Is it linked to the cultural basis of the country? Is it linked to the youth? I will give an example from Sierra Leone. What we have is a story we did back in 1995 for the People's Newspaper – we joined in the name of politics and *Bundu*. *Bundu* is where they initiate women. What happened? The government there was sponsoring an initiation of about 600 girls, of whom about 100 were affected (2 of them died). There we had a story because it was linked with politics.

When FGM organizations organize conferences, seminars, they should not forget to include reporters. Some don't cover these stories because they assume that women are not concerned

about them. Most of the newspapers in Africa are trying to cover the stories of what is happening, how FGM is affecting the young generation.

When there is close and cordial rapport between the newspapers or the journalists and the women's organizations fighting FGM, I will assure you that the stories will get to the big outlets.

**Ethiopian Orthodox Tewahdo Church, Vienna**  
**Rev. Fantahun Muche**

First of all I would like to thank the African Women's Organization who invited us to participate in this Experts Meeting on behalf of the Ethiopian Orthodox Tewahdo Church (EOTC) in Vienna. EOTC in Vienna embraces more than 300 families, of whom most are women. We believe that our Church can be an active participant in the eradication of harmful traditional practices affecting women and children.

The main objective of our Church in this is to give counselling and guidance and when possible provide some solutions to those who have been victimized by these problems. Because of this, many come to us in times of crisis and problems. Unfortunately, we cannot satisfy all of them because of financial and manpower problems. We cannot always do what we wanted to do. But now, we will try our best to do with AWO to address the problem of harmful traditional practices.

According to the Holy Bible, traditions are two types, useful and harmful traditions. We should keep the useful traditions which we had inherited from our forefathers and mothers. Africa is very rich in both types of traditions. The Bible says, "brethren, stand firm and hold to the traditions which you were taught by us either by word of mouth or by letter" (2 Thessalonians 2:15). Our Church appreciates this type of traditions, because it is important to have identity and good manners. On the other hand, we should work hard to eliminate harmful traditions as the Bible says.

It is clear that, the number of women who are affected by harmful traditions are more than men. Even at this time, many African girls are being affected by it. Some of them may have already died because of it and the others may be sick for a long period of time. Women are part of our body. As the Bible says, both husband and wife are no longer two but one flesh (Mt. 19:6). The suffering of women is the suffering of men also because as husband wife they are one. In our country there are more than 80 tribes each with its own traditions and cultures. Here the difficulty is, that the traditions which are useful to one tribe, may be considered harmful to another one. So, how can we bring these ideas together and give solutions?

Even if it is the duty of this conference, I want to say something on behalf of EOTC in Vienna. Awareness is the most vital instrument for this type of problems. We must give priority to awareness. If we want to be successful, we must use religious leaders in our campaigns. In this aspect, our Church has a great role to play because she has members from each tribe and a large number of followers. Our people listen closely to the instructions and advice of their religious leaders. We hope that organizations involved in the campaign will focus on awareness creation. In this aspect we, the EOTC, will try our best to co-operate with the African Women's Organization. We wish you all the best and good success. God bless you.

**Austro-Islamic Society for Education and Culture**  
**Dr.Hassan Mousa**

Dr. Mousa is General secretary of the Austro-Islamic Society for Education and Culture. He stressed that FGM is not supported by any religion, neither Christianity nor Islam. Besides, not all Muslims practice FGM. Most Islamic countries such as Saudi Arabia, Libya, Morocco, Iraq, Iran and the Muslim countries in Asia do not practice it. The social structure of the respective countries must be analysed in order to establish its degree of development and the strategy to adopt in fighting FGM. In countries where FGM is practised poverty and illiteracy prevail.

In the Holy Books given to us by Allah there is nothing about the need to circumcise. FGM is not at all a must. In 300 pages of the Holy Koran only 3 to 4 lines say anything about circumcision. It is always a voluntary decision, men “should” circumcise, but for women it is not necessary. If it is practiced it should only be done in a superficial manner. Dr. Mousa found three passages in the Koran: one says, the practice is not desirable, the second one says that there should not be any changes made in the Creation of God.

## **Part III**

### **Methodical-technical Aspect of Training Sessions**

**Mr. Günter Klingenbrunner**  
**Austrian NGDO Horizont 3000; Project Expert**

I am asked to contribute the whole training aspect – the methodological and technical aspect of training trainers. We had already in one meeting some short and brief introduction to the framework and content of this training aspect. I will definitely not emphasize on the medical and legal aspect. There are people in the whole group or organization who are in charge of the legal and medical aspect. I just concentrate on the pedagogical training aspect.

The aspect of training is important to have a certain setting and have people prepared to do the training. So, it is more or less the training of trainers. I will just give you the framework, the program and content of a possible two-day seminar.

I think the main and key thing is that a trainer should be prepared properly to do his or her job. Very often you say ok, I have a lot of material to present whether it is posters, slides, pictures, books, all kinds of paper information. Then you are stuck with a situation of what to select. What do you select from this whole bunch of information? There are other trainers who just walk in the door and say let us do something and ask the people what they want. So, we need a concept of what we do. We need a proper preparation without being too rigid with the contents of our presentation. We should not be strictly thinking I have to do this or that and forget the audience. If we do this they will not accept our teaching. There should be also a possibility that people have the option to be creative, to adjust to the audience and do what they need to do. You can be creative. How to fill in this type of creativity is what I want to talk to you about.

The idea of giving a training session and seminar, I have put it in about 10 points.

1. The first and important thing is the question of how to start a seminar or a workshop. It is all about setting the whole thing, situation, the framework, the rules and also to introduce the program of the session. My point of this whole setting of seminar we are going to teach is not so much that I am or whoever standing in the front is the only person who knows what and how to do it. There is lots of expertise and people can share their experience. It is much more important to share and to work together on an issue and not that one person is giving inputs for two or three days and the others just listening. To give a technical input is always very important. Give the input as information but immediately try out with the group to do it. So it is a sort of what we call “learning by doing”. It is very important to put into practice right away what we just heard. It will be very important to try out various techniques, how we can start something that it is important, interesting, and catch people’s interest.

2) The second is that the group listening are not a sort of one group; they don’t know each other. We have to introduce each other; we have to know who we are working with. The trainer has to introduce himself and also participants have to introduce themselves. There are many different techniques of introducing.

It is not so much what I have prepared or what is on my paper. We also have to ask the participants what are their needs, what are their expectations, what are their fears and may be certain apprehensions. That should be collected as well. We can do this on a flip chart, discussions, etc. People should be able to express their fears, needs and expectations with various technics such as brain storming, writing little cards, putting down questions, etc. People should discuss that and not leave it there.

3) A framework and questions specifically or intially for my own preparation I put it into five main questions.

- i) What do we do? So we must know the exact content of the training session.
- ii) What type of methods can we use? How do we guide our training session?
- iii) What kind of material or media are we addressing our audience with?
- iv) What should come out at the end of the session?
- v) What is the target group? For whom do we organize this meeting?

Equally important is also the structure. We can use a certain structure we can follow for our workshop. We have definitely to start with some sort of introduction. We can continue with an input and then deepen and intensify the information. At the end we should check or control that the people understand what we are talking about. Give room for questions and discussions.

4) It is a training session and we should talk about different methods. My personal experience is that there is no single one correct method to do something. There are a variety of methods. One can't copy another person's presentation because of difference of personality, attitude, approach. I can pick out certain aspects of his or her presentation.

We have a whole set of methods that are good for this type of training sessions, for instance, brain storming, group work (small group or pair work), presentation with material, discussions, etc. Then we immediately talk about advantages and disadvantages of certain methods. Again this is not the input from the teacher or the presenter it should be the experience of the audience. Collecting all these at the end will help future trainers and leaders in a form of set of methods like a tool box that they can carry with them.

5) We collect all the good material and media we have produced. Preference may vary on material: slides, videos, blackboard, overhead projector, foils, handouts, drawings on whiteboards, posters. Each material has its own advantages and disadvantages. Like in point 4, we should assess the value of our material in relation to our specific objective. Through brain storming and group work find out the advantages and describe the material that we can use.

6) People should be activated. We have to combine visual and hearing aspects. A very important aspect of all training sessions is the visualisation. We have to use both channels – we have to use speaking and be able to look and watch at the same time. We have to prepare whether it is a poster or flip chart. There is also theory and practice and we have to try out the different possibilities of visualisation. We have to look in our workshop how to write a poster, how to produce posters, pictures, etc. You have many prepared posters, pictures. I would say not all of them are fitted for all groups. You cannot use the same thing for everyone. Sometimes, you have to be creative to create your own material, visualise with your own possibilities and talent. It is important to note that in different cultures symbols have different meanings. Colours have also specific symbolism in different cultures.

Visualisation is important because what I think is 100% of the message, what comes out of my mouth is already 20% less (already minimized to 80%), then what the audience is able to hear is another reduction of 20% (they hear about 60% of the original idea), and what we understand is again a reduction. So we minimize the original idea to about 40%. We have to use technics to minimize that loss of information.

7. we have to look at all the circumstances. To give examples, in Papua New Guinea we had about 300 students sitting in an audience hall. It was a good preparation; we had slides and speakers. All of a sudden a tropical rain lasting about two hours started and we could not hear a single word because it was so noisy. So we have to look at all the circumstances. We have to look at all the advantages and disadvantages of the environment, for instance hierarchy.

Once we had a meeting in the former Eastern Germany and we started with a brain storming. I introduced and I said let us start, let us collect our fears and our expectations. Nobody said a word, totally quiet. So I said ok, don't be shy, we are all the same; we just want to learn something. No word. Then one gentleman got up and said "that is not the way we do it". Then I found out all these were former soldiers and this man was an officer. So he was the first to talk not the others. So we have to look at the various hierarchies. If you go out in a village who is the one able or allowed to speak for the group – not everybody – in some groups women, men, young people who is allowed to say something in front of the elders. So we have to look at the various hierarchies.

Another point of disturbance could be that the teacher all of a sudden may have a blackout. He loses his mind and he does not know what the next thing was. This can happen to anyone. So we have sometimes to be able to handle certain disturbances. That is one point or difficulties we can talk about.

If you have a discussion, sometimes people don't say a word and others talk permanently. How do you deal with these people? Some people you have to mellow down and other people you have to encourage to say something, to contribute their ideas or thoughts.

There is one thing we call "energizers". There would be small things, not games in the real sense of the word, but getting up, moving a little bit and do something that you know if people are getting tired to catch their attention again. There are hundreds of possibilities. There is also a possibility of teaching people some sort of energizers – something for your tool box.

8/9) Leading discussions: If we watch TV, we all know that five or six people discussing certain things, but six people are talking at the same time. Nobody can listen and nobody can follow. We don't call it a discussion. So there are certain rules on how to lead a discussion. It is important for a trainer to know how to do it. After the discussion we have to make a conclusion, put it together, follow a certain structure for a discussion. This is also something we can teach. How do we lead a feedback? It is important to get a feedback. It has certain rules and points to follow. There are certain methods of evaluating something. If you teach a seminar it should be good, maybe a little like this, but never like that. This is a possibility of evaluating. Then I collect the ideas of the audience and for my next preparation I have to adjust my teaching. I cannot just say I am not interested if they like it or not. This is a lack of respect. The important thing is I have to adjust my preparation for the workshop. I cannot do the same thing 20 times exactly the same way.

10) Certain tips and tricks have to fit the situation. Tips and tricks are more or less of how to use materials, how to use methods. If they are disadvantages there are tricks to cope with them.

My main emphasis would be I don't think it would be very helpful to present a whole booklet and say ok, you follow points 1, 2, 3... This whole workshop lives by the participants. If they give their input, then that is how it is working, not so much as an academic instrument. It is more or less a guideline and then together it becomes alive.

## **Discussions**

**Diallo:** The method that Mr. Günter just presented is very interesting. When we work on the field most of the time, we use visual material to pass over information. For those who are illiterate we need very much to create a visual dialogue to help the flow of information. For the others who do not know how to read or write and have developed visual memory, it is very useful to use capital letters. Illiterate adults have much developed visual memory.

**Günter:** We have to look at people who are illiterate to use other methods. So what I just said advantages and disadvantages. In the meeting of training trainers it will come out. This method we can't use because people are illiterate. We have to use another one and then find which is the best method for the audience.

**Rugia:** As African women we lack self-esteem because in our culture we have not been made to talk in front of audiences. When you start to explain what you want to say, this comes back to you. You feel shy. You say to yourself you shouldn't speak in front all of these people, may be they think I don't have enough to say, my husband will hear about it. Then everything becomes blank. You start shivering. So what do you do?

**Günter:** That is exactly what I said in the first point. For instance, how to introduce each other. This is another possibility of explaining how can we meet this problem. It is not a problem, it is the reality. How can we deal with this reality that may be somebody is shy or maybe that somebody is inexperienced to talk in front of other people. There is a possibility of doing it in very small groups, like this person is able to talk to two or three people not to 20 or 25. So we break the large group into smaller groups. Then this person will be able to speak about it. Or if you have the same thing what you said a woman is not willing or able to speak maybe her husband may hear about it. So we had that experience ok, women talk to themselves, men talk to themselves and then they choose one person who is willing to talk to the whole audience as a representative of the women's group or young people's group.

**Issa:** I just want to add some points to the tips and tricks. Just like any training session or any educational institution where they apply all sorts of techniques in order for the students to gain this idea or to get the material in a very simple form that they will be able to understand and implement it in their own way. So with that example we have what we call teaching by examples. So if you can teach individuals you also give them some examples so that they will be able to implement the examples in their own way when they are doing their own training or teaching.

Then we have what we call teaching by questions and answers. Normally you find out that in a situation like this many people may be shy to talk. So you as teacher you know exactly what you want to tell them. To let them feel that they are one part of this training you can make it

individual; for example, I'll ask an individual the first question, he/she replies and then in turn asks the next person. Individuals start asking each other. You look into what they have been exchanging and then you come out with key examples, your key materials you want to implement. By that they are able to know that this is the point you want them to know. So it comes from through questions and answers. You will only need to enforce it.

Then we have teaching by stories, or story telling. You let people give examples of stories related to what you are teaching. For example, people cannot get a clear message of what you are saying if it is theoreticall based, if you talk with academic jargons. You let the individuals talk from their own free will giving examples related to the subject. They will be able to relate it in their own way.

We also have teaching by symbols. We have people who interpret symbols in different ways. For example, in my own culture when you clap two or three times that means you are calling somebody that is very close to you. In certain areas when you clap one or two times people will start to dance. You have to see that for particular cultures you have to look their symbols and what they are trying to use for these materials to get through. You have to look for these symbols that you relate to your subjects.

**Berhane:** In our office (IAC) there are cassettes with pictures that people can listen to and look at the picture. There are different stories from Ethiopia, Djibouti, West Africa. As people listen they look at the picture and then you stop that and start discussing. There are also very short films that you can show if you have a video. Short films that evoke questions aroud maternity, the practice of FGM and what happens and including early marriage as well. I would say that whoever is going to produce this kit comes to the IAC and see what already exists. It would give you an idea how to adjust the kit in order for it to fit the community.

**Günter:** We cannot assume that the people, our audience know nothing. They have already a lot of experience and we have to build from their experience. That is right I totally agree with you. We have to pick them up where they stand and they already have experience.

**Rugia:** I would like to ask RISK Sweden what type of training it provides and how effective are the trainees in their community.

**Fana:** We have a project called "EDEL", a Somali word which means untouched, whole. In this project during the first year (1998) we trained 12 African women from Ethiopia, Eritrea and Somali. They had 8 weeks of training.

The trainers were nurses, doctors and gynecologists. They taught them about the body functions especially how the female organs function and how it is affected by circumcision. After 8 weeks they go to work, 7 of them employed working in Stockholm and Upsala. What they do is they go to their community and they talk in their own language with their people to inform them about the bad effects of FGM and the unnecessary of circumcision. Then the people in the community saw that it was useful and many wanted to take the training. So we had 30 women after that and then about 12 men but they did not work as information officers. They just got the training for themselves. If the community wants them they can go aand teach.

**Alem:** What I feel comfortable with this training method is that, just as he had said, he does not count the people as ignorant or fresh people coming for the training. They consider their knowledge and even for a trainer we have done a lot of training. What comforts me he did not

say my training method is the best, he said you choose what works for you and your experience counts. Every trainer has experience and that makes him comfortable to try various methods. What makes it more important is the experience of the trainer, the ones being trained, the ones being informed. People who came only for education, their experience also counts. They don't feel irrelevant. That makes it important to work on the training methods. To use the existing materials you have to add something more. You always grow within the experience, the country, the culture. Different things work for different countries for different groups, for different ages. It matters to consider the age differences, experiences, the language, the culture, the body language, etc.

**Dirir:** We don't only teach and put on paper but we also talk face to face. But one good thing is to think. Sometimes you go into an audience who understand no word of English or any language. If you don't have these ideas to wake them up, sometimes people can sleep while you are training them.

We are successful in our work because we go face to face work. Other that we advance bit by bit until we appoint a trainer. Community workers can always think they can train. You can train basic then you go up and train others. I think doing this gives you the skeleton of the work. Besides the various materials you also need technics. You must always remember what difference you have made. I find all those advocating for FGM, they always go the same direction. I think we have to see where we have made the differences, what have we learnt.

**Günter:** If you know many methods and if you know many media, you are able to choose. I would say this is the right thing for me today. Tomorrow I might use something totally different and then there is different audience, different setting of training methods. This is what we should learn, we should be able to pick out from a whole basket of choices.

## **IV. WORKSHOP**

**Moderator: Isatou Touray**

### **Introduction**

What are the appropriate technics and tools to be used? We have been in the debate and discussion, and in the field some know it more than others. There are different technics but there are some technics that are appropriate for a particular target group. So when we sit down in the workshop groups we try to think and determine what will suit community leaders, what will suit the women, what will suit the communicators based on the messages that we want to give and the objectives that are going to be given.

What should be the content of the material to teach the migrant population on the issue of FGM. We are specifically talking about the migrant population because in the European context it is because of the migrant population that we are talking about FGM per se. That is why we have the cultural context and its relativeness with regards to FGM. So we must consider that and we need to break it down.

I think we should do a little bit of thinking regarding to what are tools because we are going to develop and use the kit as a training tool. If it is going to be a tool, it has to reflect appropriately the context and needs of the target group.

Tools are instruments which help us to arrive to either positive or negative conclusions. If it is properly prepared, the impact may be positive or negative depending on who we are targeting and how we deliver it.

Who should arrive at or generate culturally responsive information? People should also create ownership. Therefore, whatever we prepare should take into account the needs of the immigrant communities in Europe, not what we want as individuals but what is expected and needed within the community.

Sustainability of the project: There are immigrants who leave here because of the political situation at home and can't go back to Africa. Whatever happens, the project should be sustainable so that it will meet the needs of migrants. Here detailed assessment of the target groups and beneficiaries is needed.

What type of information are we going to provide them with? What type of strategies do we use because we have to understand the context of the women in particular. The women we talk to are not homogeneous. We have our differences, specificity and commonality. When we think about the target group, let us not be dictated by what happens in Africa. The immigrant women in Europe might be better placed in terms of better access to resources and services than an African woman in Africa. We have different specific context but the common denominator is addressing FGM. What types of information and messages are we going to put in that they will respond to?

We must determine priorities and constraints and consequently develop a program with them for them and by them. When we are dealing with the community leader, for example, we must involve him in participatory approaches. These are important elements we have to consider. We must design a program with them. It is not our responsibility to think for them. It is their responsibility to participate, to give us the information. Let them accept what they want or not. That is the only way to create ownership and identity over this process. We will of course arrive at culturally responsive information using local people's knowledge and skill to plan about better conditions, identify local problems and planning local response.

In Europe people may have immigration problems, such as housing, child care and immigration etc. apart of FGM. So, all these things are culturally relevant in the context of the immigrant woman. If it is in Africa, it is most likely about the rural, village woman for whom we take her daily work into account. She has a lot of work on her hands and a lot of responsibilities to fulfill. We consider these factors when we go to speak with her on FGM. But here in Europe it might be completely different. So, we have to consider the cultural context, the local condition and the local development problems to plan local responses.

We are talking about integrated approach to FGM. We might bring them for housing problem, for example, to discuss their housing status and in part of that we may integrate FGM. They then understand that our project is not out to attack culture. Over the years what we have learnt in the field is that FGM should be part of the integrated approach that starts with people's entry point and we present it as a project.

Tools for assessment: These are tools that we need.  
questionnaires; personal interviews; dramas; testimonies; songs; focus discussions, stories, newspaper cuttings, statements, poems, etc.

I think one of the biggest statements I have heard yesterday in the EU community was very good. The message was clear in support of the eradication of FGM. It is not that every statement is important but there are some statements that are very critical. The statement I brought up as an example came from the Austrian Government that FGM is a criminal offense and that it should not be done. We are dealing with the European context, so, when we develop the kit we must include these relevant information that will help our community leaders and the campaign against FGM.

As much as we are all talking about FGM, we should remember that it is in line with IAC's emphasis on the eradication of FGM. Here we are talking about civil society actors and what we want to achieve. It depends on our context on which actors we are concentrating on. It is all about people and different approaches. The expectation is to step up the campaign for eradication of FGM and other HTPs affecting the sexual and reproductive health of women and children and develop collective and individual responses to promote and protect the integrity of women.

I think we have initially proposed that there will be three groups, but I think we have to make it two groups. We have community leaders, we have also women as a critical group and then the communicators.

Let us not forget that we are developing the kit for immigrants in Europe. It will respond to the European context at the same time picking up some of the issues from the holistic point of view. Regarding community leaders, women and communicators, you have to identify them and it must be gendered. You must know that women are a critical mass of people who are actually the victims of the practice. It is on the women that we want to focus in particular.

The communicators are people who are facilitators for bringing information including men and women within the community. In the field work, for example, we must motivate them to come and seek for information or to identify the problem and then come and join as a group to work towards the eradication of the practice.

So these are things you have to think about. What do you think about their role ? In the kit, I would suggest, you give the role of what you think these people are going to be doing and through that we can be able to know what the kit should include. We have worked with community leaders, with women, we have worked with community based mobilisers, or communicators or facilitators who have different names assigned to them. So you sit down within that context and develop some of the issues. So we shall have two groups to address.

## **Workshop Group I Discussion**

### **Module I – Community Leaders**

Main areas to look into during the discussion on the community leaders included:

1. What are the roles of the community leaders?
2. What do we expect from them?
3. How do we approach them as partners?
4. Is it necessary to work with them?

Additional questions raised during the discussion of the group included: Who is a community leader among immigrants in Europe? How do we identify the community leaders? Is

community leadership an assigned role or is it naturally evolved? Who should be targeted within the community as the leaders?

Community leaders are identified as follows:

- Elected community leaders.
- Natural community leaders who are well known and have influence in the community.
- Professional leaders like religious leaders from different religious groups, including preachers.

Clan and tribe leaders are a force to reckon with. In the case of Belgium, in the process of legalization of Somalian and Djiboutian immigrants, Gams/Belgium identifies the individuals who are in a position to lead. In these communities tribe and clan play an important role in the social organization. So in identifying the leaders Gams focuses on the tribe and clan leaders who are well accepted by their community as a whole.

Within the leadership approach must be made to the hierarchy. In religious institutions there are preachers and deacons who do most of the ground work. They propagate the opinion and instructions of their leaders. Sensitive issues such as FGM should be firstly recognized as harmful and accepted as such by the leaders because they make the decision and not the preachers. For example, in the Ethiopian Orthodox Church a preacher implements what the bishop wants him to say or do. Without the bishop's knowledge and approval it will be difficult for a preacher to present any new idea to the people. For example, every preacher is expected to preach for ten minutes in his sermon about protection from HIV because it has been ordered by the hierarchy. If FGM and other HTPs are recognized as harmful by religious leaders, then the preachers will be expected to preach about it.

It is important to choose the right person especially considering the character of the individual. A leader without character lacks the respect of the community and may be a hinderance in the realization of the campaigns goals.

How do we approach different leaders at different position with a new issue? You have first to convince the lead person such as bishops, mullahs, clan/tribe leaders to be on your side, get their permission to go on. This approach opens the door for you, without it you will be denied access to your target group, especially the women. In the political area identify your sympathizers and approach them. Approach political parties both those in power and the opposition.

How do we approach a natural or elected leader?

- First of all make a person to person contact and use all means to explain your problem with clarity and precision.
- It depends on how one approaches different people with different technics.

If we approach a religious leader, for example, we must have belongingness to that group. For example, we can't send a Muslim to approach a Christian religious leader, and vice versa. You approach a bishop or a sheikh through your affiliation. A Christian, for example, can reach his priest and through him his bishop or patriarch or other high officials of the church, and likewise for the Muslims. There are procedures that must be followed but must be based on belongingness or affiliation. This involves understanding, sentiment and trust. Affiliation to a religion or a community must be used as a tool.

There are chains of procedures to approach leaders.

- 1) You just can't say this man is a leader so let me go and speak to him. You must prepare yourself with questions you will be discussing – brief, clear and to the point. Raise only the important issues when you approach them. They may not have the time.
- 2) You have to ask yourself whether the leader is compassionate, does he understand the problem, is he sympathetic to your problem.
- 3) You have to assess the impact of the leader in the community. Is he able to talk to other people and leaders?
- 4) You must assess his sphere of influence? Is he able to change the situation within himself or does he depend on others? If he does, there might be conflict of interests.

We have talked on different approaches on different level of leadership. The idea is that the person must be compassionate on the subject. Sphere of influence is the same for every kind of leader. The approach has to be different accordingly. If you are speaking to a European leader or an officer, you should go with crystal clear ideas without any nonsense. If you are talking about a community leader, Imam for example, you cannot do it as if you are talking with a European leader. You have to go to them with what interests them, what do they like in their religion, in their community, eg, do they want a new mosque, etc. You can win their trust and confidence when you start addressing their needs and then promote your agenda - FGM.

In the Netherlands, for example, VON has simple meetings where it identifies the leaders in the first meeting. You may see that some women are very sociable and have the trust of most of the women and are good in networking. So you make her a networker for you. Another one may be good in organizing and so you assign her the job.

In all organizations we have elected leaders with formally assigned jobs. The leaders involve themselves without directions just by arranging the meetings. Some women have no knowledge of law but become legal advisors by collecting documents, comparing things and writing letters for people. They become counselors and people begin trusting them, telling them their problems, secrets, man-woman relationship, children-family relationship. So in this way these women are leaders and you need to recognize their role and quality and use their natural resources. Once you recognize their qualities you can also train them. Giving credit to the talent that women show is very important because it gives the women good leadership position and acceptability.

Approach to FGM is not a simple thing. We cannot just call a meeting and say today we are to talk about FGM. Experience shows that it is very difficult because it is an intimate problem. VON has cooking, sewing lessons and during the long break time starts talking about different issues. When the women show a little awareness, openness, confidence to talk with each other, then it brings out the issues of child raising, child care, school problems and then goes on with the sensitive issue of FGM. It brings a far away subject to personal experience. Women start speaking about their own childhood experience. Then this is followed by discussions on how to deal with it, how to stop it. A conclusion is reached and some women get convinced and become outreach workers.

## Summary

The group identified several types of community leaders:

- a) elected leaders
- b) natural community leaders who have influence and who can volunteer
- c) religious leaders and professional leaders
- d) political leaders

Who are community leaders?

- a) They are persons accepted by their community. In order to approach them, it is necessary to get introduced into the community. This can be done by participating in ceremonies such as baptism, weddings or mournings. Only leadership qualities are not enough, the person must always have credibility in his/her respective community.
- b) Professional, religious leaders, preachers. Here we must bear in mind that they have their own hierarchies, for example, preachers have to obey their bishops. And bishops or a muslim religious leader must decide to what the preachers can and cannot preach, e.g. on HIV/AIDS and FGM. Their involvement is essential.
- c) As concerns political leaders, how do we approach them with a new issue? We should first pick out sympathizers and organisations and send them information material, invite them to meetings and conferences. The participation of politicians at all levels is desirable.

What should be included in the kit?

Documents on culture, tradition, religion, health, the respective national legislation and the UN Conventions.

How should it be presented?

The community leaders should be from the same culture, speak the same language and belong to the same age-group. The kit must include a whole variety of presentation techniques.

## **Workshop GROUP TWO DISCUSSION** **Module II - Communicators**

**Participant:** Our topic for discussion in this workshop (group II) is on the issue and role of communicators in the anti-FGM campaign. A communicator means one who imparts or conveys information and issues from one person to another one.

**Participant:** Are we going to make it specific on the communicators or the immigrants, or do we use a general form or can we use it from the specific aspect of the immigrants or we see it from the general.

**Saida:** Shall we see it from the migrants perspective or from the communicators who are also a part of the community?

**Participant:** Let us decide to do a kit. I want kit a kit for communicating with the community. So let us talk about how we communicate with the community.

**Saida:** You have to have a clear distinction. We are in Europe and we have to focus on the migrant groups.

**Shamis:** But you could use the kit for any migrants, and if you could use a tool in communicating, you could use it all over Europe.

**Saida:** Yes, it must be a kit and a tool. Who are the community members for whom we are going to create it? That is the point.

**Shamis:** In my opinion we have to make a kit on how to communicate with these immigrant communities. And we could use this kit anywhere in Europe.

**Saida:** Some groups are using their own teaching material in their communities and they might also use this later on. So we are making this specific. What will be the role of the communicators in the immigrant community?

**Ragaa:** I think we have to identify our target groups, within the communities and that is the first thing we have to do.

**Saida:** Among the immigrants there are children, youth, women and men. But she (IT) said there are target groups within the immigrants. There are young immigrants, there are children with their families, there are other immigrants. So we like to see first who are the target groups, because the groups could be formed for youth, for children, for women, etc.

**Fana:** Why can't we use it like this: group per group, what is the role, how will it go. Then we discuss all the points. Let's say who are the groups. Now let's talk about the target groups.

**Saida:** From experience, what are the target groups in Europe. From your experience who are the target groups in the immigrant community to be identified?

**Shamis:** Let us take women and children first because women have the children and single women also and then you have unaccompanied children. They will be a target group because they don't have their parents and they have nobody. They are also a group. Then we have men. This is also another target group.

**Saida:** I have difficulties to accept children as a target group. Children and young girls could be persons who can be affected by the phenomena but not to communicate. You are going to communicate, and to sensitize the adults of the family and not the children.

**IT:** Children are also very important. There is a story that shows that. Some children are living alone, their parents are either dead or left them behind, move away and they have to grow up in Europe as immigrants. You also have youths.

**Saida:** We can even have children in the family, but our kids could be different for this people to communicate with. They can be with the family but you can not apply the same tune for the parents. There could be maybe stories for children. How do we communicate with children - by stories, puppet show and other methods, so we can inject the idea of FGM there. We can apply the same tune like others. How do we reach children, of course children should

even know more, because as they grow old they could better change the world. We should consider children.

**Fana:** It is much better if we start with children. In our country we have never talked about FGM; it is a taboo. We started talking about it when we were 50 years old. The problem is that the children grow up with the parents who avoid discussing these issues.

**Participant:** You come from Ethiopia and in Ethiopia and in other places in Africa children are going to be involved in this practice because by the age they know about it they may have already undergone it. But in Europe these children don't live in that context. These young girl children don't prepare for that event. So they are not involved in this situation.

**Saida:** It is not only involving, we can use children if the communicator is good enough. For example, in my case I would use children for our activities. There may be others who are not able to change but I might use children as a group teaching others, through songs, through puppet shows.

**Fana:** Those who come from Africa should be made aware, even if the practice is not being done in Europe. They are Africans. I believe they must know the contents of the culture – the good and the bad.

**IT:** In most cases in Europe they don't do the practice in Europe but they take them home to Africa. In my country (Gambia) we have intervened, my organisation has intervened, when these girls come in for their holidays. They come with all their girls, they circumcise them in secrecy, nobody tells them that when they come home. In England it was like that and I know that is also so in Sweden. The point is the children were not involved but the parents take that decision. They initiate them in their culture.

**Ragaa:** We should educate them so that they will fight. Not only the immigrant youth, even others should be aware of it.

**Saida:** We identify the target group, family, men, women, single women, children, children of the immigrants and children of the host country.

**Shamis:** The role of the facilitators, first of all the individual has to understand the culture and the community in which he or she is working with. Also he or she has to be sensitive to the issues of immigrants, because you could bring an immigrant person through being more sensitive to the issue. So whoever it is would be very sensitive for the issues, the works etc.

**Saida:** It should be a person active in the community.

**Shamis:** No, not active but sensitive to the issues.

**Saida:** You can be also active in your community. You may be working for 24 hours, but you must be active to give consideration, to give advise, to live through the situation. A person who is working and earning a salary can also have a possibility to facilitate.

The immigrants have different background, some come for political asylum, some come for economic reasons. The composition should be mixed up, including elements of religion and politics, otherwise it is difficult to have a big target group. The person must also share the

objectives of the campaign to eradicate FGM. In that case I can be a person who shares this objective, but politically I can have another aim.

**Fana:** I think you misunderstood me. What I meant by active is that one should be very sensitive towards the issue of FGM. I mean if you are very active in politics it does not mean that you are inactive in the campaign. You can be very active but you could be very sensitive and eager to stop FGM. But there are others. I know there were two girls in Sweden, they were for FGM and they got money, they don't care. I don't like that.

**Participant:** Well, our focus now is an immigrant person who can go anywhere where immigrants are present, including prisons. A lot of people are not allowed to visit the prison for immigrants in some cases.

**Karin:** If an asylum request is not decided, the individual stays in prison (detention center) till a decision is made. There are some NGOs that are allowed to visit these persons - they are only three or four. I think, we want to reach them, wherever, the ways are different.

**Shamis:** Two years, three years?

**Karin:** No, only 6 months, that is the maximum time for detention and for a decision to be reached.

**Shamis:** Let us go back and see how for instance these communicators have to be sensitive and be neutral. I think that person could also be an educator - to educate the community about FGM, life in the host country including procedures and laws.

**Saida:** The communicator must have sufficient information and knowledge about FGM. He or she should analyse the problem – causes and consequences – causes and consequences.

**Fana:** I think the communicators must in the first place be the ones to know the nature, causes and consequences of the practice.

**Saida:** They need also to have the ability and capacity to influence. He or she should have also the capacity to mobilize. If you don't have the skill and you don't have the ability to talk, talk freely, it is going to be difficult to communicate.

**Shamis:** They must have some knowledge and ability of how to communicate. Immigrants have not only FGM as the problem. They have housing, health problems, childrens problems; they have all kinds of problems. So a communicator should be a person who understands and deals with all these. See, where I come from in London in our organisation we deal with housing, health, admission, and we deal with the children. Once we deal with all these things with the families, then we deal with FGM because the family is not interested in FGM when they have all these other problems. So the person who trusts you would be open for you. They trust you because you helped them so, it should be an opening.

**Fana:** In Sweden there is a special department, an office for immigrants. If they want to have houses they go directly to the Ministry. So we can't go into the housing and things like this.

**Shamis:** We have the same but at the same time the problem is that the community does not understand the procedures. First of all they don't understand where to go, what to do and for us we deal with all with all immigration problems.

**Saida:** The communicator should integrate FGM with other social problems of the immigrants. They should develop a relationship so that it could be easy to communicate about FGM.

**Shamis:** I think the other thing is that the person should know the policies and procedure of the host country. If you don't understand what is there, life would be difficult. We know that the host country is not like other countries. For instance, in England we can go to hostels and relate policies and procedures to the people. Because if you come to a country and you don't know anything and you get imprisoned it is very difficult. So the communicator should really know about the host country to help immigrants in difficult situations.

**Ragaa:** We have communicators communicating with different groups. For that reason the communicator should belong to and be from the same group that he or she communicates with. I mean, for example, I come from Sudan, if I work as a communicator I have to communicate with the Sudanese because of the language and the culture.

**Shamis:** I am in London, I can communicate with all kinds of African groups in different ways, for example, consultation. Many different people come to these consultations where we communicate on various issues. To communicate is not only knowing the language, to communicate is to have a facility for the people and accessibility.

**Ragaa:** If the person with whom you communicate does not know your language how do you communicate?

**Shamis:** You can still work with other communicators. You can have interpreters and translators. It depends on the person who is communicating to the people and the subject matter and approach, it does not matter in what language.

**IT:** Let me give some examples of how to address some of the difficulties, like funding difficulties. This is a difficult question. This is an issue that is likely to emerge on us. Look at the box of health. Either we work with translators or we work as a group where we have different people with different backgrounds coming to present the issue. But the basic and critical issues are the knowledge of what we are going to say, what messages we want to give and how you understand the context of the country in which you are. Then the rest is left to really explain that you integrate this to everybody.

What are the issues that the communicators are going to address. First and most important, they are looking at their role. There are some very difficult aspects of their role which they have to command. The central issues are given - what is FGM. What the communicator has to understand is how to explain about the issue to convince the people to listen to him or her.

**Shamis:** In my case, I am different from you because in my work I do not only address FGM because women do not accept me unless I deal with all other problems. It needs a holistic approach. If the woman has other difficulties she will not listen about FGM from anybody wherever they are to listen about FGM. For them FGM is a very small problem to think about.

**Carla:** Noting the methodology of the German group, we should address the issue by each target group.

**Saida:** I think we have finished the role and the type of communicators we need. Now we come specifically to address FGM to different target group. I think we should be specific now.

**IT:** Now what I want to call to your attention is that the family consists of more than one - mother and father, the children, extended families. In Africa and even in Europe we have large families at least the integrated Africans. But with FGM there are different strategies - first the parents, the husband, the mother, the grandmother, the grandparents. Women as a category are different persons. Then you have children, you have youth and then the younger children in the family. So I would suggest we take one of the critical groups like youth and children. And this is what we are going as a communicator want to talk about. Then how are we going to communicate FGM to them? This is what we want to come out now.

**Saida:** First children. We can take children as one target group.

**Shamis:** Youth and children are different. There are unaccompanied children. In London we have a lot of unaccompanied children, no parents, no fathers but they come to the country and there are so many groups.

**IT:** FGM is important. At what age are you calling children? From 5-8.

**Shamis:** 11

**Participant:** 5-8

**IT:** From 8-10

**IT:** Are you going to decide, are they the ones who have children, who are going to prevent it. Be very critical with the process of FGM, discussion of FGM in different context. But be critical. Who are the people who are doing the practice in the immigrant communities? I am just calling on the family, women and community leaders. These are two examples that we can develop strategies for talking about FGM to them and then the rest will be treated likewise. It will apply then to all the other groups. Then we want to look at the relevant cultural information, all strategies or methods that will be useful for them. So choose or select two and just work on that. Let's discuss it and then we see the whole thing falling in place. Maybe some of us may want to go home to Africa but if they are here as immigrants they must respect the culture. When they don't know what part of the culture is good and what is bad, then it affects them being immigrants when the information flow about FGM. Their identity is very important.

**Shamis:** Let us talk about situations we understand. I can tell you how we work as an organisation and then you can take it from there. For example, we work with 11-19 years old as the youth. So we have two groups - we have boys, and we have girls. Because the parents would not like to have the two together. They ask us whether we are talking about marriage-age, dating or something like that; so we do it separately. So we teach them about FGM, and dancing, etc. Once every month we bring them together and discuss about marriage, culture, FGM; we talk about all these kinds of different things. This is what we give in an integrated approach. Parents like it that way because they see we are teaching the children all about different cultures. At the same time we are teaching them to say no to FGM. And to the boys we say these girls are not going to be circumcised, are you going to marry them when you grow up. So, they would think about this. Few parents are very difficult and their children

also. They would say I would not marry a girl that is not circumcised. But in time talking to them they will change their mind. So this is our approach for the young girls, for the youth.

**Fana:** Are these girls not old in the UK, are they not circumcised earlier, or are they mixed? That will be very important to ask them the question.

**Shamis:** They are mixed and, for example, the ones that are circumcised are the ones that came when they were seven years old or eight years old and they came from Somalia where they were already circumcised.

**Participant:** How do they feel ?

**Shamis:** They feel very ashamed and they don't want us to talk about their being circumcised. But when they are together with all other girls, we say, yes, you have to talk about it and tell the others how bad it is, how you would not like all these things to happen again on others.

**Fana:** But what I mean is, if you ask the boys are you going to get married to uncircumcised girls, and you have the girls in there, I think it is terrible.

**Shamis:** Absolutely, we ask them. They even go to their parents and say today we learnt this and that. We give them information sheet, explain it to them and ask them to take it to their parents.

**Fana:** You have to be very careful not to anger their parents.

**Shamis:** No, but otherwise you will never teach. Since we are a twenty year old organisation we have the experience, many different approaches and different kits. If you read our annual report, you can see it helps us and it also helps the parents. Some parents are very angry and they say "Why did you talk to my children like this." We then bring the law. In England any African family who takes the children out of the country and returns them circumcised will be jailed for 4-10 years. The first law of 1995 focused on only in-country circumcision. The new law includes also circumcisions done out of the country. So if the parents don't know, and if the children don't know, what is going to happen ? But if we do it our way the story will go around because our people hear things very quickly. They don't read much but they hear a lot.

**Saida:** The point of Fana is in a group where young girls have undergone mutilation asking the boys are you going to marry a mutilated woman is a trauma for the girls.

**IT:** Before this issue comes to discussion normally what happens is, that if this process goes on before this question comes in, even the girl will accept that she is circumcised. You go through a process of awareness for a long time. Like what she said, she talked about the culture, about marriage using the context in which the child is grown up, what type of marriages do we have, what type of marriage ceremony do we have, what type of culture do we have, is there any other practice. Then they will identify the practices, discuss them, and the issue of FGM automatically comes in. It is no longer a taboo. The immigrant community knows that. There are certain sensitive issues, and that is why you need the quality of the communicators needed to know the context in which one deals with. The communicator must also be a very aware in the area of FGM and other issues and use integrated approach to inject FGM.

**Saida:** I will use an example of a young girl who has undergone this mutilation. She knows that she is different from the others and she is mutilated and she is in a group where the practice is called mutilation. We know that the children are not unconformist, they are conformist. They want to be equal to the others. This girl has a problem to be different from her friends in the classroom where she is, most of them are not Africans. She feels also different from the others because she is mutilated.

**Fana:** That is the point, nobody is going to tell her she is not. But automatically she will.

**Shamis:** We are not saying to the boys "are you going to marry a circumcised girl." We are saying to them "are you going to marry an uncircumcised girl." This is what we are saying and that is the difference.

**Participant:** We have communicators and two big target groups: families, single women and children in the age from 5-10 and youth from 11-17. We have identified characteristics of good communicators. Communicators must know the culture of the community. They must be sensitive to immigrant issues. They must be neutral, either politically or religiously. They must be committed, not only to work for cash or other compensations. They must have knowledge and experience of FGM. They must also know about other issues of the community. They have to be sensitive to FGM. They must know the procedures and the laws of the country. FGM must be in the centre of all issues. The person must be ready to network. So in order to go deeper, the first one is youth. We communicate to this group with integrated approach using visual aids, communication material, music, story books, discussions groups and so on.

Regarding women use selective events like coffee ceremony, in the celebration of traditional groups or culture and social events.

**IT:** The communicator will be communicating with youth, family, single women and youth. You have families, and single women in Europe, that is the reality and then you have children and youth also within the European context. The communicator should be able to tackle these people.

## Group 2 Summary

### 1) Target group

- Family and single women and men
- Children (5-10); youth (11-17)

### Communicators characteristics

- Must understand and have knowledge of the culture and the community.
- Must be sensitive to immigrant's issues.
- Must be neutral politically and religiously.
- Must be committed to the cause.
- Must be preferably an information officer, teaching background, social worker.
- Must have knowledge and experience on FGM.
- Must integrate FGM with other issues and problems of the community to gain the immigrants' trust.
- Must know the policy and procedures of the host country.
- FGM must be in the center of all the issues.

- To know how to network and capacity building.
- Approach at the grassroots level and understand the context.

## Groups

### 1) Youth

#### Integrated approach (cultural aspects)

- Drama
- Visual aids (pictures)
- Music
- Story books
- Information materials/leaflets
- Discussions

### 2) Women

- Coffee/tea ceremonies
- Preparation of traditional food
- Cultural events

## PRINCIPLES

<b>S</b>	Specific
<b>M</b>	Measurable
<b>A</b>	Action oriented
<b>R</b>	Realistic
<b>T</b>	Time-bound
<b>G</b>	Gendered

## Plenary Discussion

**(IT):** I think this is something we have talked about and the objective must be smart and gendered. So when we talk of the family it consists of men and women. The case of single women was already discussed because these are people who face specifically big and different problems as single parents pertaining to FGM. They are heads of families.

**Alem:** Let me say this, the single women, when they are around, they have some young students or a young partner who influences them. We don't have to forget about these men.

**IT:** We are not forgetting about these men. Now you are talking about the cultural problems that women face.

**Mr. Ugbor:** We are very few men here and we have always listened to women talking and I would suggest that it is high time to give us a little bit of the floor. From my own experience, because I work right from the roots level up to the highest level in Austria, it would be very much necessary that you involve the men. If we consider the men, some of these communicators can reach the authorities in trying to tackle the problems of FGM.

**Alem:** There were gender issues, women issues before in the 70s. Since then in the 90s it has become gender issue. Young men are also one target group, families, single women. Young men in Europe play a very important role. I think more in Europe than in our personal

situation. Because of the problems of the immigration, the women stay very much secluded, and the men have a lot of influence and opportunities to influence.

**IT:** From yesterday to today we have been exposed to certain principles - developing content, whom do we target, how and when etc. What I want to point out here is that this is a gender issue. We cannot take responsibility for everybody. That is why earlier I said your objectives must be smart, it must be specific, it must be measurable, it must be attainable or action orientated, it must be realistic and also it must be time bound as well as gendered. When we talk about gender in that relationship it has already taken account of all those things.

We raise this issue because it is primary. We agree that women could not live in isolation neither could men live in isolation. But we know that the problem affects women more than men and it is a concern that affects women. Therefore, it is important to consider certain women and give them a critical position. We know that the world has been dominated by men for a long time, where there is all this gender gap, it is because maybe the Ministry of women have not been taken account of. Now as women and men in the community we are saying that we must not repeat that mistake. We are taking account of that but the critical dimension is women.

**Alem:** I am trying to say, whether men or women, they are perceiving contact. When we talk about Europe specially, we have a lot of immigrants, many refugees and most of them are young men, about 85%. Some of them are in schools or in secondary schools or universities and are intelligent people. We have to target them because they in turn can influence their families.

**IT:** Strategy: In our strategies what we are likely to take account of depending on who we are targeting sometimes coming directly could jeopardize our catchment. We may come to a community within Europe who are just being exposed and called in to discuss this issue for the first time. We must be aware of the way we put our message, how we put it will determine how they are going to receive it. We can use different strategies to address it.

The specific objective is to eradicate harmful practices with specific reference to FGM among immigrants. It should be culturally relevant and specific. If this is appropriate and acceptable in Europe it is fine. We are in Europe and should respond to the protocols (UN conventions) and the language. We must not also forget the distinction between tradition and culture.

The specific objective will depend on who we are targeting. If we are targeting religious leaders or communicators, we will say the objective is to train and create awareness on FGM issues to religious leaders within the migrant community. We should be very specific because it helps us later on how we measure our impacts, measure our achievements and all other things that go along with it. So in this case our specific objective will be targeted at various religious leaders, community leaders, women, single men, single women and all other critical groups. So there will be a note giving us examples on who we can target depending on our context and what our emphasis is, and critical area of concern with regards to the specific objective. So we give just these two examples: module for communicators and module for religious leaders. Of course, taking account of all the principles and methodological principles and procedures that are necessary for conducting awareness of FGM. Then this can be adapted by different individuals within their own context. We have to have a typology, an example of what a kit should look like.

We shall complete the kit using the two examples we have started for the communicators and religious leaders and at the end of the day we put every thing that is necessary. So when the kit is ready we know that there are two modules: Module I concentrating on communicators, and Module II concentrating on community leaders. Within our context if we want to adapt to other groups such as youth, women, teachers, lawyers, etc., we just follow the principle and materials in order to adapt for our context.

**Closing Statement**  
**Ms. Fana Habteab, Project Partner**

Ms. Chairperson  
Ladies and gentlemen

I have been asked to make a few concluding remarks, and I shall make it as brief as possible. We have conferred for two days, during which we heard and learnt a lot about FGM. The areas that needed to be covered have been covered. The points that needed to be emphasized have been emphasized. We have not only given ourselves useful information, we have also by our participation reaffirmed the worthiness of our campaign against the practice of FGM. The success of that campaign becomes more and more promising as we meet often in such conferences, or in others with similar ends, to exchange views to plan strategies and to coordinate efforts. I would like at this stage to thank the organizers of the conferences for making it possible for us to meet and exchange views.

I do not wish to repeat what has been said already. I would like only to focus on certain basic points.

The question of female genital mutilation has been studied and documented. In general, the practice and its effects are now no longer the secrets of the few. What we have come to know about the practice has alarmed us about the seriousness of the problems it involves, and it has moved us to do something about it.

Tradition, as we know, is the source of the practice. Whatever may have been the reason for starting the tradition of practising FGM, that reason now appears to be generally forgotten. Long practice has rooted it in the habits and cultures of certain societies. Those who now practise it are simply the blind servants of tradition. And those who suffer it, if aware, suffer it as sacrificial lambs without choice. The babies have no say in the matter except to cry in anguish. And the society takes it for granted. Tradition laid down a heavy burden on those who lived under it, and they did not generally stop and ask why at all such a painful and horrible practice was allowed to continue.

Although tradition should be given all the respect it deserves, it cannot stand still where the wind of change concerns fundamental matters that aim to replace practices that are inconsistent with them. Traditional practice of FGM is affected by modern standards of fundamental human rights. Such standards do not permit the violation of the physical integrity of the female person.

And so, the blind obedience to tradition must give way to the demands of those new standards. Tradition must be made subject to those universal standards.

The blind followers of harmful traditions must therefore be helped to have their eyes opened, and brought to terms with those generally accepted standards.

We are aware that tradition that is deeply rooted cannot be uprooted overnight. It has to be handled with patience and prudence. As people we are all jealous of our traditions. Any changes should have the understanding and support of the concerned societies.

We should always keep in mind that there is no ill will in those who undertake the practice of FGM, but sheer obedience to tradition and fear of social consequences if tradition is not obeyed.

Despite these and other reminders about tradition, female genital mutilation is and remains, as the words themselves announce, a violation of her physical integrity. And it becomes a serious violation of that integrity when she had not consented to it because she was a child or because she was in no position to give her free consent. Others decide what adaptations should be made to the natural mark of her femininity, and what that mark should look like and how it should function. They “recreate” her in their constructed image of her. They make her lose her natural state. The practice is so habitual that those who perform it never stop to question why they are doing what they are doing to their victims. It is most surprising that it is women who are the principal operators of the practice.

Torture, mutilation and sufferings involved in FGM go against modern rules of human rights and they have placed our campaign on a very solid ground. We should thus continue to carry out our campaign in a systematic and sustained manner by spreading information about what we have come to know about the practice and the problems it involves, and to call for its termination. The spread of educational information on progressively expanding areas will bring increased awareness of the problem, and with such awareness will follow increased public opinion against the practice.

Thank you all once again for making this conference a success and for making it a good forum that helped advance our campaign against the practice of FGM.

In conclusion, I would also like to thank the European Commission Daphne Programme for giving the problem of FGM the recognition that it deserves, and to thank again the African Women Organization for making the arrangement of this conference possible.

Special thanks go to the organizing community of the conference, Ms. Etenesh Hadis. The arrangement of the conference has demanded a lot of time and labour. Please join me in applauding their good efforts. Thank you and have a pleasant trip back home!

## **Annexes**

### **Workshop (Training of Trainers)**

#### **Methodical- technical aspects of training-sessions**

#### **Programme and content (2 days)**

- 1) How to start?  
How to introduce?  
Theory and Practice: Try out various techniques
- 2) Collect expectations and difficulties  
Theory and Practice: Try out various techniques
- 3) Framework / Questions  
WHAT? (Content)  
HOW? (Methods)  
WITH? (Media, Materials)  
WHY? (Objectives)  
FOR WHOM? (Target group)
- 4) Methods to be used (Brainstorming, Group work)  
(advant., disadvant.)  
(Brainstorming, Group work)
- 5) Materials/Media to be used  
(advant., disadvant.)  
(Brainstorming, Group work)
- 6) Visualization  
Theory and Practice: Try out various techniques
- 7) Handling disturbances / difficulties
- 8) Leading discussions and/or feedback  
Theory and Practice: Try out various techniques
- 9) Methods of evaluating  
Theory and Practice: Try out various techniques
- 10) Tips and tricks“

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