Changing attitudes in Finland towards FGM

Saido Mohamed and Solomie Teshome

Former refugee women are now working as professional educators among immigrant and refugee communities in Finland to tackle ignorance of the impact and extent of female genital mutilation/cutting.

The objective of the Finnish League for Human Rights' Whole Woman Project[1] is that no girl living in Finland be cut in Finland or taken abroad to be cut. Talking about female genital mutilation/cutting (FGM/C) from the perspective of human rights, equality and health, we concentrate on changing attitudes in the affected communities and on educating immigrants as well as professionals and students in areas such as health care, child welfare and daycare.

Nowadays FGM/C is globally recognised as a practice that violates human rights and, like other forms of violence, is an attack on the dignity, equality and integrity of girls and women. In addition to violating many international human rights conventions, the practice has been criminalised in many countries. We achieved one of our earlier objectives in 2012 when Finland published a National Action Plan on the Prevention of Circumcision of Women and Girls 2012-2016; we were involved in preparing the contents of the Action Plan and today we monitor its implementation and lobby the authorities to meet their responsibilities.

Two of our advisors were themselves refugees – from Somalia and Ethiopia – and are now professional educators.

Saido

My name is Saido Mohamed. I came to Finland as an asylum seeker from Somalia in 1992. In 2001 while working as a nurse, I attended a training-of-trainers course for immigrant women and men organised by the Whole Woman project. The topic of training was FGM/C – more precisely, its consequences for health and its relation to women's rights and human rights. Despite the fact that I was not unaware of the phenomenon, the course gave me new tools to approach the issue and I began volunteering in my own community, spreading information about FGM/C.

In the early 2000s, talking about FGM/C was still very difficult in the Finnish Somali community but there has been a tremendous change in attitudes since then. Today men and women are willing to discuss FGM/C openly and most of them are strongly against it. They do not want their daughters to go through the practice, and young men are willing to marry uncut women. A male participant in one of our seminars said that FGM/C violates not only women's rights but men's rights as well.

Those girls and women who have themselves undergone FGM/C find themselves in a completely new situation when they move to Finland or elsewhere in Europe, where it is not practised. What had been culturally normal in their country of origin suddenly becomes abnormal; encounters with professionals such as Finnish health-care workers may not only cause stress and fear but also humiliation. Many cut women try to avoid gynaecological examinations. One woman who had experienced the most severe form of FGM/C[2] told the following story when asked about gynaecological examinations:

"It was the worst experience I've ever had. The doctor asked, horrified, what the hell has happened to you? That was my first and last visit to a gynaecologist!"

Solomie

My name is Solomie Teshome. I came to Finland as a refugee in 1995. Unaware of the prevalence of FGM/C in my own country, Ethiopia, I was shocked and saddened when I saw a documentary about it on Finnish TV. I had known about its existence but I hadn't

known how many girls and women were dying because of it. During my next visit home, I decided to investigate and discovered not only that it had always been considered as a normal practice and was part of Ethiopian culture but also that the phenomenon was closer than I had realised – my neighbours, relatives and friends were also victims of it. The truth changed my life and since then I have been working against FGM/C.

Since working at the Whole Woman project I have come to realise that:

- people who have suffered the procedure or have themselves performed the procedure are victims of a harmful tradition and their awareness of the topic may be minimal
- FGM/C is a traumatic personal experience which needs handling with utmost care and confidentiality
- establishing personal trust with individuals and groups is the first step to getting rid of the practice
- each case needs to be approached individually, bearing in mind, for example, people's cultural and educational backgrounds
- the role of 'key persons' is essential – individuals who participate in our groups and then commit to talking about the negative impacts of FGM/C in their communities and family networks.

In groups one can see and measure changes in attitudes towards FGM/C. After a series of individual discussions to build trust, we organise separate groups for women and men. Then when we feel that the participants are ready, we bring women and men of the same origin together; we also organise groups with people from different ethnic, cultural and religious backgrounds. Our aim is to change attitudes through discussion, step by step.

Through one of our 'key persons', I met a recently arrived Ethiopian refugee whose wife and daughters were still in Ethiopia. When he learned that the procedure was still routinely practised in urban settings in Ethiopia, he talked to his wife who told him that her mother was planning to perform FGM/C on their youngest daughter. The man shared his new-found knowledge of FGM/C with his wife, who then convinced her mother to give up the idea of cutting the girl. Nowadays the whole family lives in Finland and the daughter has not been cut.

Conclusion

As professionals with long experience in working against FGM/C and as women with first-hand experience in forced migration, we strongly believe that systematic training on the disadvantages of FGM/C as well as on related rights should be offered to all refugees waiting to be relocated. Some people who have come to Finland as refugees told us that they deliberately had their daughters cut in the refugee camps because they were aware that the practice would not be accepted in their new home country. This can and should be prevented. Furthermore, training should also take place in the receiving country, soon after arriving, in the newcomers' own languages.

In both situations, there should be discussion groups for refugees, and programmes to change attitudes at the grassroots, as well as one-to-one counselling. By receiving information and having the opportunity to reflect on their experiences in a peer group, people become empowered, even in difficult circumstances. And when empowered, they will continue to make a change in their own communities.

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1. The Whole Woman project was chosen as an example of good participatory practice by UNHCR. See UNHCR (2014) *Speaking for Ourselves. Hearing Refugee Voices - a Journey towards Empowerment* www.refworld.org/docid/537afd9e4.html

2. Type III, also known as infibulation or pharaonic FGM/C.