Prevention of female genital mutilation in Europe: experience from Belgium

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Fil rouge

- Introduction FGM
- Presentation of GAMS
- Community work in Belgium
- Tools for & by the communities
- Engaging Professionals in prevention & care
- Tools for professionals
- Building bridges to end FGM
- Q & A
Question 1

Did you ever come in contact with the issue of FGM in your professional practice or personal life?
Female genital mutilation/cutting (FGM/C) (also know as Female genital cutting or Female circumcision) is the removal of all or part of a girl’s external genitals for non medical reasons.

By whom?

- Traditional cutter (often without anaesthesia)
- + Medicalisation (doctor, nurse, midwife..) (77,4% in Egypt (DHS 2008))

When is it performed?

In half of the countries that practice FGM, the majority of girls are cut before age 5 (incl a few weeks, months old). Elsewhere, cutting occurs between 5 and 14 years of age.
WHO typically defines 4 types of FGM

- **Clitoridectomy** – cutting of the clitoral hood or partial or total removal of the (EXTERNAL part of the) clitoris* (type 1)

- **Excision** - Partial or total removal of the external clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva) (type 2)

- **Infibulation** - narrowing of the vaginal by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without cutting of the clitoral gland

- all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. (type 4)

*The Clitoris is a BIG organ, it cannot be entirely removed without major surgery.*
The clitoris....
Question 2

What do you think: FGM is practiced only on the African continent?
FGM is a **global issue**, which concerns all continents (including Europe and Africa) - needs to be addressed as such.

± 200 million girls and women in 30 countries are currently living with FGM, with a further 8,000 girls at risk every day—some 3 million girls a year (UNICEF, 2016)

→ More than 50% of affected girls/women: Indonesia, Egypt, Ethiopia
PREVALENCE OF FEMALE GENITAL MUTILATION IN THE WORLD

Percentage of Women Living with Female Genital Mutilation

- 75 to < 100%
- 50 to < 75%
- 25 to < 50%
- 5 to < 25%
- < 5%
- Limited to certain communities
- Reported cases among the migrant population

Based on DHS, MICS - March 2016 and other nationally representative surveys.

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Prevalence rates vary between and within countries and regions (importance of ethnicity).

Map 4.4 Variations in FGM/C prevalence in Senegal, a moderately low prevalence country, are dramatic

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C in Senegal, by region

Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.
Source: DHS/MICS 2010-2011.

(Unicef, 2013)
± 500,000 women and girls living in the EU have been subjected to FGM (European Parliament, 2016).

± 20,000 women and girls from FGM-risk countries of origin seek asylum in the EU each year (20% of all female applicants in 2011)

± 8,800 of these (mostly from Somalia, Eritrea or Guinea) are affected by FGM.

Lack of accurate data and limited research on FGM prevalence in Europe.

→ Scientific evidence suggests that many families are giving up FGM after migrating
FGM in Belgium

- **48,000** women/girls from affected countries
- **13,000** women/girls very likely to have undergone FGM
- **4,000** at risk of FGM
  
  *(Prevalence study conducted in 2014, numbers on January 1st 2012)*

- Participating, facilitating and encouraging FGM is illegal *(Penal Code)*
- 19 FGM-related cases filed in Belgium *(2008-2014)*, no conviction.

- Several international Conventions applicable in Belgium.
- FGM as gender-based persecution = grounds for awarding *refugee status*
Question 3

Are you aware of the legal situation regarding FGM in your country?

1. Yes, it is illegal
2. Yes, it is legal
3. I don’t know
Why is it practiced?

Reasons given for the continuation of FGM vary across countries and cultures and may change over time.

Common rationales include:

• Assurance of girls’ or women’s social status (fear of stigma)
• Chastity, maintenance of pre-marital virginity → marriageability (financial stability)
• Religious identity, respect of culture
• Ritual marking of a transition to womanhood
• Maintenance of family honour and respect
• Improvement of beauty and hygiene…
• Myths about the female genitalia, clitoris
• Economic reasons for the practitioner

FGM/C is a self-enforcing, behavioural rule or social norm (deeply rooted in the unequal power relations between men and women).
FGM is **internationally recognised** as a GBV and a violation of the Human rights of women and girls:

- International Conference on Population and Development (ICPD)
- Programme of Action, the Beijing Platform for Action and the 2012 UN General Assembly Resolution (A/RES/67/146).
- Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol)
- Sustainable Development Goals
- Istanbul Convention …
Physical health consequences:
• Immediate (bleeding, infection, pain.. Death)
• Long-term (cyst, urinary tract infections...)

Psychological consequences:
• Immediate - fear, sideration, surprise...
• Long-term - loss of self-confidence, feeling of betrayal, dissociation
GAMS IN A FEW WORDS
Groupe d’Abolution des Mutilations Sexuelles féminines Founded in 1996

- Multidisciplinary team:
  - 15 paid staff
  - + trained community based volunteers
- In Brussels + 3 regional offices
## Missions and activities

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<tr>
<th>Missions</th>
<th>Activities</th>
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<tr>
<td>Prevent FGM in Belgium</td>
<td>➢ Sensitization and information provision to affected communities and professionals.</td>
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<td></td>
<td>➢ Professionals training.</td>
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<tr>
<td>Reduce the health, psychological and social impact of FGM</td>
<td>➢ Individual psychosocial and community support</td>
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<tr>
<td>Fostering dialogue and intersectoral action</td>
<td>➢ Network creation&gt; concerted strategies</td>
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<td>➢ <a href="http://www.strategiesconcertees.com">www.strategiesconcertees.com</a></td>
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<tr>
<td>Supporting prevention in Africa</td>
<td>➢ Building the Bridges-Velingara</td>
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WORKING WITH AFFECTED COMMUNITIES
Community based work: Discussions and exchange on different themes. Well being. Challenging beliefs, etc

- General awareness raising (community organisations, asylum centers; etc)
- Regular workshops (proposition during 1st social counseling)
  - women
  - young girls
  - children
  - pregnant women
  - men
- Peer educators training and activities
Tools produced by Community workshops participants

La toilette intime
Ma santé de femme
Peer educators

To support GAMS in advocacy against FGM and to support professionals in their individual interviews or outreach activities

> a group of volunteers from fgm practicing communities

90% were GAMS beneficiaries trained on diverse themes (human rights, gbv approach, fgm…

participating on gams activities realising sensitisation (individually or in small group)

translating for GAMS staff or other services
EXAMPLES OF PEER EDUCATORS WORK

- Men Speak Out – quantitative research
- Sketch on FGM (Koto)
- Sensitisation back home during holidays
- Intimate discussion on FGM with partner after training for the first time
- Outreach strategy (Cafe and barbers shops)
Opportunities

• Strengthening personal confidence
• Mutual support between peer educators - motivation and courage
• Ability to reach people who do not necessarily attend GAMS (MSO)
• Diversity of languages - Possibility of translation with a community approach (less formal)
• Exchange with professionals

Difficulties

• Lack of time for some peers (work or travel)
• Sometimes uncomfortable approaching the problem of FGM with older people or in the mother tongue.
• Exposure and unpleasant remarks (Koto-notoriety case)
• Difficulty answering some translation requests (EX: Tygrinia)
To improve the prevention, protection and provision of support services for migrant women and girls affected and at risk of multiple forms of gender-based violence.
Program

- **Training GBV peer counsellors**
  > Brussels, Liège, Antwerp
    – 3 weekends (March – June)

- **Training key professionals**

- **Awareness campaign**
  ✓ Posters and cards
  ✓ 4 videos in 9 languages
  ✓ Web App

- **Meeting September 2019 in Madrid**
  – Launch November 2019

- **Accessing support and protection**

- **Online counseling**

  ✓ Sensitization activities in communities
MULTI-SECTORAL APPROACHES TO TACKLING FGM
Abandonment of FGM requires a process of social change that results in new expectations and the emergence of a new norm.

Survivors of FGM need adequate psycho-sexual and social care.

- Working with a wide range of stakeholders: governments, religious leaders, civil society, professionals, activists.

- Multisectoral perspective: Health, Education, Child protection, Media etc.
Engaging professionals in Prevention & Care of FGM in Belgium

The Concerted Strategies against FGM (CS-FGM)
A Belgian network for professionals

- Founded in 2008: Concerted Strategies against FGM
- Create a Network for a better coordination between Fieldwork professionals on their work on FGM
  - Modeled on the Concerted Strategies against HIV/STD’s

**Aims:**

- Improve the quality and the coordination of our actions
- Ensure that these actions and our advocacy are recognised by relevant political stakeholders
Methodology: A Collaborative approach

1. Situational Analysis
2. Planning
   - Common Objectives
   - Strategies
   - Activities
3. Validation: Reference Framework
Situational Analysis
Concerned communities?
Actors?
Health Determinants?
  - institutional
  - environmental,
  - educational
  - socio-demographic

Community representatives, grass root org., SRHR org., Org for asylum & migration, Researchers, Health promotion centres, legal experts, Org for children and Youth…
Reference Framework on FGM for Analysis and Action in the Brussels-Wallonia region

> Published in 2009
> Updated in 2013

> 17 operational objectives, grouped by intervention strategies of the stakeholders

→ Used by decision-makers for the integration on FGM in the National Action Plan on GBV (2012-2014)
Communication

Knowledge exchange

Publication of Tools

Advocacy

Activities of the Network

Website (FR, ENG, NL)
Newsletter, social media..
Annual Assembly

Shared agenda

Thematic Workshops

Common Projects

Action-Research ex. risk situations

Community mapping

FGM Prevention Kit
Multisectoral Best practices

« Deconstructing false ideas around FGM »
« How to talk about FGM with affected women/girls »

National Action Plan
Good Practices and Recommendations

Website (FR, ENG, NL)
Newsletter, social media..
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Community mapping
Stratégies concertées de lutte contre les mutilations génitales féminines
Un processus participatif pour l'analyse et l'action en Fédération Wallonie-Bruxelles

Présentation
Les Stratégies Concertées de lutte contre les mutilations génitales féminines sont un processus collectif réunissant des acteurs-actrices provenant de secteurs divers (professionnels de la santé, politique, public cible, acteurs de terrain) concernés par les MGF. Ensemble, ils et elles échangent et réfléchissent (au cours d'ateliers ou de journées réseau) sur la construction d'un cadre de référence commun pour l'analyse et l'action afin de produire une analyse situationnelle et d'élaborer un plan opérationnel.

Lire la suite

Actualités
Guide : les MGF dans les Directives d'asile 1 juin 2016
INTACT réagit aux « excisions minimalistes » 26 mai 2016
L'OMS publie de nouvelles directives MGF 23 mai 2016
Adhérerez au réseau SC-MGF ! 19 mai 2016
Rapport de l'ONU sur les MGF en Guinée, 2016 26 avril 2016

Toutes les actualités

Agenda
Conférence "Combattre les stéréotypes" - MGF & sexualité(s) (20/09/2016)
Toutes les activités
Training & tools for professionals

→ Training of professionals – multiple sectors
  → What is FGM?
  → How to prevent FGM?
  → How can we know if a girl/woman is at risk
  → What to do? (protection)
  → Professional secrecy

→ Tools
  - Kit prevention of FGM

  - Good practices for professionals prevention & care
    (Health, Asylum, Police & Justice, Youth)
European Project – Launched in 2017

→ The development of a web-based knowledge platform on FGM, which will gather easily accessible, gender sensitive and culturally appropriate information and support to professionals in order to:

• Deliver victim support more effectively,
• Help prevent FGM and protect women and girls living with or at risk of FGM,
• Serve as a resource and education center

12 partners – 11 countries
WELCOME TO UNITED TO END FGM (UEFGM)
Knowledge Platform

UEFGM AIMS

1. To provide easily accessible information and support to professionals dealing with FGM;
2. To increase the capacity of professionals from diverse backgrounds across the EU to effectively provide gender and culturally sensitive support and protection to victims;
3. To serve as an EU-wide multi-lingual resource and education centre on FGM.

http://www.uefgm.org/
1. Introduction to FGM
2. FGM: Understanding Gender and Social Dynamics
3. Consequences of FGM on Women’s Health and their Management
4. Ethics, Communication and Counseling in the Health Context
5. FGM as Ground for International Protection
6. The Asylum Context: Communication and Interviewing Techniques
7. The Role of the Justice System in the Fight against FGM
8. The Role of Police in the Fight against FGM
9. Advise and Support for Survivors of FGM
10. FGM and Child Protection
11. The Role of the Education Sector in Preventing FGM
12. Community Based Approach in Responding to FGM
13. Communicating and Reporting on FGM
Building bridges between stakeholders in Africa & Europe

The Community of Practice on FGM
Community of practice?

« a group of people who share a concern or a passion for something they do and learn how to do it better by interacting regularly »

- A way for professionals, activists, civil society organisations, scholars…. to interact online around a specific theme – FGM:
  - Good practices, innovative projects
  - Research
  - Contacts of professionals, NGOs…
  - Thematic discussions

→ Enhance understanding – Make prevention & care better

- Horizontal communication without hierarchy
- Use of online tools : Forum, email list, social networks, blog…
- Organisation of face-to-face meetings and workshops
THANK YOU FOR YOUR ATTENTION!

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