SERC
SEXUALITY EDUCATION
RESOURCE CENTRE MB

OUR SELVES OUR DAUGHTERS

Community-Based Education and Engagement Addressing Female Genital Cutting (FGC) with Refugee and Immigrant African Women in Winnipeg - 2014-2015

ACTIVITIES AND EVALUATION REPORT

Project funded by

Manitoba Healthy Living and Seniors
Sexuality Education Resource Centre Manitoba

April 2015

www.serc.mb.ca

SERC WINNIPEG 200-226 Osborne St. North • Winnipeg, Manitoba, • R3C 1V4 • P. (204) 982-7800

SERC BRANDON 161 - 8th Street • Brandon, Manitoba • R7A 3W9 P. (204) 727-0417

Project Team

Simret Daniel, Project Facilitator

Asmahan Abdirahman, Community Co-Facilitator
Hajitu Galgalu Interpreter
Muuxi Adam, Community Youth Males Recruiter and Co-facilitator
Fitsum Getahun, Community Co-Facilitator
Paula Migliardi, Research and Evaluation Coordinator
Linda Plenert, Sexuality and Reproductive Health Facilitator

Acknowledgments

We would like to thank the many individuals who constantly engage in our project for their knowledge and insightful comments. We would also like to thank those in leadership positions in the communities for their ongoing support to this project. We would also like to thank the service providers who saw the need to learn more about FGC and provide more accessible services for FGC-affected women. Last, we would like to thank our funders for making this project possible.

Manitoba

This project has been supported by grants from Manitoba Health, Healthy Living and Seniors.

Table of Contents

Introduction

Goal and Objectives

The overall goal of "Our Selves, Our Daughters" 2014-15 is to work closely with women of African heritage and allies in their communities to enhance educational, health and socio-cultural supports to women affected by female genital cutting, and address prevention among daughters.

Project Goal and Objectives:

Goal: To build knowledge and capacity for increased socio-cultural supports, health education and access to services for newcomer women that will improve their overall health and wellness and address prevention of female genital cutting in the next generation (FGC).

1. To work closely with newcomer communities at multiple levels to ensure the project is meeting community needs and is culturally competent in approach
2. To provide educational supports to newcomer women and their allies, addressing FGC and change
3. To conduct community-based research to guide the project and provide tools for communities that support prevention and change
4. To provide training for service providers in health, settlement and social services to increase their capacity to deliver culturally competent care
5. To support in-house development of increased SERC staff capacity to better understand and integrate project learnings into practice
6. To support ongoing dissemination of project learnings through different means that will access a cross-section of audiences

Objective 1: To hold culturally competent educational sessions that address female genital cutting (FGC) for women in three African national communities.

To hold capacity-building sessions (e.g., dialogue-based training) with Community Co-Facilitators (CCFs) to build skills, knowledge and analysis for co-facilitating women's education sessions.

Objective 2: To sustain engagement with community leaders and grassroots members in social settings and at community gathering around project updates, possible involvement, etc.

Objective 3: To complete the community-based research with two communities holding focus groups with young men, young women, adult men.

Objective 4: To enhance the capacity of Winnipeg service providers (health and social services) and systems to be more responsive and culturally competent in providing care to women affected by FGC.

Objective 5: To support processes that are participant-driven and culturally responsive so that participants feel the services provided, and the project as a whole, are accessible and that their community, culture, gender and values are respected.

Objective 6: To address sustainability of the project by building individual and community capacity.

Evaluation Framework

Outcomes:

1. Newcomer women have increased knowledge and self-efficacy in identifying and addressing health impacts of FGC
2. Increased awareness and analysis of FGC and interconnected issues at an individual and community level, supporting change and prevention of FGC
3. Increased capacity among key community members to provide peer-based information and awareness on women's sexual and reproductive health including FGC and prevention
4. Service providers and SERC staff have enhanced ability to provide culturally competent services to newcomer women affected by FGC

The evaluation results included in this report primarily focus on the following areas of activity:

- Women's education sessions (i.e., Objectives 1, 5 & 6)
- Capacity-building with project CCFs (i.e., Objectives 1, 5 & 6)
- Service provider training (i.e., Objective 4)
- Community-based research process with selected sectors in two national communities (i.e., Objectives 2, 3, 5 & 6)

Evaluation Methodology

A variety of methods were used to gather evaluative information for the different components of the project. These include focus groups, questionnaires, observations, staff logs, and documentation review.

Education Sessions

We held a focus group for the purpose of evaluation at the end of each 10-week series with women and at the end of the 5-week series with young women (See Appendices for a copy of the question guide). With the one-time session with young men, the youth co-facilitator asked a few questions about the relevance of the session, and their perspectives on the content and format.

All participants were informed of the purpose of the evaluation, the focus group procedures and the treatment and use of the data. We emphasized how confidentiality will be treated, including that no names will be used in any report, or in any other dissemination products or activities. We also ensured that participants understood that their involvement was voluntary and that they were free to answer (or not respond to) any of the questions, without negative repercussions.

Feedback to capacity-building sessions with CCFs was conducted on a one-on-one basis. Ongoing feedback was noted by the Project Facilitator and other SERC staff involved in the training who kept a record of these reflections.

Community-Based Research

As part of reaching out to a set of new communities affected by FGC we started a process of outreach and community engagement with five new communities. In describing and assessing this process we reflect on our learnings as we move forward with our plan.

Service Providers

We used an end-of-session evaluation questionnaire to learn about the changes participants perceived in their knowledge and awareness on the topics of the workshop, as well as about the relevance to their needs. We administered this questionnaire at a 1-hour workshop.

One of the series of workshops was delivered through the Alberta Society for Sexual Health Promotion ASPSH) and was evaluated by the organizers. By the time of this report we had not received information on the outcomes of their evaluation. Regardless, we conducted a feedback session with two of the local participants for evaluative purposes.

Activities and Evaluation Findings

This year we focused on a number of different areas of work with the intent in furthering capacity among CCFs across the communities we serve to eventually lead to the development of a more peer-based, community-based approach to FGC education and awareness.

We were able to round out our research in the two communities that we have increasingly served in the past two to three years. This year we addressed gaps in prior research by engaging younger generations and men in conversations on FGC and change.

As part of our model, we continued our in-house capacity building and resource development as well as conduct workshops for service providers.

Participants Served

Community Participants (women, youth and community leaders)

We engaged a total of 79 immigrant and refugee participants in the **formal** activities of the project, and many more through informal processes of the project:

- Hiring and training of a team of 2 community-based educators (6 hours of training each plus time spent reading materials, seeking materials to complement or use in education sessions , providing feedback on materials developed by the project, preparing presentations and attending conferences).
- 10-week series of educational sessions (30 hours) – 26 women registered with 20 [community 3] women attending on average.
- 11-week series of educational sessions (33 hours) – 13 women registered with 8.5 [community 1 & 2] women attending on average. Seven women had been put on a waiting list for upcoming workshops.
- 5-week series of educational sessions (15 hours) – 7 young women registered with an average of 5 participants in attendance.
- 1 educational session (3 hours) – 24 young men.
- Hiring of 1 interpreter and one youth community organizer.
- 5 community members in leadership positions.

Many more community members were in contact with the Project through **informal** means:

- Numerous additional phone calls and follow-up contacts with participants of the education sessions between sessions and after
- Informal conversations between the Project Facilitator and community members at community events, in places of worship, at birthdays, ceremonies, welcoming newcomers, and so on. Many times, a long discussion occurred about the project topics: contraceptives, reproductive health,

FGC, STIs, virginity, orientation to the health system, and so on. It is likely that **dozens of hours** were spent on this type of informal community-level information exchange. An analysis of the ongoing log of consultations carried out by the project coordinator reveals consistent increase in request for information and referrals around sets of education sessions.

- We have to acknowledge that other project staff, in particular, the CCFs have also engaged in discussions propelled by this project with community members, women in particular in their communities. It is difficult to have records of these activities, other than oral and informal communication from the CCFs and sometimes from community members.
- Ongoing email updates and exchange with community leaders, from all communities.

Service Providers and Other Professionals

The project engaged service providers and other professionals in the project in the following ways:

- 16 people: 1 hour workshop with CancerCare Manitoba
- 5 participants: 4 online modules with over 9 hours of reading and participation.
- 2 Nursing students, University of Manitoba, conducting community practicum with SERC
- About 60 participants attending 2 conferences in Winnipeg
- 1 person from the Royal Canadian Mounted Police (RCMP)
- 1 person from the Public Health Agency of Canada (PHAC)
- 1 person from Calgary Sexual Health Centre
- 1 health journalist from the Canadian Medical Journal Association
- Our publication entitled "Female Genital Cutting (FGC) and the Ethics of Care: Community Engagement and the Cultural Sensitivity at the Interface of Migration Experiences", which was published late April 2014 has been accessed via the prestigious open access journal BMC International Health and Human Rights, over 2800 times. This number only reflects access on BioMed Central web pages. As the article is available through other bibliographic databases, this number is an underestimate of total usage.

Community Sessions with Women

Over the period 2014-2015, we held two 10-week series with women from three national groups. During the spring, we held a group with women from one national group, while the fall session was with women from two other national groups. As usual, this strategy was mostly to be able to hold the sessions in one main language. The spring group was held via interpretation whereas the fall group was held in one main language that was understood by most participants, even when the group included women from different national groups. An interpreter was hired to work with a number of participants from a major language group among the women.

The content of the sessions for the summer group was slightly adjusted to accommodate interpretation. Usually, interpretation in the context of education sessions presents challenges for dialogue-based approaches. On the other hand, by engaging an interpreter who has been part of the whole process of community engagement with this particular national community, who conducts the promotion of and recruitment for the sessions, and who acts as a consultant for the project, we were able to enhance the process not only by making interpretation more accurate, but also helping "translate" cultural meanings from one party to the other (facilitator-participants-facilitator).

The following is a list of the main topics of the sessions. The subject of FGC was integrated throughout:

- Women's health beliefs and practices continuities and discontinuities (changes)
- Philosophies of health care (e.g., biomedical models, "traditional" models)
- Accessing health care in Manitoba (e.g., using the emergency/urgent care, attending walk-ins finding a family doctor, knowing patients' rights, accessing medical coverage
- Women's lives: in the context of social determinants of health (e.g., economic, education, immigrant/integration, cultural changes, etc.)
- Reproductive Health: Female and male anatomy (i.e., board games in participants' first languages), types of FGC, menopause, menstrual cycle/stages of pregnancy, labour and childbirth (including FGC-related complications), health prevention (PAP tests, HPV vaccines, breast health), short-term and long-term effects of FGC, STIs and HIV, safer sex negotiation, condom demonstration, birth control; male sexual health (undescended testes, "wet dreams," erectile dysfunction, male circumcision)
- Gender analysis: Examining, for example, the perception of women's bodily functions being considered 'unclean', the reasoning behind some cultures attempts to control women's sexuality, the construction of body image in Canada/media/health care, the dynamic of marriage/relationships and gender roles, the differential status of men women/girls boys.

Participants' Profile

Spring Session

Twenty six (26) participants registered for the session. All but one of the participants identified with a specific national community. Further, a number of women also indicated having been born in other countries, mainly in the Middle Eastern region.

Thirty-eight percent of the participants were under 30 years old (between 18 to 29 years of age), 19 percent in their 30s with a same proportion in their 50s, 15 percent in their 40s, and one person over the age of 65. Only one participant did not share her age with us. Women had been in Canada between 1 month and 11 years. The average number of years in Canada was 3.3. However, over half of the participants had been in Canada 2 years or less.

Thirty-eight percent of the women did not have children. This includes most of the younger women (8 out of 10 under the age of 29), and two older women. All the younger women without children were also single. The same proportion of participants were married or common law arrangement (only one), including a few whose husbands were not in Canada. Nineteen percent were widowed, and two women were separated or divorced.

All women with children had girls and boys. In couple of cases women had only girls. Participants had between 1 to 6 children. Over half of the participants with children had 5 or 6 children, and of the rest most had 3 or 4 children. The average number of children per participant was 4.

Among the registrants, 57 percent (n= 15 women) attended 8 to 10 sessions, 35 percent, 5 to 7 sessions, and 2 less than 5 sessions. In view of such a large group, younger women were advised that sessions focusing on young women would be held later in the year; these young women insisted on attending this series. Despite that the program usually accommodates only up to 15 women, an effort was made to include all the registrants. Among the most consistent attendants were those in the younger age range (between 18 to 29 years of age).

Fall Session

In the fall, 13 women registered for the session. This group included women from two national communities. Still, a few of them were born in other countries, but spoke the main language and identified with one of these communities. Of the participants registered in the series, about 70 percent were in their 30s. Of the rest, 2 were under the age of 30 and the other two older than 40.

All participants had children. For the most part the women had between 1 and 5 children. Many had younger children, and four had children age 10 and older (mostly in their teens).

Most were married or in a common-law relationship; however, for 2 of these their husbands were not living in Canada. One was single.

Sixty-five percent of the participants had been in the country for 3 years or less.

When taken into consideration their countries of origin, and main languages spoken, we were able to reach women from a good cross-section of the community. During the group we were able to observe that these women also belonged to different ethnic groups within the broader national groups.

Spring Session's Group Evaluation

Outcomes: New learnings

The group generated a long list of topics that individual women, and in most cases for many in the group deemed as "new" and revealing of new insights on women's sexual and reproductive health. Because women talked about the novel elements of the information presented, the list mostly shows that this information is western-based biological or biomedical in nature.

The following are the main issues discussed during the evaluation:

Reproduction

Women indicated having learned the female and male reproductive systems (e.g., 'fallopian tubes, the women's genitalia'). Further, they indicated having learned how the reproductive system works. How the system works was largely illustrated by their newfound understanding around pregnancy. Here's some ways women expressed this newfound knowledge:

> How pregnancy starts, the acidity level [of the vagina]. I got answers of why with this guy one can get pregnant, not with that guy...
>
> How twins are born, [the] two types [of twins]
>
> Ovulation, timing, the possibilities of having a baby, how to finding out because of the discharge, when ovulation time comes.
>
> Signs of pregnancy, the cravings, and headaches before sometime that happened to us but just because, not [as] related to pregnancy
>
> The XY chromosomes, women [carry] XX, men XY. Women are blamed for baby girls, now we know that's not true.

While some issues were of interest to everyone, some appeared to be interested on some topics because of the life stage they are transiting. For instance, older women reflected on having learned about menopause.

Reproductive and Sexual Health

To the newfound knowledge on reproduction and the reproductive system, women mentioned a number of topics related to their sexual health. The topics the women spoke about were numerous.

Discussions concerning vaginal yeast infections were found relevant to the women. They found vaginal discharges to be common for them. However, the information on yeast infections helped them to distinguish those discharges that are symptoms of infections. They learned about potential ways of

acquiring them, the different types, and treatments (e.g., “We have yeast infections, bacterial infections, others...Sometimes there is no balance, and no infection. For us, to know what kind of infection, and that there can be some medication, and also what harms the body, was important).

Contraceptive technologies such as vasectomies and other hormonal and mechanical methods for women. However, it is also important to mention that not unlike other groups, these women were interested in discussing natural methods of birth control (e.g. “birth control, personal health, how you feel. All the preventive measures before anything happens).

Prevention figured high among the women. To unwanted pregnancy prevention, they talked about learning on the prevention of sexually transmitted infections. Breast cancer was also a topic of major interest for this group.

Some of the women made a point of indicating having learned about the health impacts of FGC. It still is unclear if they did not know because they had not experienced them, or had not attributed common ailments to FGC.

Access to Healthcare

One of the main topics was about patient’s rights. They found this to be a new way at looking their engagement with the healthcare system. The meaning of patient’s rights, “what these are, the right to a second opinion, what is free, all that is important”, and some key information on how to make the best of their encounter with health professional were brought up in the evaluation. They found a particular resource that will help them access language interpretation to be useful.

Outcomes: Impact of the Knowledge in Women's Lives

A revealing example of how some of the biologically-focused information could and has been used by the women to change their position or the way they are positioned came about when talking about how the sex of a baby is determined. Learning that women as much as men contribute to the definition of sex, and that it is the sperm that determines the baby’s gender, the women believed can help to overcome the blame for having girls. This reveals the status boys and girls have in society, and also that women are vulnerable when giving birth only to girls. One of the participants explained:

> The information on XY [chromosomes], there are some problems when we have girls. Now knowing that it's not the woman...if a woman has 5 girls she is not psychologically stable, there is the possibility that the husband marry another woman to try to have a son.

As simple and simplified this information may be women felt that now they have something they can deploy in order to change their position and gender relations. This example resonated with a number of participants.

Some of the women also used information to make sense of their pregnancies. This resulted in understanding their past and current experiences. They felt that knowing about fetus development, the

distinctions set along the trimesters, was felt to be "good for dissemination to other community members."

Some women valued the information on "family planning." Referring to the rhythm method of birth control, they found the "spacing option [good] for people to explore."

Those with young boys were interested in checking the state of their sons' testicles. A participant mentioned having "checked" her son as soon as she learned of (un)descending testes.

Beyond the health issues related to sexuality and reproduction, women spoke of now thinking about FGC in a new way. Interestingly, one of the participants explained that "now we realize when a woman is not circumcised, it is important not to brand her, but to encourage her." This reveals that circumcision is pervasive, desired, and still provides women a certain positive position within society. On the other hand, it opens the door for the consideration that non-circumcised women within their group are not necessarily deviant, and that are deserving of inclusion.

Another issue that relates to sexuality and general well-being that women broached was on what one of the women called the "experience [of] the generation gap." She went on to explain that in Canada, "this is a different environment, this is important to harmonize the family; this information helps us to talking together. This participant explained that she had opened up the conversation with members of her family, and now she was talking with her children about topics discussed in the sessions.

Teaching Approaches

Women did not have much to say about the way the sessions occurred. They gave the thumbs up to questions about the methods. For them everything was “good”. They found that the interpretation was clear and easy to understand. That interpretation was carried out by a trained community member, a full member of the education team in this project, ensures a meaningful flow of information from between the facilitator and the group of women.

The learning atmosphere was crucial for women to openly ask questions and discuss sensitive topics. As one of the women said, “One of the most important things was to be able to share our ideas and our experiences. In [name of community] community women don't come together and talk about private things.”

An important underexplored aspect of the format of the session became clear when one of the participants shared that since her participation in the group she had been talking with her mother about all the topics discussed in the sessions. That the workshop attracted women of all ages allowed this participant to listen to women of her mother’s generation, and to overcome assumptions of what older women would think about these issues. She found that older women had different perspectives, including some she wished to find in her mother’s. This, in turn, encouraged her to connect with her mother in a different way, and discover that communication across generations on sensitive topics like sexuality, FGC and sexual health was possible.

Improving Our Work

Beyond the Scope of the Workshops

It is common for us to inquire about what we could do better to improve our workshops and related work with project participants. Oftentimes participants take the opportunity to speak of work outside this scope. This time women encouraged us to work with service providers in the area of FGC. Although it was not clear how much the women knew about our role in providing education with care professionals, they felt that we were in a position to do this. As indicated by a participant,

> FGC affects women during childbirth. Professionals don't know how to treat women [who had undergone FGC]. They need to know.

And another participant expanded this by illustrating what may happen in the encounter with the medical system,

> Many of us have been circumcised, marry here, [go through] childbirth here, the opening is too tight, sometimes [there is] not cutting and you get a bad tear, birthing takes long... Help sensitize! Women in the group had gone through that. This is important.

In addition to issues of the project the women felt that there is a need to deal with other aspects of their lives that greatly affect their wellbeing. We heard of the extent to which how the headdress would provoke strong negative reactions among potential employers (whenever they had gone for job interviews) preventing them from gaining employment (e.g., "they see you, they see the outside, they don't see the inside of you, just pass judgment"). Women asked for "ways we can address these things," but also with employment and job searches. Some women, who identified as being "educated" believed that aside from the prejudice faced, they would like to see a process in place whereby their knowledge and experience be fairly assessed. They suggested that being newcomer, having limited English proficiency and wearing the hijab did not allow potential employers to see their qualifications. As much as they felt the discrimination, they also felt the consequences of not having a job, which was explained as the major cause of "stress." Other than the limited English proficiency among many, the women did not see themselves lacking in skills to address this issues: to gain employment, but also to "resolve" the segregation "as a community."

Workshop Content

In addition to more content on sexual and reproductive health topics, some of the women said they were interested in learning about all kinds of health issues. They did not identify any topic in particular.

After listening patiently to all the conversation about the effect that scientific based knowledge had had on participants, one of the elderly women said when asked what we could do differently in the future,

> Some of the experiences of our traditional ways of healing, not [about what information is] on the Internet. But helpful, more [on] traditional, the way we do things, we also know things, our medicines, have attended births. It is important for you guys [referring to SERC] to listen to the other side of the story.

This implies the need to better take into account knowledge that each one of the participants already brings along and in particular with a focus on "traditional ways of healing," as one of the participants put it. The eager interest on western ways of looking at the body and dealing with women's health issues could be balanced with alternative ways.

Women also brought up some other topics concerning FGC. One of the women talked about a need to dealing with scarring of the genital area. Using a metaphor of stitching layers of fabric on the same spot repeatedly, a woman referred to a "what to do?" when re-infibulation has occurred many times when she said,

> Women when circumcised [their genitalia] look very ugly, when it is not it's beautiful. That's because you get stitched two, three times. Ours is not beautiful.

Here implicitly she is also advocating for the prevention of circumcision basing her judgment on aesthetics, but also on need for information on referrals to dealing with scarred tissue. As FGC is sometime justified on the grounds of beautification of the female body, the notion of “ugliness” was explored in the workshops. This was related to reinfibulation. However, women also spoke about understandings on changes to the vagina as result of delivery. Women felt that delivery would lead to enlargement of the vaginal canal that needed to be treated via the use of herbs and “stones” (i.e. soluble salts), leading the discussion to other vaginal practices of their interest.

Format and Reach

The young women in the group were very vocal during the evaluation, as it also appeared to have been the case during the education sessions. Still they felt that they were greatly outnumbered, and as such their interests not fully addressed. One of the young woman asked,

> To have more youth to talk about different problems, different problems that we have in this generation.
>
> Q: Are you referring to a having young women on a group of their own?
>
> No, bringing the two generations together, talking about these things together.

As already mentioned, the intergenerational encounters promoted in this group were of great help in bridging knowledge and issues across generations. However, in this set-up there are also challenges in accommodating everyone’s concerns and interests. An improved assessment at the beginning and throughout the sessions would help to bring forward concerns for minorities within the group.

The women appreciated the location because of convenient bus routes (even when one of the woman said that she had to change 4 bus routes each way!). They also appreciated being furnished with bus tickets. Although helpful, the $10 assigned to participants to offset other expenses, mainly babysitting costs was too little when the time it takes women to attend the session, including the time to come and go, is factored in. Further, some women indicated that other women they knew were not able to attend because they had "3 or 4" children, and there was no child-minding in place.

Fall Session Group Evaluation

As result of the strong request to accommodate more women during the spring session, we were able to invite 10 women to the fall session. Still we had to accommodate a few more. The size of the group facilitated more in-depth discussion, and the level of comfort drew the discussions well over the time allotted for each weekly session. Upon insistence from the women, we added one extra session to deal with additional questions that had been posed over the weeks.

Evaluation Session - Nov 8 - 9 women in the group - easily half had small children, mostly toddlers in the room. The session was carried out in English with interpretation in two other languages interpretation.

This day is the official last session. However, upon demand from the women, they have added one more session without honoraria. We decided to carry out the evaluation this day in case the women are not able or decide not to come because it is an added session or because there is no honorarium.

Motivation for Participation

Participation to the session was the result of outreach efforts from the session co-facilitator and of the interpreter. Each one of the participants took a turn to show her appreciation for having been invited to the workshops:

> I heard from [name of facilitator and interpreter] to attend the sessions. It is really a great one! It is helpful. For me, the sessions should be from 6 months to a year. [Laughter from the group]
>
> I felt it was great. I heard about the sessions from [name of Community Co-facilitator]. I came to see what it was about, and I like it. It was very enlightening.

However, a number of the women have also heard about the sessions from their fellow community women. They had been exposed to many of the topics in conversation with these women. Their knowledge and enthusiasm cultivated interest in participating.

> Before I heard [from women in the community] that there is a session for women, I heard women talking about the topics. Then, [community Co-facilitator] told me. I always wanted to attend. And I am happy that I did. I would like that the session were for 6 months!
>
> Before I used to hear about these sessions; but didn't have much detailed information about it. I didn't expect all these information. It helped me see what I was not able to see before and live according to what I know now.
>
> I heard that the sessions were about our health. I'm happy to have come.
>
> I heard form a woman previous to this session. I'm happy to have these sessions. I hope this continues.

Learning Outcomes

Most of the women assessed the knowledge imparted in the sessions in relation to what they already know. While most learned new information, they also had been exposed to these topics. However, the sessions provided a space where they could explore these matters more in-depth. As such, each one of the participants emphasized aspects of the sessions that were more relevant to them and their families. To an overall comment such as, “I learned a lot. I know a lot. It was very enlightening and informative. It has affected my life. I hope it continues”, we also heard comments on specific topics that made a difference for the women:

> Nothing is new for me. But there was more information about each topic. It helped me with better understanding. Understanding myself better help me for future. Also, to teach my children to have a better understanding of their bodies and health. I have a better understanding of STIs, fistulas, circumcision - the side effects. How it hurts women when circumcised.

Here this participant illustrates how the knowledge connected to her personal life and her own body. She also spoke to how this information was important to pass it along to her children. That the knowledge shared was made personable was also illustrated by another woman who know found an explanation for what happened to her during the birth of her child.

> I was interested to hear about what happened to me when I delivered my baby. I didn't received an explanation [of the procedure] I thought that they had done something, and now I received an explanation. I'm happy about that. Now I know what to ask the doctor too.

This comment illustrates the problems women face in accessing proper health care. It also shows the impact the discussions in the group could have in informing women on what they can do in their encounter with healthcare providers. Another participant found,

> For me it was about patients' rights in Canada. I didn't know that I could find another doctor, if the one I have is not working for me. I also learned that I could refuse treatment.

One of the women explained in detailed what she learned about trying to access abortion services. She realized that healthcare providers may refuse to provide this service, and the places where women are able to access the service more easily.

Among other topics women found that information on prevention of cancers affecting the reproductive system for men and women was relevant to them and their families. In this group, the discussions about FGC were of great interest and had an impact on the participants. Some of the women found their “knowledge of FGM has widened now.” During the evaluation session the women spoke learning about the “side effects” of FGC, something that it was “shocking” for some. It is important to indicate here that FGC practices within these two national communities vary greatly across ethnic groups, as such their experiences and knowledge would also be very diverse.

Women appreciated information on reproduction in general. Some of them mentioned that the information helped them check on their own understanding around pregnancy and childbirth. They also found information on urinary tract infections, and sexually transmitted infections to be new.

Some of the women spoke about other topics such as the role virginity plays in their communities, and on intimacy and relationships. For instance, one of the participants explained,

> For me, also, about virginity. In my community everyone is that every girl is born a virgin, but not...that is what I learned here. You need to teach our men, every man needs to understand this. Why everyone is not a virgin. If there is no proof of virginity, the women face harassment; they get in trouble, and even death.

Here, the participant is indicating that learning about the physical markers of virginity sustained in the community is problematic. She now knows that there is not necessarily a bodily proof of virginity. However, she also insinuates that she is not in a position to use this information to change the men's mind. She is asking educators to impart this knowledge with the men.

Knowledge to Action

The women commented on a series of actions that their participation in the group prompted on them. As usual, we heard that most of them had shared information with others in their families, and members of their communities (in Winnipeg or elsewhere). Some were more open to speaking on the topics with their husbands (e.g., "my husband is very happy that I come here"). One of the women, mentioned that she felt that the new knowledge helped her to become more in an equal footing as her husband,

> My husband has good knowledge of biology, but now that I know, there is more balance in the relationship.

Participants have also initiated conversations with their children.

> One of the participants, who is not here today was wondering what to tell her daughter, she is 10 years old. The group encouraged her to talk to her daughter about menstruation. Then, one day she came and told us that she had talked to her daughter. She was very happy.

And according to another woman, who shared with her sister,

> I shared with my sister about the sessions. When she heard that it was about sexuality, she found this to be something odd. Now [that she heard what we learned], she is happy.

Most of the women did also report having shared information with their friends. One of the participants explained in detail a conversation she had with a neighbor who was concerned about his 12 year old

son, and did not know to approach some of the sexuality related issues growing up. Some of their friends have showed interested in taking part of these sessions.

The women have also becoming more inquisitive with their health care providers. Some have asked their doctors sexual and reproductive related questions. Now that she felt there was no need to stick with the same doctor, one of the women was seeking a new pediatrician for her child.

Their own health practices have also changed for some. Some of them indicated becoming more aware of approaches to reproductive cancer prevention or trying to change some of their birth control practices to better suit their needs (e.g., one of them became more aware of side effects of a particular method she was using). Awareness on yeast infection may have changed some of the health behaviours concerning vaginal care.

Teaching and Facilitation Approach

We asked participants to tell us what helped them learn and actively participate in the sessions. Some of the participants mentioned that the topics were relevant to their lives indicating that when the topics are relevant more engagement occurs. Precisely because of this the women asked many questions, in most cases opening up taboo subjects.

> This group was very inquisitive, we covered everything, about relationships, about sex, even that it triggered sleep, exercise...it's not taboo any more.
>
> Before I was shy about these issues, but not here [re safe space]

The women appreciated that the facilitators were always ready to answer their questions and even illustrate some of the topics with their own personal experiences. They believed that the facilitators' demeanor and openness to listen to the women's questions and contributions were key to their learning (e.g., "I like her character, how she approaches the topic"). The use of diagrams and models (e.g., model of the reproductive system) made it "easier to understand".

However, they also mentioned that part of the success was due to having the sessions in the participants' first language

> She did it in a nice way. ['First languages' of the first Community and the second Community] language, it was important to hear this in our languages.
>
> The language was important. It invited us to ask more questions, go deeper.

That there were only women in the group was also mentioned as helping them to learn and ask questions.

The facilitators accommodated women with infants and toddlers. They understood that their children could be disruptive to the learning environment. They greatly acknowledged the facilitators' patience with the children, and the help of the interpreter and the co-facilitator in ensuring the children were looked after.

Improving Our Work

In terms of the content and approaches taken during the sessions, about each one of the participants in the evaluation session lamented the limited time dedicated to the sessions. They indicated that they had too many questions unanswered (e.g., "I want to ask many questions, but the time was short, I want this to continue, to learn in more detailed way"). However, when asked about specific examples of questions or topics they did not describe those in any detail. They felt that the sessions "help us knowing ourselves better. Everything is about us." Only one of the participants ventured a particular topic,

> We received a lot of information, but still have lots of questions. The time was short. If I had to say a topic I'd like to learn more about it is birth control. We really had short time for that one.

There was also a request for sessions with men. This request came about because men's health figured in the sessions. The women had shared this information with their husbands. However, they felt that the men needed to participate in workshops.

> A: There is a need for men's sessions. Now we have some information [about men's health]. I share with my husband because now I know, but men need this information to be at the same level.
> Q: do you mean groups for men alone?
> A: Yes, separate groups, if we are together people wouldn't ask some questions.

On the other hand, many comments were made with regards to practical aspects of the workshops. The most significant one referred to accommodating women with large families. The women appreciated that they were able to bring along their infants. However, they also acknowledged that their presence is also disruptive. Childcare was something that the project needs to attend to. This message was also reinforced by the recruiters, who found many women to be "interested, but because of childcare, they couldn't come." The amount allotted to offset childcare cost was deemed insufficient.

Women advocated for increasing access to the sessions to other women. They suggested additional outreach and promotion (e.g., "All women deserve to attend these sessions. You need to do more advertising for other women to benefit from this"). However, limited support for childcare seems to be part of the challenge in incorporating more women in sessions.

Some of the women had attended another SERC project, which was delivered in another central location. They compared the two locations to conclude their preference for SERC's office. The other space was smaller. SERC's offices were believed to be "clean" and "safe" for children.

Recommendations

As we continue to work with a number of large national or ethnic groups affected by FGC in Winnipeg, we continue to reach out and have new women attend these sessions. These sessions remain to be pertinent to women in these communities. However, as usual, we seek to understand their experiences of the sessions in order to make improvements or accommodate other issues of interest,

- As many women continue to receive sub-standard or unsatisfactory health care, we were mandated to continue working with services providers in ensure improvement in health care access for women affected by FGC.
- The women appreciated the perspectives on reproductive health shared in the workshops; however, some would also appreciate an increased dialogue around health and healing practices from a cross-cultural perspective.
- Further exploration of vaginal practices (besides FGC) not so much as a medical or health issue but in its sociocultural dimensions would be appreciated.
- The promotion of workshops for all ages was fruitful. However, facilitation needs to remain vigilant of age and generation to accommodate everyone's point of view in a safe environment.
- Access to childcare during the sessions or to be able to attend the sessions remains a high priority issue for women in these communities. Continuing discussions on best strategies to accommodate women is important.

Community Sessions with Youth

Young Women's Sessions

A series of 5-week sessions with young women was developed and delivered as result of specific issues concerning young women as discussed in research with youth from each one of the three communities involved in the project. These sessions were meant to examine the ways cultural and family worldviews influence their sexuality (including FGC) and relationships, and the ways in which social and cultural changes, including migration, affect change of views and practice of FGC and sexuality in general. With this context in mind, it was hoped that the sessions would provide a place for youth to examine the factors that influence their decision-making, and communication about sexuality.

Upon assessment with the youth, the sessions were held on Friday evenings, February 13-March 13. They were delivered in English.

Introduced as point for discussion, the content of the sessions included the following topics:

Culture and Sexuality (e.g., what do people say about sexuality? What are the rules in your community for what is appropriate around a young woman's sexuality? What messages do young women receive? Has any of that been different for you now that you live in Canada? How do these rules affect your decisions? How does FGC fit in all these? (sociocultural reasons behind the practice, how it relates to women's sexuality, changes to the practice)

Our bodies (e.g., anatomy and physiology, types of FGC, possible health consequences related to FGC, etc.)

Sexual Relationships (e.g., sexual and reproductive rights, accessing services, communicating about sexuality, consensual sexual relationships, factors affecting decision-making, etc.)

Sexual and Reproductive Health (e.g., conception/contraception, use of condoms, sexually transmitted infections, etc.)

Promoting Change (e.g., community mobilization and youth role in the prevention of FGC and access to appropriate health care)

Much of the learning occurred within a dialogic approach. Dialogue was promoted via open-ended questions. Some discussions occurred with the use of 'case studies', which had been developed from situations that previous participants have introduced in the sessions. Unlike other groups, the young women engaged in very personal conversations where they share detailed information on their FGC experiences. This was conducive to creating empathy among the participants, and also revealing the wide range of experiences. Some of the youth would seek advice and support from each other and from the facilitator on the dilemmas that being circumcised meant for them.

Participants' Profile

Seven young women in their late teens and early twenties registered for the workshops. Over half belonged to one of the national communities we have been working with, and the rest to the other two national groups. Still most of them had lived in other African, Middle Eastern or even South Asian countries prior to settling in Canada. The stay in Canada ranged from 5 months to 12 years, with over half having lived in Canada for 3 or less years. Most of these young women reside in downtown Winnipeg.

Young Women's Session Evaluation

A few of the participants had attended the group and were still interested on coming together with a group of youth their age. These sessions helped them ask questions and discuss topics that were not open for discussion with older women

Learning Outcomes

In comparing her experience in talking about sexuality and FGC with older women, one of the youth mentioned that "this time, it was of more benefit. I learned things I didn't know" in reference to the specific topics of interest to youth. Talking about sexuality in the same way would have been

inappropriate with women their mothers' generation. Their questions on how the reproductive body works to figure out when ovulation occurs would have not been welcome with women who may believe that these questions are not for young and unmarried women to ask.

Much of their interest revolved around conception and contraception. Some of the youth indicated having gathered more information about different methods of birth control. The conversations around FGC, in particular how it does or may impact their sexuality and sexual practices were also relevant to the young women.

The youth also compared this experience to that of learning about sexual health in school. They indicated that sexual health was a marginal topic in school. Covering only the basic around the prevention of sexually transmitted infections, and in a format that did not allow for questions, were believed to be quite limited. They felt that the information covered in the Our Daughters' sessions was more relevant to their lives.

Mobilizing the Knowledge

Because the sessions had provided a space to address specific personal situations or questions, the knowledge shared was deemed more relevant to the young women. Those who had attended the summer session found that while some of the information was familiar to them, because of the in-depth exploration of these matters as it concern their own life situations the content became more pertinent. One of the young women reflected on this when saying,

> Before, when we spoke about this in the summer I thought that I could use this information. Now, I know I will. Now it is the right time. I need this information.

For another participant, the discussions on decision-making when it comes to being young, wanting to pursue an education, not necessarily being interested in exploring her sexuality after marriage, and being circumcised was key in how to approach her own situation. However, she also felt that "another option [we need], for our generation, we need to use protection". She compared the interests and needs of her parents' generation and her owns to conclude that "things are different for us", to what another young woman said "we are growing up. Now I need this information. Now, it will stick."

According to one of the young women, taking advantage of the fact that "people talk about sex all the time. It is easy to talk about this", became the catalyst for ongoing conversations outside the group with her peers' network. She called this practice "copying and pasting"

> Q. tell me more about that 'copying and pasting'
> A. Yes, I come here, and then 'copy and paste' somewhere else.
> (…)
> A. Now, we have many conversation openers
> Q. What do people say about what you tell them?
> A. They say "you know too much, you must be doing it"! [laughter]
> Q. how do you deal with that?

A. well, talking to people from the same culture, and same age as you is okay. But, if you tell your auntie, let's say, it's going to be a problem.

This illustrates how some of the information is circulated, and an assurance that other young women had been invited into this conversation. In order to understand what that intergenerational conversation may look like, one of the young women said that "sometimes is good to throw a bomb at them, and let them try to figure it out" to signal that young people may provoke parents with their points of view and decisions concerning their sexuality. On the other hand, another young woman was more cautious. She preferred to avoid any potential conflict by carefully deciding what to tell her mother about what she learned in the sessions or about her sexuality in general. In this conversation, the young women indicated that parents or other adults can be very different with some wanting "to keep the culture, and some being open minded."

Sessions' Format

Those who attended the summer session were able to compare their experiences. One of them explained, "we were here in the summer, but it was with our mothers. I liked it before, but our parents were there. It is easier to come here, more with others of our own age." Discussions among peers led to new discussions and insights. For this, they appreciated that the sessions included females only. Still, as we discuss in the following section, they believed that young men should be part of these discussions.

The discussion-based approach was believed to help in opening up the conversation on any of the topics. They appreciated in the way that the Facilitator answered their questions, in particular that "she wasn't shy" to signify that their questions were very straightforward, and that they were satisfied with the answers.

Considerations for Future Programming with Youth

The most significant discussion for consideration in future programming with youth concerning FGC was the inclusion of young men in the sessions. The conversation among the young women in the evaluation session reflected upon the benefits and some of the drawbacks of this proposition:

P1: it is good that it is female only
P2: Well, it would be interesting to have guys here too.
P3: Although it would be hard, sometimes to talk.
P2: but at the end of the day it's about them too.
P1: they have to know.
Q: what do you think they have to know?
P2: About circumcision. To know what that means to us, the different outcomes, the different types, how is it for us

The young women participating in this series were satisfied with the content of the workshops and the answers to their questions. Except for addressing mental health as an area of interest and concern, no

other specific content was discussed in the evaluation. They explained that mental health for them meant dealing with 'stress' and 'things that affect you'. This topic came about throughout the sessions were youth talked about the many situations they confront and affect their well-being, including not being able to procure employment because of what they saw to be racism or prejudice against Muslims, not being able to access or receive proper services.

On the practical side, the participants would have preferred the sessions to occur in the spring. They believed that because the sessions started in February, amidst the coldest days of the winter, it might have prevented some young women from attending. Fridays were still the best days for them. Weekends were believed to be the worst option for young people as the sessions could interfere with some of their free time and activities with friends and family.

To attract other youth they believed that word of mouth is the best. However, some would pay attention to posters in community associations, schools and stores.

Recommendations

As much as we found that sessions including women of all ages were beneficial and of interest to young women, young women found youth-focused sessions desirable.

- Continue to offer series of sessions designed to address the interests of young women
- The sessions should continue to address some of the structural issues that affect young women's lives and well-being. For instance, mental health became a key topic, which when unpacked related to many layers of structural issues in their lives, which in turn may affect their sexual and reproductive lives.
- Revitalize a "whole community" approach whereby the young women could enter in conversation across genders and generations.

Young Men's Session

In an effort to continue addressing the interests of the many sectors of the community around FGC, we held a session with a group of young men. We re-engaged one of the peer-researchers to co-facilitate this session. This young man assisted with the recruitment as well. Twenty-four young men from five different national communities where FGC is practiced attended the 3-hour session. Most of these young men had been in Canada under two years. Although most of the youth were fluent in English and felt comfortable participating in English, some of the recent newcomers relied on interpretation.

The participants seemed very comfortable with each other and were ready to talk about sexuality. The main topics scheduled for discussion were: sexuality and culture, relationships, the body, FGC, and findings from our research concerning cultural change and FGC. Each topic generated numerous questions and comments. Therefore, by the end of the session not all topics were equally covered.

As an illustration of the discussions held, youth engaged in a discussion on what **relationships** look like for them. The conversation on the family norms to find partners within their own communities while they may be interested in exploring relationships with young women from any particular background occupied an important part of the session.

They youth also pointed out that **social media** (e.g., Facebook) plays a key role in developing friendships with young women in Winnipeg. Although, as newly arrived young men, this helped them to meet young women, they were puzzled on how discern who these women really were based on their participation in social media. 'How can you really know [about these girls]?', they asked. Some said to have been disappointed between what it is presented online and what they find out once they meet in person.

Another topic that generated many questions concerned the **body**. As part of the focus of the conversation related to FGC, and circumcision is about modifying the body, youth indicated that they have been immersed in situations where FGC has been practiced. Their recollections of events shows the wide range of socio-cultural practices where celebrations around FGC looked quite different, from more private to more openly celebrated. However, they were also curious to know about what actually happened during the circumcision itself. They discussed knowing of online videos and other accounts of what the circumcision looks like. In all, FGC was not supported by the youth. Youth believed that some of the underlying principles for sustaining the practice were no longer tenable in today's society. Youth believed that although at a certain level virginity continues to be expected, its sustainability is challenged (e.g., people wanted to pursue education, not wanting to get married young). In turn, virginity is not necessarily something they value as a condition for pursuing marriage.

Youth turned this topic to issues concerning their own bodies. They raised questions about male circumcision. As they were aware that some males were uncircumcised they were interested in learning what these differences meant (e.g., does circumcision prevents cancer? do uncircumcised men have problems with erections? etc.). The participants had some other men's health questions that spoke of what they believed to be some common concerns among men in general in their communities, including prostate enlargement.

Young Men's Session Evaluation

At the end of the session, we run a few evaluative questions by the group. By words or body language, it was easy to assess that the session was relevant to the participants' interests. We already observed that the session made room for paying attention to youth's experiences and ideas, leaving little time for all the topics in the agenda. In this vein, we heard a youth say "It is an excellent start, but I want to know more now. More presentations and discussions have to happen, definitely, more than two or three workshops," or "This is helpful. Please can you do one more time?"

Because the session was based, in part, on FGC-related information shared by youth and adults in local research, some of the youth were surprised at the diversity of points of view on this matter. One of them said around this, "this information helped me to open my mind about different ways of thinking in the communities, even within one community!" Other youth indicated that they felt it was important to discuss these topics as part of changing the practice: "girls' circumcision should stop. People don't know

all this information" to what another youth added "Now, I know in Canada this discussion is happening" to signal satisfaction on having FGC as a topic of discussion.

In regards to another topic that generated much discussion, a youth mentioned to have learned more about the human body from the session than from school. Some appreciated the diagrams used to talk about the reproductive system.

In addition to more sessions, youth mentioned that these sessions should further include discussions on culture and history, more about how to stay healthy (e.g., "I want to know how to protect my body to be healthy"). In mirroring what they young women said about learning about young men's perspectives, some of the youth voiced an interest in learning "what the ladies say when they learn like us."

Recommendations

Consistently with previous work involving young men, we found a great interest in continuing to involve them in this project. For this, we need to build on the interest of young men to continue engaging in sessions on FGC and sexuality by:

- Engaging with youth workers not only in the promotion and recruitment of sessions; but as 'cultural brokers'. Youth workers should be invited to participate in capacity-building sessions to enrich the whole program.
- Build a series of sessions to be able to accommodate properly the many topics as the sessions tend to occupy time to answer youth's questions.
- Organize "whole community" sessions to create cross-gender and generational discussions.

Capacity Building Concerning Peer-Based Work

This year, in addition to co-facilitating sessions, the Community Co-Facilitators (CCFs) took part of co-presenting or assisting in the process of development of presentations for conferences (See pg. 36). They were also invited to provide input and feedback to our document on *Working with Women and Girls who Have Experienced FGC*[1], and researched resources on sexuality and the Islam. To this we have to add the numerous interactions that occur over the year as the CCFs work closely with the Project Facilitator to promote the education sessions, recruit participants and co-delivery sessions with women. We consider these activities as part of our capacity-building or co-learning strategy in our project.

[1] The resource is available through SERC's website, and can be found at: http://www.serc.mb.ca/projects/female-genital-cutting or http://www.serc.mb.ca/sites/default/files/resources/Wrk%20with%20Women%20%26%20Girls%202015.pdf

The Project Facilitator and a SERC Community Sexual Reproductive Health Facilitator met with the CCFs over a series of meetings and two learning sessions with the objective of promoting shared knowledge and critical analysis regarding the issues related to female genital cutting. This model was based on a two-way communication and learning process between project staff and the CCFs.

Following a quick assessment on issues that both CCFs were interested in discussing, the team settled on: women's sexuality, gender-related expectations with regards to the expression of sexuality, intimacy, cultural norms and sexual practices, religion and sexuality, changes to the practice of FGC. These topics built on discussions carried out in the previous year. Again, the Community Co-facilitators were given several articles on the topics to read (see page 46). We met to discuss their understanding of the material and provide additional background information in response to any questions. While the readings were a catalyst for general discussions, the CCFs brought to bear much of their experiences in interacting within their social networks (in their ethnic communities as with people from all kinds of backgrounds) as way of illustrating the points made in the discussions and by the authors.

A complex topic, **women's sexuality** was discussed in a way that could enrich our understandings of cultural dynamics. This brought about the contradictions between commonly portrayed women's sexuality in Western society and what occurred in actuality. Women in all social groups and cultures face expectations in the ways they need to live and express their sexuality. According to the CCFs the purported Canadian sexual freedom was not guarantee of 'happiness'. This led them to conclude that these messages would also be problematic for immigrant women. Further, finding themselves at a social and economic disadvantage, many women are pressed to make difficult choices when it comes to negotiating their position within the family.

Immigrant men are also compelled to discuss women's sexuality, indicated the CCFs. In the new socio-cultural context, it appears that men are seeking circumcised or uncircumcised women with whom to engage in intimate relationships with for different reasons. While for men, circumcised women may be more desirable in that they 'are quiet and obey their husbands'; men may enjoy sexual encounters with uncircumcised women. Some men also express concern about women's enjoyment of their sexual relationships. There are many layers in this discussion related to culture, relationships, physical well-being, life experiences, access to information etc.

Intimacy, referred as intellectual, emotional and physical intimacy, provoked much discussion in the team. Much of the discussion revolved around what may be understood as intimacy across cultures, including challenges around the expectations of sharing own feelings and desires (self-disclosure) with a sexual or intimate partner. Although there is a premium in Western cultural discourses of intimacy on self-disclosure, this is a notion or a practice that may not be shared across cultures. The question remains on whether intimacy has similar significance for personal and relational well-being among women from FGC practicing communities. On the other hand, one of the CCFs who keep a close contact with social networks back home made clear that sexual mores and the proper context for love are ever changing in her country of origin. She explained that in the urbanized capital city, 'there is a lot of talk about 'romantic.' With the use of social media (i.e., Facebook) women are seeking 'romantic men.' In that context, circumcised women are seeking to engage in a different type of intimacy.

Intimacy led to a discussion on the diversity of **sexual practices**, many of which are just entering into the conversations among newcomers. The CCFs also brought to the discussion their understanding of religion and sexual practices. Here how women are expected to perform, sexually, occupied a great deal of the conversation. Much of this revolved around Islamic rules around women's roles, such the virtuosity of motherhood vs. the shamefulness around overtly indicating their sexual desires. On the other hand, it was also mentioned that it is the duty of Muslim men to 'bring sexual pleasure to their wives.'

Conversely, it was mentioned that it is not appropriate for Muslims to engage in oral sex. It is believed that practicing oral sex would be immodest, as the mouth and the tongue are for speaking the truth and reading the Quran. Still, the team discussed that as with other sexual practices or social norms there is a variety of interpretations of the doctrine.

As a central concept in the project, the team continued to explore the notion of 'change' or '**community change'** as it relates to FGC. Using the diversity of views on these matters as discussed in the education sessions with the women, the team explored the reasons behind the continuum of perspectives from an understanding that the practice should end and ambivalence. The team explored some of the 'requirements' for changing the practice, including exploring the diversity of beliefs around the practice, involvement of all sectors and members of the affected communities, exploring how immigration may affect the practice, the importance that change beginning within the community.

This discussion was held on the understanding that change is already occurring. Still families may face pressure from relatives outside the country to circumcise their daughters. For the most part this has led to creative ways of avoiding this conversation. This is not easy as it is the mother who is blamed and rumors may be spread about her reputation back home and in Canada. The CCFs believed that supporting these women in their convictions to keep intact the daughters' bodies and exploring the positive outcomes of this decision were part of their role in the community.

The CCFs are aware that in some cases change across the globe has followed a path of 'harm reduction', by modifying the practice (to less severe types) or the ways the practice is conducted (medicalization). However, they knew that these are not option under the Canadian law. They believed that this was common knowledge among most people in their communities, and the physicians or others would report them.

Capacity-Building Evaluation Findings

Close work with the CCFs is crucial in understanding what occurs on the ground as they engage with community members around this project, but also on the topics of sexuality and FGC in general. Their ongoing insights and questions help confirm some of the path taken by the project, and also expand our ways of working with diverse communities.

Structured sessions around reading materials (education materials, reports, and academic papers) and reflection on the views of the community help us to systematically reflect on issues that matter to the

community, but also for us to capture some of the more elusive ways in which these issues circulate between CCFs and their communities, and within the project.

From our conversations with the CCFs we continue to learn about religion and sexuality. While this is more prominent in some groups than others, it is evident that this is an area that deserves attention. There is an understanding that no religious doctrine supports the practice of FGC. However, community members' lives and their sexuality may be strongly guided by their religious convictions.

Overall, the CCFs felt that for many women religion is an 'empowering' force, and as such they use it as a philosophical framework in their lives. They also use it as a measure against messages imparted during education sessions. For example, the slide presentation on sexually transmitted infections was believed to be *haram* (forbidden), according to some of the Muslim participants. This assessment, which is more likely to occur in a safe environment, is helpful in shifting our ways of passing along information that may be helpful for some or at some point for the women in the project.

Many times we have heard that the women share with their husbands or partners some of the information shared in the sessions. In these accounts, men seem to be very receptive and positive about women's participation and ability to learn about sexuality. However, the CCFs have also noticed that the discussions on gender roles and power in relations in the education sessions may also contribute to conflicts in the family. As these stories may be harder to collect in our education sessions and evaluation focus groups, the CCFs proposed that men should become more involved in the project.

In all, gender and power relations in intimate encounters was believed to be a topic that need to be reinforced in the education sessions with newcomers participating in the Our Daughters' project.

Working with men would also help us in our understanding of men's perspectives of gender roles and power relations, and masculinity within the immigration context. The CCFs also indicated that mix-gender dialogue, as we have sporadically done in the past, would also contribute to dealing with some 'relationship' issues. They understand that most of the topics that are touched upon in the education sessions are relational in nature, that is, involve families, and communities.

The CCFs are grateful of having a space for reflecting and discussing sexuality as they are now strong referents in their own networks and beyond on these issues. The ongoing communication with the Project Facilitator, above all, assists in supporting and validating their work outside the project, as the issues become part of larger conversations in the community.

Recommendations:

- Continue to offer reading materials and follow-up dialogue-based sessions with CCFs based on the needs of the project and the interests of the CCFs.
- Incorporate within the discussions issues raised by women's participants in the education sessions and other women who remain in touch with the CCFs in order to gain further understanding on how the knowledge from the project is disseminated on an informal basis through the CCFs.

- Re-assess the peer-based model as we engage with other communities affected by FGC (i.e., current CCFs working with other communities)

Community Consultation and Engagement - Community-Based Research

Much groundwork has been carefully covered in terms of beginning to engage other communities affected by FGC. Based on current demographic information on immigrants to Winnipeg, and our own connections with diverse groups we mapped out our approach to starting a conversation with these groups. Although using country of origin prevalence data and groups of immigrants from these countries to Winnipeg seems to be a logic way of identifying these communities, this presents problems. First, unless the prevalence in those countries is close to 100 percent, it is not appropriate or safe to make the assumption that women and girls will have experienced circumcision. Second, as the practice may be circumscribed to particular ethnic groups within a particular national group; it is not responsible to assume that women and girls from these countries are affected by FGC.

Therefore, we need to carefully engage with communities that according to the 'numbers' as reported in prevalence reports are FGC-affected to figure out the extent to which this project will be of benefit to them. We certainly do not want to contribute to further stigmatization of immigrant women and communities. This is more importantly so at a moment where FGC is regaining the spotlight in Canada.[2]

The Project Facilitator engaged in a few preliminary conversations on FGC with five sanctioned leaders or others who are in trusted positions within their communities. Our ethical stance has been not to name these particular groups. Our objective was to engage with women as the project is focuses on women's experiences. They are the ones that need to provide their views and approve or not of their engagement in the project. However, with a few exceptions, our initial contacts were with men. These men were open to initiate some connections with women in their communities.

These belonged to different national communities. From them we learned that in one case, this person understood that the practice of FGC was highly prevalence within a specific group within this nation-state. She was not knowledgeable about this practice and did not know of people from this specific group living in Winnipeg. This confirms our caution in approaching people from certain countries based on known prevalence according to World Health Organization (WHO) documents. Similarly, in another case, the person did not feel to be 'representing' the FGC affected groups, and the national community in general. This person indicated an interest in finding out more from the local national community to see if there was any merit to the need in participating.

Another key learning occurred when one of the participants, who had seen the outcomes of the criminalization of HIV transmission in Canada, remained highly cautious about his participation in this conversation. Again and again, this person would go back to the examples of HIV-related deportation to

[2] Female Genital Cutting is one of the cultural practices referred in the recently introduced *Zero Tolerance Against Barbaric Cultural Practices Act*.

draw a relationship to the potential problems of shedding light on FGC in this particular community. Although, he openly felt that this was not a practice that continued in Canada, just talking about this topic with or about this community presented some concerns for him. This community has been the lightning rod for some time over HIV, and there was no need to have it experience the same over FGC - another highly moralized and politicized issue in the West.

Still, all these participants were open to continue the conversation. We will continue to seek out connections to assess the feasibility of a model of education involving affected communities from across increasing number of communities affected by FGC.

Service Providers' Training

The provision of workshops or presentations to health and social service providers rounds out our work. Intended to raise awareness on women's health issues and access to health care services, two workshops on FGC, notions of cultural competence and safety and care to women from FGC affected countries were delivered.

One of the workshops introduced the ways in which the project has proceeded in engaging communities on a sensitive topic. This was delivered upon request of CancerCare Manitoba, and their interest and need to look into cultural competence approaches with newcomer communities. This request was generated by content in our reports on cancer as a topic of interest and relevance for the communities.

A series of workshops was delivered for a group of service providers via an online platform. These workshops were organized and hosted by the Alberta Society for the Promotion of Sexual Health (ASPSH). As part of their Online Sexual Health Workshops, a FGC series was run over a 4-week period. Under the title “Exploring Culturally Competent Approach to Female Genital Cutting” four modules were designed to enhance service providers’ knowledge and ways to addressing FGC with women who have experienced it.

In addition to these workshops, we did presentations or held discussions with professionals within different contexts. We report on presentations conducted in the frame of two conferences in Winnipeg which were meant to appeal to a cross-section of professionals and academics. We also provided readings and set up guided discussions with two university nursing students who were conducting their community placement with SERC.

Although there was a strong indication that we would be conducting sessions in Calgary, changes in staff and priorities may have affected this prospect.

In view of requests from the federal government, we anticipate that consultations with service providers and policy-makers will continue to involve those outside Winnipeg.

Session with Professionals affiliated with CancerCare Manitoba

Evaluation

A total of 16 professionals participated in what was believed to be an introductory session on FGC. The professional background of the participants was quite diverse. There were registered nurses (9), social workers (2), and 5 participants in management, coordination or administrative roles with varied backgrounds (e.g., epidemiology, biochemistry and radiation therapy)

A follow-up 3-hour session was intended to round out this initial session. However, due to changes in CancerCare programming this session did not occur. Considering the short session, we utilized a short questionnaire to assess participants' changes in knowledge and awareness on the topics of the presentation, relevancy to their learning needs, and interest in seeking further knowledge on these matters.

Evaluation Outcomes

Following the objectives of the project concerning capacity-building with service providers we set to measure increase in awareness on FGC, but more importantly changes in understanding of cultural competence and safety, and the use of knowledge within professionals' own practice. Over 60 percent of the participants returned a complete evaluation questionnaire.

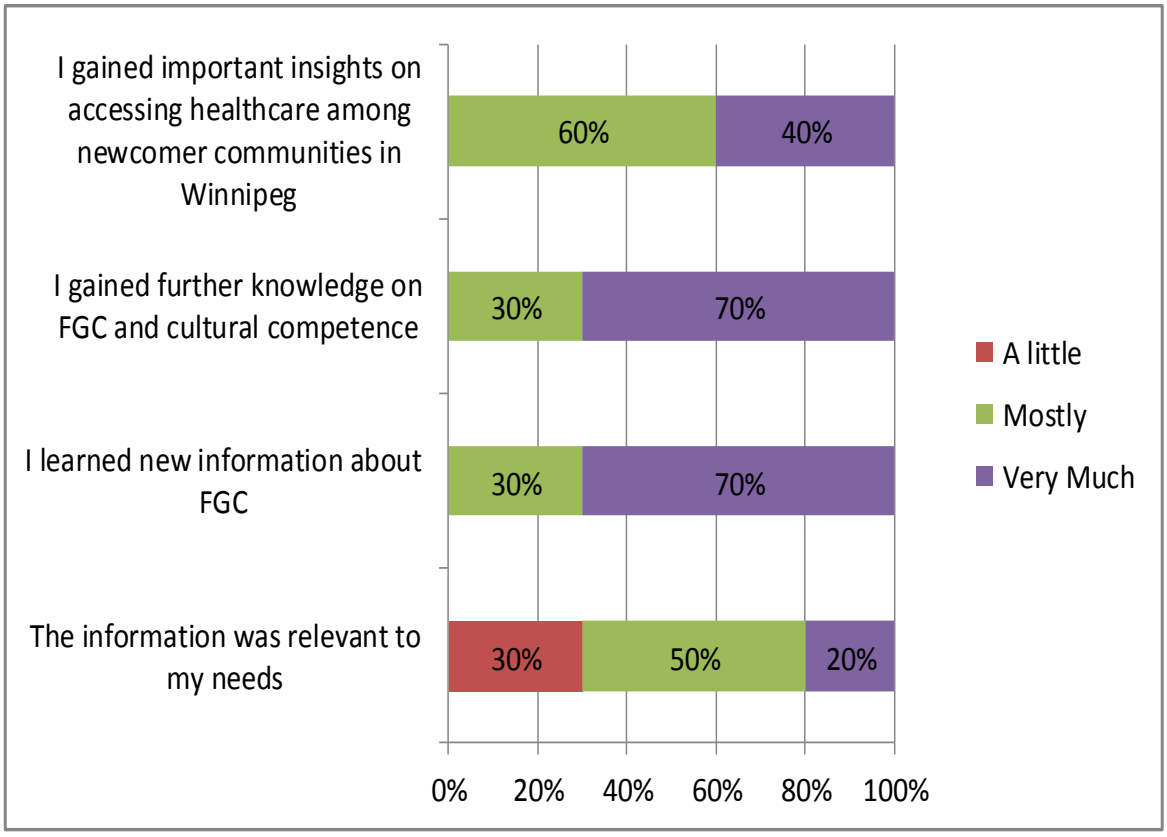
We measured changes in knowledge and awareness with regards to key areas of interest, such as understanding of sexuality and cultural competence. There was positive uptake of these topics.

With the limited time and the potential participants in mind, the facilitator designed a session that focused on the knowledge acquired in working with newcomer communities. This knowledge was also framed wihtin the broader conceptual frame of 'cultural competence'.

Seventy percent of respondents indicated having gained new knowledge of cultural competence and on FGC. The rest found having found gaining more insight overall. To a lesser extent they found to have gained important insights on accessiblity to health care among newcomer communities.

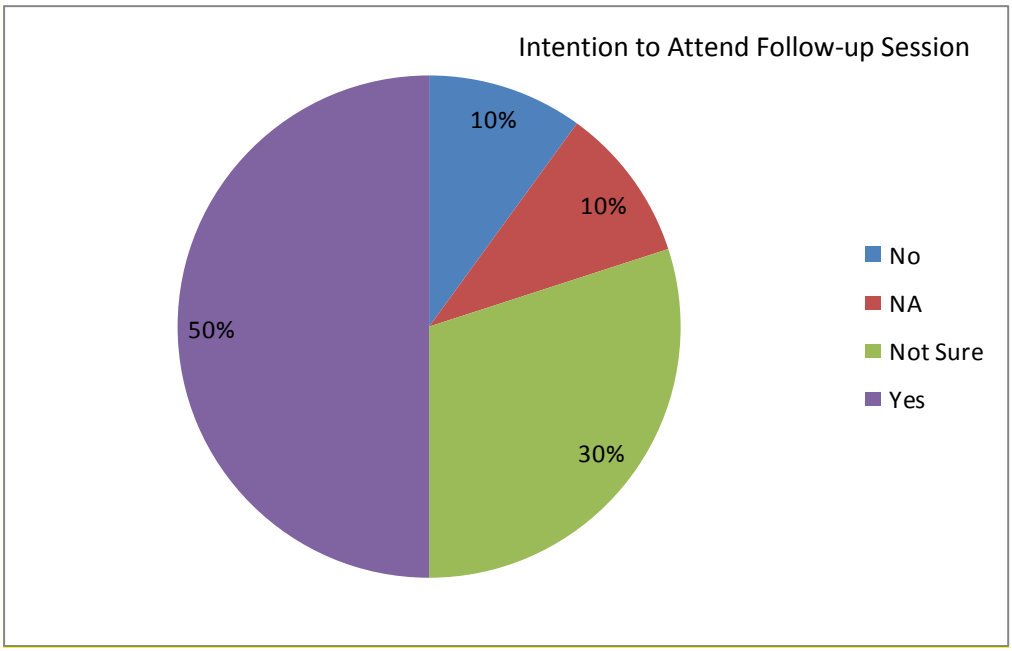
For half of the participants the information was mostly relevant to their needs. Only a litle relevant to 30 percent, and very much relevant to the rest (20 percent).

Evaluation outcomes regarding the information shared in the session



The responses were further split when respondents were asked to tell us if they were interested in seeking more informaiton on the topic. Forty percent indicated that they were 'a little' interested, followed by 30 who indicated that they mostly would do so. Two said that they were not interested.

Finally, in view that a follow-up session would focus on more detailed information and seek to generate more in-depth details with regards to approaches to working with women affected by FGC (a topic that may be peripheral to their work), we asked participants their intention to attend. Half of the participants indicated they will attend, with and additional 30 percent saying that they were not sure. One respondent said s/he will not attend as did not see it relevant to the role of manager.



Unfortunately, we were not able to conduct a second session with this group of participants. However, taking into account that many of the respondents to our evaluation were interested in attending, there is an interested audience. Future service provider work could tap into these participants via CancerCare.

Online Training Series with Service Providers

An online workshop entitled *Exploring a Culturally Competent Approach to Female Genital Cutting* was developed and implemented via the Alberta Society for the Promotion of Sexual Health (ASPSH) in the winter 2015. This workshop was set in 4 modules through which participants would engage with a number of documents and an opportunity for discussing the reading or comments on the topic in real time or in between sessions.

The objectives of Modules 1 and 3 were to increase participants' awareness of the types of FGC and the beliefs that underlie the practice. The reading for this module *Working with Women and Girls Who Have Experienced Female Genital Cutting* (on SERC website) was also meant to increase participants' understanding of the importance of cultural competence when working with women who have experienced FGC. Participants were also asked to challenge their cultural understanding of women's sexuality as the readings included articles about women's sexual experiences after all types of female circumcision.

A secondary objective was coming to some conclusion about the judgmental and harmful nature of the legal stance that has been taken in Canada. The readings for Module 2 included the most recent policy statements by the Society of Obstetricians and Gynecologists of Canada regarding both Female Genital Cutting and Female Genital Cosmetic Surgery.

The cultural change that is currently taking place around the issue of FGC was included as part of the objectives for Module 4. Participants were asked to read at least one of the Community Reports on the

SERC website in order to read first hand comments by community members regarding the change in beliefs that is already taking place. Recognizing the importance of community dialogue and that it takes time for deeply held beliefs to change were the key objectives of this activity.

This online course attracted five participants, 2 from Alberta, 1 from Saskatchewan and 2 from Manitoba.

Evaluation Outcomes

By the time of this report we had not accessed the results of the online evaluation questionnaire developed by ASPSH. However, we were able to have a discussion on the experience of the workshop with the two Manitoba participants.

In terms of the presentation of the content, one of the participants felt that the course appeared to be designed with certain service provider in mind. This prevented her in engaging with some of the questions designed to instigate reflexive comments and conversation in the group. As a way of illustrating this point, she mentioned not being able to relate to at one question posed to reflect on own feelings about FGC. Formulated to address service providers, this participant believed that it assumed a service provider who does not relate to the experience of FGC, likely a Westerner who had not been exposed to this or any controversial “cultural” topics. This preoccupied this participant, as service providers who may have experienced FGC or have been working closely with affected communities may not feel included into the conversation.

Online learning about FGC, and for that matter other sensitive or highly politicized topics, presents a challenge. Although not all online courses use the same platform, with ones being more interactive than others, the lack of real-time discussion in this particular session was quite limiting for the participants.

The technology – as a less interactive way of learning - goes against the overall pedagogical approach used in the project. It was almost impossible to make dialogue as a central part of this learning platform. As much as the opportunity to discuss FGC, sharing of information and the accessibility to specific readings were deemed laudable aspects of the whole course, the experience was not as enriching as somewhat expected. Further, the particular platform was difficult to navigate, leading to some frustration and de-prioritization. For instance, the course provided an opportunity to engage in a series of questions or “threads” among the participants and with the facilitators. However, a participant found herself spending too much time “editing” herself and even deleting part or much of her replies or comments due to a concern that she will be misinterpreted. She indicated that in-person or more interactive ways of raising the issues would have allowed for a safer space for voicing her views.

In view of ongoing growing e-learning, it is important to re-evaluate the use of online workshops as a way of engaging with service providers.

Conference Presentations

In the fall 2014 we presented at two conferences held in Winnipeg. We presented at a panel entitled "Tools for Change and Empowerment of Women" at the International Conference on Women's

Education for Sustainable Development. Our presentation focused on the pedagogical approach we utilize to engage women in a critical dialogue of FGC. A copy of the presentation is appended on page 46. A total number of about 40 participants attended the presentation. In view of the nature of the project, a few participants inquired on the strategies utilized to attract women to the sessions. They wanted to know the motives women had to attend the session. Others were interested on the treatment of the topic. The questions aimed at understanding how FGC, as a sensitive and controversial topic, was broached with the women. With some of the participants, the conversation continued well into the break, after the session was finished. SERC staff encouraged these participants to access information on the project poster in SERC's website.

That same month we presented at the annual conference on immigration and settlement sponsored by the Faculty of Social Work and the Department of Sociology, University of Manitoba, *Strangers in a New Homeland*. About 20 participants attended our session. The presentation generated a number of comments and questions. Participants were curious as to know how we have been able to engage the different sectors of the community on a taboo topic such as FGC. One of the participants commented on the difficulties she faced when trying to conduct research on this topic in her home country of Liberia. She utilized this to illustrate the ethical and practical implications of doing this work, but also to point out the importance of strong and long-lasting relationships with community members in sustaining the work. A handful of participants approached us at the end of the session. For the most part their comments reflected their new understanding on how to approach a sensitive topic with different sectors of these communities.

Recommendations:

- Continue to offer training with service providers in a responsive manner. It is anticipated that in view of potential expanded work in the area of FGC across the country service providers training will remain an area of interest and expansion.
- Re-assess the content of the service providers training to ensure that the content is relevant and appropriate to a diverse audience.
- Continue to seek opportunities for dissemination of our learnings with academic, program planners and implementers, and policy-makers.

Conclusions and Recommendations

The *Our Selves Our Daughters* project continues to provide a meaningful space for addressing FGC in immigrant communities in Winnipeg. Although, this year we were not able to leverage additional resources to sustain or expand some of the work our core education work continues to engage women, in particular. Our in-depth and extensive education sessions have attracted more women than anticipated. The level of participation in the sessions also demonstrates that the content is relevant to their interests and needs. The support provided by the Community Co-Facilitators is invaluable not only in that they are able to enhance assist with recruitment and enrich the sessions, but in that they continue to support participants and other community members beyond the sessions.

In view of continuing to sustain the "whole community" approach to addressing FGC, we conducted successful sessions with youth. We found that sessions and activities across the generations and the genders are acceptable and desirable to the participants. This vision should continue to guide the project as FGC is practice that concerns all members of the affected communities.

We also embarked in another phase of engagement, consultation and rapport-building with an additional number of communities. Unlike the communities with which we have been working to date, we are initiating this process. Therefore, this new approach requires the establishment of new relationships and numerous conversations in order to assess the feasibility of engaging with them in this project.

As another key component of the project, also mandated by the community, it is to improve access to health care and other services. We continue to provide education sessions with physicians, nurses, health care or social service administrators, workers in reproductive and sexual health. This year we saw an increased interest on the part of the federal government in engaging with us in addressing FGC. This is reflective of larger policy changes that will likely have an impact on our work.

Recommendations for Action

Programmatic:

1. Continue to provide participatory, culturally competent **education sessions for newcomer women** that address the health impacts and prevention of FGC, and that explore the complexities of culture, identity, sexuality and change. Include women from all three communities, and encourage women of all ages to attend.

2. Continue to build on the process of **"whole community change"** by engaging all sectors of the community, specifically:

    a. Continue to offer education sessions with youth (male and female)

    b. Expand sessions with men

c. Whenever possible create spaces for sessions with men, women, and youth.

3. Continue to build on the strong need expressed by newcomer participants - both men and women, young and old- for the provision of **sexuality** and **sexual and reproductive health information** presented in a culturally responsive manner (e.g. pregnancy and childbirth, FGC and health, contraception, HIV/STI prevention, relationships: decision-making, communication)

4. Continue to build on the process of training and supporting a **peer-based model** (i.e. Community Co-Facilitators) and continue to assess this model in the context of agency resources and capacity, as well as community needs and overall sustainability of this work. Include in the sessions other project staff, e.g., youth.

5. Support **capacity building of project staff** from communities, e.g., provisions for added mentoring, support and dialogue, involvement in broader SERC activities, etc.

6. Continue **training service providers** in a responsive manner, particularly those in the health care sector. Explore the idea of a next stage of training for those who have attended the introductory workshop for the development of in-depth practical skills.

7. Address the **ethical dimensions** of the project on an ongoing basis, such as the public use of the names of the community (ies) involved with the project, the engagement of systems that can be in a punitive relationship with communities, the messaging that SERC provides to media requests, SERC's position statement with respect to FGC, etc.

8. Continue to integrate project learnings and approaches into **SERC core programming**, beliefs and policy.

9. **Disseminate** project findings widely. Develop community-accessible summary reports of project and research learnings in Plain Language or translated.

Appendices

Evaluation Tools: Focus Group Questions for Women's 10 Week Sessions

Evaluation Tools: Sample of Questionnaire for Service Provider Training

Outline for Women's 10 Week Sessions

Strangers in a New Homeland 2014 - October 23 & 24 2014

Reading Lists

EVALUTION TOOLS:

End-of Sessions Focus Group Interview Guide – Women's Sessions

1. What got you to the group / what are the reasons you decided to come to this group? Once you realized what the group was about, why did you decide to stay?

2. During the sessions you had the opportunity to talk and hear about different topics. What topics had an impact on you? Why? Probes: impact is attributed to the content, the speakers/educators or the discussion that they generated, due to important to participants personally or the community.

3. During the training the facilitators used a number of ways and education tools to help you understand and discuss all the issues we have talked about (e.g., lecture/presentations, group discussion, use of models, *handouts*, etc.). Which methods of training delivery do you prefer and why?

4. What helped you to actively participate in group conversations/discussions? Probes: people from same community, the facilitators, the climate of the sessions, etc.

5. How comfortable were you in the workshops? why or why not? Did any of the topics upset or embarrass you? Were you comfortable learning and talking to the other participants? Did you feel your culture and beliefs were respected and valued?

6. Can you tell me what happened in your life as a result of participating in the sessions/project? Probes: at individual, interpersonal (family) levels related to the project, ripple effects of being involved, unexpected consequences.

7. What suggestions can you give to the organizers for future development of these types of sessions, i.e., sessions that focus on women's health issues for newcomers? The group focused on women from your own community only, how do you feel about having similar sessions with women from other communities?

8. What else do you feel you need more information about?

9. How do you find the location in which the training was delivered? Probes: accessibility, arrangement of the physical space, other places this training can be delivered.

10. How important has been for you that the training help you to pay for childcare and transportation? Why? What would happen if we were not able to cover childcare costs (to the same extent)?

11. Overall, how satisfied are you with your experience as a participant in this project? What was the best part of the experience? What would be one thing that you would change about the experience?

Questionnaire for Service Provider Training

An Introduction to Working with Women from FGC Practising Countries

Evaluation

For each of the following, please **check off the best response:**

	Not at all	A little	Mostly	Very Much
1. The information was relevant to my needs.				
2. I learned new information about Female Genital Cutting.				
3. I gained further knowledge on FGC and cultural competence.				
4. I gained important insights on accessing healthcare among newcomer communities in Winnipeg.				
5. I am interested in seeking out more information about this topic.				

6. What was the **most useful** part of the session?

7. Are you planning in attending next session?

Yes No Not Sure

8. Considering that the next session will include more detailed information on working from a cultural competent stance with FGC affected women, what information would you like to see covered in that session?

9. Additional comments and feedback is welcome

10 Week Education Sessions with Women - List of Topics

Outline of Sessions

Session 1:

- Introductions / Expectations
- Health and Well-being; definition & flower
- Definition of sexuality
    - FGC a complex issue
    - Differing beliefs & feelings even within 1 community
- Accessing the health care system
    - How to find a family doctor (handout)
    - Language Access program

Session 2:

- Traditional practices (group exercise & debrief)
- Models of health care [East/Western medicine; naturopath; herbal medicine etc.)
    - Accessing a specialist
    - Medicine Safety handout
- What is covered by Manitoba Health Services Commission

Session 3:

- What happens at a doctor's appointment
- Patient's Rights
- Informed Consent
- Female anatomy – Magnella Board; include basics on FGC

Session 4:

- Breast exam
- Pelvic exam and Pap test
- Menstrual cycle
    - PMS
    - Dealing with PMS

Session 5:

- Male Anatomy
    - Facts re erectile dysfunction & Viagra
    - Marketing of sexuality related products
    - Sexual difficulties in a relationship – cultural aspects re communication and dealing with issues
- Pregnancy – sperm meets egg/ fertilization/ implantation
    - miscarriage

Session 6:

- Stages of Pregnancy
- Labour and childbirth

- Complications resulting from FGC
- Breastfeeding and cultural role of women's breasts

Session 7:

- How does birth control work?
- Different methods of birth control
- Where to get birth control

Session 8:

- Menopause
    - symptoms
    - yeast / bladder infections
    - coping with menopause
- Culture and women's sexuality / wellness
    - follow-up to discussion on breastfeeding in Canada
    - rights of the child to best nutrition i.e. breastmilk; mother has the right to breastfeed her child in public
- Culture and FGC
    - Why is FGC done?

Session 9:

- Continuation of FGC and culture
    - discussion re "breast ironing"
    - similarities/differences re FGC
    - discussion re protection of daughters
- Sexual Relationships
    - women's sexual pleasure and FGC
    - factors that affect a woman's sexual pleasure
- Communication in sexual relationships
    - about sexual pleasure and/or difficulties
    - issues in "negotiating" safer sex
- Condom demonstration

Session 10:

- STIs and HIV – factual information
- Review of issues re FGC
    - legalities in Canada and other countries
    - health consequences
- Cultural change
    - takes time/complex process
    - community change
    - women as leaders/teachers of change
- Evaluation

“Now we have the knowledge to share with our younger generations”:

Educating on Female Genital Cutting (FGC) among Newcomers to Winnipeg, Canada

International Conference on Women’s Education for Sustainable Human Development

October 16, 2014, Winnipeg

Reading List for Capacity-Building Sessions with Community Co-Facilitators:

Spring Talks Sex – Female Genital Modification

ASPSH Case study 3-1

FGM significantly reduces sexual quality of life

Orgasm in Ritually Circumcised African Women

Reading List for ASPSH Online Course:

Sexuality Education Resource Centre. 2015. Working with Women and Girls who have Experienced Female Genital Cutting (FGC): A Culturally Sensitive Approach.

Public Policy Advisory Network on Female Genital Surgeries in Africa. 2012. Seven Things to Know about Female Genital Surgeries in Africa, Hastings Center Report 6: 19-27.

Society of Obstetricians and Gynaecologists of Canada. 2013. Female Genital Cutting: Clinical Practice Guidelines. J Obstet Gynaecol Can 35(11):e1–e18.

Society of Obstetricians and Gynaecologists of Canada.2013. Female Genital Cosmetic Surgery: SOGC Policy Statement. J Obstet Gynaecol Can 2013;35(12):e1–e5.

Johnsdotter, S. and Essén, B. 2010. Genitals and Ethnicity: The Politics of Genital Modifications. Reproductive Health Matters, 18(35):29-37.