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WORKING DOCUMENT

FEMALE GENITAL MUTILATION

**Report on Consultations
Held in
Ottawa and Montreal**

**Lula J. Hussein
with support from the Horn of Africa
Resource and Research Group
and
Marian A.A. Shermarke**

1995

WD1995-8e

UNEDITED

**Research, Statistics and Evaluation Directorate/
Direction générale de la recherche,
de la statistique et de l'évaluation**

**Civil Law and Corporate Management Sector/
Secteur du droit civil et gestion ministérielle**

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	vii
1.0 INTRODUCTION	1
2.0 OTTAWA CONSULTATIONS	3
2.1 Introduction	3
2.1.1 History of the Horn of Africa Resource and Research Groups' Work on Female Genital Mutilation	3
2.1.1.1 Somali Women's Community Education Project in Ottawa-Carleton	3
2.1.1.2 Educating Health Professionals on FGM	4
2.1.1.3 Planning Strategies	5
2.1.2 Purpose of Current Project	6
2.1.3 Implementation	7
2.2 Process and Format: Opening Plenary	8
2.3 Workshop Reports	9
2.3.1 Community perspective on FGM	9
2.3.1.1 The Use of Offensive Terminology and/or Labels	9
2.3.2 Reasons for Wanting to Continue the Practice of FGM	10
2.3.3 The Need for Community Information on FGM	12
2.3.4 What Message Needs to be Conveyed to the Community?	13
2.3.5 Method of Dissemination of Information	14
2.4 Conclusion	15
2.4.1 Analysis	15
2.4.2 Recommendations	17
3.0 MONTREAL CONSULTATIONS	19
3.1 Introduction	19
3.1.1 Objectives	20
3.1.2 Process	20
3.2 Opening Plenary	21
3.3 Workshop Reports	22
3.3.1 Community Perspectives on FGM	22
3.3.2 Reasons for Wanting to Continue the Practice of FGM	23
3.3.3 The Need for Community Information on FGM	25
3.3.4 What Message Needs to be Conveyed to the Communities?	26
3.3.5 Method of Dissemination of Information	27
3.4 Closing Plenary	29
3.4.1 Concerns of Youth	30
3.4.2 Women's Concerns	30
3.4.3 Skepticism	30
3.5 Conclusion	32

3.5.1	Analysis	32
3.5.2	Recommendations	33

APPENDICES

APPENDIX A:	QUESTIONS USED AT CONSULTATIONS	35
APPENDIX B:	INFORMATION KITS PROVIDED AT CONSULTATIONS	41
APPENDIX C:	POEM ON FGM	81

EXECUTIVE SUMMARY

INTRODUCTION

The federal government has been addressing the issue of Female Genital Mutilation (FGM) for several years. One component of this initiative has been the establishment of the Federal Interdepartmental Ad Hoc Working Group on Female Genital Mutilation. The Federal Working Group has undertaken to conduct consultations in Ottawa and Montreal, with members of communities in which FGM is a traditional practice. The purpose of the consultations was to discuss the most appropriate way in which to educate members of the community on the following issues surrounding FGM: the application of Canadian laws, health risks, and cultural/religious issues.

The consultations were conducted between February and March, 1995 and had the following objectives:

- to discuss the most appropriate ways in which to educate members of concerned communities about Canadian criminal law relating to FGM, health risks associated with FGM, and cultural/religious issues surrounding the issue;
- to provide the Federal Working Group with recommendations regarding sensitive and effective measures that can be undertaken by the federal government to ensure that the practice of FGM does not occur in Canada.

FORMAT OF THE CONSULTATIONS

At the Montreal consultations, participants were invited from 14 different ethnic communities. To ensure that the information gathered would represent a balanced expression of community opinion, one man and one woman from each community were invited to attend. In addition, wherever possible, a teenager was also invited, so as to provide both an adult/youth and a male/female perspective of the issue.

In order to get a cross-sectional representation of the Somali community in Ottawa, three separate consultations were undertaken: consultations with women, mostly young mothers and grandmothers who have limited access to services and information; consultations with women and men currently working in service-providing positions in the community; and consultations with university students. Those invited were predominantly women, but men and youth were also well represented.

The main difference between the Ottawa and Montreal consultations was that individuals from 14 ethnic communities were invited to the Montreal consultations, while at the Ottawa consultations, the focus was on the Somali community.

The combined groups of participants reflected a good cross-section of community persons with differing perspectives on the issue. The participants included well-educated persons, for example professionals from different areas of expertise, as well as community members who are more socially isolated and have little or no formal education.

RESULTS

The following is a summary of the results of the consultations:

Community Perspectives on FGM

Most of the participants stated that the practice of FGM was not surprising to them because they had been socialized to accept it. However, they emphasized that not many members of their communities were interested in pursuing this practice in Canada because they knew the practice is not accepted here.

Continuing the Practice of FGM

Although participants felt that few people in their communities wanted to pursue FGM in Canada, they revealed a number of pressures which may aid in perpetuating the practice. These pressures were the same among the different ethnic communities which took part in the Montreal and Ottawa consultations. The pressures reflect the same rationale that has helped to perpetuate the practice in their countries of origin namely, cultural, societal pressures and the misinterpretation of religious doctrine.

In countries that some participants came from, it is widely accepted that girls should be "circumcised", as circumcision is seen as something positive, linked to marriageability, childbearing and the continuation of one's community. For a girl not to marry would be a disgrace to both her and her family. Though the Koran (and other scriptures) do not mention female circumcision, many people believe that it is a religious requirement. People from countries where FGM is practiced, but who are now living in Canada, continue to feel the weight of these beliefs. Many face pressure from relatives in their home country, as well as from elderly family members in Canada. Some may want to continue the practice out of fear of losing their cultural identity in Canada - it is seen as a way of keeping daughters in the community and preventing their acceptance of Western standards of behaviour. Some individuals who came as refugees believe that they will one day be able to go back, therefore daughters need to be circumcised so they and their families will be accepted.

The Usage of Offensive Terminology

The majority of participants in both forums regarded the terminology used to describe FGM as offensive. For example, the Montreal participants objected to the use of the term "mutilation", while the Ottawa participants disagreed with the use of the term

"child abuse". Furthermore, the Ottawa youth group strongly opposed the use of explicit language to describe the consequences of FGM on women's sexuality. Participants suggested the use of terms with which they are familiar, such as female circumcision, clitoridectomy, excision and infibulation. They also made recommendations regarding the use of approaches, words and attitudes that would be acceptable to the different ethnic communities.

RECOMMENDATIONS

Although different ethnic communities participated in the Ottawa and Montreal consultations, the results and recommendations were very similar. The objective of the recommendations is to: improve the health status of girls/women who have undergone the practice; raise community awareness about the practice of FGM; and ultimately, to eradicate the practice of FGM in Canada.

The following is a summary of the recommendations:

1. That information about the legal implications and health risks associated with the practice of FGM be provided in a culturally sensitive and appropriate manner.
2. That community resource persons (including health professionals, religious leaders and community leaders) be actively involved in the delivery of information about FGM in the concerned communities.
3. That "outside experts", media sensationalization and the use of offensive language be avoided.
4. That community consultations and group discussions be made an ongoing process in order to take advantage of the momentum generated by these consultations, and to re-assess and increase the level of community awareness with respect to the issue of FGM.

1.0 INTRODUCTION

The federal government has been addressing the issue of Female Genital Mutilation (FGM) for several years. One component of this initiative has been the establishment of the Federal Interdepartmental Ad Hoc Working Group on Female Genital Mutilation. This Federal Working Group is chaired by Health Canada, and includes representatives from the Departments of Justice, Canadian Heritage, Citizenship and Immigration Canada, Status of Women Canada, and Human Resources Development Canada. The purpose of the Federal Interdepartmental Working Group is to work with concerned communities and advocates to inform and educate them on the Canadian laws regarding the practice of FGM and about the harmful health consequences of the practice of FGM in order to prevent the practice from being performed in Canada.

The issue of FGM has recently received increased public attention in Canada as more people immigrate to Canada from countries where FGM is a customary practice. As well, on March 8, 1994, the Canadian Advisory Council on the Status of Women released recommendations calling on all levels of government and members of the health, legal and social service professions to take strong action against the practice of FGM in Canada. In response to these recommendations, the federal Minister of Justice reviewed the criminal law's treatment of the practice of FGM and confirmed that existing *Criminal Code* provisions adequately prohibit its practice in Canada. In addition, he made a commitment to work with his federal, provincial and territorial colleagues to ensure effective enforcement of existing legislation to counter the practice and to provide effective, culturally sensitive public and professional education and information about FGM.

In support of this commitment, the Federal Interdepartmental Working Group undertook consultations in Ottawa and Montreal, with members of communities in which FGM is a traditional practice. The purpose of the consultations was to discuss the most appropriate way in which to educate members of the community on the following issues surrounding FGM: the application of Canadian laws, health risks, and cultural/religious issues. Similar consultations were conducted in Toronto by the Ontario FGM Prevention Task Force.

This report describes the consultations that were undertaken in Ottawa and Montreal and the issues discussed at the meetings. It also provides a list of recommendations from the consultations.

2.0 OTTAWA CONSULTATIONS

This portion of the report discusses consultations on FGM which were conducted in Ottawa. The first section is an introduction, which discusses previous activities on the issue of FGM carried out by the Horn of Africa Resource and Research Group. It also discusses the purpose and implementation of the current project. The second section describes the process and format of the opening plenary session. The third section discusses the workshop reports. The final section is an analysis and list of recommendations which flowed from the consultations.

2.1 Introduction

2.1.1 History of the Horn of Africa Resource and Research Groups' Work on Female Genital Mutilation

A number of activities have been undertaken in Ottawa on the issue of FGM prior to the consultations. In the spring of 1991, the Family Service Centre was approached by a member of the Somali community and a staff person from the Ministry of Education responsible for developing an anti-racist curriculum, and asked to organize a resource group. The purpose of the group was to promote the well-being of the Somali community including an examination of the issue of female genital mutilation. Subsequently, the Horn of Africa Resource and Research Group was formed, representing a partnership of Somali women and men and community agencies whose purpose is improving access to resources. For the past two years, energies of the group have been focused on FGM. Meanwhile, the Somali population has strengthened its role in the community in advocating on issues of access.

2.1.1.1 Somali Women's Community Education Project in Ottawa-Carleton

During the winter and spring of 1992, Saida Abdi and Muna Abdi ran a series of groups with Somali women in their neighbourhoods. These groups were a mix of women who favour the practice of FGM, women who were ambivalent about it, and women who were clearly against the practice. FGM was addressed as one of many settlement/integration issues facing the women. This project was funded by a Community Education grant from the Ontario Women's Directorate.

In July 1992, Saida Abdi, Joan Gullen, Barbara Fulford and several women from Toronto attended the London Study on Female Genital Mutilation sponsored by FORWARD, a London-based women's health organization led by Efua Dorkenoo. Important networking occurred and the Declaration that was issued strengthened the global campaign against the practice of FGM, named the practice clearly as genital mutilation (not the euphemism of circumcision) and declared FGM a human rights issue with overriding health concerns.

In October 1992, the Ministry of Community and Social Services called together women from Toronto and Ottawa to a workshop at which the importance of the issue of FGM was discussed. In February 1994, the first meeting of the Task Group under the direction of the Ontario Women's Directorate took place.

In April 1993, an interdepartmental workshop on FGM was sponsored by the Health Promotion Branch of National Health and Welfare at which Dr. Lula Hussein, Fouzia Ismail, Hawa Mohamed, Zeinab Ibrahim and Dr. Lee participated. Joan Gullen facilitated. The department also purchased 2,000 copies of the Universal Childbirth Picture Book, in both English and Somali. This is a useful education tool prepared by Fran Hosken in the United States.

Meanwhile in March 1992, as a result of an inquiry by Dr. Barbara Fulford, the Department of Justice issued a statement indicating that the *Criminal Code* would apply if FGM were practiced in Canada. In the summer of 1993, an amendment to the *Criminal Code* made it an offence to remove a child from Canada with the intention of having FGM performed on that child.

In April 1993, Saida Abdi presented, and Joan Gullen attended, a conference in Stockholm as preparation for some specific initiatives being taken in regard to the Somali population in Sweden.

2.1.1.2 Educating Health Professionals on FGM

The education of health professionals is one of three strategies developed to address the practice of FGM in Canada, the other two being child protection and community education.

The Women's Health Bureau of the Ontario Ministry of Health provided a grant of \$10,000 in March 1993 to sensitize health professionals to the issue of FGM, and to advise them as to how best to incorporate an understanding of FGM into their medical care. The Family Service Centre, as an incorporated agency, sponsored the project. Health concerns were situated within a larger framework: the concept and history of the practice, links to the global campaign to eradicate the practice, and support to grassroots organizations through community education and networking.

A core group led by Dr. Lula Hussein was chosen from the Horn of Africa Resource and Research Group. These women are professionals who have been involved in the campaign to end the practice in Somalia, have a deep commitment to the issue and have medical and/or educational backgrounds. The other two members who took part in the sensitization and education of the health professionals were:

- Fauzia Ismail - trained in public health and nursing; and,
- Hinda Hassan - former teacher and community educator.

A basic premise was that only women who have had personal experience in a culture that condoned this traditional practice could speak to the issue authentically. Other women with a sense of universal solidarity with women's suffering would act as facilitators and supporters.

2.1.1.3 Planning Strategies

To reach as many health professionals as possible, it was decided to work through the staff development schedules of hospitals, community health clinics and public health agencies. The extensive network and personal contacts developed by the social planning advocacy program of the Family Service Centre made this approach possible.

In total, 15 presentations were made to approximately 300 health and child protection professionals. The following is a list of the presentations:

- Grace Hospital (2)
 - doctors (obstetrics and gynaecology)
 - nurses (obstetrics and gynaecology)
- Civic Hospital
 - grand rounds for obstetrics and gynaecology
 - delivery room nurses
 - social workers
 - general care nurses
 - psychiatrists
- Riverside Hospital
 - doctors
 - nursing staff
- Children's Hospital of Eastern Ontario
 - nursing staff
 - social workers
- Regional Public Health nurses
 - pre-school
 - school age
- Community Committee on Child Abuse

- Children's Aid Society
- Community Health Clinics
 - a general session of doctors and nurses, social workers, counsellors and nutritionists from the following health centres: Centretown, Carlington, Pinecrest-Queensway, Sandy Hill, Sommerset West, South-East Ottawa, Merrickville, North Kingston, Portland Lanark and Centre de santé communautaire de Lestrie.

2.1.2 Purpose of Current Project

The Federal Interdepartmental Ad Hoc Working Group on Female Genital Mutilation decided to organize consultations on this issue in Ottawa and Montreal.

The Ottawa consultations were held with three small groups from the Somali community, on February 4th, February 11th and March 9th, 1995. The consultations were conducted for the following purposes:

- to discuss the most appropriate ways in which to educate members of the community on the issues surrounding FGM: Canadian laws, health risks involved and issues of cultural/religious issues; and,
- to come up with recommendations on how the federal government might go about discouraging the practice of FGM by members of communities now living in Canada.

These purposes were achieved by:

- providing participants with a forum to discuss their communities' perspectives on FGM;
- providing participants with useful information about Canadian laws regarding FGM which may enable them to take control over conditions that affect the health and well-being of girls and women in their community; and,
- attempting to inspire and empower women and men in the communities to explore the most effective ways to convey and disseminate appropriate messages about FGM to those concerned and those who might be at risk.

During the course of the consultations, the following steps were taken:

- identifying and contacting key members of the Somali community who were concerned about FGM and who had extensive networks in the community, either through their work or through their involvement in community activities;
- hiring facilitators for the workshops. Facilitators were chosen on the basis of their commitment to eradicate of the practice, their knowledge and experience of organizing community work and their expertise in facilitating group discussions (a member of the Somali University Youth Group was hired for the youth consultation);
- based on suggested questions from the federal working group, developing a list of questions for the consultations (see Appendix A);
- preparing an information kit for each participant (see Appendix B);
- contacting participants;
- making all logistical preparations for the consultation;
- meeting with facilitators and discussing their workshop reports; and,
- collating the facilitators' reports and preparing the final document.

2.1.3 Implementation

In order to get a cross-sectional representation of the Somali community in Ottawa, three separate consultations were undertaken. Invited to the first consultation were well-educated men and women, who are committed to community development and are currently working in service providing positions.

The second consultation was with a group of woman, consisting of young mothers and grandmothers who, to some extent, have limited access to services and information.

For the third consultation, six first- and second-year students from Carleton University, two male and four female, were invited.

The different ages, educational levels and backgrounds of the participants made it possible to get a wide spectrum of community representation. The small-group setting was well appreciated by the participants and made them feel at ease in talking about their experiences, both professional and personal.

The first two consultations were held at the South-East Community Resource Centre on Heron Road, and the third was held at the Campus of Carleton University.

2.2 Process and Format: Opening Plenary

The two first consultations, February 4th and February 11th, followed the same agenda with minor modifications.

Due to the fact that "Ramadan" occurred in February and, as a result, the Muslim community was fasting during the day, both consultations started at 1 p.m. with the plenary session. Participants were welcomed by Lula Hussein, consultation organizer, who introduced the facilitators Hinda Hassan and Fauzia Ismail, each of whom spoke briefly to introduce herself to the participants. Lula then thanked the participants for responding to the invitation at such short notice. A brief introduction of all the participants followed.

The agenda was introduced, reviewed and unanimously adopted. Lula Hussein and Fauzia Ismail gave a short review of the work of the Horn of Africa Resource and Research Group. Lula introduced the subject for discussion and explained that the Federal Interdepartmental Ad Hoc Working Group on Female Genital Mutilation sponsored this consultation.

In the first consultation, Lula Hussein distributed the information kit and briefly explained the contents to the participants. She briefly elaborated on the format of the consultations, comprising an opening plenary session, which would be opened by Ismail Duale, a prominent member of the Somali religious leaders who kindly accepted an invitation extended by the group. This would be followed by discussions during which participants would first respond to the written questions, followed by an open discussion based on the questions and other related issues. The group would then break up for prayer and evening meal and compile the presentation of reports from the workshops.

For the February 11th consultation, the questions were translated into Somali and subsequent discussions were all held in Somali.

At the consultation with the youth group, there was no need to break up into workshops, due to the small number present. There was no formal agenda prepared, but each participant received a copy of the questions. After a brief elaboration on the content and objectives of the consultations, Lula opened the floor for discussion. The youth group held the discussions mainly in English.

Lula closed the meeting by expressing the hope that the consultations would result in a useful dialogue and open channels of discussions within the Somali community on issues surrounding FGM.

2.3 Workshop Reports

At the end of each consultation, the entire group of participants re-assembled for the closing plenary after an hour-long break for prayers and evening meal. Lula Hussein thanked them for their concentrated efforts. Facilitators then presented their reports from the workshops and an open discussion followed. The following provides a summary of the workshops.

2.3.1 Community perspective on FGM

Most of the participants believe that the practice of FGM is dying out. However, there is still a strong commitment and feeling among the older generation of women about the importance of the practice in the Somali culture. It was believed that FGM ensured the chastity of young girls, and it was felt that the eradication of the tradition without an alternative solution is not feasible. Many think that a "suna" should be substituted for infibulation.

2.3.1.1 The Use of Offensive Terminology and/or Labels

The vast majority of participants said that the community at large reacts strongly to the use of certain terminology used to describe FGM, such as:

- **"Mutilation"**: among those who reacted strongly were a large number of women who have undergone this practice. They stated that the meaning of the word "mutilation" had a very negative connotation. Participants felt that the term mutilation does not acknowledge the context in which the practice is performed. Some of the participants even scorned the idea that the term "female genital mutilation" has been adopted by world organizations like WHO, UNICEF and UNFPA. One participant asked the panel why the WHO never gives elaborate names to killer diseases like Malaria.
- **"FGM - as child abuse"**: although most participants had no problem regarding FGM as a human rights and child rights issue, they deeply resented referrals to FGM as child abuse. The Somali culture cherishes and values its children so much, one women participant stated, that it hurts and confuses her to think of it as being abusive. Some of the women participating who had undergone the practice themselves, and had it done "for" their daughters, felt that the term connotes a state of being victimized. They strongly resent such a classification because they do not consider themselves to be victims.

The youth group felt strongly about the explicit language that some people, Somali or otherwise, use in describing the sexuality of women who have

undergone the procedure. Some participants suggested that in the Somali culture it would be unthinkable for a young Somali woman to discuss her sexuality in public. They stated that portrayal of women who have undergone the procedure as "frigid and lacking in sexuality" is totally false.

They suggested the use of the terms with which they are familiar, such as "female circumcision", "clitoridectomy", "excision" and "infibulation". It was also suggested that non-offensive attitudes, approaches and words acceptable to community members be used.

A very small percentage of the participants felt comfortable with terms such as "mutilation" and "abuse".

2.3.2 Reasons for Wanting to Continue the Practice of FGM

Religion: Most participants indicated that there is a strong awareness and understanding that Islam, which is the predominant religion of Somalis everywhere, does not condone FGM. However, most believe a strong traditional belief system has perpetuated the practice and misinterpreted the teachings of Islam.

A Somali religious leader was invited to, and attended, the February 4th consultation. He was asked by the organizers to discuss the issue of FGM and the role it plays in religion. He briefly explained the controversy surrounding FGM in Islam and the misinterpretation of this issue in the Somali tradition. He stated clearly that in his studies of the Koran and the teachings of the Prophet there is no mention of the practice of FGM.

The fact that male circumcision is an obligation in Islam may have helped to perpetuate the practice.

Culture: The majority of the participants agreed that the main force behind FGM has been, and still is, perpetuated through myths and conformity. Misinterpretation of the belief that "circumcision" is a religious requirement is still widespread. In the Somali society the cultural and traditional pressures to continue the practice of FGM still exist, because most believe that it is a means of maintaining virginity and marriageability and therefore the potential for having a family. Most of the pressure comes from the desire to conform. One participant noted that young girls pressure their parents to "circumcise" them as soon as they learn about the practice from either relatives or neighbours.

In the Somali tradition, FGM is also believed to promote cleanliness as well as being a way of postponing the onset of sexual activity. It also gives young girls an opportunity to be accepted in certain feminine social groups. Sometimes, although it is not true, young girls who are uncircumcised are told that they cannot perform their religious obligations such as praying.

One of the male participants noted that in a culture like the Somali culture, the highest honour for a girl is to be married. To not be a virgin would be a disgrace to the woman and her family.

The men's role in the perpetuation of the practice was attributed to the fact that most men have a sense of strong Somali values and they still demand their future wives to be virgins. One participant noted that many men believe that the only way a man can be assured that the girl he marries is "clean" and "untouched" is if she has been "circumcised". One young man stated that the eradication of the practice lies in the men's hands. He said "once we decide to get rid of it then it is finished". He was rather upset that the women seem to lock them out of an important process. He stated that the men and the women of the community should work together on the campaign to eradicate the practice. He also stated that he strongly believes that the men can influence the outcome in a positive way.

Societal Pressures: Social pressures exist in the community at different levels. Some participants felt there is a need for more indepth research concerning how widespread these social pressures are among the Somali community here in Canada. Participants noted that these pressures come either directly from the elderly or indirectly from the men. Most of the elderly women believe in FGM and would want to continue the practice because it has been a longstanding tradition.

There are also pressures on parents in Canada, which come indirectly from the men in the community. One woman participant told the group that, what is needed is a clear and precise message from the men, saying that they would marry girls who have not been circumcised. This depends on the man's preference, although most young women who are ready for marriage have already gone through some form of the procedure.

It was noted that within the Somali culture grandparents have full responsibility for their grandchildren and the right to do what they believe is in the best interest of the child. One participant gave a brief example of what happens if a girl is orphaned. In that case, either the grandmother or a close relative would have her circumcised.

Health: The majority of the participants felt that there is some knowledge and understanding of the immediate health complications of FGM. But the association between long-term health complications and FGM in childhood is missing. They don't associate mental health problems with FGM. One participant noted that being circumcised was the norm for everybody, it was also something that was honoured in their homeland, therefore most women are not affected psychologically as far as we know.

One mother said it was very devastating for her when she became aware of the long-term complications of FGM. She related her personal experience when her 22-year-old daughter was having a child here in Canada. She said the daughter had a very difficult labour and delivery. The doctors were very insensitive and ignorant about FGM. "That is when I asked myself why do we let our daughters go through this?"

The psychological impact on girls growing up in Canada who have had the procedure performed while they were still in Somalia is something that raised concern among some participants. Though finding out that they are different from their peers could add a tremendous amount of pressure to their lives, the issue has not been raised, nor has it been properly addressed yet.

2.3.3 The Need for Community Information on FGM

Publicity: It was generally agreed that most of the publicity surrounding FGM was negative. Some participants said they felt victimized by being labelled as a community that is barbaric and ignorant. It was pointed out that by criminalizing the practice of FGM, there is a danger of pushing it underground. However, the publicity around FGM has had, strangely enough, some positive effects as well. Because of all the publicity many people learned a lot about medical complications of FGM and social implications in Canada.

In other words, publicity would be welcome as long as it is presented in a sensitive and educational manner.

Legal information: Participants had very little knowledge of the criminal aspect and legal implications of FGM in Canada. Some were slightly aware of something having been said about FGM being against the law in Canada but none suspected there are actually provisions in the *Criminal Code* that prohibit people from performing FGM. It was noted with surprise that there was even a recent amendment to the *Criminal Code* that prohibits parents from taking children out of Canada for the purpose of having the procedure performed in another country.

Most participants found the information kit we handed out very informative. They noted that was the first time they had a chance to read these laws, and that there is certainly a gap in the communication between the community and legal information agencies.

2.3.4 What Message Needs to be Conveyed to the Community?

There was a general consensus among all groups that the best way to convey information about FGM is not to sensationalize it, because that might create fear and uncertainty. It is especially important that no support be given to any person or organization that might use FGM as a scapegoat. Messages should be clear, non-offensive, objective and culturally sensitive.

To give these messages effectively, three key areas of information were identified: Health, Religion and Law.

Health: It would be very effective if the health risks and complications of FGM were emphasized in all health promotion and education programs.

Religion: Messages should also seek to dispel the religious myths surrounding FGM. Due to the fact that Somalis are predominantly Muslim, reference should be made to the Koran and the fact that the teachings of the Prophet do not condone FGM. For example, in workshops, Imams could be involved in identifying the religious position on FGM.

Law: Participants indicated that there was a total lack of legal information available to the community and much ignorance about the legal implications of FGM. They indicated that the spread of legal information should be given the utmost importance. One participant noted that people should be warned of the drastic effect that FGM could have on their lives.

2.3.5 Method of Dissemination of Information

Most participants stated that education was an important tool for disseminating information. In addition, special effort should be made to reach senior members of the community who have very limited contact with other members of the community. When dealing with younger girls, the messages should provide useful information that can increase their awareness and confidence. Participants discussed the following methods of dissemination:

Brochure: The idea of producing written material for the purpose of informing the community was acceptable to most participants. It was pointed out, however, that due to the high illiteracy rate among Somali women this would not be a very effective means of disseminating information. As one participant noted, it is especially the older generation of women in the community that have to be addressed.

The youth group welcomed the idea and pointed out that any material produced should be precise, simple and to the point. The information should contain a mixture of text and sketches for illustration.

Radio: There is a Somali radio program which can be heard in Ottawa. This is broadcast once a week and is directed at the Somali community. The participants said that it would be a very good idea if information about FGM could be delivered via these programs.

Television: It was suggested that the Somali program on the community channel in Ottawa be used in an effective way to convey information about FGM. It was suggested that the host of that program, who was also invited to the consultation, work

together with the organizer and facilitators on how best to convey information about FGM on television.

Most participants stated that a mainstream television program would be very ineffective to deal with FGM. A community-based channel would be more effective.

Community Workshop: There was unanimous agreement that community workshops, small group discussions and religious gatherings would be the most effective way of reaching out to the community.

Health Promotion Programs: Prevention programs geared to eradicate the practice of FGM should begin at home. This can be achieved by giving sensitive information through health clinics and family physicians. It was also noted that health promotion programs should include the expertise in the Somali community. In that way, partnerships can be developed.

Delivery of Messages: Most participants agreed that the best way to deliver the message would be through religious leaders, professionals and women's groups. One participant noted that the campaign against FGM has always been spearheaded by women and it should continue to be so, but the men in the Somali community should also show support and commitment.

2.4 Conclusion

2.4.1 Analysis

The consultations were a big success. The use of the small groups is a recommended strategy because it created an atmosphere of coziness and intimacy. In addition, the overall observations and impressions from the consultations were very good. They demonstrated how strongly the Somali community feel about FGM and the importance they attach to educating their community about the health, as well as legal, implications of FGM. The overwhelming eagerness to take part in the discussions was understandable, given that many of the women who have undergone this practice are actively campaigning against its perpetuation on future generations of girls.

The purpose of this report is to reflect back what people think about FGM and the issues surrounding it, and in many ways that aim was achieved. Participants pointed out that a culturally sensitive approach was essential when dealing with the issue of FGM. In particular, they stated that there is an urgent need to inform community members about the legal implications of FGM.

However, it is significant to note that many women object to "outside-experts" and "self-appointed" members of the community handling the issue in any way they see fit. It has always been women who fought tirelessly to end the practice. They should be

encouraged and supported to be central in the eradication of the practice of FGM. In addition, men need to be included as resource people and in consultations.

Youth participants were very happy to be included in the discussions. They stated that in the past they were very often overlooked in discussions of important issues concerning the community. They stressed the need for inclusion in all community work about FGM. They also need information and support so that they can deal with their needs, fears and concerns among themselves. The organizer assured them that they are at the forefront of this campaign and their concerns would be documented.

For the organizer and facilitators these consultations were significant in continuing the work of the Horn of Africa Resource and Research Group. They saw a great momentum created that could possibly give them direction for their future work on FGM. The participants also stated that this must be seen as a contribution to the global campaign to eradicate the practice. Some of the participants were asked the following questions.

- **What did you like about the consultations?**

"Everyone was open about the topic and everyone was encouraged to speak by the facilitators"

"I like the fact that we were able to voice our opinions with others from the community"

"I like the fact that we could talk about the problem of FGM and also meeting people"

"I like that the consultation was very organized. A diverse group of people, who were all concerned about one topic"

"Everything!"

- **What did you like least about the consultations?**

"The time wasn't enough to cover more of the issue"

- **Would you like to see a continuation of such community consultations?**

"Yes: I feel that it is beneficial to us, as a community that is concerned. It gives us a chance to voice our opinions, also any anger that we may have about the way that FGM was handled so far"

"Yes: definitely we need more discussions like these"

"Yes: would like to see the people who are here to meet let's say every six months"

"Yes: would like to see more conferences of this nature"

2.4.2 Recommendations

At the plenary, workshop participants produced the following recommendations:

1. That the Somali women, being central in the eradication of the practice in their community, be given all the support and encouragement.
2. That the Somali men, being a vital part of the community, be included in the fight against FGM.
3. That the terms "mutilation" and "abuse" be modified when dealing with the community.
4. That information on the legal implications of FGM be provided urgently to the community.
5. That information on the health risks of this practice be provided to the community.
6. That more indepth research be undertaken to enable us to identify target groups: both those who can carry the message, and those who need information most.
7. That emphasis be placed on strong outreach and educational programs which should be directed at the grassroots.
8. That information stating that the practice is not in accordance with Islamic religion be provided.
9. That by all means condemnation, ethnocentric views, pity and negative coverage should be avoided.
10. That brochures be produced in both Somali and English, in a simple and easy to understand language, in a culturally sensitive, non-judgemental manner.
11. That Somali television and radio programs be used to pass out information about FGM. This should be done not just once but repeatedly.

12. That on-going community workshops, small group discussions and consultations be organized in a friendly atmosphere.
13. That Imams and religious leaders be educated in the health and legal implications of FGM.
14. That Koranic schools for women and children be used to pass out information on FGM.
15. That culturally specific organizations and professionals be employed to create and deliver health programs.
16. That the involvement of "outside experts" and "self-appointed" people be limited or avoided when providing sensitive information to the community.
17. That the federal government, as a matter of emergency, should release the necessary funds to provide information about the legal and health implications of FGM.
18. That the federal working group on FGM work with the community to explore further funding sources to create programs aimed at reaching the most isolated members of the community.
19. That funding be provided for a small counselling team for women who are concerned about the health complications.
20. That information sessions be organized for Canadian professionals who come into regular contact with women who have undergone FGM (e.g., health professionals, social workers, teachers).
21. That the information be provided to teachers in schools which have a high number of students from concerned communities.
22. That measures be taken to organize forums for the youth as well as older generation women "grandmothers" to assist them in creating support networks.
23. That yearly consultations be organized to evaluate again the level of awareness of the Somali community on the legal implications of FGM.

3.0 MONTREAL CONSULTATIONS

This portion of the report discusses consultations on FGM which were conducted in Montreal. The first section is an introduction, which discusses the purpose and implementation of the current project. The second section discusses the opening plenary session. The third section discusses the workshop reports. The fourth section discusses the closing plenary. The final section is an analysis and list of recommendations which flowed from the consultations.

3.1 Introduction

The Federal Interdepartmental Ad Hoc Working Group on Female Genital Mutilation decided to organize consultations on the issue of FGM in Montreal and Ottawa. The purpose of the consultations was to discuss the most appropriate way in which to educate members of the community on the following issues surrounding FGM: the Canadian laws, health risks, and cultural/religious issues. The consultations attempted to assess what is the appropriate message to convey, and what is the most effective way of disseminating the information.

The Montreal consultation was held on Saturday March 4, 1995. In conducting the consultation, the following steps were taken:

- identifying communities concerned with the practice of female genital mutilation;
- contacting major non-governmental organizations and governmental institutions working with new immigrants and refugees in order to contact members of the above-mentioned communities in Montreal;
- hiring facilitators for the workshops. Facilitators were chosen on the basis of their countries of origin, knowledge of several languages, community organizing experience, familiarity with FGM and their expertise in facilitating group discussions;
- reserving the premises for the consultation, arranging for the catering of lunch for participants and hiring a baby-sitter;
- contacting participants by telephone, writing letters of invitation, making copies of the questionnaire provided by the Federal Working Group (see Appendix A) to be enclosed with the invitations to enable participants to familiarize themselves with the issues to be discussed;
- making all logistical preparations for the consultation;

- meeting with facilitators and discussing their workshop reports; and,
- collating the facilitators' reports and preparing the final document.

3.1.1 Objectives

The major objectives of the consultation were to:

- stimulate discussions about the concerned communities' perspectives on female genital mutilation;
- assess the level of awareness of these communities about Canadian laws regarding FGM; and,
- explore the most effective way to convey and disseminate appropriate messages about FGM to those concerned.

3.1.2 Process

To access contacts in concerned communities, the following organizations were contacted:

The Montreal Refugee Coalition
 The Service d'Aide aux Refugies et Immigrants Montreal Metropolitan
 The South Asian Womens' Community Centre
 The Centre de Service d'Aide aux Immigrants
 Maison d'Afrique

Only the South Asian Womens' Community Centre was unable to trace any member in the community organization who was concerned about FGM.

Participants invited were from Montreal communities from the following countries of origin:

Djibouti	Eritrea
Ethiopia	Gambia
Ghana	Guinea
Mali	Mauritania
Nigeria	Senegal
Somalia	Sudan
Togo	Zaire

To ensure that the information gathered would represent a balanced expression of community opinion, it was decided to invite two representatives from each community; one male and one female and, wherever possible, a teenager from the community to provide both adult/youth and male/female perspectives of the issue.

The final roster of participants comprised an interesting mix of well-educated persons, some of whom are professionals in various fields, as well as more socially isolated, uneducated or less educated community members. Participants ages ranged between 16 and 60, making it possible to gauge the feelings and opinions of a wide spectrum of community representation.

Taking into account the sensitive nature of the issues under discussion it was decided to run separate workshops, for men and for women. This was done to allow all participants to feel at ease in expressing their feelings and ideas. These two groups were again divided into English- and French-speaking workshops in order to facilitate communication. In all, there were four workshops.

The consultation was held at the Central YMCA in downtown Montreal. Breakfast and lunch were served and a baby-sitter was made available on the premises.

3.2 Opening Plenary

The Consultation started at 9:30 a.m. with the opening plenary session. Participants were welcomed by Marian Shermarke, Consultation Organizer, who introduced the facilitators Michael Baffoe, Marie Claude Manga and Aziz Fall, each of whom spoke briefly to introduce themselves to the participants.

The agenda was presented, reviewed and unanimously adopted. Ms. Shermarke gave a brief introduction to the subject for discussion and explained that the Federal Interdepartmental Ad Hoc Working Group on Female Genital Mutilation had sponsored the consultation.

She expressed the hope that the workshops would result in meaningful dialogue about the communities' perspectives on the issue of FGM. She thanked the participants for responding to the invitation at such short notice and stressed the importance of this consultation to all the communities concerned.

Ms. Shermarke elaborated on the format of the consultation, comprising an opening plenary session, followed by discussions during which participants would first respond to the written questionnaire. This would be followed by an open discussion based on the questionnaire and other related issues. The closing plenary would follow the lunch break and comprise the presentation of reports from the various workshops, followed by an explanation of the legal implications of the practice of FGM in Canada. She noted that additional comments and questions would be welcomed.

Ms. Shermarke ended her address by saying that she hoped that the discussions would be thoughtful, interesting, stimulating and rewarding. The participants then divided into their respective workshops.

3.3 Workshop Reports

The entire group of participants re-assembled for the closing plenary at 2:30 p.m. after an hour-long lunch break. Ms. Shermarke thanked them for their concentrated efforts. She explained that the facilitators would present their various reports from the workshops, to be followed by an open discussion. Simultaneous translation of each report, into English or French, was provided to enable all participants to understand and follow the proceedings.

3.3.1 Community Perspectives on FGM

Most of the participants stated that the practice of FGM was not shocking to them because they had been socialized to accept it. However they emphasized that not many members of their communities were interested in continuing this practice in Canada.

The use of the term "Mutilation": A vast majority of the participants reacted strongly to the use of the term "mutilation". Significantly, these included most of the women who have undergone this practice, who stated that the meaning of the word "mutilation" had a very negative connotation. Participants felt that the meaning of mutilation is closely related to the dictionary meanings of terms like "butcher", "slaughter", "dismember". They felt that any society practicing this could easily be regarded as "savage" and "uncivilized" without acknowledging the context in which the procedure is performed. Some of the women participants who had undergone the operation themselves felt that the term connotes a state of being handicapped. They strongly resented such a classification because they did not consider themselves to be handicapped.

They suggested the use of the terms with which they are familiar, and which are found in the literature such as: "female circumcision", "clitoridectomy", "excision", and "infibulation". One participant even suggested the use of the term "female genital modification". He felt that this would put it into an appropriate context with other forms of female genital modification, such as cosmetic surgery, which are not regarded as "mutilation" in North America. Some participants suggested that in their countries of origin there were other forms of female genital manipulation which do not require any mutilation.

Others felt comfortable with the term "mutilation" and suggested that the practice be described as such.

3.3.2 Reasons for Wanting to Continue the Practice of FGM

Religion: Most participants indicated that there are no religious reasons for the practice of FGM. Contrary to the popular belief that FGM is an Islamic practice, it was stressed that there is nothing in the Koran which sanctions this practice. There were some non-Muslim participants who indicated that the practice was prevalent in their countries of origin. Most believe that FGM is perpetuated because of strong cultural and traditional belief systems. It was, however, acknowledged that some community members are ignorant or misinformed about the lack of religious sanction for this practice.

Culture: Many participants agreed that the main driving force behind FGM is cultural. In many communities of origin this practice relates to an "initiation to womanhood", "a rite of passage" without which women have no dignity. In some communities it is a matter of pride to undergo this rite. Some participants related personal accounts of having requested, at a younger age, to be circumcised in order to gain societal acceptance and access to certain feminine social groups. To such women, being "uncircumcised" was equated to being "unclean". To be called "uncircumcised" in such societies is the worst insult a woman can endure.

One of the strongest cultural reasons for FGM given by participants was the value attached to virginity. FGM has the intended effect of delaying the onset of sexual activity in girls thus ensuring their pre-marital virginity. One participant noted that one of the reasons for the practice in his community is to protect women against possible rape since it is very difficult, if not impossible to penetrate a circumcised girl.

Many male participants recognized the role of men in perpetuating this practice because of their strong desire to marry virgins or to have the great honor and dignity of giving away their virgin daughters in marriage. To them that exemplifies their status as "good" fathers: being married to a "good" and "untouched" woman, and raising "good" and "untouched" daughters.

Societal Pressures: It was noted that pressures to continue the practice of FGM exist at different levels in the concerned communities. At the family level there is the pressure to ensure that daughters will be acceptable for marriage, the criteria for which include having being circumcised. For some, this is closely linked to their desire to return home to their countries of origin one day. They should then be seen to be acceptable by having fulfilled all societal criteria of respect for tradition, including FGM.

There are also pressures on parents in Canada, which come from senior family members in the countries of origin, who constantly emphasize the need to circumcise their daughters. One participant related his personal experience of his daughter having being circumcised, without his knowledge or consent, while on a visit to their country of origin. The grandparent had then called to inform him when the operation was done. It

was noted that within this community, grandparents reserve the right to do what they think is in the best interests of their grandchildren.

Another participant mentioned that she received many calls from her parents when they believed it was time for her daughter to be circumcised. To stop this pressure she told her parents that it was already done. She regrets having had to lie.

Some participants felt the strong obligation to defend the "cultural and traditional interest" of their communities because they are constantly under attack about FGM. In response they continue the practice which, they believe, is linked to their cultural identity.

Health: Some participants did not feel that any health risks, either physical or psychological, are involved in the practice of FGM. When asked about mental health implications, participants stated that the mental health implications are not taken into consideration because it is assumed that the woman will remain within her community where FGM is "normal". Some participants who had themselves undergone this operation do not recall any psychological consequences. They said that they had no problem deciding to have their daughters circumcised when the time came.

Most participants, however, recognized the negative physical consequences, in later life, of FGM and thought that this might be the most compelling reason to discontinue the practice. The following interesting comment, made by a participant, sums up the physical pain involved in this operation. He quoted a poem from a woman poet who stated:

"the three most painful events in my life were: the day I was circumcised, my wedding night, and the day I first gave birth". (See Appendix C)

to illustrate the physical pain endured by a circumcised woman when she has her first sexual contact with her husband and the even greater pain involved during delivery of her first baby.

3.3.3 The Need for Community Information on FGM

Publicity: It was generally agreed by participants that the publicity around the issue of FGM so far has been sensationalized and negative. It was pointed out that there is danger in criminalizing the practice. What is needed is an effective way of educating concerned communities through proper information channels.

The groups agreed that the information provided needs to be scientific, objective and balanced. So far, all attempts to inform have been aimed at deterrence rather than providing any educational message about the dangers involved. The attempts have not

addressed the issue at the grassroots level, and have therefore, failed to clear up the myths about the cultural, traditional, religious and societal justifications for FGM.

In summary, therefore, the information to date has not addressed the problem in a culturally sensitive and appropriate manner.

Legal information: Participants had very little knowledge about the legal implications of practicing FGM in Canada. Some were aware of the Quebec Youth Protection Act only in the sense that they know that children have a lot of rights in Canada and that they felt that one should be careful as to what a parent considered to be "in the best interest of the child."

Some believed that the worst that could happen to a parent who performed FGM on his/her daughter would be that the Youth Protection Department will attempt to take the child away from the parent. No one was aware of the sections of the *Criminal Code* which make the practice of FGM a criminal act, and the perpetrator liable to prosecution.

3.3.4 What Message Needs to be Conveyed to the Communities?

There was a general consensus of opinion that the best way to convey information about FGM is not to sensationalize or blow it out of proportion as this might create fear or tension. Describing the practice as primitive or savage will only add to the confusion. Messages should be clear, objective and culturally appropriate. The information should be in simple and easy to understand terms, avoiding the use of sophisticated and complex legal language.

Participants unanimously agreed that the message should focus on the health consequences of FGM. Again and again, participants in each workshop emphasized that it would be appropriate and much more effective to explain the risks and dangers to health resulting from the procedure, such as infections, infertility, etc. The participants strongly believed that, instead of focusing on the "primitive" nature of the operation, information about health risks would have maximum impact, and convince people to stop the practice.

The psychological impact of FGM was dismissed by almost everyone. One participant angrily demanded: "Are you people saying that I am or could be crazy because I have been circumcised?". Some noted that in their cultures of origin, being seen as having any psychological problem is equated to madness. Therefore, no one will admit to having a psychological problem as a result of this procedure, which is itself regarded to be a cultural rite.

It was, therefore, strongly suggested that any educational effort regarding FGM should largely avoid any references to psychological damage. If any messages with regard to mental health implications need to be conveyed they should be aimed at younger

girls growing up in Canada who have undergone this procedure, who might be troubled when they find out that their situation is different from other Canadian girls.

The messages to be conveyed, in this case, should be aimed at confidence building, and self-esteem. It should, by no means demean the girls by implying that they are handicapped and/or victims. This issue was emphasized again and again by many participants.

Messages should also seek to dispel the religious myths surrounding FGM. Where possible, references should be made to the fact that the Koran, Bible, Torah and other religious documents do not sanction this practice.

Legal Messages: The organizer and facilitators were surprised at the almost total ignorance, on the part of participants, of the legal implications of FGM in Canada. This clearly demonstrates that the messages which have been delivered so far with regard to the legal implications of FGM have not reached their intended audience.

3.3.5 Method of Dissemination of Information

Participants indicated that there is an urgent need to spread information about the legal and health implications of FGM in Canada. They repeatedly stressed their belief that a "culturally sensitive" approach was essential.

Participants were unanimous in expressing their satisfaction about the way this consultation was organized. One participant stated:

"We feel more at home discussing this sensitive issue among ourselves without having to look over our shoulders"

The majority of participants emphasized their delight at having had the opportunity to be present at this consultation where they could freely express their opinions on the issue of FGM. This was echoed again and again by most participants. They felt this was the right approach: meeting and discussing with people who share the same concerns, in a non-threatening environment.

Brochure: The importance of producing an easy-to-understand brochure was emphasized. It was suggested, amid laughter, that it should be attractive and distinguishable from the tons of marketing flyers daily delivered to their homes. If possible, it should be prepared in several languages and dialects with the message fine-tuned to the sensitive issues in each community.

It was also stressed that such informational and educational brochures should avoid using terms like "mutilation". It was suggested that in preparing the brochure,

particular attention should be paid to the less educated and illiterate members of the concerned communities. The information in the brochure should contain a mixture of text and sketches to illustrate the message being conveyed.

Radio: Many of the participants expressed the view that radio is not an effective medium for conveying important messages. Some stated that they listen to the radio while doing other activities, mainly staying tuned for the music and paying less attention to talk.

Others, however, expressed the need to have discussions about FGM on community radio programs and African talk shows.

Television: It was suggested that culturally adapted television programming could be an effective way of passing out information about FGM. Participants cautioned that sensationalized messages depicting all that is "evil" about the practice should be avoided.

There should be a strong thrust to ensure that any artist, actor/actress, speaker or programmer who conveys information on television images should be someone to whom community members can relate and understand. One participant said that:

"I pay more attention to television images when I see someone like me who, I think, shares my experiences and can relate to me"

They stressed that the involvement of "outside experts" in conveying these kinds of messages would be particularly unpopular. They repeatedly stated that mainstream television programming on this issue would be a waste of time and resources and would have no effect.

Community Workshops: There was unanimous agreement that community workshops like this one are the most effective ways of reaching out to the community with information as well as of soliciting and exchanging information, ideas and opinions about FGM and other cultural practices.

In this workshop almost all participants expressed their satisfaction with the format, which allowed the different gender groups to have their own discussions as a confidence-building measure before "confronting" each other in the larger plenary. One of the strongest suggestions was to organize these workshops on a regular basis with more people attending from the various communities. This will also enable more people, young/old, men/women, educated/less educated/illiterate to attend. In short, the need was expressed for more grassroots involvement: reaching as many "ordinary" and "average" people as possible.

The hope was expressed that this workshop would not be the end - a "one-day wonder" - but the beginning of an on-going process which will benefit everyone concerned with this issue.

Health Promotion Programs: It was strongly recommended that any promotion of health programs should be done in collaboration with the expertise which is available in the communities involved. Most of these communities have highly trained professionals in the health and social service fields.

Some participants expressed their frustration at the fact that culturally-specific organizations and professionals are consulted only on a volunteer basis. These culturally-expert professionals have in-depth knowledge of the issues and myths involved. Because people have confidence in them, they can explore issues in concerned communities, without fear of inflaming or escalating tensions.

The general consensus was that for health promotion programs to be effective, such culturally-specific professionals are essential. The use of experts outside of the community should be avoided.

Delivery of Messages: It was agreed that religious leaders, or professionals should not be the only persons chosen to deliver messages on this issue.

The delivery process should involve a collaboration of all people concerned with the issue, including professionals (doctors, nurses, lawyers, teachers, social workers) religious leaders (imams, priests, and rabbis). It should also include community leaders, women and girls who have undergone FGM, as well as men and boys who understand the implications and problems inherent in this practice.

It was also suggested that in schools with large student populations from communities in which this practice might occur, regular information sessions should be organized by culturally appropriate persons as defined above.

3.4 Closing Plenary

Following the presentation of the workshop reports, Ms. Shermarke read and explained the legal implications of the practice of FGM in Canada. She read Bill C-277; the letter from The Honourable Allan Rock, Minister of Justice illustrating his position on FGM and citing appropriate sections of the *Criminal Code*; a recent directive from the College of Physicians and Surgeons of Ontario on FGM; as well as relevant sections of the Quebec Youth Protection Act (see Appendix B).

Participants were shocked to learn about the existence of legal sanctions that could be applied to anyone engaging in this practice. For a brief moment there was total silence in the hall as participants came to terms with the legal aspects of FGM in Canada.

Ms. Shermarke assured participants that this legal information was not provided to frighten anyone but as part of the sensitization and dissemination of information from the Canadian point of view. She opened the floor to additional comments and questions from participants. In contrast with the subdued air of a few minutes earlier, the discussions from this point on were very lively and candid.

3.4.1 Concerns of Youth

Youth participants stressed the need for information and support services geared specifically to their needs, fears and concerns. Although they had been outspoken in the workshops, they stated in the plenary that they needed to have a forum of their own where they could freely discuss their fears and concerns without any parental presence. They strongly recommended that they should be assisted to create their own support group. Some mentioned that they would never have consented to this practice had they been in Canada at the age when they were circumcised.

3.4.2 Women's Concerns

Many of the women participants stressed that they were afraid and embarrassed to go to their doctors for gynaecological medical examinations because doctors constantly grilled them as to what had happened to them. This makes them feel very awkward and uncomfortable.

3.4.3 Skepticism

Some participants were skeptical about the outcome of this consultation. They expressed the frustration that ethnic communities have been "overtaxed" with consultations whose results they do not see. Some jokingly expressed worries about why the proceedings were being recorded and wondered what we were going to do with their voices on tape.

One said, half in jest, "we hope you are not going to be the eyes and ears of the king", meaning "we do not wish to reveal our worries and concerns to a government and authorities who may not care or understand and may misuse the information". There was prolonged laughter, after which Ms. Shermarke assured participants that the tapes were simply to assist the organizer and facilitators in writing the report for the consultation.

Another participant insisted that the report should mention that the communities represented at the consultation had come in good faith and that they, therefore, challenge the authorities which sponsored the consultation to prove their good faith by not making this a one-step operation.

Participants were unanimous in their assertion for the need for funding to do further consultations of this nature, to reach a wider audience, as soon as possible while enthusiasm is alive.

With regard to the continuing practice of FGM in Canada, there was a unanimous consensus that, with the right approach and appropriate education, community members who still believed in this practice could be convinced to stop it.

Participants strongly asserted that those who practice it do not do so as a challenge to the laws or societal values of this country. Many agreed that it is the strong attachment to tradition and culture which drives them on. One participant disagreed with this sentiment, saying:

"We should not allow old traditions to control our lives. If they are wrong, they are wrong. Period!"

In general, participants agreed that if information about the laws is conveyed in an appropriate manner, people will be willing to accept it, noting that immigrant communities are generally law-abiding. One participant said that: "If you go to Rome, do what Romans do."

Participants asked whether they would receive copies of the consultation report and Ms. Shermarke assured them that each participant would receive a copy as soon as it is ready.

Ms. Shermarke once again thanked the participants for taking the time to come and for the good work they had all done. She assured everyone:

- that the report will be produced as quickly as possible and that participants will receive copies;
- that the appropriate government agencies will work closely together on the recommendations provided; and,
- that efforts will be made to ensure a follow-up to this informative and useful consultation.

She asked participants to continue the education campaign and efforts in their various communities and expressed the hope that another consultation could be convened in the very near future.

3.5 Conclusion

3.5.1 Analysis

The eagerness of participants in responding, at short notice, to the invitation for the consultation was surprising. Secondly, the openness and frankness of the discussions were a delight. It demonstrated the importance and interest that the concerned communities attach to the issue.

A great deal of momentum to seek solutions and improve awareness about FGM has been generated. We strongly believe that this moment should be seized and taken advantage of with the utmost dispatch. All too often such waves of enthusiasm are allowed to die away, to the detriment of all concerned parties.

It is significant to note that those who requested immediate efforts to stop the practice were women.

With regard to age differences it was noted that the youth felt strongly about their state of having being circumcised or knowing friends who were. This shows that there is a need to provide youth with concrete and effective support programmes. It became clear that young people should have a strong presence in any future consultations.

This consultation has been a significant first step in confidence building. We believe that after one or two more such events the communities will be confident enough to discuss this issue in an open forum with the wider public. This is evidenced by the fact that the men and women were more open and confident in discussing the issue in the closing plenary after having been together in the open plenary where they were more reserved. We believe that the fact that they were separated during the workshops allowed each gender group to develop enough confidence to "confront" the other in the closing plenary.

Taking into consideration the sentiments expressed by some participants about pressures which come from their countries of origin, we believe that particular attention should be paid to assisting them develop some defensive skills.

We also believe that the participants' strong objection to the use of the term "mutilation" is legitimate and should be taken seriously.

3.5.2 Recommendations

The following is a summary of the recommendations that were proposed by the participants at the workshops:

1. That the term "Mutilation" be replaced by familiar terms such as: clitoridectomy, excision and infibulation.

2. That information on the legal implications of FGM be provided immediately to the concerned communities.
3. That information on the health risks of this practice be provided to the concerned communities.
4. That information demystifying the religious sanction of this practice be provided.
5. That such information be presented in a culturally appropriate manner.
6. That brochures be produced in a simple and easy-to understand language. When these are prepared for specific community membership, they should be produced in the languages of the concerned communities.
7. That ethnic television channels be used to disseminate information about FGM through plays and drama.
8. That actors and speakers conveying the messages in the media be persons with whom the concerned communities can relate and empathize.
9. That ongoing workshops be organized in a non-threatening environment for participants.
10. That sensationalization of this practice through the media be avoided.
11. That culturally-specific organizations and professionals be employed to create and deliver health programs.
12. That the involvement of "outside experts" be limited when providing sensitive information to concerned communities.
13. That delivery of information be undertaken by all people concerned with this practice: religious and community leaders, doctors, nurses, lawyers, social workers and community members.
14. That the federal government, as a matter of emergency should release the necessary funds to provide information about the legal and health implications of FGM to the concerned communities.
15. That the Federal Interdepartmental Ad Hoc Working Group on Female Genital Mutilation work with the concerned communities to explore further funding sources to create programs aimed at reaching the most isolated members of the concerned communities.

16. That a data bank of communities' resources on this practice be created to make it easier to access appropriate professional expertise and materials for on-going educational ventures.
17. That information on the availability of such a bank be made available at the points of entry, community centres, schools, legal aid offices, CLSCs and hospitals.
18. That information sessions be organized for Canadian professionals who come into regular contact with members of concerned communities and who are unfamiliar with the practice of FGM.
19. That information sessions about this practice be provided to both students and teachers in schools which have a high number of students from concerned communities.
20. That measures be taken to organize youth forums on FGM and to assist young people in creating support networks.
21. That yearly consultations be organized to revisit the level of awareness of the concerned communities on the legal implications of this practice in Canada.
22. That immediate advantage be taken of the momentum generated by this consultation by following it up with a much larger consultation involving a wider representation of adults/youth, men/women from concerned communities as soon as possible.

APPENDIX A

QUESTIONS USED AT CONSULTATIONS

QUESTIONS

1. How do you think members of your community feel about the practice of FGM? To what extent do you think they are interested in continuing this practice in Canada?
2. Has all the publicity around the issue of FGM had an impact on you?
3. Are there any pressures on members of your community that make them want to continue FGM in Canada? Are there pressures to feel that their daughters would not be accepted by the community? Are there pressures for them to feel that their daughters would not be accepted as marriage partners for men in the community? Do people have religious reasons for wanting to continue this practice? Do they have health reasons? Do they have any other reasons?
4. Are there people in your community who want to continue FGM?
5. What are the reasons you may want to continue FGM? (Note - if this answer is obvious from other discussion, don't ask).
6. Do you think that FGM has such strong cultural implications that members might risk criminal charges to have it performed on their daughters?
7. What do you think members of your community know about the legal consequences of having FGM performed on a child? What do they know about the legal consequences of taking a child out of Canada so that the practice can be performed somewhere else? What do they know about the health consequences of FGM? What do they know about the mental health implications about having the practice performed (e.g., having babies, parent-child relationship, self-esteem, trauma of going through procedure). What do they know about the mental health implications for girls who grow up in Canada, when they find out their situation is different from the situation of other Canadian girls?
8. What are the religious implications of FGM?

9. What are the messages that people in your community need to hear about FGM, to help them change their mind on the value of this practice? Who do they need to hear these messages from (e.g., imams, Minister of Justice, social service providers, health care providers, feminist organizations, women in your community, others)?
10. What are the messages that your community doesn't need to hear on this subject? Is there anyone that shouldn't be sending messages to members of your community?
11. What message would you give to individual women in the community who are unaware of the legal implications of FGM?
12. What is the most effective way of getting this information out (e.g., brochures, discussions on community radio or television programming, community workshops, health promotion program, other)?
 - a. For a brochure:
 - what do you think are the pros and cons of a brochure about FGM?
 - would it be better for a brochure to come from the government or a private organization (if an organization - can you think of a good sponsor?)
 - who should provide the information that goes in the brochure (imams, doctors, schools).
 - what languages should the brochure be in?
 - how could a brochure be distributed? How could you make sure it gets even to people in your community who are the most isolated?
 - b. For discussions on community radio or television:
 - what do you think are the pros and cons of discussions on community radio or television about FGM?
 - would it be better for program to come from the government or a private organization (if an organization - can you think of a good sponsor?)
 - who should provide the information that goes in the program (imams, doctors, schools).
 - what languages should the program be in?
 - how could discussions on community radio or television be conducted? How could you make sure it is heard/seen by people in your community who are the most isolated?
 - c. For community workshops:
 - what do you think are the pros and cons of community workshops about FGM?
 - would it be better for workshop to come from the government or a private organization (if an organization - can you think of a good sponsor?)
 - who should provide the information that goes in the workshop (imams, doctors, schools).
 - what languages should the workshop be in?

- how could a workshop be conducted? How could you make sure it involves people in your community who are the most isolated?

- d. For health promotion program:
 - what do you think are the pros and cons of a health promotion program about FGM?
 - would it be better for program to come from the government or a private organization (if an organization - can you think of a good sponsor?)
 - who should provide the information that goes in the program (imams, doctors, schools).
 - what languages should the program be in?
 - how could a health promotion program be conducted? How could you make sure it involves people in your community who are the most isolated?

APPENDIX B

INFORMATION KITS PROVIDED AT CONSULTATIONS

CONTENTS OF INFORMATION KITS

1. Statement of World Health Organization (WHO) Position and Activities with respect to FGM, June 1982 (1 page) [Ottawa Consultation]
2. Sections 38 and 76 of the Quebec *Youth Protection Act*, March 1990 (4 pages) [Montreal Consultation]
3. Directive on FGM issued by the College of Physicians and Surgeons of Ontario, January 1992 (3 pages) [Ottawa and Montreal Consultations]; and Somali translation (5 pages) [Ottawa Consultation]
4. Department of Justice letter outlining the application of the *Criminal Code*, April 1992 (1 page) [Ottawa and Montreal Consultations]; and Somali translation (1 page) [Ottawa Consultation]
5. The First Study Conference on Genital Mutilation of Girls in Europe, London Declaration, July 1992 (2 pages) [Ottawa Consultation]
6. United Nations Population Fund (UNFPA) "Learning From Pictures", October 1992 (1 page) [Ottawa Consultation]
7. Section 273.3 of the *Criminal Code*, in force August 1993 (3 pages) [Ottawa Consultation]
8. Letter from the Honourable Allan Rock, Minister of Justice, April 1994 (2 pages) [Ottawa and Montreal Consultations]
9. Private Member's Bill C-277, Introduced September 1994 (3 pages) [Ottawa and Montreal Consultations]
10. Copies of "Universal Childbirth Picture Book" (English and Somali versions - not included) and Horn of Africa Resource Group Evaluation Form for the Somali version (2 pages) [Ottawa Consultation]

APPENDIX C

POEM ON FGM

POEM ON FEMALE GENITAL MUTILATION

by

Dahabo Elmi Muse

Pharaoh, who was cursed by God
Who did not hear the preaching of Moses
Who was led astray from the good word of Torah
Hell was his reward
Drowning was his fate
The style of mutilation
butchering, bleeding, veins dripping with blood!

This loathsome act never cited by the prophet nor
acknowledged by the Haidth!
non-existing in Abu Hureya
No Muslim ever preached it!
Past or present, the Koran never preached it
This "Pharaonic mutilation"

And if I may think of my wedding night,
awaiting me are caresses, sweet kisses,
hugging, and love?
No. Never!
Awaiting me is pain, suffering and sadness.
In my wedding bed ther I lie groaning,
curling like a wounded animal, victim of feminine pain
At dawn awaiting me-ridicule
My mother announces
yes, she is a virgin!
When fear gets hold of me
When anger seizes my body

When hate becomes my company or companion
I get feminine advice, it is only feminine pain, they say
and feminine pain perishes like all feminine things!
The journey continues, or the struggle continues as modern
historians say

As the good tie of marriage matures

Submit and sorrow subsides
My belly becomes like a balloon
A hope, a new baby, a new life
Ah, a new life endangers my life
A baby's birth is death and destruction for me!

It is what my grandmother called the three feminine sorrows
and if I may recall my grandmother said:
the day of mutilation, the wedding night and the birth
of a baby are the three feminine sorrows
As the birth bursts from me: And I cry for help, the battered flesh
tears again
No mercy, push they say! It is only feminine pain and feminine pain
perishes like all feminine things!

When the spouse decides to break the good tie
when he concludes divorce and desertion
I retire with my wounds
And now, hear my appeal!
Appeal for dreams broken
Appeal for my right to live as a whole human being
Appeal to you and all peace-loving people
Protect, support, give a hand
to innocent little girls, who do no harm, trusting and
obedient to their parents, elders
and all they know are only smiles
Initiate them to the world of love, not to the world of feminine
sorrow!

This poem won the First Prize in the Poetry Competition for Female Poets of Benadir and was recited during the closing ceremony of the International Seminar on the Eradication of FGM, held in Mogadishu, Somalia in 1988.