Voices of the Community:

Exploring Female Genital Mutilation in the African Community across Greater Manchester

30th March 2015

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ABOUT AFRUCA

AFRUCA – Africans Unite Against Child Abuse is a national charity promoting the rights and welfare of African children in the UK. AFRUCA has its Head Office in London, a Centre for African Children and Families in Manchester and projects working with families and communities across the country.

AFRUCA's work on Female Genital Mutilation is covered in our five key work areas:

- **Awareness Raising on Children's Rights:** We are working with young people across Greater Manchester who are our "Anti-FGM Champions" to work in schools and in their communities to raise the risks of Female Genital Mutilation to children and promote the protection of children from harmful cultural practices.
- **Policy and Advocacy:** We sit on a number of local, regional and national working and advisory groups and contribute to the development of policies on FGM.
- **Education, Research and Advisory Services:** We conduct community research such as our recent study: "Exploring the Practice of FGM among African Communities in Greater Manchester". We design and run specialist training programmes for agencies and their staff on FGM and advice on the establishment of programmes and guidance documents for agency staff.
- **Community and International Development:** We organise community education programmes on Female Genital Mutilation and have produced a number of resources to help educate and change attitudes towards FGM
- **Support for Individuals and Families in crisis:** We contribute to FGM related immigration case work through the provision of expert reports and assessments on "risks of harm" to families being returned to their countries of origin.

For further information about our work please visit our website at: www.afruca.org

EXECUTIVE SUMMARY: KEY FINDINGS AND RECOMMENDATIONS

Key Findings

This AFRUCA study focusing on attitudes towards and experiences of Female Genital Mutilation by African communities in Greater Manchester took place between July and December 2014 and involved focus group sessions held with 110 participants (98 women and 12 men) drawn from 12 different communities across the region. The study concluded that the practice of different types of female genital mutilation exists across many different African communities in Greater Manchester. Many participants who took part in the focus groups did not want to admit to having any previous knowledge or personal experience of FGM or its occurrence in their communities. We believe this denial stemmed from a possible fear of admitting to having knowledge of a practice which is illegal in this country.

Many of the participants did not agree that FGM should be a criminal offence because it is part of their culture which had been done for generations. It is clear that many did not consider this practice as constituting "mutilation" but a cultural practice - female circumcision – akin to male circumcision which is not illegal in the UK.

In addition, some of the communities said even though they had heard about FGM, they never connected this with female circumcision so did not see their communities as perpetrators of female genital mutilation or committing acts which are illegal in the UK. Even though most of the countries of origin do have laws against FGM these are often on paper and not enforced, with most people unaware of these laws and their impact as there are hardly any prosecutions. This shows there is a strong need to focus on educating communities about UK legislation on FGM.

In particular, some participants did not consider labia elongation (pulling of the labia) which comes under the category of Type Four as female genital mutilation and therefore felt it was not covered by UK law. Four different communities where labia elongation is practised (Zimbabwe, Uganda, Rwanda, Burundi) and who took part in the study did not agree that labia elongation could be considered as mutilation in any way.

We note the "culture of silence" and reluctance by some focus groups participants to admit to knowing anyone who would perform FGM, but saying everyone knew where to go if they needed a 'cutter'.

Allied to this is the fact that a few of the participants admitted to knowing that children are being taken back to their countries of origin to have FGM procedures done, especially during the summer holidays. It means immigration agencies must be aware of the fact that based on this piece of work by AFRUCA, children from many different communities may be at risk, and efforts to safeguard children at points of departure must be broad-based and not just focus on a few identified communities.

The 'culture of silence' around FGM was also evident in participants telling us most people would not inform others if they were going to perform the procedure on their children; the point being that FGM is a 'private practice' where everyone involved is committed to keeping it within the family. There are implications of this for disclosure by children – and indeed it could be a reason why children may not disclose that they have had FGM done to them.

It is clear that many of the participants did not consider there to be any risks in relation to the practice. In particular, popular myths about Female Circumcision (mutilation) and the reasons for having it done were widely believed by some study participants.

Lastly, this piece of work also showed that there is a gaping hole across Greater Manchester in terms of education and the provision of support for those who might require it – be they parents, adult victims or children.

Recommendations

- Agencies and charities across Greater Manchester should engage in widespread community education programmes that will help to raise awareness of the law on FGM, the consequences of offending and most importantly, educate different communities about different types of FGM and the consequences of performing these, under UK law. However, we need to address FGM in a way that does not attack people's culture but rather work with them to become stakeholders in the change needed to fight FGM through effective community education and engagement.
- More specifically, we call for better education and awareness raising about Type Four FGM Labia Elongation – especially for the benefit of practitioners like social workers, health workers, law enforcement officers and communities themselves and to protect children at risk in practising communities.

- Professionals and their agencies working with victims of FGM or those at risk also need to develop better cultural awareness of the range of FGM practising communities on many levels. They should work with organisations like AFRUCA who have a proven track record of successfully working within African communities to understand cultural practices that may cause harm to children.
- Separate FGM awareness sessions should be conducted to reach out to the men in practising communities. If we can change the male mind-set it will contribute significantly to the way FGM is perceived.
- More robust work needs to be done with young people both male and female through projects like AFRUCA's Anti FGM Youth Champions' project. The number of at-risk children can be reduced by raising awareness among younger people, for example in schools. Schools need to be better equipped to educate children from practising communities thereby enhancing protection for them. Engaging young people will help to promote intergenerational dialogue and debate about the impacts of FGM and also raise awareness of the support for children at risk.
- In relation to the role of "cutters" in conducting FGM procedures, we call for more joint efforts between law enforcement agencies and communities in strengthening modes of identification of perpetrators of FGM.
- In conducting the above, emphasis needs to be placed on the role of community leaders to influence community members and help to create change in this regard.
- There needs to be services established across Greater Manchester to provide support for victims and potential victims of FGM including children and adult victims.
- Efforts by immigration agencies to safeguard children from FGM at points of departure must be broad-based and not just focus on a few identified communities.
- FGM in all its forms is of concern to us at AFRUCA and to child safeguarding and welfare professionals. We have developed an action plan to begin to address some of the findings from this research. This includes commencement of targeted community education programmes and holding briefing sessions with a range of agencies to discuss how to address the findings in the report. The work of our newly recruited Anti-FGM Youth Champions will be part of AFRUCA's efforts to address the issue of FGM across Greater Manchester.

CHAPTER ONE - INTRODUCTION

1.1 The Problem of Female Genital Mutilation in the UK

There are concerns about the possible growth in the practice of Female Genital Mutilation across the UK and the risk of harm to children in practising communities. Almost all UK focused research projects on this cultural practice have used the Word Health Organisation's definition of the prevalence which identified 28 countries across Africa and other countries in the Middle East and Asia and the different types of FGM practised. In our view, this broad-based, generalised approach to determining prevalence is problematic as not all ethnic groups in different countries would practise female genital mutilation, whatever the type.

This means there is no targeted approach to identifying and working with specific communities where women and children would be at risk. Where FGM is practised, many people may not be aware of the law on FGM in the UK and how it affects them. It is essential that some work is undertaken to determine which specific communities across Greater Manchester would practise FGM, which type of FGM is practised and the risk of harm to children, as a result. It is also important to know and understand the views, attitudes and stance on FGM within the communities as it is the only way to understand the magnitude of the problem and how to address it.

1.2 Africans in Greater Manchester

Over the last 10 years there has been a steady increase in the number of African migrants to the UK. In Greater Manchester there are close to 45,300 Black African people (estimate) two-thirds of whom are born abroad. (Source: Nomis accessed on 17th Feb 2015, www.nomisweb.co.uk for the Office of National Statistics.) According to the New Economy, (Census 2011-Second Release: Ethnicity and Identity - Key Messages) in Greater Manchester based on the 2011 census, the largest percentage rise in population since 2001 occurred amongst black Africans (34,000, +336%). Again, based on the 2011 census, 1.7 % of the Greater Manchester population stated that their ethnicity was African including Black British heritage. Population statistics according to

country of birth residents list Nigeria as having the highest number (10,236) accounting for 0.4% of the Greater Manchester population.

Office of National Statistics Research Paper 234 on the 2011 Census figures published on the 23rd of August 2013 highlighted an estimated 74,097 first generation Africans in the UK. It is this group of migrants who will still be highly attached to their culture and have a need to own, create and mark their identity in their new country of residence.

Greater Manchester is an area of the Home Office Asylum Seekers Dispersal Programme along with the Gateway Protection Programme which offers a settlement route to 750 refugees each year contributing to the growth of new arrival populations, including from Africa. Many of this newly arrived population are from FGM practising countries across Africa. In the Greater Manchester area, Manchester City has the highest population of FGM practicing communities, closely followed by Salford, Bolton and Rochdale. Wigan and Bury have lower populations of practising communities while Oldham and Trafford have a growing population of communities that practise FGM. Generally communities mainly at risk include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans (An Estimate of the Prevalence of FGM in Greater Manchester, J.L.Hussein, Bury Council, 2011).

1.3 AFRUCA Study on FGM in Greater Manchester

This AFRUCA study focusing on attitudes and experiences of Female Genital Mutilation by African communities in Greater Manchester took place between July and December 2014 and involved focus group sessions held with 110 participants (98 women, 12 men) drawn from 12 different communities/country nationals across the region. This report of the findings is our effort at AFRUCA to document the practice of Female Genital Mutilation among different African communities across Greater Manchester. We wanted to identify which types of FGM are practised by different communities, explore their reasons for doing so, explore how FGM occurs or is performed and where as well as ascertain the risk of harm to children in those communities. In addition, we wanted to find out the views of participants on UK laws against Female Genital Mutilation, if they were aware of the government's stance against the practice, as well as the consequences of offending. The study also sought the views of participants about how they felt an organisation like AFRUCA could help to address the issue across Greater Manchester in order to help safeguard children at risk of harm. The study also aimed to

capture the attitudes of the practising communities in relation to the practice. Although this study cannot be taken to be representative of the wider African population across Greater Manchester on indeed across the country, we hope that the findings will help to enhance knowledge among different practitioners working with children to aid assessment, intervention and improve support for children coming to their attention. We also hope that studies such as this can be replicated across the country to help improve knowledge and understanding of the practice of FGM among different communities.

1.4 Our Approach and Methodology

This qualitative study involved the gathering of data from FGM practicing communities by holding a series of 10 focus group sessions involving 110 participants (98 female, 12 male) from 12 different African communities. A tailor made questionnaire was used during each session to ensure similar questions were asked and discussed **(see Appendix One)**. These focus groups were organised and held between July and December 2014. The communities in the focus groups were Kenyans, Ugandans, Nigerians, Rwandese, Sudanese, Sierra-Leoneans, Guinean Bissau, Burundian, Zimbabweans, Ethiopian, Eritreans and Somalians. The focus groups were held in an informal setting, mindful of the respondents' cultural or religious practices. For instance, we organised separate sessions for men and women when requested. Based on the work done with the focus groups, we were able to obtain first hand material on the practice of FGM across Greater Manchester, informing follow up prevention and support work and activities to be undertaken by AFRUCA and others in the region.

We also conducted desk research to provide background information on work previously done on FGM nationally and within Greater Manchester and to help understand the international context of FGM, especially in relation to prevalence.

1.5 Constraints

While we are thankful to all the communities who took part in this study, AFRUCA faced many constraints in working with such a range of different communities on this project.

The most important element was the issue of trust, given the fact that FGM is a sensitive topic and illegal, and this limited the amount of informed exposure. There were instances when we were unable to hold focus group sessions with certain communities due to the fear that perhaps they could not trust us enough. Where we managed to gain trust the communities wanted to know how we would deal with the information provided. We had

to provide assurances that unless there were clear-cut cases where children were at risk of harm, our role in this instance was to gather and document information and not to persecute any communities. We have therefore chosen not to mention any names that could reveal identities of individuals and organisations in this report.

We also faced some difficulties in relation to language barriers. Based on this, we had to use interpreters provided by the groups and in some instances, it was difficult for us to qualify the information we received as authentic.

Where some of the participants acknowledged the practice of FGM within their communities, they were not ready to elaborate especially in regards to their own attitudes towards it. For this reason, some of the group responses we received may not really reflect the wider extent of the problem.

Time and financial constraint limited the sample of the population that we could reach. It is important to note that though all the 28 African countries where FGM is prevalent are represented in Greater Manchester, we could only reach out to 12 of these communities, and even then we were only able to attract a few participants in many cases.

Lack of reliable statistics of actual population limited outreach and identification of target communities as there are a lot of undocumented people in the category of people we wanted to work with i.e. asylum seekers, refugees, over stayers etc.

Most of the study participants were female therefore male representation was very limited. However where men were present during the focus group discussions, they were more dominant and to some extent the women could not freely express themselves.

We regret not being able to hold specific sessions with young people from affected communities due to financial constraints, the difficulty in attracting a good number of young people in such a short space of time and also the need to have to go through “gatekeepers” in order to reach young people.

FGM in all its forms is of concern to us at AFRUCA and we have developed an action plan to begin to address some of the findings from this research. This includes commencement of targeted community education and briefing sessions with agencies to discuss the implications of the findings and how to address these. Having said that, we would caution practitioners reading this report to avoid generalising in relation to their perceptions of individuals, families and communities and not stigmatise or label others based on the content of this report.

CHAPTER TWO – WHAT IS FGM?

2.1 Brief Overview of FGM

According to the World Health Organisation, Female Genital Mutilation (FGM) comprises all procedures that involve the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The age at which the procedure is done ranges from shortly after birth, to teenage years and varies with local traditions and circumstances. (http://www.who.int/mediacentre/factsheets/fs241/en/)

FGM has been classified into four types:

- **Type I (Clitoridectomy):** Partial or total removal of the clitoris and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris). This type is also known as “Sunna” among some practising communities.
- **Type II (Excision):** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina).
- **Type III (Infibulation):** Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner and sometimes outer labia, with or without removal of the clitoris.
- **Type IV:** All other procedures on the female genitalia for non-medical purposes including pricking, labia pulling, piercing and stretching the vulva region, incision of the clitoris and/ or labia, scraping and cauterising the genital area.

According to WHO there are no known health benefits of FGM. It is also considered a violation of human rights and a form of gender discrimination.

Some of the short term effects include: Women/girls getting infections sometimes leading to death, pain and trauma, injury to adjacent tissues and problems passing urine.

Some of the long term effects include: Damage to the external reproductive system, chronic pain and complications during childbirth, painful sex/sexual dysfunction, difficulties during menstruation, uterus, vaginal and pelvic infections, deformity, mental

health problems such as depression and post –traumatic stress disorder. The possibility of child sexual abuse associated with the practice of labia elongation – where women are required in some communities to assist younger girls to pull their labia – is very real.

There are a number of known reasons FGM is carried out and these vary from community to community. However it is clear that the practice is deeply rooted in social, cultural and political traditions. In some practising communities the procedure is accompanied by festivals or special events to celebrate the transition from childhood to adulthood as a rite of passage. This is meant to bring a sense of pride and belonging to the wider community and help enhance the child's sense of identity.

An estimated 130-140 million girls and women alive today have undergone FGM in 28 countries in Africa and some countries in the Middle East and Asia including Yemen, Malaysia and Indonesia (WHO, 2008, UNICEF, 2013). In the UK, FGM is illegal under the Female Genital Mutilation Act 2003 and a person found guilty of an offence under the Act may receive up to 14 years' imprisonment, fine, or both. According to the latest study conducted by City University and Equality Now in 2014, an estimated 103,000 women aged 15-49 living in England and Wales have undergone FGM. The study also estimates that over 10,000 girls under the age of 15 are at risk of FGM or may have been subjected to any one of the different types of FGM. However, until very recently, there has never been any prosecution for an offence of FGM in the country.

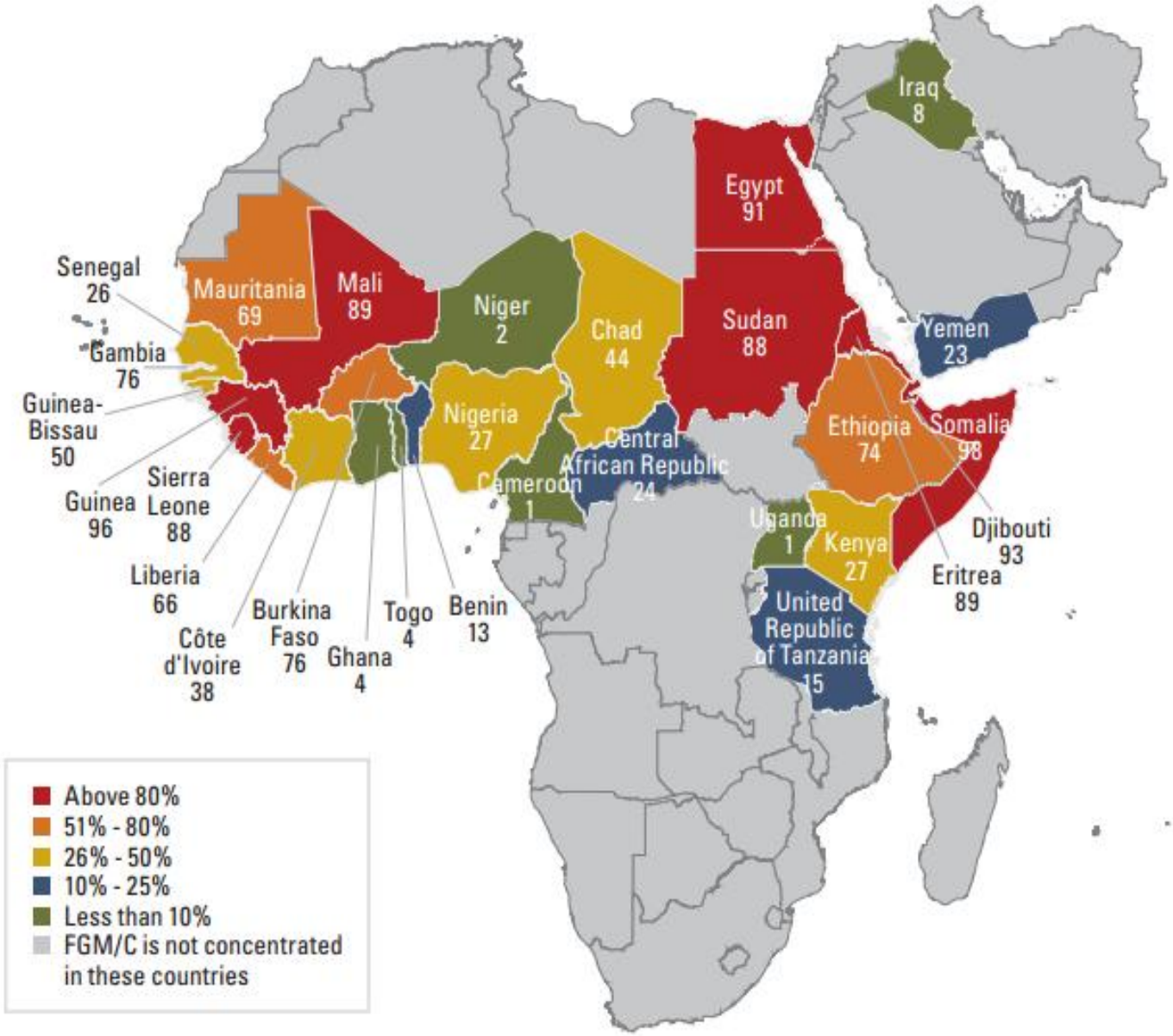
Across Greater Manchester, media reports quoting the Police and Crime Commissioner indicate up to 2,000 girls could be at risk of FGM. (BBC News 2 September 2014).

2.2 FGM Prevalence

The African countries highlighted in Figure One below reflect most of the country nationals who took part in our focus group sessions. This means that people from those countries are part of the FGM practising communities across Greater Manchester. However, there are a number of countries as well who are not reflected in the figure below but where Type 4 FGM is practised. Some of these countries took part and contributed to our focus group sessions. Based on general reliance on WHO prevalence data, it appears many communities in the UK where Type 4 FGM is practised are not being focused on especially in terms of prevention work by charities, policymakers and

practitioners. This could have significant implications for the children in those communities.

FIGURE ONE: PREVALENCE OF FGM IN AFRICA



Source: UNICEF, 2013

TABLE ONE: AFRICAN COMMUNITIES AND TYPES OF FGM PRACTISED

The table below represents the country origins of the communities who took part in the Focus Groups held between July and December 2014, UNICEF's estimated prevalence rate and the types of FGM which is usually performed.

Country of Origin	FGM Prevalence (UNICEF)	Type of FGM	Presence in Greater Manchester
Burundi	Unknown	IV	Yes, held focus group
Eritrea	89%	I,II,III	Yes, held focus group
Ethiopia	74%	I,II,III,IV	Yes held focus group
Guinea Bissau	50%	I, II, III	Yes ,held focus group
Kenya	27%	I,II,III	Yes, held focus group
Nigeria	27%	I,II,III,IV	Yes, held focus group
Rwanda	Unknown	IV	Yes ,held focus group
Sierra Leone	88%	I,II, III	Yes, held focus group
Somalia	98%	I,II,III	Yes, held focus group
Sudan	88%	I,II,III	Yes ,held focus group
Uganda	1%	I,II,IV	Yes ,held focus group
Zimbabwe	Unknown	IV	Yes, held focus group

CHAPTER THREE: FOCUS GROUP SESSIONS - KEY FINDINGS

This chapter focuses on our findings based on the Focus Group sessions held with 12 different communities across Greater Manchester between July and December 2014. The basis of the focus groups discussions came from questions 9-20 of the questionnaire designed for this purpose **(see Appendix One)**.

3.1 Focus Group Session with the Eritrean Community

COUNTRY PROFILE: ERITREA

- Eritrea is one of the very high FGM prevalence countries with a national rate of 89%.
- Types of FGM practised include I, II & III with almost half of girls cut during their first year of life.
- There are some regional or ethnic differences in prevalence rates which indicate that it is wide spread throughout the country and practiced by all religious groups.
- Legislation banning FGM in Eritrea was passed in 2007. The UNFPA-UNICEF 2012 report on enforcement of legislation indicates that the most aggressive application of the law in Africa was seen in Eritrea, where 155 cutters and parents have been convicted and fined.

- **AFRUCA Focus Group Session: Profile**

Focus group event was held on 30 September 2014. A total number of 8 participants were present and all were female. The group needed the support of an interpreter as majority could understand English but not express themselves fluently. The common language was Tigrinya widely spoken across the country.

Those who could speak English were asked to fill in a questionnaire before the group discussion, in order to capture individual knowledge of FGM/C.

Key Outcomes of the Focus Group Session

Awareness of FGM

Participants generally agreed about Types I, II & III being performed in their country and all said they were not aware that Type IV was practised in Eritrea. Some participants kept referring to the law banning FGM in the UK and said FGM was no longer a part of their culture they wanted to keep especially as they are now in this country.

When asked if they were aware of any members of their families or friends practising FGM, most participants said 'no', though one participant said that she knew people who have had it done in her community.

Reasons for FGM

The following reasons were given;

- Members indicated that it is a cultural practice
- Enhance sexual pleasure for men
- One participant said it was to keep women from becoming promiscuous as she knew someone in Manchester who has to be with a man all the time, and she put it down to not being cut and the whole group agreed with her.
- One young woman said she is childless because she had not had it done.

Personal Experiences and Attitudes towards the Practice of FGM

When asked about their personal experiences of FGM, the response to this was 'no' by some and others preferred not to say. Some said they knew young women who have had it done. When asked if they would consider doing the procedure on their children, the response was 'no' for some, others did not answer this question but gave reasons for support of FGM as preparation for marriage and sexual pleasure for the husband. Others mentioned that it was a dying custom that will not be there when their children grow up.

When asked if the FGM procedures had been done to their children, some participants said 'no' and others didn't respond to this question. One participant however became very distressed at this point and left the meeting. When AFRUCA staff spoke to the interpreter to find out why she left the group, she said it was because the woman's own children were made to undergo the procedure in Eritrea by their grandmother (Children live in Eritrea. AFRUCA followed this up as a safeguarding issue and to assess need for support by mother).

When asked if they knew people who carry out FGM practices or circumcision in Greater Manchester, the response to this was 'no', 'not personally' but that they have heard people say there are some cutters in London who travel anywhere in the country when needed.

Consequences of Not Performing FGM

The following responses were given;

- You may not get married or be abused by husband.
- You may be sexually over stimulated which is not ladylike.
- Stigmatisation
- As far as participants were concerned it has never been challenged in their practising communities so it continues.
- Some said that there were no consequences as such, but you will not feel right or as part of the community.

Action and Reporting of FGM

Participants were asked what action they would take if they knew a young girl/child was about to have the FGM procedure done on them. The following responses were given:

- Talk to the parent.
- Another mentioned may be they would call the authorities anonymously.
- Talk to their church/community elders on the side.
- Call the police
- Call AFRUCA

In regards to the law on FGM in the UK, participants acknowledged that they were aware that it is illegal to carry out FGM in the UK though they were not aware about the full details of the FGM Act.

Service Provision in Greater Manchester - FGM Related Services

When asked if they were aware of any support services available to provide advice/treatment/education to people affected by FGM, participants said 'no', they were not aware of any services.

Other Comments

Participants were asked if they had anything to add about the FGM discussion. Some participants said for them it does not exist anymore and they would not have done it even if they were still in Eritrea. Another participant indicated that FGM is evil and that it should be stopped to save children.

AFRUCA's Observation on Focus Group

This group of participants were communicating through an interpreter on whom we had to rely for an accurate translation of the contributions by participants. They all began by saying FGM was an old practice but ended up giving their opinion on uncut women being promiscuous - an indicator they knew more than they were willing to share and that perhaps there is a culture of silence because people were aware of the law and did not want to implicate themselves.

3.2 Focus Group Session with the Ethiopian Community in Greater Manchester

COUNTRY PROFILE: ETHIOPIA

- The national prevalence rate of FGM in Ethiopia stands at 74%
- The types of FGM practised are I, II, III & IV
- The practice of FGM is nonexistent among certain ethnic groups and universal in others.

• Nearly two in three girls are cut before the age of five amongst practising communities. In Northern Ethiopia, infant girls are often cut by the 8th day after birth.

• In 2004 Ethiopia passed a national legislation banning FGM.

AFRUCA Focus Group Session: Profile

The total number of participants for this group was 7 and all were female. The focus group session was held on 8 September 2014. The group needed the support of an interpreter as majority could understand English but not fully express themselves fluently. No males were allowed in the group. The common language was Oromo/Amharic.

Those who could speak English were asked to fill in a questionnaire before the group discussion, in order to capture individual knowledge of FGM.

Key Outcomes of the Focus Group Session

Awareness of FGM

Members agreed about types of FGM done and were familiar with all FGM types. It was a part of their culture which was very important to them. All participants were familiar with the word 'cut.'

When asked if they were aware of any members of their families or friends practising FGM, the whole group said all their families and friends had undergone FGM most especially types I,II & III. Type IV was not as common.

Reasons for the practice of FGM

The following reasons were given;

- Members indicated that it is tradition
- For marital purposes
- To ensure virginity and reduce promiscuity
- To belong to the community.

- To mature to womanhood (rite of passage) otherwise you will be referred to as a girl until the day you die.

Personal Experiences and Attitudes towards the practice of FGM

When asked about their personal experiences of FGM, the response to this was 'yes', everyone in the group had had it done and it was a normal part of life and accepted by the community.

When asked if they would consider doing the procedure to their children, the response to this was 'no' for some, while others kept quiet. Others said that it was easy to say 'no' but it is their custom so it would be difficult. They said it is important for preparation for marriage.

When asked if their children had undergone the procedure some participants said 'no' and others did not respond to this question. But no one wished to discuss this any further.

When asked if they knew any people who carry out FGM practices or circumcision in Greater Manchester, the response to this was 'no', not personally but some said they would not fail to get one if they wanted. One participant said her mother used to be a cutter but had now abandoned the practice and was working with the government back home in Ethiopia to stop the practice.

Consequences of not Performing FGM

The following responses were given;

- It would be difficult to get married.
- You will never be respected.
- Stigmatisation
- It is difficult to refuse because it is done when you are young.
- Problems and poverty in your family as no well-off man will want to marry you.

General Awareness of Available Services Related to FGM in Greater Manchester

When asked if they were aware of any support services available to provide advice/treatment/education to people affected by FGM, respondents said 'no'.

Action and Reporting of FGM

Respondents were asked what action they would take if they knew a young girl/child was about to have the FGM procedure done on them.

The participants gave the following listed responses;

- It is their business and they would not want to interfere.
- Another said they would make anonymous calls or send someone to speak to them.
- Talk to their community elders to advise them.

Other Comments

Respondents were asked if they had anything to add about the FGM discussion.

- Participants said it was a common practice in Ethiopia
- Another participant indicated that FGM is wrong and it should be stopped to prevent harming children

AFRUCA Observation

This group of participants was very open and agreed that FGM was a way of life for them as almost all women they knew had been cut. In regards to the law, this group was aware of the law in their country of origin but did not think the law would affect them in the UK.

3.3 Focus Group Session with the Kenyan Community from Greater Manchester

COUNTRY PROFILE: KENYA

- The national prevalence rate of FGM in Kenya stands at 28% with types I, II & III practiced across the country
- One in four girls and women in Kenya have undergone FGM, with variations by ethnicity and region
- The most prevalent type of FGM practised within Kenya is 'flesh removed' (Types I and II).
- For girls who experience FGM, half are cut before age 10, and four out of ten were cut by health personnel (even though this is illegal)
- In 2001 Kenya passed a national legislation banning FGM, amended in 2011

AFRUCA Focus Group Session: Profile

The total number of participants for this group was 8 and all were female. The focus group was held on 1 November 2014. All participants could speak and understand English so all filled in AFRUCA's questionnaire to capture individual knowledge before the focus group.

Awareness of FGM

Members collectively agreed that the FGM types practised in their country were types I, II & III. The whole group said that they do not know anyone in their community in Greater Manchester who practises FGM, except back in their home country. They also said FGM is very secretive and well hidden in the community so they might not know anyone who has had it done.

Reasons for the Practice of FGM

The following reasons were given;

- Members indicated that it is a part of culture.
- For the husband to have more pleasure sexually
- Some said to preserve virginity before marriage
- Rite of passage.

Experiences and Attitudes Towards the Practice of FGM

When asked about their personal experiences of FGM, the general response to this was 'no'. One participant pointed out that no one will openly say if they have had it done anyway, it was a private practice and they would honestly not share with everyone.

When asked if they would consider doing the FGM procedure to their children, some said 'no' while others did not give their opinion on this. Some said that the children can make their choice when they are 18 if they want it. Most important reason given for the practice was the preparation for marriage and sexual pleasure for the husband.

When asked if they knew anyone who carry out FGM practice or circumcision in Greater Manchester, the response to this was no, maybe back in Kenya. One participant said children are probably taken back to Kenya to have it done.

Consequences of Not Performing FGM

The following responses were given;

- Ostracisation from community
- Not respected
- Some said that there were no consequences as such but you will not feel a part of the community.
- Nothing at all
- Called names by other children

General Awareness of Available Services Related to FGM in Greater Manchester

When asked if they were aware of any support services available to provide advice/treatment/education to people affected by FGM, respondents said 'no'.

Action and Reporting of FGM

Respondents were asked what action they would take if they knew a young girl/child was about to have the FGM procedure done to them. The following responses were given:

- Report to authority
- "It is the parents' choice so I will leave them to it".
- Call the authorities anonymously or send someone to speak to the parents.
- Talk to their church/community elders and request them to speak to parents.

Other Comments

Respondents were asked if they had anything to add about the FGM discussion. They said that FGM is part of the culture most common among the Kikuyu and Masai.

AFRUCA Observation

This group of participants agreed that FGM was an age-old practice and they had not heard of any Kenyans who practiced FGM in Greater Manchester. However, it is not something that is openly discussed.

3.4 Focus Group Session with the Nigerian Community in Greater Manchester

COUNTRY PROFILE: NIGERIA

- Nigeria has an FGM prevalence rate of about 27%.
- The four types of FGM are practised although Types One and Two are most

prevalent in the South while in the North East, a form of Type 4 FGM (called Gishiri cuts) is widely practised.

- Girls are circumcised from the ages of zero up to five years.
- The practice seems to be based on sub-ethnic cultures – for example in certain communities, all first born daughters in a particular family must have it performed on them.
- There is no national law banning FGM in Nigeria, although some states (Ogun, Osun, Cross River, Bayelsa and Edo State) have laws, but so far, no one has ever been prosecuted.

AFRUCA Focus Group Session: Profile

Focus group event was held on 20 October 2014. A total number of 13 participants were present with 4 males and 9 females. All focus group members completed AFRUCA Questionnaire to capture individual knowledge before the focus group session.

Key Outcomes of the Focus Group

Awareness of FGM

Participants agreed they knew of the cutting of the clitoris type of FGM (Types 1 and 2) and one person said they knew of Type 3. None of the participants had heard about Type 4 FGM.

Participants had a heated discussion about the term “female genital mutilation”. For many it was about female circumcision – akin to the male version so there was nothing wrong with having girls circumcised. It was about “making the place down below clean”. Participants queried why there was so much interference in people’s culture.

Reasons for FGM

The following reasons were mentioned by participants:

- It was part of their culture
- To preserve virginity
- “making the place down below clean”

- "You must have it done to be a proper member of the community"
- One respondent (Yoruba) said that a big party was thrown for her sister which made her want to have a party too and she was prepared to go through the pain as she had never had a party thrown in her honour.

Personal Experiences and Attitudes towards FGM

When asked about their personal experiences of FGM, participants generally affirmed to this but were unwilling to elaborate. They stressed that it is done back home in Nigeria, though one participant persistently nodded and said it was done here in Manchester and in London.

When asked about the Types practised (after clear explanation of the different types), participants said in their culture, it is done when the child is a few months old or under one year. They also said it healed quickly as there are herbs that can be used to quicken the healing. Asked if this herb was available in the UK, the participant said it could be got in dry form.

When asked if they would perform the procedure on their children, some said a categorical "no" while others did not give an opinion on this. One participant however asked that: "If your child is suffering because she was not circumcised, what would you do?" She shared that in her community, (Benin/Edo ethnic group) children who are not circumcised suffered terrible itching down below.

When asked the reasons for the continued practice of FGM in their communities, they mentioned it was to prepare a girl for marriage. Male participants said they have no say to what their women choose to do and have had sexual partners who have not had it done. A female participant emphasised that it was for sexual enjoyment, to which others quipped in and said they have been told by those who have had it done that it made sex painful.

Consequences of Not Performing FGM

The following responses were given:

- Threats of not getting married or being rejected by your husband
- An excuse for cheating on a spouse or partner

- Stigmatisation
- Banishment from the community
- Some participants said there were no punishments as such but you will not feel like a proper woman

Action and Reporting FGM

Participants were asked what action they would take if they knew a young girl was about to have the FGM procedure done on them. They gave the following responses:

- Talk to the parent
- "People do not share this information with other people outside their families. It is a practice known but people maintain their privacy on when and how they do it to their children."
- A participant mentioned they would use anonymous calls to the authorities e.g. police
- Some said they would talk to elders or pastor on the side
- Majority said they would not report anyone

In regards to the law on FGM in the UK, some participants said that they were aware of the law but others said they did not realise FGM meant the same as female circumcision.

Service Provision in Greater Manchester: FGM Related Services

When asked if they were aware of any support services available to provide advice/support/treatment/education to people affected by FGM, participants said no, as it was not a disease or ailment that people needed support for.

Other Comments

Respondents were asked if there were any other comments they wished to raise about the discussion on FGM:

- Female participants said FGM would have to stop as they are no longer in Nigeria and already don't practise it

- A female participant suggested to the rest of the group that they should go and enlighten others – their spouses/partners about FGM and its implications
- Another participant said FGM was barbaric and that it should be stopped by the community through organisations like AFRUCA
- One participant said there was nothing wrong with doing it but suggested that children needed to be helped to protect them from infection and that it was easier in Nigeria because traditional medicine could be used to stop bleeding and was easier to get hold of.

3.5 Focus Group Session with the Rwandese/Burundian Community In Greater Manchester

COUNTRY PROFILE: RWANDA & BURUNDI

Rwanda and Burundi are not mentioned among the countries that practice FGM in the World Health Organisation prevalence chart and there is little in terms of literature which covers it. However there are indications that labia elongation is performed in both countries. Labia elongation is also referred to as labia stretching or labia pulling. The activity is performed by touching different objects to increase a grip on the labia while pulling. Some communities touch their heels while doing so.

AFRUCA Focus Group Profile

Focus group event was held on 8 September 2014. A total of 15 participants were present with 4 males and 11 females. All focus group members completed AFRUCA questionnaire to capture individual knowledge before the focus group session.

Key Outcomes of the Focus Group

Awareness of FGM

Participants disagreed that labia elongation was Female Genital Mutilation. This is what is practised as part of their culture and so it is very important to them. Some of the

participants agreed that some of their families and friends have practised pulling of the labia though some preferred not to say anything.

Participants were not aware of other types of FGM or how they are carried out.

Reasons for the practice of FGM

The following reasons were given;

- Members indicated that it is part of culture
- Preparation for marriage
- Enhance sexual pleasure for men and women
- To be a respected member of the community.
- To be able to have a normal childbirth.

Personal Experiences and Attitudes towards FGM

When asked about their personal experiences of FGM, some said they had done it because it was considered a normal part of life and accepted by the community.

When asked if they would consider doing the procedure to their children, the response to this was ‘no’ for some; others did not respond to this question while others mentioned they will let their children make that choice. One participant said that ‘it hurts more if you leave it after one starts menstruation.’

When asked if their children had undergone the procedure some participants said ‘yes’, for those older daughters born abroad, while others did not respond to this question.

When asked if they knew any people who carry out FGM practices or elongation of the labia, in Greater Manchester, the response to this was ‘no’, but they all agreed it was always someone in the family who talked to the girls. For example it was common back home for an older woman to talk to the girls and their own peers about the necessity of pulling.

Consequences of Not Performing FGM

The following responses were given;

- You may not get married or be divorced by husband.
- Stigmatisation.
- Some said that there were no consequences as such but you would not feel right or as part of the community.

Action and reporting on FGM

Participants were asked what action they would take if they knew a young girl/child was about to have the FGM procedure done on them. The following responses were given:

- Talk to the parent.
- Another mentioned may be they would call the police anonymously or ask someone respected to speak to them.
- Talk to their church elders.

In regards to the law on FGM in the UK, participants said they were not aware of the details regarding the FGM law.

Service Provision in Greater Manchester - FGM Related Services

When asked if they were aware of any support services available to provide advice/treatment/education to people affected by FGM respondents said ‘no’.

Other comments

Participants were asked if they had anything to add to the FGM discussion.

- Participants said pulling was a common practice in Rwanda, Burundi and neighbouring countries and now that they know it was against the law will abandon it.
- Another participant indicated that other types of FGM are painful and very dangerous but at least this practice was ‘not as bad’.

3.6 Focus Group Session with the Guinea Bissau/Sierra Leonean Community In Greater Manchester

COUNTRY PROFILE: GUINEA BISSAU

• The national prevalence rate of FGM in Guinea-Bissau stands at 50% with types I, II & III of FGM practised across the country.

• Half of all girls and women of reproductive age have undergone FGM and the practice is nearly universal among Muslims. Around one in three girls are cut after the age of 10.

• FGM is practised as an initiation rite to mark the transition from childhood to womanhood.

In 2011 Guinea-Bissau passed a national legislation banning FGM

COUNTRY PROFILE: SIERRA-LEONE

• The national prevalence rate of FGM/C for Sierra-Leone is 88%.

• Around 9 in 10 girls and women in Sierra-Leone have undergone FGM with 6 in 10 undergoing the practice before the age of 10.

• FGM is practised as an initiation rite to mark the transition from childhood to womanhood.

Types I, II & III are the main FGM/C types practised in the country.

AFRUCA Focus Group Session: Profile

The total number of participants for this group was 5 and all were female. Focus group session was held on 9 September 2014.

All participants completed AFRUCA's questionnaire to capture individual knowledge before the focus group session.

Key Outcomes of the Focus Group Session

FGM Awareness

Members collectively agreed that the types of FGM practised in their various communities are type I, II & III. The whole group said that majority of their families and friends have undergone FGM.

Reasons for the practice of FGM

The following reasons were given;

- Members indicated that it is a way of life.
- Preserve virginity.
- Family requests it.
- To be a respected member of the community.
- Rite of passage.
- It is the norm in society

Personal Experiences and Attitudes towards the practice of FGM

When asked about their personal experiences of FGM, response to this was 'yes'. Nearly everyone in the group had had it done and it was a normal part of life and accepted by the community. One participant pointed out that most women have had it done and those who had not had it may not have grown up in the country. Yes, they considered it as part of life especially for marriage preparation and sexual pleasure for the husband. Some admitted they were living with the side effects of having it done. Only one participant said they had not had it done and have had no issues at all.

When asked if they would consider doing the FGM procedure to their children, some said 'no' while most did not give their opinion on this. Others said they will let their children make that choice when they grow up. Some participants said most children born in Guinea- Bissau and Sierra Leone were at risk.

When asked if they knew anyone who would carried out FGM or circumcision in Greater Manchester, the response to this was 'no'.

Consequences of not Performing FGM

The following responses were given;

- Unhappy life or no marriage
- Stigmatisation.
- You would become an outcast.
- No prominent responsibility will be given to you in your community.

General awareness of available services related to FGM in Greater Manchester

When asked if they were aware of any support services available to provide advice/treatment/education to people affected by FGM, respondents said ‘no’.

Action and reporting of FGM

Respondents were asked what action they would take if they knew a young girl/child was about to have the FGM procedure done on them. The following responses were given:

- Send someone to speak to them.
- Talk to their church /community elders to raise awareness with them.
- Call the police

AFRUCA’s Observation on Focus Group.

This group of participants agreed that female circumcision was a way of life for them as almost all women they knew had to have it done. One particular respondent was worried for her 2 daughters back home in Sierra Leone being at risk as her own father had called her and told her that they were of age and there was nothing she could do about it.

3.7 Focus Group Session with the Somali Community In Greater Manchester

COUNTRY PROFILE: SOMALIA

• The national prevalence rate of FGM in Somalia stands at 98% with types I, II & III of FGM practised across the country.

• FGM is nearly universal among girls and women in Somalia, with the practice being done between the ages of five and nine.

• More than half of girls undergo the most severe form of FGM also referred to as 'pharaonic circumcision' (Type III).

• Legislation banning FGM in Somalia was passed in 2012.

AFRUCA Focus Group Sessions Profile

Focus group event was held on 22 December 2014. A total of 14 participants were present and all were female. All the women said that they were born in Somalia and not all could speak English, so an interpreter was used during the group discussion. Those who could speak English were asked to fill in a questionnaire before the group discussion, in order to capture individual knowledge of FGM.

Key Outcomes of the Focus Group

Awareness of FGM

Members collectively agreed with the Type of FGM practiced in their community as Type I which they called 'Sunna' and Type III which they referred to as 'phroni'. None had heard of Type IV. The whole group said that all of their families and friends had performed FGM with an exception of a few born here in the UK.

Reasons for FGM

The following reasons were given;

- It is a cultural practice
- To keep women whole before marriage
- To keep the girl “clean”
- To be a respected member of the community.
- Religious reasons (Muslims)

Personal Experiences and Attitudes towards FGM

When asked about their personal experiences of FGM, everyone in the group had undergone FGM as a child and it was a normal part of life and accepted by the community. One participant pointed out that most women have had it done if they are honest. Yes they considered it as part of life.

When asked if they would consider doing the procedure on their children, the response to this was ‘yes’ for some especially to their older daughters born abroad while others did not respond to this question. Some admitted the long arm of the law was the only deterrent otherwise they would have done it to their children. The most important reasons given for this practice were preparation for marriage and to fulfil religious and traditional requirements.

When asked if they knew anyone who would carry out any form of female circumcision in Greater Manchester the overall response to this was ‘no’ but they all agreed that it was easy to find a cutter if one wanted to, however they did not want to discuss this issue further.

Consequences of Not Performing FGM

The following responses were given;

- You may not get married or be abused by your husband.
- Stigmatisation
- It has never been challenged in their practising communities so it continues.

- You cannot refuse because you have no option really as it is the parent's responsibility to make sure the children are cut.

Action and reporting on FGM

Participants were asked what action they would take if they knew a young girl/child was about to have the FGM procedure done on them. The participants said they would talk to the parent and tell them that in the UK it was against the law.

In regards to the law on FGM in the UK, participants said that they had heard that FGM was illegal but were not aware of the details of the law.

Service Provision in Greater Manchester - FGM Related Services

When asked if they were aware of any support services available to provide advice/treatment/education to people affected by FGM, participants said 'no' to this question.

Other comments

Participants were asked if they had anything to add to the FGM discussion.

- Participants said for them it was a common practice in Somalia and neighbouring countries.
- Another participant indicated that FGM is painful and has side effects but culture is culture and no one will marry their girls here if it is not done.

AFRUCA's Observation of Focus Group

This group of participants agreed that FGM was a way of life for them as all participants had undergone the practice. They seemed very reluctant to the idea of abandoning the practice and were genuinely worried for their daughters' future if they would not undergo FGM.

3.8 Focus Group Session with the Sudanese Community In Greater Manchester

COUNTRY PROFILE: SUDAN

- The national prevalence rate of FGM in Sudan is 88%
- Types I, II & III of FGM are practised across the country.
- 9 out of 10 girls and women in Sudan have undergone FGM and more than half of girls are cut by health personnel.
- Infibulated Sudanese women normally undergo reinfibulation after giving birth
- A national legislation banning FGM was passed in some states between 2008 and 2009. However, only the most severe form of FGM is prohibited by law.

AFRUCA Focus Group Events Profile

Two separate events were held on 10 September 2014 for women and on 27 November 2014 for men as we were advised that neither sex will openly talk about FGM in the same environment.

Women's Session

The total number of participants for this group was 13 and all were female.

All participants filled in AFRUCA's questionnaire to capture individual knowledge before the focus group.

Key Outcomes of the Focus Group Session

FGM Awareness

Members collectively agreed that the Types practised in their community were Type I, II & III. They had no knowledge of type IV FGM.

The participants acknowledged that some of their families and friends have performed FGM Types I, II & III.

Reasons for the practice of FGM

The following reasons were given;

- Members said the practice is deeply rooted in their culture
- Increases sexual pleasure for men
- Some said to keep women whole before marriage.
- To be a respected member of the community.
- To have an easy delivery during childbirth.
- “It is expected of you as a woman”

Consequences of not Performing FGM

The following responses were given;

- You may not get married or may get divorced by your husband.
- Stigmatisation
- “You can’t refuse as it is done when you are a child”

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Personal Experiences and Attitudes towards the practice of FGM

Response to this was ‘yes’ nearly everyone in the group had had it done and it was a normal part of life and accepted by the community. “No woman can stand in the community and say they have not had it done if she were a real Sudanese”.

When asked if they would consider doing the procedure to their children, the response to this was ‘no’ for some, because it is against the law of this country, others did not respond to this question while others said they will let their children make that choice.

When asked if their children had undergone the procedure some participants said ‘yes’ mainly types I, II & III for those older daughters born abroad. Others said it has not been done here but back home in Sudan.

When asked if they knew anyone who would carry out any form of FGM in Greater Manchester, the response to this was: 'no', but they all have heard of cutters in the Manchester area.

General awareness of available services related to FGM in Greater Manchester

When asked if they were aware of any support services available to provide advice/treatment/education to people affected by FGM, respondents said 'no'.

Action and reporting of FGM

Respondents were asked what action they would take if they knew a young girl/child was about to have the FGM procedure done on them. The following response was given:

- Have a word with the parent and raise their awareness of the law.

Men's Session

An interview was held with two male members of the Sudanese community in Greater Manchester on 27 November 2014

According to the two male interviewees', FGM types I, II & III are practised within the Sudanese community. Majority of women of Sudanese origin have undergone the procedure. After birth the women will have it done again (Re-infibulation). The procedure is done to children aged 4-6 years. Women who refuse to undergo the procedure end up divorced especially if married to Sudanese men from home.

According to these respondents, FGM is a taboo and never discussed within the male community. If any discussion came up about FGM, the men leave the room.

According to one of them in their own words "I can't think of a country where FGM is practised across the board. Christians, Muslims and every other person in Sudan practise FGM. It is embedded in the community.''

They indicated that it is not a hidden issue in the Sudanese community. Even the religious leaders speak for it, and they encourage parents to prepare their children for this rite.

The reasons for FGM is connected to control or to stop pre- marital sex, preserve virginity and show love.

They said that when women enter new relationships, they re-do the procedure to show love. This is referred to as 'Taadeel' – that is 'to repair', 'cement' and 'secure' new relationships. This means that FGM is a continuous practice and not a one off act. It increases pleasure for the men and also adds value to a relationship to know a woman has done it again for them.

They said a few men have said they preferred women who have not had FGM done after comparing with their experiences of being with non-Sudanese women. Within certain communities however such a disclosure could not be made especially in the rural areas where the culture is deeply imbedded.

The interviewees said that even in the UK, British Sudanese women originally from Sudan if married to Sudanese men, end up divorced when they discover the women have not had FGM done. "The divorce is almost immediate" said one interviewee. "It is happening as we speak," he said. Women have it done to save their marriages.

They said most children born here have not had FGM done, but some are taken outside of the country to have the procedure done.

Circumcisers are present in the community and women will go to extreme lengths to have it done. The interviewee's informed us that although this goes on in the community, a focus group of all women will not be as outspoken and truthful of the true extent of FGM and how it is practised.

3.9 Focus Group Session with the Ugandan Community In Greater Manchester

COUNTRY PROFILE: UGANDA

• The national prevalence rate of FGM in Uganda is only 1%.

• The types of FGM practised include I, II, III & IV.

• The prevalence of FGM in Uganda is very low compared to other African countries. The prevalence rates vary from region to region with highest rates occurring in Karamoja (4.5%) and Eastern region (2.3%).

• Girls are cut between ages of 10-15 with ceremonies usually taking place at different times of the year.

• Type IV Genital Pulling or Genital Elongation is done by gradually stretching the labia minora and is practised by girls before they start menstruation. Labia Elongation has received less international attention than other forms of FGM. SSengas (aunties) are responsible for teaching young girls how to pull their labias.

In December 2009 the Ugandan parliament passed the prohibition of Female Genital Mutilation Act and this came into effect on 9th April 2010. Even though the law is against all types of FGM but many do not recognise labia elongation as FGM.

AFRUCA Focus Group Profile

Focus group event was held on 29 September 2014. A total number of 12 participants were present with 2 male and 10 female. All focus group members completed AFRUCA questionnaire to capture individual knowledge before the focus group session.

Key Outcomes of the Focus Group Session

Awareness of FGM

Participants agreed they knew of Type IV specifically the pulling of labia (Elongation) mainly practised in Buganda and a few other communities. Knowledge of other types of FGM was minimal.

Some participants were surprised that labia pulling/elongation is also classified as FGM arguing that it cannot be compared to other extreme types like I, II and III. Participants generally agreed that this practice is common and has been around for generations though they could not elaborate further since it has never been an issue that is publicly debated.

Reasons for the practice of FGM

The following reasons were given by the respondents

- It is a cultural practice that has been around for generations.
- To enhance sexual pleasure for both men and women
- Preparation for marriage
- Potential disruption of relationships in future if it is not done.
- Generational influence/ peer pressure. Further to this, a member said it was a common practice in the boarding schools they attended.
- Lack of awareness with regards to the dangers. They didn't know any dangers associated with this type of FGM (Pulling of the labia).
- One member mentioned that if you didn't want to do it then, you were told all sorts of stories and threats in order to convince you to do it. But being young you would believe everything.

Personal Experiences and Attitudes towards FGM

When asked about their personal experiences of FGM/labia elongation, some acknowledged they had done it while others preferred not to say.

When asked if they would consider doing the procedure to their children, almost half of the respondents said 'yes' while the rest said 'no' or did not give their opinion. Some of those who said 'yes' also indicated they would consider telling their children to do it after they have reached 18 years if they wanted. When asked if they knew anyone who carry out labia elongation or female circumcision in Greater Manchester the response to this was: 'no'. One of the participants mentioned that for this type of practice (elongation of the labia), you do not need someone to do it on you. You are simply taught the procedure and you do it by yourself.

Consequences of Not Performing FGM

The following responses were given;

- Threats of not getting married or being rejected by your husband/partner.
- It can be given as an excuse for cheating/committing adultery and society would accept it to some extent.
- Stigmatisation by the community
- Members said the practice has never been challenged in their community so it continues.

Action and reporting of FGM

Participants were asked what action they would take if they knew a young girl/child was about to have the FGM procedure done to them. The following responses were given:

- Talk to the parent.
- Another indicated that in their communities people do not share this information even to close relatives. “It is a practice known but people maintain their privacy on when and how they do it to their kids”.
- Some indicated they don’t know any dangers associated with Labia Elongation so they would do nothing or in a worst case scenario they would caution the parent that they risked jail.
- Another honestly mentioned they would not tell the authorities.
- Another mentioned they would make anonymous calls to the police.
- Yet another participant mentioned that in their communities, people do not want to be told the reality of the actions they do. They take offence at it.

In regards to the law on FGM in the UK, half of the participants indicated that they have heard about it but do not know the content while others did not have any awareness of the law since they never considered labia pulling as genital mutilation.

Service Provision in Greater Manchester - FGM Related Services

When asked if they were aware of any support services available to provide advice/treatment/education to people affected by FGM respondents said ‘no’. Though

one of the female participants indicated that may be children's services would provide that or even AFRUCA.

Other comments

Participants were asked if they had anything to add to the FGM discussion. They gave several responses to this, some in form of opinions while others recommendations.

- Female participants suggested that more males should be targeted during the awareness sessions because the practice is mainly done for their benefit. One stated that, there is need to involve more men, if we are to tackle the FGM practice.
- A female respondent suggested to other participants that they should go back and enlighten their spouses/partners about FGM and its implications.
- Another participant indicated that FGM is more about pleasure and control for men.
- There was a suggestion for more visual inputs during the awareness sessions especially for the benefit of men to see the process.
- Another said AFRUCA needed to realise the position of the community in terms of their perceptions of FGM and how to move on from there.

Respondents said that the work on FGM should revolve around what is realistic for the community. They gave the following suggestions:

- Have sessions to educate the community about their responsibilities regarding FGM practices.
- AFRUCA needs to work around realities not statistics
- Raising awareness especially on the dangers of the practice
- One participant said: 'If you want to classify pulling as FGM, first carry out research on the impact, as most of us who have done it have no known negative effects'.
- Participants agreed that this practice has been done for generations in their community so it cannot just go away quickly. Communities have attachments to their cultural practices.

- Suggestion for AFRUCA to do research on those who have done the practice (females) and beneficiaries (males) to assess the impact of elongation.

AFRUCA's Observation on Focus Group.

According to findings from the group, Type IV pulling of the labia is not perceived as FGM. There are indications that people do not think the UK law on FGM applies to this practice.

3.10 Focus Group Session with the Zimbabwean Community in Greater Manchester

COUNTRY PROFILE: ZIMBABWE

Zimbabwe is not listed among the countries that practise FGM. However there are indications that Type IV (pulling of labia) is widely practised as part of tradition. This is the rite that initiates a girl from a baby to the stage of puberty before the girl starts menstruating. This rite involves elongation of the girls' labia minora.

Women who have elongated labia minora are perceived and perceive themselves as having attained a higher level than those who have not. They perceive themselves as having an advantage of acquiring marriage and can sexually satisfy men better than those who have not elongated. Thus, those who have not elongated are always ridiculed by those who have elongated by calling them names such as 'master-mistress'.

AFRUCA Focus Group Profile

Focus group event was held 30 September 2014. A total of 13 participants were present and all were female. All focus group members completed AFRUCA questionnaire to capture individual knowledge before the focus group session.

Key Outcomes of the Focus Group Session

Awareness of FGM

Members collectively agreed that the type practised in their community was Type IV. They were shocked by the other types and thought of them as brutal and saw no need for them.

The participants acknowledged that some of their families and friends have practised Type IV FGM (Elongation).

Reasons for the practice of FGM

The following reasons were given;

- Members indicated that it is part of tradition
- Preparation for marriage
- To be able to please your husband
- To be a respected member of the community
- To be able to have children
- Peer pressure.

Personal Experiences and Attitudes Towards FGM

When asked about their personal experiences of FGM, some said they had done it because it was considered a normal part of life and everyone in the community knew it. One participant pointed out that most women have had it done if they are honest. Yes, they considered it as part of life. Some though said they had not had it done and have had no issues at all.

One participant explained the way it was done using a bitter stingy plant called kanyangwe and the labia would be elongated within a week. Aunties (Makorekore) usually helped with the pulling. Girls do it in groups and can help each other and this is normally between the ages of 8 to 14.

One participant said that she knew of a group where women that have not had it done may not have children.

When asked if they would consider doing the FGM procedure on their children, some said that their older children born in Africa had done it before they had relocated to the UK, others said they would leave them to make their choice when they are 18. Others did not give any opinion.

When asked if they knew anyone who would carry out labia elongation or female circumcision in Greater Manchester, the response to this was: 'no'. However, they all agreed that it was always someone in the family most likely a paternal aunt who teaches the girls who are then encouraged to do it themselves.

Consequences of not performing FGM

The following responses were given;

- No man will want to marry you, but if he did he could use it as an excuse to leave you for someone who has had it done.
- Stigmatisation
- Some said that there were no consequences as such but you will not feel right or as part of the community.

Action and reporting of FGM

Participants were asked what action they would take if they knew a young girl/child was about to have the FGM procedure done to them. The following responses were given:

- Have a word with the parent and raise their awareness of the law.
- Another mentioned they would call the authorities anonymously or ask a respectable person to speak to them.

In regards to the law on FGM in the UK, some participants said they knew there was a law making FGM illegal but they did not relate it to the kind of practice they do because it is not comparable to the other extreme forms of FGM.

Service Provision in Greater Manchester - FGM Related Services

When asked if they were aware of any support services available to provide advice/treatment/education to people affected by FGM, participants said 'no'.

Other comments

Respondents were asked if they had anything to add about the FGM discussion.

- Participants indicated that this Type IV FGM was a common practice among some groups in Zimbabwe and they did not know any dangers associated with it unlike some other types that are painful and dangerous.

AFRUCA's Observation on Focus Group.

This group acknowledged that for the practising communities, it is a way of life with no known risks or dangers. For this reason, most participants did not think labia elongation was covered under the UK Law on FGM.

CHAPTER FOUR- ANALYSIS AND INTERPRETATION OF FINDINGS

This study by AFRUCA has demonstrated that the practice of different types of female genital mutilation exists across many different African communities in Greater Manchester. However, we believe some denial of this fact exist within some of the communities. Overall, most of the participants who took part in the focus groups did not want to admit to having any previous knowledge or personal experience of FGM or its occurrence in their community even though they talked at length about related issues, especially in terms of the consequences of not having it performed. We believe this denial stemmed from the fear of admitting to knowing of a practice which is illegal in the country. Deducing from the discussions, it seemed many of the participants did not agree that Female Circumcision (FGM) is or should be a criminal offence because it is part of their culture which had been done for generations. It is clear that many do not consider this practice as illegal – certainly many do not consider what they see as "tidying down below" as genital mutilation.

A hidden slant to this was that some felt their culture was being targeted. The view of some participants that female circumcision was "akin to the male version (male circumcision) so there was nothing wrong with having girls circumcised" is instructive here. In addition, some of the communities said even though they had heard about FGM, they never connected this with female circumcision so did not see their communities as perpetrators of female genital mutilation or committing acts which are illegal in the UK. Even though most of the countries of origin do have laws against FGM these are often on paper and not enforced, with most people unaware of these laws and their impact as there are hardly any prosecutions. This shows that a lot of work is needed to educate people about UK legislation on FGM.

A major observation from this study is that people were willing to drop the practice for fear of prosecution but not necessarily because of the risks associated with FGM. It is therefore important to engage closer with these communities to raise awareness regarding the risks of harm posed by female genital mutilation to women and children.

Another angle to the above is the dilemma around Type Four FGM – labia elongation and the views within practising communities that it is "safe" and "not FGM". Countries like Zimbabwe, Uganda, Rwanda and Burundi are not on the WHO/UNICEF radar but do

practise Type Four FGM. Of course these countries have their nationals across Greater Manchester as evidence by them taking part in the different AFRUCA focus groups sessions. The fact that most participants from these communities do not consider labia elongation as female genital mutilation and therefore not covered by UK law calls for better clarity in local policies, procedures and guidance about it - for the benefit of practitioners like teachers, social workers, law enforcement officers and the communities themselves. Targeted work needs to occur with these communities in raising the issue and educating people about what the law actually says on FGM and the consequences of offending. We also believe there is a key role for law enforcement and children's services here in understanding labia elongation, how it is done, the possible damage it can cause – least of all the risk of child sexual abuse – and the need to educate practising communities that it does constitute Female Genital Mutilation under UK Law so it is illegal.

The **role of 'cutters'** – that is women who perform the procedures is important. We note the 'culture of silence' and reluctance of some focus groups participants to admit to knowing anyone who would perform FGM, but saying everyone knew where to go if they needed one. The fact that cutters are also able to travel across the country for this purpose is worthy of note as this has implications for the various law enforcement agencies and we call for more joint efforts between agencies and communities in strengthening modes of identifying perpetrators. Allied to this is the fact that a few of the participants admitted to knowing that children are being taken back to their countries of origin to have FGM procedures done, especially during the summer holidays. It means immigration agencies must be aware of the fact that based on this piece of work by AFRUCA, children from many different communities may be at risk, and efforts to safeguard children at points of departure must be broad-based and not just focus on a few identified communities.

The '**culture of silence**' around FGM was also evident in participants telling us most people would not inform others if they were going to perform the procedure on their children; the point being that FGM is a 'private practice' where everyone involved is committed to keeping it within the family. There are implications of this for disclosure by children – and indeed it could be a reason why children may not disclose that they have had FGM done to them.

Another issue arising was the idea of FGM being seen as an act of "love and protection" for their girls. The main issue which we felt was important for participating communities

was the consequences of not having it done on the girls' ability to get a husband in future, with the possibility of becoming an outcast if it is not performed. As one participant said: "If your child is suffering because she was not circumcised, what will you do?" This feeling was very common across the different communities taking part in the focus group sessions, no matter what type of FGM is involved. We believe it also showed the dilemma many people in the community might face in making decisions not to have the procedure done to their children. On one hand if they do it, they risk facing the wrath of the law, yet on the other hand their children would become outcasts if FGM is not performed. This calls for targeted action across Greater Manchester to undertake programmes to educate both men and women in these different communities about the negative impact of FGM in its variations on children and to employ innovative means of de-emphasising its importance and role in marriage in order to protect children. The role that men in practising communities can play in helping to achieve the above is highly significant.

In conducting targeted education programmes, emphasis needs to be placed on the role young people themselves can play in speaking out against female genital mutilation. Whereas their parents might feel this is an important cultural practice done for their benefit, young people might not agree – because they are aware of the negative consequences. Young people need to be provided with different platforms to speak out against female genital mutilation in their communities so as to help protect other children and young people and engage in intergenerational dialogue with their parents and adults in their communities. Work in schools to educate children about the practice is essential.

We felt it was instructive to see the different roles ascribed to community and faith leaders in addressing the practice. While some communities felt that their leaders would be able to talk to families who wished to have FGM performed on their children and perhaps discourage them from doing so, other communities felt that their faith leaders played a key role in promoting FGM as a cultural and religious practice which underpinned their identity. For this reason, working with faith and community leaders to address their attitudes towards the practice is crucial – as well as their role in helping to create change by educating their community members.

We note the responses given by some participants about allowing children to make the decision when they become adults whether to have FGM done or not. The notion of informed consent in relation to work to tackle female genital mutilation is important and has been overlooked by many agencies and the communities themselves. However, we

note the vulnerability of women in communities who might feel powerless and unable to make an informed decision due to cultural and family pressures.

Targeted education is also essential in working with communities to understand the wider impacts of FGM and in debunking the myths surrounding the practice. For example, some participants said that if children did not have the procedure done on them, they will get infections, as they knew children who were always itchy down there due to the fact that they had not been cut. Another myth was about women who had not been circumcised becoming promiscuous. Yet, another was about women dying in child-birth if it is not performed. Clearly a lot of work is needed to help educate many in practising communities about the myths surrounding genital mutilation, the fallacies about impact as well as the importance of protecting children against far reaching, harmful acts done to them based on cultural myths.

This piece of work also showed that there is a gaping hole in terms of the provision of support for those who might require it – be they parents, adult victims or children. AFRUCA has been running community education programmes and certified specialist training programmes for practitioners to help improve knowledge and understanding of FGM. We are also working with young people, appointed as our “Anti-FGM Champions” to undertake community awareness raising on the subject. We are aware that NESTAC has been working to provide support for FGM victims in Manchester. However, a lot more needs to be done. There needs to be more services which cover the whole of Greater Manchester where victims can go for support and help and outreach work can be spread out right across the region.

CHAPTER FIVE – CONCLUSIONS AND RECOMMENDATIONS

- Community engagement is crucial to help tackle the risks of female genital mutilation to children and women. Agencies and charities across Greater Manchester should engage in widespread community education programmes that will help to raise awareness of the law on FGM, the consequences of offending and most importantly, educate different communities about different types of FGM and the consequences of performing these, under UK law. However, we need to address FGM in a way that does not attack people's culture but rather work with them to become stakeholders in the change needed to fight FGM through effective community education and engagement.
- More specifically, we call for better education and awareness raising about Type Four FGM Labia Elongation – especially for the benefit of practitioners like social workers, health workers, law enforcement officers and communities themselves and to protect children at risk in practising communities.
- Professionals and their agencies working with victims of FGM or those at risk also need to develop better cultural awareness of the range of FGM practising communities on many levels. They should work with organisations like AFRUCA who have a proven track record of successfully working within African communities to understand cultural practices that may cause harm to children. This will help to build their cultural competencies and improve capacity to successfully intervene, assess and provide support in related cases.
- It is very essential that in order to address the practice, work with men is prioritised. Although FGM is done to please men as this study has shown, their opinions and views of FGM are not really known or documented. Separate FGM awareness sessions should be conducted to reach out to the men in practising communities. One of the reasons for this is that in some communities where men were present as part of the focus group sessions we held as part of this study, men were more dominant in the discussions than women. At the same time, women could not fully express their views out of deference to the men present. If we can change the male mind-set it will contribute significantly to the way FGM is perceived. For example, in some communities where men have come out to speak or support Anti FGM campaigns, there have been some changes noted.

- More robust work needs to be done with young people both males and females through projects like AFRUCA's Anti FGM champions' project. The number of at-risk children can be reduced by raising awareness among younger people for example in schools. Engaging young people will help to promote intergenerational dialogue and debate about the impacts of FGM and also raise awareness of the support for children at risk.
- We call for efforts to prioritise work with schools in order to reach out to children via this means. Schools can be an important avenue to educate children about the practice and to let them know what to do if they feel at risk. It is also essential that school teachers are able to enhance their knowledge to be able to protect the children in their care.
- Many recent reports on Female Genital Mutilation have highlighted that unless the communities themselves decide to abandon the practice it will take a long time for it to be successfully eradicated. Community leaders, faith leaders and family/clan leaders should be fully involved in the planning of support and delivery of targeted programmes for communities. This is because they understand their own people's ways of life and are able to influence their communities to rethink entrenched cultural practices – for example FGM rites of passage. They can influence their people to bring about change while maintaining their unique culture.
- There needs to be more resources put into the establishment of support programmes for victims of FGM across Greater Manchester. The current provision is inadequate and with increased awareness and reporting, will not be able to meet the needs of victims.

- FGM in all its forms is of concern to us at AFRUCA and to child safeguarding and welfare professionals. We have developed an action plan to begin to address some of the findings from this research with agencies and communities across Greater Manchester. This includes commencement of targeted community education programmes and holding briefing sessions with a range of agencies to discuss how to address the findings in the report. The work of our newly recruited Anti-FGM Youth Champions will be part of AFRUCA's efforts to address the issue of FGM across Greater Manchester.

Appendix One

FGM Community Questionnaire

The main purpose of this research is to identify prevalence and presence of FGM in Greater Manchester

1. Sex Male ☐ Female ☐

2. Age Group 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55 - ☐

3. What is your religion?

4. What is your country of Origin?

5. What is your Ethnic group and Language Spoken?

6. How long have you live in the United Kingdom 0 – 5 ☐ 5 -10 ☐ 10 ☐ more

7. Which borough do you reside in?

Manchester		Bury	
Trafford		Rochdale	
Salford		Oldham	
Wigan		Tameside	
Bolton		Stockport	

8. Have you heard of the following:

a) Female Genital Mutilation		f) Infibulation	
b) Piercing		g) Cutting of clitoris	
c) Sunna		h) Excision	
d) Circumcision (full or partial)		i) Using of herbs or alum (Tighten and Narrow)	
e) Pulling of labia		j) Scraping and Pricking	

9. Does your family or community practise any of the above? Yes ☐ No ☐

If yes which one of the above.....

10. Why does your family or community do it?

.....

	Yes	No
11. Was the above done to you	☐	☐
12. Has it been done to your children?	☐	☐
13. Will you have done to your Children	☐	☐

14. If you answered yes to above questions please give details

.....

15. What are the consequences of not having it done?

.....

16. Do you know of any community or people involved in the above practices in Greater Manchester? Yes ☐ No ☐

If yes give details.....

17. Are you aware of any FGM services i.e. health, advice, education and social links within your community? Yes ☐ No ☐

If yes give details.....

18. If there is anything you want to add please give details.....

Thank you for taking part in this research, all contribution will be treated with confidentiality

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