

Our Selves Our Daughters

Women, Men, and Youth's Perspectives of Female Genital Cutting and Change

August 2011
Winnipeg, Manitoba



Community-Based Research Project Team

Simret Daniel, Project Facilitator
Shereen Denetto, Special Projects Coordinator
Paula Migliardi, Research and Evaluation Coordinator

And

Heba Hegos, Community-Based Researcher
Tnsiew M. Ogbamariam, Community-Based Researcher
Samson F. Zerom, Community-Based Researcher

Acknowledgments

We have been working closely with an African newcomer community for over two years on this project. We would like to thank those community members - old and young, men and women - who shared great insights into their community, women's health issues, and community change. We thank the leaders in the community for their continued support of our research and education work. Many thanks to the many members of the community, in particular the Community-Based Researchers who made the implementation of this phase of the project possible. Lastly, we would like to thank our funders, Manitoba Healthy Living, Youth and Seniors and the Winnipeg Foundation for their support of this project.



Contents

Introduction.....	4
Objectives	4
Methodology.....	5
Findings.....	10
Women’s Perspectives	10
Young Women’s Perspectives	17
Men’s Perspectives	27
Young Men’s Perspectives	34
Conclusions and Recommendations	41
Appendices.....	45

Introduction

Since late 2008, Sexuality Education Resource Centre (SERC), in partnership with a nurse from an African newcomer community, has been working on research and education addressing female genital cutting (FGC) with African newcomer women. In April 2009, SERC received funding for a two-stage 15 month project to conduct community based research, and address health impacts and prevention of FGC or female circumcision¹ with African newcomer women. First, we followed a community-based research and engagement process. While women and men in leadership positions in their communities were interviewed, the largest and deepest engagement was with women in the community. This research helped us learn about women's holistic health needs, issues, beliefs (and those pertaining to FGC); and also enhanced our ability to engage with women affected by FGC and address health impacts associated with the practice, along with prevention in the next generation of daughters. In addition, greater trust and relationships with the community helped guide and facilitate project implementation.²

The second stage of the project involved implementing health education workshops with newcomer refugee women; examining the cultural/social and gender-based construction of the practice of FGC; identifying and providing information on common health impacts of FGC; and exploring, in a safe environment, concepts of change in the practice, given the current Canadian social and legal context, as well as the changing global landscape on this issue.³

Throughout the initial work, it was noted that while a focus on women's health concerns and interests was important, it was equally important to learn more about how women's health and wellness, and FGC related change, can be supported by everyone in the community - old and young, women and men.

Objectives

The main objectives of this new phase of the overall project were:

- To engage a "Whole Community" team, composed of two adults (woman/man) and two youth (young woman/man), to lead the community-based research process.
 - To provide research related training to the team
 - To determine best methodological and ethical approaches
 - To conduct a series of focus/discussion groups with their peers
 - To assist in data analysis and interpretation

¹ The term **female genital mutilation** (FGM) gained growing support in the late 1970s to reinforce the view that it is a violation of human rights and to promote efforts to end the practice. The term, however, can be problematic when trying to change a cultural belief. Parents understandably resent the suggestion that they are "mutilating" their daughters. As a result, the term "cutting" has been increasingly used to avoid alienating communities. We also use the term "female circumcision" not to minimize the harms of the practice, but because this is the best direct translation of the term used in the community we work with.

² A report was produced and disseminated with key stakeholders

<http://www.serc.mb.ca/content/download/download.2010-06-09.7508641937/file>

³ Full description of activities and evaluation findings from the education sessions can be found in a report at <http://www.serc.mb.ca/content/download/download.2010-10-20.5221919452/file>

- To determine culturally relevant approaches and messages in order to promote community-level change that will enhance supports to women/mothers/daughters and address prevention of FGC.

Methodology

Our success in the first phase of the project supported the continuation of the use of a community-based approach to research and education. In this regard, we integrated principles of community-based research and community development by responding to the invitation and direction from the community. We also built on the belief collaboration with the community is the best approach to learn about the issue. Another important principle of community-based research that we attended to was the design and implementation of a research process that would ultimately help build our programs and our ability to respond to the needs of the community. In the new phase, we expanded the community engagement process to include members of the community of all ages – adults and youth - in a process of dialogue and change.

We recruited and hired a community-based research team consisting of a man and two youth (one female, one male), to work with the Project Facilitator (woman). Each Community-Based Researcher (CBR) and the Project Facilitator was instructed to engage and lead groups with their peers. Then, we developed and conducted 4 sessions of training on community-based research. These sessions were participatory in nature, and collectively we conducted skills training in: best practices in community-based research; principles and approaches for community engagement; ethical issues; and appropriate methods for the project. Together we finalized the methodology. After data collection, we followed a participatory process of data analysis. A debrief meeting was held to reflect upon and evaluate the process of CBR training and the actual research process and outcomes.⁴ At this meeting, the CBR team reviewed preliminary data analysis and interpretation, and gave input about key findings that was to be shared at a subsequent community meeting for research participants and other key community members. Feedback from the community meeting was incorporated into data analysis, and a final meeting with one CBR and the Project Facilitator was carried out to de-brief and confirm nuances and feedback shared at the community meeting.

Outreach and Recruitment

The CBRs and the Project Facilitator focused mainly on recruiting participants for the groups that they themselves would lead. For instance, the adult male researcher, with assistance from the male youth, recruited primarily for the adult male groups. Individually, they utilized their own community networks and tried to expand into other networks to reach out to a broad and diverse group of participants. While some spoke with friends and acquaintances, or shared the information at community gatherings, one researcher was able to meet and speak with a large number of people, as result of his job at a downtown coffee shop where a number of community members would shop on a daily basis. This proved to be a successful approach. One strategy that appears to have worked well was a “snowball sampling” approach, whereby the

⁴ Findings of the evaluation of the CBR training and orientation sessions can be found at <http://www.searc.mb.ca/content/download/download.2011-09-26.7476248770/file>

researchers would ask the registrants to tell others in their networks. They tried to recruit more people than necessary to ensure an appropriate and ensure an adequate number of participants attended. The researchers also mentioned that talking openly and honestly about the objectives of the project helped people to understand their participation.

Though these strategies appear to have worked well, the researchers were faced with some challenges in the process. They found that many potential participants were very polite and agreed to attend; yet upon receiving reminder phone calls, they decided not to attend. Others assured the researchers that they would attend and still did not come. This resulted in some “stress” for the individual researchers. It is not uncommon, in our experience that everyone who agrees to participate does not end up participating, for one reason or another. On the other hand, a few people showed up unexpectedly. They learned about the group from other research participants. The researchers found it helpful to have other members of the team with whom they could problem-solve recruitment challenges. In some cases, other team members were able to help them reach out to people they knew. Overall, the community responded positively to the project and a good number of community members attended the groups.

The Groups

In March 2011 the CBR team organized and conducted five focus groups. There were two groups with men, one group with women, one group with male youth, and finally one with female youth. The size of the groups ranged from 7 to 11 participants, with a total of 45 participants.

With guidance from the CBR team, a question guide was developed to draw perspectives from each identified sector of the community. The questions covered some demographic information (e.g. age, length of stay in Canada, number of children); general health information, as an entry point to specific FGC related issues; women’s traditional health practices; and views around FGC and change - including views on how and why change happens, and who is or should be involved. A sample of the question guide is appended.

All groups were held in a central location - the offices of Sexuality Education Resource Centre (SERC) - at different times during weekdays or weekends, depending on availability. Although the CBRs considered other locations (e.g. university campus), the team decided that SERC was easily accessible and would work well. Refreshments, snacks and an honorarium for participation were provided. All of the groups were conducted in the main language of the community. In a few cases, translation into another significant language occurred.

It is not uncommon for research participants to seek out information related to the topic during the interviews. Many questions were posed by participants. However, in order to maintain a focus on research and ensure that we were able to obtain people’s views and perspectives, these questions were not answered. In addition, none of the researchers – with the exception of one – were in a position to fulfill the information needs of the participants. Instead, information was provided after the research discussion was concluded. Participants asked about basic information on FGC, for example the “truth” about the health consequences, and

also about male circumcision. Participants received a number of information sheets on various sexual health topics. We also asked if there was any desire to participate in future education sessions. All participants signed up to be contacted at a later date for future educational sessions.

The participants from the young women's focus group decided that they would meet again, shortly afterwards, but this time for an educational session. In addition, the group had presented a long list of questions throughout the discussion. The facilitator recorded a long list of questions that had come up during the focus group. In order to address these questions, an educational workshop was held for five of the newcomer female youth one week after the focus group. Accommodating the immediate needs of research participants in the process of community-based research is desirable, as one of the principles of this type of research is to follow information seeking process with action. As such, an immediate decision to address these young women's interests was appropriate.

Feedback Session with Community Members

An additional group session was conducted in order to validate and expand on the findings of the 5 focus groups, as well as to discuss the next steps of the project. The session was designed to engage the research participants, as well as the other key community members that had been following the project. Twelve participants attended the session. A number of invitees were not able to attend due to scheduling conflicts. However, they expressed their interest in the project, commended SERC for taking this step, and even requested further information.

At the meeting, participants were divided into two groups. Each group had participants of mixed ages and genders. Each group was facilitated by a pair of CBRs. In one group, the adult male/young male researchers presented, in first language, the findings on men/male youth. In the other group, the Project Facilitator - with the support of the young female researcher and a SERC educator - presented the findings on women/young women. The groups of participants then "switched." Notes were taken on feedback received. At the end of the session - after gaining participants' oral insights into the whole project - we provided a presentation on future activities that will result from the findings of the research project. Participants were satisfied with the project and were very pleased about the format of the feedback session. They appreciated the gathering of representatives from each group consulted, and encouraged us to continue to bring the whole community together. Most participants requested copies of the final report.

Relevant data from the session were also considered for analysis and included in this report.

Ethical Approach and Issues

Ensuring that proper consent was obtained was important to not only the CBRs, but the participants as well. We followed a full ethical process, through which informed consent was obtained by first reading the consent form aloud in first language - ensuring everyone understood the terms and concepts being conveyed - and then seeking verbal agreement (with

a witness to sign a document). Each participant was also given a copy of the consent form to take home.

Many participants were inquisitive about the purpose of the group and the project itself. It was apparent that having CBRs, people from their communities as researchers, made it easy for participants to ask questions about the project (before and during the groups).

The use of a tape-recorder was new to the CBRs and to the participants. This required particular attention and explanation. The participants insisted that the CBRs promise to delete the voice recording upon transcription of the information. With this agreed upon, all were fine to proceed with having the discussion recorded.

Another dilemma encountered during the research process was the pressure CBRs were under to share their personal views on the topic in question. This is not uncommon in community-based research, and training on how to deal with this methodological issue, while maintaining a respectful and ethically sound communication process, was paramount for the team.

In addition to wanting to know the CBRs' opinions, participants also sought health information from the CBRs. These educational needs had to be carefully diverted, as the CBRs were not in a position to educate participants. On one occasion, the group facilitator, by virtue of her role as the main Project Facilitator and a health educator, was able to accommodate a separate education session based on the specific questions that arose during her focus group. This brings to our attention the potential need for increasingly integrated models of research and education.

During this phase of the project, we continued to follow the initial commitment made to the community - keeping the name of the country of origin concealed. There was interest among the participants in this phase about the reasons for not naming the specific community the project is working with. As in previous meetings, some participants were in support of naming the community as a way of raising their voices and demonstrating their support to the objectives of the project. This ongoing feedback is taken into account as the project progresses.

The Participants

Women's Group	Men's Groups
<p>11 women</p> <p>Ages ranged between 28 to 40 years of age. Average of 34 years of age.</p> <p>Women had been in Canada between 6 months and 6 years. About half of the participants had been in Canada 1 year or less.</p> <p>Women had at least one child, with a few having 5 or 6 children. The average number of children was 3. All but one of the participants had daughters, most had both daughters and sons.</p> <p>Most of the children were young. They ranged between the ages of 1 month old to 13 years of age. The oldest child was 13 years of age; however the average age was 5 years old. Two had small babies.</p>	<p>There were 19 male participants about evenly distributed in two groups (8 and 11 men in each group).</p> <p>They ranged between 24 and 53 years of age and represented an average of 36 years of age. However, most of the participants (n=13) were under the age of 39.</p> <p>The participants had been in Canada between 4 days and 2 years. In fact, three participants had been in Canada for less than 3 weeks. Sixty-eight percent (68%) had been in Canada one year or less.</p> <p>A number of participants were single (n=8), in particular the younger ones. The rest were married with 7 declaring having one to three children.⁵</p>
Young Females Group	Male Youth Group
<p>7 young women</p> <p>Age ranged between 19 to 40 years of age. Average of 24 years, but most between ages of 19 to 23 (only one was over the age of 24).⁶</p> <p>These young women had been in Canada between 7 months and 2 years.</p> <p>Three participants were in high school, 2 in EAL classes, one in college and the last one in University.</p> <p>3 were not working (one looking for work), 3 working part-time in the service sector, and another one full-time in the cleaning sector.</p>	<p>8 young men</p> <p>They ranged between the ages of 19 to 22 years. The average age was 20 years old.</p> <p>The most recent arrival to Canada had been in the country for only 4 months. Half of the participants had been under a year in Canada. The longest stay was 3 years.</p> <p>Half of the youth were in school. Two were attending University, one high school and another at adult school.</p> <p>Three were working (security, dishwasher, and retail business); one said he did not have a job at the moment.</p>

⁵ The number of children elicited may not be accurate due to the fact that many in the community believe that is not appropriate to "count" the number of children in a family. Counting is for objects or animals, not for people/children. It is also believed that counting children may bring about "bad luck" to the family.

⁶ We tried to recruit mainly young women, but we did not turn away people who showed up for the focus group.

Findings

In this section we report on findings from each group or sector in the community - that is, women, young women, men and young men. Gender and age differences are important when trying to understand the perspectives, attitudes, and ideas for action with regards to change and prevention education of FGC in the community. At the end of this section we present a summary of findings from all groups, highlighting similarities and differences.

Women's Perspectives

General Health Concerns

In order to ease our way into traditional practices affecting women's health, we first asked about major health concerns for women and girls in the community. The participants identified a wide range of issues. These included: cancer; AIDS; diabetes; tuberculosis; heart failure; gastritis; hypertension; migraine; and malaria. Not surprisingly, many of these health concerns affect some newcomer populations from countries where these illnesses are endemic. Unlike the women in the initial consultation process in 2009, the participants did not include reproductive health issues or issues related to accessing care to their list of health related concerns.⁷

This question was designed to open up a series of health related issues before delving into the specific issue of FGC. However, awareness about the project within the community, along with open communication about the objectives of this specific phase of the project may have well prepared women to quickly move into discussing the topic at hand: FGC or female circumcision.

"In our Country, It is Culture": Female Genital Cutting or Circumcision

We were interested in learning about some specific traditional health practices, with a particular focus on female circumcision or female genital cutting. We prefaced our question by referring to the **"taboo"** nature of the subject and asked permission to have a conversation about the topic. Although the women concurred that this was indeed taboo, all agreed that "we should talk about this".

Reasons behind FGC

Women reflected upon the fact that they have not heard of FGC being practiced in Canada or, for that matter, received any information related to the topic. However, it was apparent that the expectation from the women's home countries was to circumcise their children. One of the participants explained the most common types practiced in her community (i.e., Sunna and infibulation). These practices are conducted to **prevent "harms"** to the girl child, and it was explained that "it has this and this ... benefits for the future."

⁷ In 2009 we asked women about their experiences accessing health care services, to describe any barriers as well as positive aspects of care they experienced. This led to a number of comments associated to personal experiences with childbirth.

Women were quick to describe how the procedure happens back home. Family and community members would share information on available circumcisers as a way of asserting the continuation of this cultural practice. One participant believed that it is the “right” of the girl to have access to circumcision. This participant said: “It is like her right, when you see in our community if someone gave birth to a girl they take it [FGC] as her [the girl’s] right. [FGC] is yet unstopped, but it is being discussed.”

Women explained that the ultimate goal behind the practice of FGC is to help women control their sexual desires. As one of the participants explained: “the reason for female circumcision is to make her polite, to prevent her from becoming hyper [hypersexual] to prevent her from looking extramarital sex, to prevent her from misbehaving [in a sexual way].” Such statements lead to comparisons were made between the sexual behaviours of the women from their community and western women (i.e. “uncircumcised” women).

A few attributed the differences in women’s sexual behaviours to factors other than circumcision. One of them spoke about sociocultural factors. She explained that:

I don’t think it is because of being circumcised or not circumcised. I think it is because of development change. I wouldn’t say it is because of female circumcision. There are women who perform extramarital sex though they are circumcised. I would say it is behaviour of the person.

Another participant accentuated environment and personality as main factors in sexual behaviour:

The way she grows up and her character are the main determinant factors. Circumcised and non-circumcised woman will grow in this private [individualistic] culture they will have the same behaviour. [However] since her sexual feeling is reduced, she will not be the same with the woman whose feeling is not reduced. Therefore they will not be the same.

Yet, this voice of dissent was in the minority. In fact, anti-FGC campaigns were believed to “make the people free to misbehave”. FGC was supported by many of the participants who did not believe in the harms (even regarding labour and delivery), but rather believed in the benefits such as “the female becomes calm. Because [the circumciser] is reducing some amount from the feeling, she will become *calm*.”

Impacts of female circumcision on girls or women

While most of the participants perceived FGC to be beneficial to girls and women, they also brainstormed some of the negative effects. Women have “heard” that circumcision is not desirable as it can cause problems during labour and delivery. The few who did not support circumcision based their arguments on the fact that the practice does not necessarily change women’s sexual behaviors. One of the participants explained at length that circumcision could

have negative effects on a woman's marriage as result of the effects on intimacy. She explained:

Even it [FGC] can have harmful result on the future marriage of the woman [...] we are not exposed to outside and might been hurt and don't tell to anyone. Even if we are hurt, as a woman we don't open our mouth and say it. I heard many divorce are resulted because of sexual issues. In our country if you ask a woman what was the cause of the divorce she says [word in native language], '...I don't want to keep living there...'.she doesn't open her mouth and say. When we don't talk the trauma may not be expressed.

When addressing the negative effects of FGC, it became clear that not all participants were supportive of the practice.

I personally don't like female circumcision. I believe in God's grace it is not about being circumcised or not. I always say, "How a mother can allow her daughter's circumcision?" Especially since I gave birth to my daughter. She is very sensitive, so I hate female circumcision.

FGC Stakeholders

The practice of Female Genital Cutting is highly influenced by **elders** in the community. Participants believed that female friends, neighbours, and elder sisters were involved or more influential in the practice of FGC. Grandparents influence the decision to continue the practice. As was widely understood by the group, one of the participants articulated: "If grandparents hear a baby girl is being born, they keep saying "ok, we now have to...(laughter)." Conversely, younger people are believed to have an insignificant role in the decision-making process.

Women also stated that **men** have little say or knowledge when it comes to the practice. Many had something to say about men's roles, as illustrated by the following quotes:

Our father too, because our father don't know. The women, neighbours and the circumciser circumcise the girl. But the man doesn't know what has happened; whether their daughter is circumcised or not.

Women can do it without the knowledge of men. It is acceptable in the culture.

As long as there is maternal consent to proceed with the circumcision, men appear to go along with it - even if they initially resisted the idea. According to the participants, female circumcision is a **women's** purview.

When a child is circumcised with the consent of the woman, without his consent, it is acceptable in front of the man and woman. He will not oppose her for doing it.

However, it was also mentioned that the role of **men** regarding FGC is also changing. Much different than the days when discussions about FGC were nonexistent, change seems to be occurring when it comes to communication among parents. One participant explained that change is happening among certain sectors in the community.

The men usually don't have a deep knowledge of what is happening to the children as they travel because of work; they are busy by work. This culture is changing these days. Presently, the parents are discussing about things, but before they didn't discuss. But in our fathers time it was not like that. They didn't know much about us because of their work demands. A few couples communicate but usually mothers decide more about necessary things for the family.

In spite of the affirmation that cultural change is happening, this account shows the contradictions in women's discourse. Men still appear to be somewhat foreign to the decision-making process with regards to their daughter's circumcision. In fact, another participant asserted that "in our culture, the women have most of the home responsibilities and the men have outside home responsibilities", as a way of indicating that circumcision is a domestic matter that falls under the women's responsibility.

According to some of the women, when it comes to sexual practices, men (in particular younger men) would prefer uncircumcised women. However, In their role as fathers, these same men may say they would prefer a circumcised daughter. Eloquently, one of the participants said:

Men don't want FGC because they want to have sex with her in the way she was supposed to naturally, but parents think it will help them to control their children. He might need uncircumcised wife, but for his daughter he might need her to be circumcised. [laughter]. Therefore the parent male and the husband male might have different views.

Other women were not sure about men's position on the issue. This is reflective of the lack of or limited communication between men and women about this issue, even within the family.

Changing the Practice

Previously, some of the participants had been exposed to **public campaigns** designed to prevent FGC in African countries. They were aware of the changes in **legislation** in their home country. They had heard information on the radio. However, they were skeptical about the impact of such prevention approaches in their communities. One of the participants said: "Though it is being spoken, it is not stopped." It appears that the messages received differed from the intended message. For instance, while one of the women indicated she had "never seen its advantages and disadvantages" explained as part of a campaign, others asserted that they had, thus indicating that campaign messaging was not universally available. Participants engaged in a conversation about the effects of circumcision on women's health, and one of the participants stated that, "on TV they say when they circumcise the female they are taking away her rights. They teach us as we are taking her right." This explanation of a girl's right to *not* be

circumcised conflicts with their culturally embedded views about circumcision. It was the women's perception that FGC is less common in urban areas, something resulting from less exposure to the anti-FGC campaigns.

While the continuation of the practice is deeply rooted in culture and cultural knowledge about women's bodies and their lives, change is happening. The alleged reasons for such change were attributed again to knowledge – specifically about the evidence of harm to women's bodies and lives as a result of FGC. This knowledge was believed to be based on evidence provided through research.

There was a long pause as the women reflected upon the need - or lack thereof - for this practice to change. This was potentially a sign of ambivalence, or perhaps indicative of a lack of previous true reflection on the issue, or possibly mere hesitation to share their thoughts in a group of women from their own community. The few who did speak were convinced that the practice had to stop. They reiterated some earlier arguments. One of them reinforced the message by saying:

We had learned some information before; we say that it has to stop. If it causes problems in our marriage, it has to stop. We will live a married life, most of our married life; therefore, it is affecting our all later life. The time we stay with our parents are short compared to married time. If it affects marriage, I think it has to stop. [Another woman supported her].

Living in a new culture

Women shared their views on what they believed to be the main driver of change: migration/immigration and encountering new cultural norms. Social and cultural changes were expected as people moved to another country. Decreased access to the resources necessary for the continuation of the practice, along with decreased pressure to continue the practice were among the main explanations for cultural change. One of the participants said:

I think at present it is not difficult to change because people are living in the different places. They are living according to where they are.

And, another participant elaborated:

Environment also colonizes people. Here when you give birth a girl if you want her to get circumcised...where can you find a circumciser? There is no one. Wherever you go you will be ruled by the environment. When you are in [name of her country of origin], your grandmother or neighbours will tell you to circumcise her, and you will circumcise her. Here, many people say no...

Instruments of Change

While the larger sociocultural environment is already operating as an instrument of change, women described a number of other elements that further assist the quest for change around FGC. Religion and education were the main foci.

The role of religion in change

In order to better understand change, we asked participants to tell us about the potential agents involved in the discontinuation of the practice, and the procedures required for this to happen. Women spoke of the role of religious leaders; men and women; and youth in the community. However, more focus was given to the role of religious leaders.

Women indicated that religious leaders have a role to play in the prevention of FGC. They believed that leaders should receive education about the potential negative effects of FGC to pass along to the many community members they serve.

Mainly religious leaders, I mean, if religious leaders teach the people whether female circumcision is beneficial or harmful, according to the religious beliefs, change can come.

(...) to teach religious leaders is also important, because people listen and do what the religious leaders required.

One participant believed that religious teachings would also help. She said: "It is good to live here; most importantly religious information and education can stop female circumcision."

The Role of Education

In terms of the role of education, women focused on the main messages and how to get them across.

Education on the harms associated with FGC - the main focus of education should be on harms (e.g. "If people stop female circumcision after they understand it is not helpful. This will not bring concern.")

Education Format – As for the way that education should occur, women believed that group sessions were the most appropriate (e.g. seminars, workshops, discussion groups), as this format would allow for discussion and information sharing. Women supported the use of reading materials as long people have an opportunity to discuss the content in a group.

When papers are disseminated there has to be meeting to discuss ideas. This helps people to understand more. Community forum is important in addition to reading the information given.

When there is community forum [group discussion] there is exchange of ideas. That is, what I don't know the other person might know so we exchange knowledge.

Dealing with **gender differences** in education sessions – some participants supported the idea of gender-specific sessions, while others believed that mixed groups would also be appropriate and feasible. They supported having facilitators of the same gender as the participants.

Teaching **across generations** – The women discussed the idea of learning with their children. In spite of a desire to discuss the issue as a family, most participants felt that youth – or even adult children - would not participate fully in education sessions/forums if parents were present. Overall, they supported the idea of communicating about the issue across generations, something that should be supported through education with each specific group.

The parents and youth shouldn't learn together. Youth should learn with their age mates.

Yes, the youth can become shy in front of elders/parents, they will not participate openly. Especially when the mother or the father is sitting with the youth, though s/he wants to say something s/he will not say it freely. S/he will only be careful observant of her/his parents reaction.

Looking Forward

While a number of women did not believe that the abolition of female circumcision would bring about problems to the individual woman or the culture, many more remained silent when asked to imagine the repercussions of the complete eradication of the practice in their communities. The outspoken - those in favour of change - believed that it would not be a problem because women would be healthier. They also believed that younger generations have more access to education, allowing them not only to learn about the negative health impacts of FGC, but also about ways to improve the position of women in society.

They also believed that the circumstances through which young women and men engage in relationships are changing - favouring more open and communicative relationships, whereby discussion about the consequences of FGC is possible. In fact, some believed that change will have a positive impact on marriages. The following exchange between participants illustrates this point:

They will have a good married life. [laughter]

Yeah, if there is divorce because of female circumcision, they will keep their marriage; they are avoiding the problem. [laughter]

It appeared that these women felt that change would take place in just a matter of time. As one of the participants said: "People will start to stop it because it is changing. Therefore they will adapt living with it [without FGC]". However, the silence among many of the other participants may be an indication of lack of support for change, disbelief in change, or even the lack of ability to imagine such a possibility.

Young Women's Perspectives

Life in Canada as Newcomer Youth

Youth reflected on many changes experienced, comparing their experiences in Canada with those in their home countries or countries of transit. Access to employment and education; increased safety; independence; self-confidence due to access to resources; and security were all considered to be positive aspects of settling in the new country. A number of sexuality related issues, resulting from their settlement experience in Canada, were mentioned with reservation. Young women were surprised about the ways (Canadian) people expressed themselves through the types of clothing they choose to wear, their open expressions of affection (like kissing in public), and how quickly couples enter into an intimate sexual relationship. For some, the difference between their past and current experiences and observations was such that they felt they were facing a "frightening situation". One participant explained that:

For example, when I came to Canada, I used to be scared by seeing the new way of dressing; I used to cover my face in order not to see them. [laugh] because when I was in [country of transmigration] I was a student, I go to school and come home nothing out of that; I go outside with my family. I never saw such things before. Here when I see people kissing on the street, I was shocked. [laughter]

This idea of "freedom" was compared to past experiences in places where women had to be covered in public, and where kissing or holding hands with someone of the opposite sex was illegal or, at the very least, taboo. All this represented a major change for these young women.

Account of Health Concerns among Young Women

Among the youth, the initial question about health concerns was met with a long pause. The silence was followed by discussion about a number of issues affecting many people in the community, beyond young people's health concerns. Some would speak about health as in **illnesses**; while a few considered the **social environment** as a determining factor in the health of community members. For instance, among the illnesses that they see affecting their community, young women mentioned breast cancer, reproductive issues (i.e. "uterine problems"), and tuberculosis. Other health concerns were related to the lack of a "clean environment", the easy access to drugs and alcohol, and even "healthy food." One of the participants explained that the use of drugs and alcohol is something that "bad people" consume, although it appears that even "good people" lead a "risky life here." This might explain in part their belief that the migrant experience, and changes in culture and society present health risks to newcomers.

In Canada people can do whatever, right? It is free to do anything [laughter] but different people come from different place for example, I was born and grew up in [name of country]. There alcohol is not legal. When I came to Canada, I observed that people do everything, whatever they want to do, it is a free country. So people when

they come here and drink alcohol they drink too much because they can get it easily. They develop alcoholism. They develop illness. In addition, there is a drug issue, I used to think only bad people use it but the good people are also leading a risky life here; so this is another problem. Eating healthy, if you eat healthy food, I guess you will not have many problems. [laughter]

When prompted to share young women's health concerns, an additional to a lengthy series of topics, all matters related to **sexual and reproductive health** were discussed. Young women mentioned talking to their friends about:

- Menstruation (e.g. "(...) if the period comes every 2 weeks, it might be because of weather or other causes")
- Birth control
 - Prevention education (e.g. "In teenagers, how to prevent unwanted pregnancy. Even there is a TV show "16 and pregnant". "Specially for teenagers there has to be education sessions like about what should she do, what is birth control, how to use it." Or "Is it legal to use birth control? I also heard that you need prescription to buy birth control so, why?", "How to use a condom, or when to use it?")
 - Access to birth control/reproductive health care (e.g. "Some don't have an access to birth control, because many don't have family doctor.")
- Pregnancy (e.g. "If she is pregnant, about things that she has to don't or do during the pregnancy time. Like how to dress up, not to use tight cloths, high heeled shoes.", "If she gave birth, about birth, about marriage, good modeling, about painful or non-painful period, how to raise children when she becomes a mother.")

These topics do not only illustrate the concerns and interests of young women on sexual and reproductive health issues, but the questions that they have, and in turn, the areas where information is lacking and education may be beneficial.

Female Genital Cutting or Female Circumcision

'Sexual Feelings' and 'Urges': Need to Control Women's Bodies

In order to address female circumcision, the initial conversations were framed in a way that would facilitate the understanding of young women's perspectives on the practice. When asked about their thoughts about the perpetuation of female circumcision, the first few reactions revealed two diverging positions. The first young woman to react replied, somewhat defiantly, by stating that she wanted to know the reasons ("that is my question," as in "why is female circumcision practiced after all?"). To settle the matter and give closure to the question, another young woman replied "because it is a deeply held tradition". Others interjected by further explaining these two positions.

The main focus of discussion was the belief that FGC will prevent sexual activity outside community sanctioned legitimate relationships (i.e. marriage).

They said if a woman is not circumcised she will have more sexual urge early before she got married. If she is not circumcised she will have high sexual feeling like crazy. Then she will need man [for sex] very early [age]. Consequently, she will put her life into danger. [another youth agreed with her]

In order to support this point, another participant compared the circumcised to those not circumcised. In her words:

There are some women in a certain place who don't get circumcised; I will not tell you in where to keep the name confidential, but almost all that nation are promiscuous. They are like prostitutes. They say these women from that country cannot stay a night without a man because they are not circumcised. They don't have patience. Female circumcision started because of this reason.

Soon, the conversation turned to a comparison between the sexual urges of men and women, as one of the participants debated the idea that women are more interested and in need of sex than men. They appeared to believe that men were "naturally more [sexually] interested or active than women." Although there was not consensus among the group most appeared to believe that uncircumcised women would be even more interested in sex than men. The issue was further complicated by the fact that some participants believed that there were other reasons why women -circumcised or not - would not have a vested interest in following their sexual urges. One young woman used a clear example to illustrate why women would not have sex, even if uncircumcised. With much support from the rest of the group, she explained:

Women and men are not the same. Let's say you became crazy [hypersexual]. What are you going to bring to your home? Pregnancy. So you will be the one who lose your future good opportunities. In the contrary the effect is not much on the man, but he might probably get illnesses. He impregnates you and marries another one. If a woman gives birth to a child before getting married no one will marry her. Live alone she got pregnant if she lost her virginity no one will marry her.

Other participants summarized the discussion by stating that "it is not about the woman's feeling is more than or less than a man, it is about the outcome," or that "Women even if they want to go [to have the sexual relationship with someone], they don't go. They think about many things in their brain, but they want to avoid the consequences. But men when they want to have it they go and do it anyways." According to the person making this final comment on the issue, circumcision does not appear to be the main preventative factor in sexual activity among women: "Though there the urge is the same the woman thinks a lot before she acts. She has much ability to control herself."

Though the youth showed some uncertainty about the extent to which FGC an effective prevention mechanism for “sleeping around”, one of the participants felt that there are other approaches rooted in traditional practices and beliefs that would serve as effective prevention practices. She explained:

But if you let her to grow in good manners if you teach her which is bad and which is good behavior, if you advise her in which way to go, and the religious commandments, things she must not do why do you have to worry about that? I don't think it will stop her from doing it. Many women who are circumcised are doing whatever they want to do. So I don't see the point.

Another young woman explained the reasons behind the belief, and implied that now things are different, as issues related to sexuality are more in the “open”. Although there were clear contradictions with regards to the extent of support, most speculated that young women and men in general “may not support [FGC]”.

It stayed in the culture; it is a culture which is inherited from our ancestors. The previous culture and the culture that we are living is not the same. There was no education about how to raise children and they thought they will control woman's feeling by circumcision. There was no open discussion about sexual, marital and relationship issues. They also felt shy to talk.

However, their parents' generation is still not open to discussing sexuality with their daughters. When it comes to FGC, young women believed that for their parents, “female circumcision is a must to be done.” They believed that parents accept this as a positive practice in the lives of their daughters. On the other hand, they also understood that that changes concerning the practice, as well as in communication about sexuality related issues across generations is happening.

Health Impacts

Young women engaged in a conversation about the potential health impacts of female circumcision. Youth did not speak about the impacts of female circumcision from their own personal experiences. This was inferred by their quick replies indicating that they “haven't seen anything,” or by referring to third person accounts, such as “some people say if she is circumcised her sexual desire becomes less.”

The conversation revealed the extent of their knowledge on this particular aspect. The issue came about as one of the youth presented what she believed to be a number of negative health concerns associated with FGC. She said:

It can cause problems to the health of the woman. The sexual desire also can be reduced. Even it can also affect the fertility. She can become infertile.

The rest of the young women followed by asking for clarification, and even showed some disbelief. The conversation continued:

- I didn't get your point. Do you mean if some organs are injured as a consequence of female circumcision? [asked politely to the other youth]
- No, I think she can't become infertile because of circumcision. The fertility part of the woman's body is not on the place where circumcision is done.
- She may experience problems during labor.
- Maybe.
- I don't think it brings problems to labor. Labor is a natural process. So this labor problem happens naturally. There is no link between circumcision and labor. It might have other problems.
- [FGC] is normal in [my country], does it have side effects?
- I remember there was something they say fistula, fistula for urine and fistula for stool. That is because of circumcision.
- What is fistula? [laughter]

As with other sexual and reproductive health issues the youth were quick to engage in conversation about FGC. Many beliefs, disinformation, or lack of information about the anatomy and physiology of women's bodies and some of their health consequences were evident.

Female Circumcision in Context: Culture, Place and Change

As with other sexuality and sexual and reproductive health topics, and as illustrated in the previous section, female circumcision brought about a number of comments and questions. Some had heard or believed that female circumcision was not commonly practiced in Canada. One of the participants described having heard about the importance of the practice back home, but believed that it was not practiced in Canada. In her own words:

My aunt used to tell me before. A female must be circumcised. Because if a girl is not circumcised, she will have more interest for sex, she will not be able to control her feelings. She will have high sexual interest. She told me that a woman must be circumcised. But in Canada a female is not circumcised.

Another participant added to this last comment by indicating:

I have never heard female circumcision since I came to Canada. I don't think people are practicing it [here]. Female circumcision cannot be done in hospitals; it is done just traditionally, right? I never saw anyone who brought our culture of female circumcision and practice it here.

Many also appeared to be aware of legislative changes in their home country and the government campaigns, mostly through radio and TV. Some spoke about the outcomes of the

policy change - such as decreased prevalence - and having been exposed to prevention education in their home country or during countries of transmigration.

Yes, according to our community that is by the culture a female has to be circumcised. They recommend that she should be circumcised. But presently the campaigners say female circumcision has to stop, even in [name of her country]. I mean, we have not just only heard it; they campaign against it seriously. They say she must not be circumcised. It is banned by law, but according to the culture, she has to be circumcised as she said it before.

Some had even received prevention messages at a school in Winnipeg. Teachers focused on a framework that included information about the negative health implications of the practice, from a violence against women and girls' rights perspective.

In my school project –English project – they taught us about female circumcision. They told us third world countries do this. The teacher copied it from a certain article. We discussed and it had some questions as well. She told us it is not good; it can bring problems. They are not giving the girl her rights, which is not appropriate. They are doing it when she is a child. She doesn't choose it, but they are doing this without her choice. This is abuse. She must not be abused.

I think female circumcision is not important. I mean, the girl should not be circumcised. I disagree with female circumcision. In school they told us female circumcision brings illness, even when I was in [country of transmigration/refugee] they told us so. But [name of the local community] circumcise their daughters, it is legal. My mother she never talked to me about this topic may be because I was young. In the school, they told us that there are many who die or become infertile because of circumcision; I mean in [country of refugee]. There are different kinds of female circumcision; one is completed. (...) she has to be opened in order to be married, if she is not opened she can't able to have sex. It is a scary thing, but I will not do that to my daughter. [all laughed]

In spite of the knowledge that the practice may be changing in their home countries, some demonstrated some skepticism, believing that it could instead become an underground practice as result of the law.

One of the young women began a new thread of conversation by bringing up the similarities with **male circumcision**. She said:

Ok, the girl is circumcised without her choice, but they are also doing the same thing to the boy. [all laughed] Therefore, I would say this thing has to be elaborated. [laughter] The boy is also not choosing!⁸

⁸ The comparison between female and male circumcision has not been uncommon. This raises questions about the need to further understand the role of circumcision (for both sexes) in the specific context of any given culture.

The conversation soon turned to what they knew about the practice of male circumcision in Canada, and some beliefs associated with it. Young women were aware of the practice in Winnipeg (e.g. legalities, where, when, and fee schedule). They also shared their beliefs about the practice. One of them indicated that it was necessary to avoid becoming “dirty” and having “a bad smell.” Another participant added that “it doesn’t even look nice, physically.” Unlike the desired impact of FGC to lessen sexual urges, with male circumcision, they noted, men’s sexual pleasure would not be affected by it.

Factors Influencing Change

Among the factors that young women believed to influence change in the practice of FGC were: access to education; culture and place; and changing men’s attitudes.

Education – access to education and consequent delayed marriage were identified as important factors influencing changes in the practice of female circumcision (e.g. “Now the time is civilizing, there is education. People explain things; women are also exposed to higher education level. She also has the chance of choosing whatever good plan for her. Before there were no all these chances because they used to marry early. “)

Culture and place – Participants agreed that the broader social and cultural environment influences the continuation or disruption of the practice. Very eloquently, one of the participants deduced:

The place where the person is living also plays a significant role. The culture of the country has great influence to the actions of the people. For example, in [country of origin] since every mother circumcises her daughter, you follow it. Because you will say your culture is the best one, you don’t compare it with the one which is not yours. So you will think the condition where you are, is the best one.

Other participants recalled the influences that their mothers faced while living as refugees in other African countries. One of the participants described this process to the group:

Nowadays, my mother responds openly to my questions and even tells me in front of my father and my siblings. I asked her if I am circumcised and she told me: ‘yes I circumcised you in [country of transmigration].’ When I ask her why, she said we had a [women from another culture where they lived in their way to Canada] woman friend and neighbor who raised us with our parents. So everything was done there [influenced my mother]. My mother couldn’t say no because we will be stigmatized and the people will tell her your daughters will become like such and such. And when we grow up they will say: ‘you see she is not circumcised just observe she will do this and that.’ They will strictly observe to find faults. As she told me the reason I understood my mother’s situation. I said ‘ok...’ [Laughter] and I asked her ‘did you do the bad one or the *normal* one?’, and she told me, ‘the normal one.’ [All laughed].

Faced by social and cultural changes in the West, settlement in a new place influences change. Migration to a country where gender-based cultural norms differ and are non-supportive of traditional views, and where women can access resources without having to rely on a husband were mentioned as important factors in change. For instance, one of the young women explained this point:

If you in are in [country name] since the culture of female circumcision is like in [name of country of origin], the girl has to keep her virginity. If she don't keep her virginity that is the end of her married life. However, here if you don't get married you can accomplish many things. You can work and can support self. You can also support your siblings. But here Canadians seem not to consider virginity.

Men's Attitudes – Some young women believed that men's attitudes towards virginity or other notions that seemingly promote the practice of FGC are changing. Some attributed this to living in a new country, while others attributed it to "love", regardless of where they live. (e.g. "Is it rape or trauma or illness? They don't know. However, there are also some men if he loves her and if she tells him that she was raped or lost it unwillingly, there are some men who understand the situation. And marry her. If she is here she can do whatever she wants to do.")

Meaning of Change in the Practice

While we witnessed a lengthy discussion about the fact that circumcision may not curb women's "sexual urges" (the main reason for the practice), young women believed that in order for the practice to stop or change, evidence on similar or dissimilar behaviors between circumcised and uncircumcised women was required.

To say it has to end or to change, first we have seen two girls; one who is circumcised and one uncircumcised girl. And these girls have to grow in the same way and let us see the real difference. Then we can act based on reality.

At that point, somewhat amused by this proposed "study", participants faced a dilemma about "whom" to compare: a girl from their community and Canadian girl? Two girls from their community living in Canada? The dilemma then appeared to be settled (to some extent) by the idea that it all depends on parenting approaches. One of the girls said:

I think it is also based on the ways of raising the child, not on being circumcised or not.

One is factor is the way of raising children and the culture is also a factor.

Towards the end of this conversation, the young women re-visited their initial assessment with regards to the very purpose of the practice. They concluded with the following comments:

May be circumcision doesn't have an effect to reduce feelings.

No, even the circumcised one may become hypersexual.

Some believed that the practice will end as result of the changes in legislation, and campaigns.

Stakeholders in Female Circumcision

Youth and the Prevention of FGC: Unheard Voices

Youth asserted that they had not called upon to participate in the prevention of FGC. Reflecting upon their observations about prevention of FGC in Africa, youth believed that they were not a target of the public campaigns and, as such, they did not see any role for girls themselves in prevention. They conveyed to us these thoughts by saying:

Youth usually don't attend in campaigns. Who invited them? [laugh]

Youth have not given the opportunity to attend the educations (in the campaigns) so what can we say about the girls role?

The youth quickly made an assessment of their lack of participation in FGC prevention. They believed that young girls were probably considered too young to have an opinion on the matter. Therefore, their voices were perceived to be irrelevant:

They tell us you don't know you are young. Even if we learned about it. They may not tell us much because we may be too young. They don't listen to us even when we try to discuss. They say that it is our culture. The culture which stayed for thousands years can't be stopped by us, who has come to the world just now.

They also stated that without knowledge of the evidence that demonstrates the need to stop FGC, girls could not do much to prevent the practice. They advocated for youth education in this area:

If you know then you can stop it. What evidence do you have to stop it? You didn't evaluate the benefits and harms to know which you are going to say the harm and the benefit, first. First the person has to have knowledge. First we need knowledge even to inform the next generation.

Men have a lot of influence

In contrast to the information shared by adult women and men, young women believed that **men had a lot of influence** on the ultimate decision for their daughters to be circumcised. They believed that men would ensure that women continued the practice. Such a strong belief about the influence of men on the practice of circumcision may have been prompted by their observations of the overall role of men in their families, from the perspective of a daughter. In a community where men are clearly the head of the household, it may not be a stretch to believe that men would also have a strong say about having their daughters circumcised. Some believed that, no matter her position in the family, the woman could stop the practice if she

had the knowledge of harms associated with it. Others hoped that men, nowadays, would not put women in such a position.

The Role of Education

Youth-Focused Messaging on Change

The participants discussed education approaches to reach out to and engage young women. First, they agreed that the main messages should focus on the negative health impacts that result from circumcision. They advocated for research and evidence based information. Then, as a teaching approach, some suggested the use of testimonies from women who are suffering from such health impacts. As one of the youth stated:

You bring someone who is sick to show them and to make them scared and they will stop it. They tell the parents to stop it but they (parents) say we will do it; so our children will not become hypersexual. But I don't think that they understand the issues. If it is stitched it leads to different illnesses and after labor she will have pain.

Also, women discussed approaches to reach out to young men in their communities. They identified young men's ideals of marrying a 'virgin' as an important topic to address. Some of the participants believed that men might be having "sex with different women and saw the difference [between circumcised and non-circumcised women]. So they might accept the change [not being married to a circumcised woman]." It appears that, with young people trying to engage in intimate relationships, there is a need to address FGC within the context of relationships and sexuality. Young women felt that education should be imparted to both women and men.

Education Format – youth believed that that education should happen in groups where people can discuss the issues and share information. They believed not only in the sharing of well researched information, but in "good" facilitation skills to make the messages more effective.

Dealing with **gender differences** in education sessions – some participants supported gender-specific sessions, while others believed that mixed groups would also be appropriate and feasible. Among the advantages of mixed groups was the opportunity to listen to each other, and for discussions on women's rights to happen. As one of the participants stated:

"Both all boys and girls together because when the girl says something then the boy says something then we can share opinions. We can tell them we have to have rights. I think this is better."

On the other hand, some felt that youth may feel too "shy to ask questions" in a mixed group. Some believed that similar open conversations as the one carried out for this project would not be possible in mixed gender groups.

“If we see our discussion today it wouldn’t be the same if boys were around us. Girls don’t talk in front of boys. Both girls and boys don’t talk openly in front of each other.”

Finally, another participant found a way of bringing these perspectives and dilemmas to a common point. She agreed on the need to have gender-specific groups, but on the potential benefits of bringing male and female youth together. She said:

“Different styles are good. Like to discuss sometimes in different group of men separate from women but at least one day they should be together. A discussion between both girls and boys. They are also most probably aware of what are we going to speak.”

Teaching **across generations** – Overall, youth felt that parents’ presence would prevent them from participating in education sessions or a forum (e.g. “The parents have lived their own way, but we are the one who are going to start now so we have to learn separately.”) However, a few believed that parents should have a role in education.

Men’s Perspectives

Major health concerns in the community

When addressing health concerns, men mentioned a series of barriers to accessing care. They spoke about two main areas: one related to the encounter with physicians and other health care providers; and the second related to a series of systemic barriers that prevent people from access to appropriate care. These two aspects are further described as follows.

Encounter with the health care system

In both group discussions, men referred to what they believed to be a common trait among the community as a possible barrier to accessing care. They believed that “shyness” or feelings of discomfort prevented community members from disclosing all health concerns with health care providers. Some of the comments were as follows:

First thing in our community people get shy from a doctors, this is a common trend among a large number of individuals.

Our community is not expressive; the formation that we came from early age do not encourage people to share and communicate their emotions and feelings freely, that is why we feel shy to talk about these things.

First thing in our community members, there is a common behavior and this is “shyness” shyness should stop, there is a person who reaches to death simply because they took time and feel shy to report their issue to a doctor. People should learn and understand even though it’s hard to be fluent in English, but they should put all their effort to report every heath issue they are feeling.

While some advocated for the need to educate people about how to overcome this demeanor or character trait, others believed that it would be difficult for change to happen quickly.

Conversely, it appeared that it may not be just about being “shy”, but also about what the encounter with professionals (people they do not know) and those in position of power represents. Some explained the need for trust to be built before disclosure of health concerns.

It will take a very long time for our community to be able to share their personal illnesses.

In addition, community members suffering from health conditions may seek traditional care methods, such as using common herbal remedies, or may contend with the symptoms of illness for long periods, shying away from biomedical care. One of the participants illustrated this point by using an example:

I know someone who was very ill. She had a problem with her ears and she never shared any of this with her doctor, when she went to a doctor unfortunately it was too late and then she ended up being not able to hear at all.

Systemic Barriers to Care

Access to care in Canada is problematic, as language presents significant barriers to full communication with health care providers. Some other concerns raised were: long wait lists, in particular when trying to see a specialist; the limited appointment time offered by doctors, thus preventing full communication of health issues (this could trump the need to establish trust with the health care provider); and long waits at emergency services.

Some clinics, have limited time to discuss your issues with a doctor. The doctors do not engage and motivate you to share your problems with them.

Female Circumcision

After the broad discussion on health concerns, the group began to discuss traditional practices that concern women, i.e. female circumcision. Among the different viewpoints on the practice, there was consensus among the men that female circumcision is not openly talked about in families.

Families don't share that much information among their family members, and this topic especially it's a taboo.

However, because FGC has become a public issue through prevention campaigns, men and their communities had been exposed to more information. One of the men indicated having learned about this issue back home, and had learned more still upon arrival into Canada through the current research project. In his own words:

Female circumcision: I know this practice long time ago since I was young. I even knew more about it once I came to Canada, I learned the side effects of it and I also knew that there is a serious crime against female circumcision when I was back home...

When discussing the public presence of the topic, men referred to the role of government and the law in criminalizing or penalizing those who perpetuate the practice.

This issue been raised by our government on regular basis, and this is done by educational sessions, workshops, media and through imposing a strict criminal law against whoever commits it.

Reasons for the Practice

In order to explore female circumcision in its many aspects, men were asked to share their understandings of the reasons for the practice. Men mentioned that the practice is sustained by the belief that it will bring about “good” to the girls and women in the community. Speaking for others or in the third person, men expressed this view by indicating that “some individuals in our community they believe that female circumcision is done for the best of their daughters” or “[guessing] that people practice it to protect their female.” Some further explained that the benefit of female circumcision translated into sexually “tamed” women, who were prevented from “becom[ing] loose.”

Our parents used to practice it to protect their daughters. They also believed that a girl if is not circumcised she tends to be highly motivated for any sexual activity.

As of my knowledge, they do it to control the sexual sense of women.

To reduce the sexual feelings of the woman, so that she will not become loose

In addition, men talked about circumcision as a tool to prevent rape and to preserve women’s virginity.

I know they were doing it to protect their daughters; they had a strong believe that their daughter won’t be raped easily.

Virginity is the dignity of the women, to keep her dignity.

The preservation of virginity was related not only the maintenance of the women’s and family’s honor and dignity, but also to dowry negotiations, because the amount “is determined by her virginity.”

Negative Impacts

A large number of participants indicated that female circumcision has negative impacts on women’s lives. Among the negative impacts of FGC, men focused mainly on reproductive and sexual health, including the impact on men and women’s intimacy.

With regards to **reproductive health** issues, men mentioned the effect on pregnant women, in particular labor and delivery:

Mostly, we see women lose their life while they given birth, and some they lose a large amount of blood. We as men, we have to care about them, because she is the family tree root.

Negative effects during the process of **FGC** itself were also mentioned. This was attributed to the conditions in which the practice takes place.

When they perform circumcision they don't have any medical knowledge and equipment. They can't provide blood to the womens after being circumcised.

Women's **sexual health** was also considered.

Many circumcised women suffer a lot during sexual intercourse and delivering.

When we come to marriage choices I think people are starting to understand many sexual problems that affect marriage.

The role of men in female circumcision

Most men believed that the decision about the circumcision of a girl child in their community rested with the women. It is the mothers' responsibility to ensure appropriate childrearing of daughters, just as it is the fathers' responsibility to ensure that their sons conform to the rules laid out for boys and do not misbehave. Children's behaviors are credited to their parents. Therefore, FGC, as a practice meant to regulate women's bodies and sexual practices, is the purview of women. The mothers are blamed or credited for their daughters' practices and behaviors. For instance, traditionally, mothers would be rewarded with offerings if their daughters were virgins when married.

As proof of the lack of men's involvement in the practice of FGC, one of the participants dared to ask the rest of the men in the group if they had participated in the circumcision of their own daughters. None had.

Most of the time it's women that decide in circumcising their daughters. Men don't participate. It is a business of women; they come together and circumcise their daughters.

It is the responsibility of the mothers, as keepers or protectors of their daughters' honor. This was explained: "[men] assume women to do it, it is their responsibility, because if the girl messes up (sexually) it is the mother who will be blamed most." This comment indicates that there would be repercussions for the mother if the daughter did not conform to the prescribed rules. This raises the question about the role of men, as well as other community members, in

the blaming of women for their daughters' behaviors, and their own expectations, as men, of these behaviors.

Furthermore, some men believed that "men don't know if his daughter was circumcised." However, this sentiment was met by comments that indicated that men may, in fact, know about their daughters' circumcisions, although "mostly it's female who carry out the decision of circumcision alone." Another participant further explained men's situation. He addressed the issue of authority on the matter. He said:

I guess men don't have that much of authority to forbid the practice from being performed in a family.

Therefore, initially, participants believed the role of men to be very peripheral. However, in the ensuing discussion, it became clear that their role is a bit more complex, and in some cases, contradictions were revealed. For example, they believed that as long as they were well informed, men could have some sort of role in prevention. Some believed that "if the risk in circumcising is greater, we need to stop it but we need to be told the disadvantages of female circumcision." Another participant reflected upon the fact that change is happening, including the role of men.

When we were in our country years ago, it was women's decision in anything their daughter's life. Nowadays things have changed a lot. Men have equal or even greater authority than women regarding their daughter's future.

Change

As suggested in the previous sections, "gradual" changes regarding the practice are happening. Men seemed to attribute change around female circumcision to the **law**. However, some showed some skepticism about the success of the law in their home country.

Back at home our government officially stopped female circumcision, but people do it in their own ways. In [country of origin] they said it is illegal but nobody will follow you.

Here things are different, children have a say. In [country of origin] parents can discipline their children, nobody can interfere and question the parent.

As noted in by participants in other groups, moving and settling into a new country appeared to help prevent the practice. This was attributed to exposure to the new culture, and to the law.

I guess people change once they come to Canada, and they completely [change] most of their cultural practices.

Here men stopped forcing their daughters to get married before the age of 18, and this is because they are afraid of the law, not because they learn or understand the negative side effects of illegal early age marriages.

I know it's a criminal offence in Canada so I guess many people will respect the law.

Participants discussed the complexities of cultural continuity and cultural change. They felt that it was important to continue to draw from their own **culture** while in Canada, but supported change of harmful practices.

There is something we have to know! It's our culture so it's a must to keep your culture, even though I am a Canadian still my origin matters, so we have to keep our tradition but only the right one, so we should access our tradition.

I think every culture should be accessed, because Canada is a multicultural country, so each person should use the cultures that cause no harm to any one in any way!

The question remains of how to keep the aspects of the culture that this practice attempts to address without continuing the actual practice and its harmful effects. One of the participants explained that not all who believed in practicing FGC actually carried through with it. He said:

I see a number of people who migrated to Canada they still believe on circumcision but because of the criminal law of Canada they hold their belief without practicing it.

Among the reasons men believed this practice had to stop, they mentioned **complications** during delivery, bleeding during sexual intercourse, and women's lack of interest in sexual intimate encounters.

Stakeholders in Change

Participants shared their views on the key stakeholders in their community that could contribute to changes in both knowledge and attitudes about FGC, thus influencing changes in the practice of female circumcision. Among these, they believed that parents, religious leaders and others in leadership positions, educated members of the community, and women themselves all have a role to play in change.

Men did not arrive at consensus on the extent or importance of these actors. For instance, the role of community or religious leaders was highly contested, with some believing them to have an important say and influence on the issue, and others opposing this view. This was clearly articulated at the feedback meeting. Here, some participants believed that religious leaders would be instrumental in the perpetuation of the practice, rather than opposition to it. The following accounts showcase these diverging standpoints:

Parents will be able to terminate this practice alone without the help of church leaders and elders, mosque leaders and elders.

Especially religious leaders are the key, in helping the community to change, people do not question normally our religious leaders, what they say is considered to be true so we need to involve them.

The Role of Education

Participants were supportive of education and access to information as the best way to prevent FGC. They described a lack of information among the general population with regards to taboo subjects like this one.

There is lack of information, lack of mass media in those taboo topics. Circumcision should be informed to everyone about the problem is creating.

Education Format – Although some believed that education sessions alone will not lead to all of the change required, other participants believed that education should happen in groups (e.g. seminars, workshops, discussion groups). Similar to the young women’s ideas, some proposed that the presentation or inclusion of women’s first-hand experiences in education sessions would be helpful to enhance men’s awareness.

Further, the participants supported the use of **reading materials** in clinics or other relevant service providers’ offices.

Visual approaches were also mentioned as a means to accessing the population.

They should start making documentary videos to help people understand and be more aware about the danger. They should understand that they are causing a huge negative effect in various ways to everybody starting from themselves.

The participants spent some time considering the role of **youth** in education about FGC. Some were skeptical about the extent to which youth understand the topic. One of the participants stated: “I don’t think youth will understand these issues.” Others interjected by indicating that some youth might: “I guess only some youth will understand this, those who are educated and those who wisdom and mentally mature.” Another factor that was identified that may prevent youth from engaging in this topic is life circumstance (e.g. “I think youth are busy with their life and they find no time to discuss this issues.”).

Conversely, other participants believed that youth had a role to play, in particular within their own families. As expressed by one of the men:

Youth are members of the family and they have the greater ability in getting the desired knowledge, and education in a fast simple way. They could even easily bring those taboo topics to family discussions, and I guess they will have much more role in creating change.

Another suggestion was to engage youth-serving organizations to gain access to this population for educational purposes on FGC (e.g. "Discussions among youth associations, through meeting and workshops, would make a change too.)

Perception of Radical Change

In general, men believed that the eradication of female circumcision would not cause problems for the family or the culture. However, some voiced their disbelief in the possibility of change. Among those who were able to imagine such a radical change, there was an indication that marriages are not built in the same way as in the previous generation. For instance, the expectation that women need to be virgins before marriage - or to enter into a good marriage - is not as important nowadays. That was the case, in particular, within the migration setting.

Nowadays I don't think it will affect marriage choices because people are changing their perspectives and beliefs.

I think years ago [FC] used to affect marriage choices but nowadays I don't think so. Before people use to care about virginity of a girl before marriage but nowadays no one cares.

I know people who got divorced simply because they found out that his wife were not a virgin, while now at this time people don't care about virginity especially when people migrate they tend to abandon their cultural beliefs in general.

It was clear that change related to this harmful practice is desirable, and that it appeared to be just a matter of time before this change occurs.

Every culture anywhere has negative and positive sides, so we as human beings we should analyze and avoid those cultural beliefs and practices that create any harm to anyone.

It is a must that this practice should change; it's a matter of time only.

Young Men's Perspectives

Health Concerns

Interestingly, once again, this group of participants interpreted the question regarding overall health concerns in their lives and communities differently. In this case, young men identified access to health information within the family context, and access to care as the most important health concerns faced by their community.

Family communication as a barrier to health

Young men suggested that there was a lack of health related information passed along in their families. This was particularly the case in relation to sexual health and sexuality related issues. One of the youth believed that “families don’t share a lot of information with us; especially this sexual topics, simply because it’s a taboo for them.” Another youth followed this point by asserting that “we [children] treat our family too much like God. We treat them with fear. Due to this various issues arise as the result of no open conversations among families.”

Access to care

According to the participants, access to health care services presents an important health concern for the community. Youth believed that health care services were slow. They believed this to be not only a result of a lack of resources, namely personnel; but also mainly a result of a culture of indifference towards the patient.

When we go to the emergency at the hospital, there is a very slow service. As an example if you went around midnight they will provide no care to you until 6am.

We see many nurses chat on the hallways instead of chatting with the patient to provide care and make him feel better.

Female Circumcision

The first reactions to the main topic of the project revealed that young men were aware of female circumcision. They had “hear(d) a lot about it” while in their home countries. Some were aware of the different types of female circumcision.

When I was back home I used to hear a lot about female circumcision, but this is the first time I hear this topic in Canada. I remember our government used to do educational sessions to various regions back home.

I have few points to add, female circumcision differs from a tribe to another everyone has his own way of practicing it.

Reasons for Circumcision

Youth discussed the reasons behind the practice. They spoke about the fact that it is an established cultural practice based on the need to control women’s bodies and, in turn, their identities and behaviors.

Accepted Cultural Practice

Youth believed that the perpetuation of female circumcision was due to an unquestioned and unquestionable strongly held cultural tradition.

I think they do it because they believe that it’s a good thing to perform it because they got the approval from culture. Simply because culture tells them to do it.

I believe that people from Africa have strong belief regarding circumcision. I know we were raised with it but still we don't let it go. We don't want to reassess our culture.

Furthermore, it was suggested that while many aspects of their culture are changing, this isn't necessarily the case when it comes to FGC.

It's not only culture which is the problem now, I am afraid that culture is disappearing but believing [on FGC] is alive. I am afraid that they still believe that if she is circumcised she will remain virgin until the day of her marriage.

Controlling Women's Sexual Desire

The only explanation behind female circumcision that the young men were aware of is the control of women's sexual desire. The following comments illustrate this common understanding.

I heard that women lose their sexual desire once they get circumcised.

Decrease her likelihood of having sex anytime she wants to have sex.

Impacts of female circumcision on Men

The discussion then turned to the potential impacts of female circumcision on men. This invoked significant conversation among the participants. They agreed that FGC affects sexual intimacy between men and women. One of them noted that if the intention of FGC is to curb sexual desire in women, then sexual intimacy and relationships between men and women would in turn be affected. In his own words:

Yes, I guess it will have a bad impact because she won't have the sexual desire, and this will make the sexual activity very poor. This also means they won't have a beautiful relationship; it's also more likely to divorce.

I know marriage is a unity of man and women but I feel that this doesn't show when we come to circumcision, because this unity will be missing one side ... the women who only feels no unity but soon after she won't take it any more then divorce accrue.

Another participant believed that pain during intercourse would be a problem for the couple.

It will have a very bad effect for her and also for the man; she will feel that she is just a receiver with the feeling of pain and no sexual pleasure.

Interestingly, another participant believed that if sexually unsatisfied, a woman may seek out other relationships, thus suggesting that circumcision may not interfere with sexual pleasure after all.

When the man finishes his sexual excitement, she will be on the first stages of excitement. As a result of this most of women then will seek for other man, because they think he might be different than her husband. Finally you hear that her husband is suing her, and the whole world, media court, and law will blame her.

This viewpoint is somewhat contradictory, as the lack of sexual satisfaction appears to be attributed to the men's performance rather than the circumcision, as above indicated.

Role of youth in the decision to carry out female circumcision

Youth believed that elders - primarily older women - had the role of carrying out the circumcision of girls within the community.

Youth doesn't have any role, all the role is under the family, elders and mostly women.

I don't think we youth have any role at all.

Change

In order to address the issue of changes to the practice of FGC, the young men delved into a broader discussion about social change. They indicated having experienced a number of changes as result of their migratory experience. They mentioned dealing with culture shock and a new language, as well as new youth-related cultural codes.

People will experience cultural shock, and most of the immigrant families experience this with their family.

Language is the first thing that changes. We change the way we dress, speak. We change the way we look, we even some times change the way we think.

The youth disagreed on the extent of change that was a result of immigrating to Canada. One of the participants believed that culture does not change after settling and living in the new society; however, did admit that it is influenced by "new ideas".

I think culture doesn't change, but new ideas might influence it.

On the other hand, another youth believed that more radical changes to culture and personal ways of looking at things resulted from migration.

The way we think changes completely, and I don't know why?

To settle this matter, another participant interjected by finding a compromising position. He was supportive of the continuation of their culture, while also making changes to harmful aspects of it.

We should not try to change the whole culture. Culture is a beautiful thing that tells us a lot about our history. What it should change is those elements of culture that cause harm to us, in a way or another.

One participant stated that one factor that moderated the experience of change was education. The higher the level of education, the easier it would be for people to adapt to the new country.

I guess education matters because most of those people who were educated and came to Canada we found them they adapt the system and they tend to live a regular and normal life.

Female Genital Cutting: Perception of Change

There was strong support for change regarding female circumcision. Young males felt that this practice “must” change.

It is a must for circumcision to change. It must change.

Similar to some comments in the previous section, and in agreement with participants in other groups, some believed that migration to a country where FGC is not practiced facilitates changes in the practice. One of the youth expressed this view as follows:

I guess only those who migrate out of their country of origin tend to stop practicing it.

However, change appeared to be somewhat elusive. One of the participants compared FGC to HIV, in that both are difficult to prevent and “cure”. He was more optimistic about the end of HIV than of FGC, as FGC is such a strongly rooted tradition. In his own words:

I guess circumcision comes almost in the same form of HIV. HIV came as a viral and it’s affecting everybody but it will be solved once there is a cure for it and only time will tell. While circumcision it will take years or even centuries to disappear totally, and there is no immediate cure could solve it, but gradually it will change with time.

Interestingly, although both HIV and FGC are preventable, change seems more feasible when there is access to an external cure (in the form of medicine or vaccine). When it comes to changes in attitudes and practices rooted in deeply rooted in social and cultural relationships and systems, neither HIV nor FGC were seen as amenable to change.

Drivers of Change at the Community Level: Leadership and Education

Firstly, youth believed that **leaders** within their community should become **involved in educating their community members**. They mentioned that community leaders -mainly youth leaders - should take on that role.

Getting team leaders, community leaders, youth association leaders, to work for educating their community members.

Religious leaders are respected and heard by elders.

Secondly, participants believed that youth should be **reached wherever they gather**. They mentioned that educators should go to youth centres or associations, as well as after-school programs to impart sexuality related education.

Further, the participants asserted that there is a great need to create an **appropriate environment** in order to engage youth in education and discussions concerning FGC.

We should create environments that bring youth to those educational programs.

The way we are raised it's hard to understand. Our people are not an easily speaking people; the only way to get their opinion is to make them feel comfortable and trusted.

We should learn how to speak, openly without putting factors like taboo in our life.

Participants felt that the education sessions should incorporate **youth-friendly approaches**, such as participatory activities.

Youth like games, we should go to youth centers.

There was some support for conducting education among people from **different generations**.

After school programs will help in educating elders and youth together.

Finally, one of the participants suggested that **working across communities** or with other communities would be an effective approach

It's very effective if communities started working together, African (ACOMI), Asian, etc.

Imagining a world without FGC

Young males believed that eventually female circumcision will be eradicated in their communities. They believed that young males would be more likely than elders to accept the discontinuation of FGC. Some believed that this would bring about happiness, as women would no longer be exposed to health issues resulting from FGC.

I don't think youth will have any problem if circumcision ended today. But some elders may have some concerns.

I guess no one will have any problem, if circumcision stop, everyone will be happy, and that will be the end of pain to our sisters, mothers and grandmothers.

In spite of the overall acceptance of this idea, it seemed that the eradication of the practice may result in some problems for circumcised young girls entering into intimate relationships. Young men these days are more open to establishing intimate relationships with girls, and virginity is no longer an indicator of the success of a relationship. Furthermore, it seems that young men may not prefer circumcised girls, as FGC can bring about problems with intimacy. As one of the young man said to us:

I guess we youth especially men most of us will accept to get married to a girl who is not virgin. But won't accept to get married to a woman who is circumcised, unless there is a strong love between both of you then no concern will be found.

Such changes in expectations among young men could potentially marginalize young women and affect their chances to engage in intimate relationships, marry, and even build a family.

Summary

The exploration of FGC as it relates to changes in the practice from the perspective of different sectors in the community allowed for a deeper understanding of the issue. The discussions brought forward the commonalities and differences across age and gender. Here we present some of the key findings and highlight the different perspectives of the issue.

Health Concerns: Women focused on a wide range of health concerns; while youth were more concerned with topics related to sexuality. Men were more concerned with systemic issues. Access to health care services was mentioned by all groups, with the exception of the adult women.

Perspectives on FGC: Participants in all groups believed that women have a prominent role in the continuation of the practice. Young women also believed that men had a role in its perpetuation. Adult men believe that, while not directly involved in decision-making, men would assent to the circumcision of their daughters.

Most believed that mobility influences the beliefs and practices around FGC. Most stated that they believed the practice is not continuing in Canada.

Changing the Practice: Many participants supported the abandonment of FGC. This was observed more clearly among the outspoken participants, in particular among women.

Education Approaches to Change: most felt that a good understanding of the impacts of FGC would assist in the prevention of the practice, as people would make better choices.

While participants advocated for gender and age-specific sessions, they also believed there is a need to address the issue from an intergenerational or cross-generational perspective.

Conclusions and Recommendations

In this project we sought to understand change with regards for female circumcision from the perspectives of men, women and youth from a specific community in Winnipeg. Where there appears to be awareness and support for change, change was not expected to quickly happen. Certainly settling in a new culture was believed to have a strong influence on people's sexuality and therefore the meaning of circumcision.

We learned that whole community engagement on FGC is both doable and desirable. The lives of youth and adult members of a community settling in Winnipeg showed us a path to action that is meaningful to men, women and youth in the community. It also demonstrated that there is a need for these different sectors to come together and share their views wisdom. The creation of a safe space for a focused discussion on the meaning of FGC for this newcomer community to Winnipeg is important. Here we portray some of the key findings from the process and outcomes of the project, and turn to an analysis of these for the purpose of their application into the field of sexuality education.

Community-Based Research Approach

Community engagement and participation in this project was mediated by the inclusion of peer researchers. Staffing the project with peer researchers that reflected the different sectors we were interested in engaging was the first step of the project. Peer engagement also required appropriate training in research methodologies, as well as exchange with other members of the team to set up the best research strategies possible. It was in these exchanges that a sense of team membership was instilled, leading to continuous support from each other throughout the life of the project.

Hiring peers in a small project presents challenges, as time dedicated to the project may become peripheral to other aspects of people's lives. However, at the same time, peers embedded in the social relations in their communities may also feel more committed to the objectives of the project and to their communities, pushing them to not only invest additional time, but also make a personal investment. As researchers, peers embodied a different role within their communities: as people asking about silent or taboo topics; as people connected with other networks and resources; and as community members privy to the views and needs of others in their communities. There is a need to become cognizant of the implications of this model in the community and in people's lives, in particular when addressing highly controversial issues such as FGC.

Community Education

Overall, this project revealed that all sectors of the community would benefit from sexuality and sexual and reproductive health information. However, the findings from this research highlight specific areas of education pertaining to each one of these sectors. We believe that these topics are key to building education programs concerning FGC within a SRH and socio-

cultural and immigrant approach. However, we also believe that they are likely not exhaustive. As they stand, the main topics to consider for all groups are:

- Access to the health care system
- Exploration of the views of FGC and the reasons fueling the practice as related to gender relations within a cultural and social context (e.g. control of women's bodies and desires)
- Discussion of impact of Female Genital Cutting in all its aspects; that is, reproductive and sexual health and relationships
- Addressing change by expanding on the information and discussion beyond the available legislative frameworks dealing with FGC; that is, inclusion of discussion on changes facing the communities and the individuals (e.g. migration, incorporation to the new society, access to education, access to employment and other resources, etc.).

The findings also led us to suggest a few areas concerning the specific sectors of the population:

Women

- Explore issues related to intimacy and couple's conflict as related to FGC.

Men

- Address issues related to intimacy, sexuality and sexual health as relate to FGC.
- Explore the involvement or role of men in the circumcision of their daughters.

Young women

- Address the meaning of virginity as it relates to FGC in the new social context.

Young men

- Address the meaning of virginity. As with young women, this is an interesting topic to address with girls and boys, as there seems to be a disparity between what both group believe, i.e. young men (seemingly) unconcerned with virginity, while girls believe that young men demand virgins.
- Discuss changes to youth views of sexuality while settling into Canada; that is, establishing intimate relationships with young women within and outside the community.
- Address the issue of intimacy and specific impact for circumcised girls as the potential inability to engage in intimate relationships with non-accepting boys/boys seeking "certain" type of pleasurable sexual activities/practices

Approaches to Education

Community outreach and involvement

We found that many people in different positions in the community were considered to be appropriate for community education. The engagement of leaders was a clear message in this regard. The discussion on the involvement of religious leaders led us to conclude that there

were mixed feelings and understandings about their role in change. However, people believed that by virtue of leading a religious group, they are in a privileged position to reach out and be heard by many. Religious leaders should therefore be engaged, and be provided with the necessary information to promote FGC change in their communities.

The engagement of other community leaders, including youth leaders, was also key. Some others in privileged positions were members of the community who were highly educated.

Attending to Gender and Age

In all, it appeared that gender- and age-specific groups are desirable when it comes to addressing a sensitive topic such as FGC. Men and women - mostly women - would feel more comfortable sharing their views, asking questions, and participating in a gender specific group. However, there was some indication that bringing the whole community together to address the issue is feasible. This was highly demonstrated during our community feedback session concerning the preliminary findings of the project.

Intergenerational Approaches to Education

We also concluded that age-specific groups were desirable. The adults believed that younger members of their community would not be as open to participate when adults were present. However, all believed that there was a need for communication across generations on sexuality and FGC. Again, the community meeting where findings were discussed allowed us to observe how interaction across generations on FGC works, and the acceptability for that model.

The rich findings in this report illustrate the community's open response to our call to participate in this project. Gradual and iterative work with the community speaks of an approach that is responsive and respectful. The repeated process of research and action allowed us to, after working with many women, fully engage men and young men and women. On the other hand, we also recognize that although we have worked quite intensively with over two hundred community members in the past two years, this is a diverse, and growing community. We believe that many participants in this research project may have already been open to expressing their views on FGC and on changes regarding the practice, and some others may have been open to listen, showing some readiness to discuss the issue. We are still faced with working with community members who are not yet willing to discuss the issue.

Limitations

This report is based on the views and experiences of a limited number of community members. The findings and recommendations are based on the knowledge gathered in consultation with the participants to the project. As such, we do not claim that they represent the views of the community as a whole. It cannot be generalized to other communities or settings. Further, the views were gathered solely through focus groups. This method may have limited participants to express some more conservative views in full support to the continuation of the practice, for instance. This method also limits the depth of information gathered.

Further research utilizing in-depth individual interviewing or other qualitative methods would help us to better understand the experiences and perspective about a sensitive topic such as FGC. This project raises a number of questions that require attention. Youth responses and perspectives were surprising. Experiences and views on youth sexuality, including the views on pleasure and intimate relationships, are promising areas for new research.

Appendices

Questions for Adult Men

Thank you everyone for coming to this group....

Before we start there are some things you should know:

- Bathrooms are down the hall (point to the codes) and you can go anytime
- Help yourselves to food anytime

The group should take about 2 hours

You are all here to be in a **research project**. We want to know about your ideas and opinions – there is no right or wrong answer.

In this research, we want to find out more about the community's attitudes towards women's health – and some specific women's health traditions.

We also think that men's health is important – but this project is about your wives, daughters, sisters and mothers.

Each research project has certain procedures to follow. For example, I have to get your consent to take part in this group.

This is a normal part of doing research.

I will go over the form with you

READ OUT CONSENT FORM (the note-taker writes the key points on a flip chart-can show it to latercomers)

I will ask everyone to indicate with hands raised if you consent. You do not have to sign.

Before we start, are there any questions?

1. Good, then let's start with introductions. Please tell us your

- Name
- Age
- How long you have been in Canada
- Whether you have children and how many, girls, boys?

Remember, we won't put any names in the research report. We just need your names so we can speak to each other easily.

Now can we put on the **TAPE RECORDER?**

Remember, we **erase** the recording after we have written down the main details.

*(If they don't want to use the taperecorder, or if even one person disagrees, **do not** use the taperecorder. The Notetaker will have to write very good notes!)*

General Health Questions

2. What are some of the major health concerns in the community?

What do you hear in our community about women's or girls' health concerns?

Women's Traditional Health Practices

We are interested in some specific traditional health practices such as female circumcision. We know that this is a 'taboo' subject. We are asking for your ideas to help women in the community. Women have asked us for this help.

3. Have you ever heard this being discussed in the community? Please explain

How about in the family? Please explain

Are there other ways the issue of female circumcision is raised?

Have you seen any articles? On TV? If you have, what was being said?

4. Why do you think female circumcision happens?

What are men's beliefs or perspectives?

What are women's beliefs or perspectives?

5. What are the impacts of female circumcision on men?

Good effects or impacts?

Bad effects or impacts?

6. In our community, what is the role of men in the decision to carry out female circumcision?

Change

7. This is a more general question about change. Are there some things that men have had to change since coming to Canada? How do men feel about making these changes?

8. Female circumcision, like some other cultural practices, is changing all over the world.

What are some reasons it remains?

What are some reasons it is changing?

9. Should it change?

If not – what are the main reasons it should continue?

If yes –

Who should be part of this change?

Women?
Women-only?
Men?
Leaders?
Religious Leaders?
Other?

If yes, to “men” or “leaders” how do we engage or get to men?

Talking man-to-man?
Community Forums?
Workshops?
Pamphlets?
Other?

If yes to “men” or “leaders” how to present the topic in a respectful and attractive way

How would you convince other men to agree with change?
What information or messages should be shared?

What about youth should they be involved and how?

Boys/young men?

Girls/young women?

10. Female circumcision is changing all over the world. If circumcision would end tomorrow, what would be the biggest problem or concern for the culture?

What would be the biggest problem for men?

Would it affect marriage choices? Other?

- End-

Thank you all for coming to the group.

Please stay seated and we will go around and give each person their \$20 honorarium as a thank you for coming.

If you want to find out more about the project, or be invited to a community meeting to find out the results of the research and give your feedback – please sign up on this sheet.

The sign up sheet will be kept separate from the research notes. Your names will not be used in the research.