

Gender

A B C

Education Programme
for Secondary Schools



Female Genital Mutilation

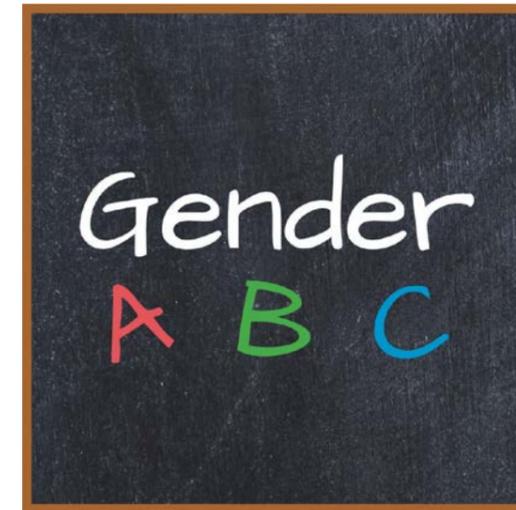
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Education Programme
for Secondary Schools

Female Genital Mutilation

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Section I

INTRODUCTION

1. Purpose

This module addresses the topic of Female Genital Mutilation (FGM), framing it into a broader discussion around gender-based violence, human rights, social norms, inclusivity of diversity and respect. It focuses on the causes and consequences of FGM, and how it can be prevented.

2. Main topics

- Female Genital Mutilation/Cutting
- Gender Based Violence/Harmful Practices
- Social Norms
- Patriarchal Power System
- Sexual and Reproductive Health and Rights
- Violence against women and girls
- Violation of Human Rights/Children Rights

3. Keywords

Female Genital Mutilation (FGM) • Social Norms • Patriarchy

4. Learning objectives

- Gain knowledge about Female Genital Mutilation
- Reflect upon ways of controlling girls/women sexuality in one's society and other societies
- Identify ways in which girls/women at risk of FGM can be empowered

5. List of activities

	 Activity name	 Total duration	 Materials	 Importance ¹
1	What is FGM	45 minutes	<ul style="list-style-type: none"> A room big enough for working in a semi-circle of chairs (plenary) Computer Video-projector Audio-system Screen-projector USB with the video (or reliable internet connection) "What is FGM" hand-outs (i.e. FGM definition from the Glossary; one per participant) 	☆☆☆
2	Aminata's dilemma	60-75 minutes	<ul style="list-style-type: none"> A room big enough for working in a semi-circle of chairs (plenary) and for working in groups (of 3-5 participants) "Aminata's dilemma" hand-outs (one per group) White paper (few sheets per group) Pens 	☆☆☆
3	Holidays at risk	45 minutes	<ul style="list-style-type: none"> A room big enough for working in a semi-circle of chairs (plenary) Computer Video-projector Audio-system Screen-projector USB with the video (or reliable internet connection) 	☆☆☆

¹Activities are ranked from one to three stars, in increasing order of importance, i.e. three stars for "highly recommended".

Section II

ACTIVITIES

Activity 1 What is FGM ☆☆☆



Total delivery time

45 minutes
Preparation: 10
Delivery: 5
Follow-up: 30



Materials

- A room big enough for working in a semi-circle of chairs (plenary)
- Computer
- Audio-system
- Screen-projector
- USB with the video (or reliable internet connection)
- "What is FGM" hand-outs (i.e. FGM definition from the Glossary; one per participant)

→ BACKGROUND

This activity aims to break the taboo and start opening a safe channel of communication about Female Genital Mutilation. Its goal is to **tackle the harmful practice of FGM**, while **developing the participants' understanding of other forms of gender-based violence** – including European social norms – that pursue the same aim as FGM, i.e. to control and/or restrict girls and women's sexuality.

→ SCENARIO



Educators ask everyone to sit in a semi-circle and project the video-clip "The Truth About Female Genital Mutilation"²– or a similar short video.

²Global Citizen Organisation, *The Truth about Female Genital Mutilation*, available at: <https://www.youtube.com/watch?v=WJwP6C5q6Qg>



B Educators need to make sure the selected video refers to the main topics of FGM, namely:

- What is FGM
- Consequences (multiple and at times deadly)
- Prevalence (number of women who have undergone FGM or are at risk; and countries)
- It is violence against women and girls
- It is a tradition for controlling female sexuality
- It is not a religious practice (it happens in Christian, Muslim, Jewish and Animist communities)
- How can we end FGM

→ BRIEF

Tips for follow up:



- Educators initiate the debriefing by asking participants how they feel after the video presentation and if they were surprised by any of the given information. They guide the discussion by asking participants what they understood about FGM (definition, prevalence, where it is practiced, consequences, etc.).
- Educators point out that FGM is a harmful practice and highlight the total number of girls/women who have undergone FGM or are at risk. They also underline that FGM occurs all over the globe and it requires everyone's cooperation to put an end to it.

If having extra time, educators deepen the discussion by means of guided questions, such as:

- Do you consider FGM a relevant issue of gender-based violence? Why?
- Why does FGM occur? – Educators clarify that:
 - 1) FGM is a social norm; families do it for the best interest of their female relatives;
 - 2) One of the main objectives of FGM is to control/restrict women's sexual pleasure, and thus preventing women from being adulterous; even though the practice has several different justifications varying from one community to the other (beauty, purity, etc.), the common reason behind all of them is to control women's behaviour and role in society, particularly with regards to sexuality
- Can you think of any behaviour/social norm demanded to girls/women in Europe that aim at restricting women's sexuality? (e.g. If a girl and a boy carry condoms in their wallet, is it perceived in the same way? If a boy walks with no shirt on, and a girl walks with a small top on, is it perceived in the same way? If a girl and a boy sit down spreading their legs apart, is it perceived in the same way? If a girl gets pregnant without planning, is the responsibility of the girl and of the boy perceived as equal?)

- What are the rights of girls/women in your country when it comes to sexual and reproductive rights? (e.g. the right to family planning consultations, the right to contraception, the right to reproduce, the right to induced abortion)
- What can we do to end FGM?

Educators make sure participants recognize FGM as:

- a social norm deeply rooted in the societies in which it is practised (the decision to practise FGM is influenced by various people, from the individual's "extended family" to the community in general, including relatives living in other countries); the fear of social exclusion for not conforming may be stronger than the fear of imprisonment, fines or health consequences
- a practice linked to power imbalances between men and women
- a form of gender-based violence that is not perceived and recognised as such by the communities in which it is practised (or often by the women themselves)
- a practice family often perform to ensure their female members' marriageability and status; parents don't perform FGM to harm their daughters, but rather perceive it to be in the best interest of girls/women in general
- a practice that is internationally condemned (e.g. by World Health Organisation and UN agencies in general), illegal in almost all countries where it is practised, campaigned against by numerous individuals, communities and associations in all continents, including Africa and Europe

If participants bring it to discussion, educators could emphasise that **FGM cannot be compared to male circumcision**: even if both practices share some similarities, FGM is meant to restrict women's sexual pleasure, while male circumcision is not meant to restrict men's sexuality; moreover, FGM tends to have a far more negative impact on the health of both the women and their children.

It is **important** not to stigmatise participants that belong (or may be perceived as belonging) to practising communities (either girls or boys). Educators inform the class that:

- Not every girl from the practising communities has undergone FGM
- Not every family/individual of a practising community supports/practices FGM
- FGM is an intimate and sensitive issue; people's histories are personal and no one should be asked questions unwillingly – e.g. no one is allowed to ask a girl if she has undergone FGM. Participants can share their personal story only if moved by their own initiative. Private information shared by a participant cannot be addressed/shared outside the session, if the explicit and full consent of the given participant is not granted

★ In case of working with participants from practising communities, educators should gather information on local support (counselling, peer support groups, etc.) for dealing with the dilemmas these participants may encounter. In case there is no local support, educators consider if the participants of the group or organisation (alone or in partnership) could initiate a project to provide relevant peer assistance services.

Activity 2 Aminata's dilemma ★★★



Total delivery time

60-75 minutes
Preparation: 45
Delivery: 15
Follow-up: 20



Materials

- A room big enough for working in a semi-circle of chairs (plenary) and for working in groups (of 3-5 participants)
- "Aminata's dilemma" hand-outs (one per group)
- White paper (few sheets per group)
- Pens

→ BACKGROUND

This activity is aimed at **pursuing the work on FGM in a more sensitive and in-depth way**, creating the conditions for open, honest and respectful discussion in the group. The focus is on problem solving and empowerment.

→ SCENARIO



A Educators give a brief input/sum-up about FGM (while distributing the hand-outs): what it is; its prevalence; its consequences; they could frame it as an example of gender-based violence that affects millions of girls and women everywhere around the globe.



B Educators ask participants to split in groups of 3-5 and ask them to take a stand on the presented dilemma. *(see next page)*



C The dilemma is read out and the alternatives are introduced. Educators let participants debate within the groups for a while.



D A spokesperson from each group is then asked to report back to plenary and explain why they have chosen to act in that way, and the pros and cons of such an option in real life.

Aminata's dilemma

Aminata is 13 years old. She was born in a country affected by Female Genital Mutilation (FGM) and underwent FGM at the age of 5. She moved to Europe at the age of 7, together with her family. FGM had a negative impact on Aminata's health. Aminata's parents are now planning to take her and her little sister on holidays, back to their native country, to visit her grandparents.

Her little sister is now 5 years old, so Aminata fears that the trip is meant to have her little sister "cut".

What should Aminata do?

1. Forget about FGM and enjoy the holidays in her native country
2. Speak with her parents and let them know she will call the Police in case they have her sister cut
3. Go to a counsellor (or to a Human Rights Association) for advice
4. Something else (explain what)

Educators can adapt the dilemma to suit the group they are working with; just remember that it is not always possible to know "who is in the room" and that it is better for educators to avoid using the names and/or personal stories of participants.

→ BRIEF

For the debriefing questions, educators could check the mandatory activity.

As an option, and **if having enough time**, participants can role-play their replies to the dilemma, and the group could debate its effectiveness in terms of pros and cons.

If having an extra couple of hours, educators can select one role-play and explore its different solutions by means of Theatre-Forum, if they know how to act accordingly (i.e. as Joker) and if the play defines clearly: the oppressor; the oppressed; the key-characters who can become possible agents of change in real life; and the climax (moment of confrontation/transformation).

Activity 3 Holidays at risk³ ★★



Total delivery time

45 minutes
Preparation: 10
Delivery: 5
Follow-up: 30



Materials

- A room big enough for working in a semi-circle of chairs (plenary)
- Computer
- Audio-system
- Screen-projector
- USB with the video (or reliable internet connection)

→ BACKGROUND

This activity aims at **addressing the risk of an uncut girl/woman from a practising community travelling to a country affected by FGM**, as well as **why FGM is practised and what one can do to put an end to this harmful practice**. It aims at developing the participants' knowledge on the weight of social norms, the challenges of changing mentalities, the role of family, the role of the community and the risk of undergoing FGM when travelling to meet close relatives in a country affected by FGM.

→ SCENARIO



Educators ask everyone to sit in a semi-circle and project the video-clip "De retour au pays" – or a similar short video.

³AIDOS, *MED-RES Toolkit for Trainers*, 2019, available at: <https://www.aidos.it>; video-clip by AIDOS, *Going Back Home/De Retour au Pays*, 2017; available at: <https://www.youtube.com/watch?v=Gh5Nf-syuE>, (subtitled in different languages including French, English, Italian, Portuguese and Spanish).

→ BRIEF

Educators start by asking the participants what they know about FGM (definition, prevalence, where it is practiced, consequences, risk prevention, etc.).

After watching the video, the educators guide the discussion by asking participants:



- What does the aunt fear for her niece, if she does not adhere to the practice of FGM? What are the main reasons given by proponents of FGM according to the video?
- Why does the mother not openly object FGM, despite being against it?
- What do the other characters think? How do they express their opinions? (If the participants do not point it out, educators could emphasise that almost all the characters express their personal opinions in front of the camera and not in their dialogues with other people, highlighting the fact that FGM is a social norm, which is difficult to openly express an opinion on).
- What role do migrants play in ending FGM?
- What characteristics are attributed to life in Africa and in Europe? How is migration considered in the video?
- What role do men play in ending FGM?
- What role do women play in ending FGM?

Educators clarify that FGM is a social norm and a gender issue and that the root causes of FGM are plenty and interdependent. Some reasons cited in support of the practice are tradition, the desirability of the girl/woman as a wife, cleanliness, beauty, religion, etc.

In particular, it is important for educators to reach at least the following conclusions:

- FGM is a social norm considered by those who practise it, or who come from communities that practise it, as a mandatory rule (on a par with legal and/or religious norms, if not more imperative)
- FGM is a subject that is rarely discussed openly
- FGM is a pre-condition for becoming a woman; moreover, it stands as a way to control women's sexuality. In fact, it often plays a role in a woman's desirability as a wife in contexts where marriage is seen as an essential aspect of being a respectable woman with a respectable family. It can even be a requirement in ensuring that a woman receives sustenance and security

- In many contexts, FGM is a tradition perpetuated by women. Men are often excluded from organising the practice, even though women are subjected to FGM for men's benefit. Although FGM is seemingly "a matter for women", regarding men's position on the practice, they actually play a fundamental role in perpetuating it. Conversely, they can also be decisive in encouraging a community to abandon the practice
- Practising FGM is generally not an individual choice: decisions regarding FGM involve not only the family nucleus consisting of mother/father/children, but also the entire extended family. The mother's opinion does not necessarily count for more than the view of the girl's grandmother or aunt (migrant women and men often follow specific family frameworks and are influenced by their communities in their home countries, among other things)
- Ending FGM requires policy making, constant dialogue and the involvement of all, both men and women, children and elderly, practising and non-practising communities – streaming from politicians to religious leaders and civil society

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A project by:



End FGM
EUROPEAN NETWORK



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