

Prevention



Girls' Circumcision (FGM)

Rutgers Nisso Groep/Pharos



Credits

Prevention Girls' Circumcision (FGM) teaching toolkit

A Rutgers Nisso Groep/Pharos publication

Rutgers Nisso Groep — *Dutch expert centre on sexuality*

PO Box 9022
3506 GA Utrecht
The Netherlands
Telephone +31 (0)30 231 34 31
Fax +31 (0) 30 231 93 87
E-mail rng@rng.nl
Website www.rng.nl



Pharos — *Knowledge and advisory centre on refugees, newcomers and healthcare in the Netherlands*

PO Box 13318
3507 GA Utrecht
The Netherlands
Telephone +31 (0) 30 234 98 00
Fax +31 (0) 30 236 45 60
E-mail pharos@pharos.nl
Website www.pharos.nl



Project group Karolien Dekkers, intern/programme developer at Rutgers Nisso Groep
Barbara van Ginneken, programme developer at Rutgers Nisso Groep
Ineke Mouthaan, researcher at Rutgers Nisso Groep
Milleke de Neef, project leader at Rutgers Nisso Groep
Bram Tuk, programme developer at Pharos

Writing and compilation Barbara van Ginneken
Karolien Dekkers
Bram Tuk
Milleke de Neef

Design Studio 12, Leiden
Illustration Joris Hoogendoorn
Photography Roy Klein Goldewijk

Editing Van Hulzen Public Relations
Paulien van Haastrecht, Rutgers Nisso Groep
Milleke de Neef, Rutgers Nisso Groep

Translation Mandy Wolters-Savage

© 2009, Rutgers Nisso Groep/Stichting Pharos, Utrecht, the Netherlands

CONTENTS

General	9
Foreword	11
Introduction	13
Instructions per educational level	15
Primary Schools	17
Vocational Secondary Schools (Basic Curriculum)	19
General Secondary Schools (Basic Curriculum)	21
General Secondary Schools (Advanced Curriculum)	23
Lesson plans	25
List of lesson plans with educational levels and objectives	27
Lesson Plan A: A minimum lesson plan	29
<i>Sheet A1: Minimum lesson plan for Primary Schools</i>	31
<i>Sheet A2: Minimum lesson plan for Vocational Secondary Schools (Basic Curriculum)</i>	33
<i>Sheet A3: Minimum lesson plan for General Secondary Schools (Advanced Curriculum)</i>	35
Lesson Plan B: Boys' and girls' circumcision	37
<i>Sheet B: Boys' and girls' circumcision</i>	39
Lesson Plan C: Working with pictures	41
<i>Sheet C1: Circumcised and uncircumcised penis</i>	43
<i>Sheet C2-A: Uncircumcised vulva (diagram)</i>	45
<i>Sheet C2-B: Circumcised vulva (diagram)</i>	47
<i>Sheet C2-C: Circumcised vulva (diagram)</i>	49
<i>Sheet C2-D: Circumcised vulva (diagram)</i>	51
<i>Sheet C3-A: Uncircumcised vulva (drawing)</i>	53
<i>Sheet C3-B: Circumcised vulva (drawing)</i>	55
Lesson Plan D: DVD	57
<i>Sheet D1: Fragment I</i>	59
<i>Sheet D2: Fragment II</i>	61
<i>Sheet D3: Fragment III</i>	63
<i>Sheet D4: Fragment IV</i>	65
<i>Sheet D5: Fragment V</i>	67
Lesson Plan E: Question Box	69
Lesson Plan F: Letters to 'Dear Sylvia'	71
<i>Sheet F1: Letters to 'Dear Sylvia'</i>	73
<i>Sheet F2: Letters to 'Dear Sylvia'</i>	75
<i>Sheet F3: Letters to 'Dear Sylvia'</i>	77
Lesson Plan G: Test your knowledge!	79
<i>Sheet G1-A: Test your knowledge! (Questions)</i>	81
<i>Sheet G1-B: Test your knowledge! (Answers)</i>	83
<i>Sheet G2-A: Test your knowledge! (Questions)</i>	85
<i>Sheet G2-B: Test your knowledge! (Answers)</i>	87
<i>Sheet G3-A: Test your knowledge! (Questions)</i>	89
<i>Sheet G3-B: Test your knowledge! (Answers)</i>	91

Lesson Plan H: Leaflet ‘What you should know about girls’circumcision’	
- Leaflet 1: version primary Schools	
- Leaflet 2: version vocational secondary schools	
- Leaflet 3: version general secondary schools	95
Lesson Plan I: Talking heads ‘Why I have/haven’t been circumcised?’	97
<i>Sheet I: Talking heads ‘Why I have/haven’t been circumcised?’</i>	99
Lesson Plan J: What do you think ?	101
<i>Sheet J: What do you think?</i>	103
Lesson Plan K: Rap !	105
Lesson Plan L: True story	107
<i>Sheet L: True story</i>	109
Lesson Plan M: Article	111
<i>Sheet M: ‘Somali women are gradually abandoning circumcision’</i>	113
Lesson Plan N: Pamphlet	117
Lesson Plan O: Letter to the Prime Minister	119
<i>Sheet O: Letter to the Prime Minister</i>	121
Lesson Plan P: Debate	123
<i>Sheet P: Statements</i>	125
Lesson Plan Q : Project <i>Sheet Q : More information?!</i>	127
Background information	131
Female circumcision	133
<i>What is female circumcision?</i>	135
<i>Female and male circumcision</i>	137
<i>How is female circumcision done?</i>	139
<i>Where is it practised?</i>	141
<i>The origins of female circumcision</i>	143
<i>Reasons for female circumcision</i>	144
<i>Islam and circumcising girls</i>	147
<i>The consequences of female circumcision</i>	149
<i>Female circumcision in the Netherlands</i>	152
<i>Background concerning migrants from high-risk countries</i>	154
<i>Female circumcision, migration and identity</i>	156
<i>Female circumcision and legislation</i>	158
<i>Female circumcision and human rights</i>	160
Making female circumcision a subject for discussion	161
<i>The importance of sex and relationship education</i>	163
<i>Important points when giving sex education</i>	164
<i>Important points when giving sex education to multicultural classes</i>	167
<i>Important points when discussing female circumcision</i>	169
Referral Options	171
<i>Warning signs from girls with regard to female circumcision</i>	173
<i>Where to go with questions</i>	175
<i>Tips from young people</i>	178
Sources	
- Literature	181

- <i>Books</i>	183
- <i>Newspaper and magazine articles</i>	183
- <i>Educational resources</i>	183
- <i>Documentaries</i>	183
- <i>Websites</i>	

APPENDIX

Leaflet Primary Schools
Leaflet Vocational Secondary Schools
Leaflet General Secondary Schools

General



FOREWORD

This is the 'Girls' Circumcision' teaching toolkit. It was commissioned by the Netherlands Ministry of Health, Welfare and Sport and produced by Rutgers Nisso Groep, the Dutch expert centre on sexuality, together with Pharos, the national knowledge and advisory centre in the Netherlands on refugees, newcomers and healthcare. The toolkit is part of the government's broader strategy which covers the many aspects of female genital mutilation (FGM) and ultimately aims to prevent FGM taking place. The point of departure for this educational resource manual was the integration of knowledge about female circumcision and its consequences into mainstream personal, social and health education. A project group of staff from Rutgers Nisso Groep and Pharos was set up to develop the toolkit (see credits page).

The educational resources in the toolkit focus on knowledge, attitudes and skills with regard to the issue of female circumcision. It can be used for teaching both schoolchildren from ethnical backgrounds who are confronted with the issue (future mothers and fathers) and their (Dutch) classmates. It is suitable for different ages and educational levels. Teachers can choose between different lesson plans, depending on the level, type of children and time available. The toolkit contains general instructions per level, lesson plans, and extra tools such as a DVD with relevant video fragments and leaflets on female circumcision for different levels of education. It also includes a section with background information, addresses and tips. The educational resources can be used as part of sex and relationship education or within a religious studies or citizenship education.

To make sure that it would work all well in context, research was done beforehand using focus groups, interviews and questionnaires. We asked boys and girls, key figures from the target groups, teachers and other experts about what they felt was needed and other issues regarding sex and relationship education and female circumcision. We also made sure that nothing contradicted the information given to parents and children by Youth Health Department workers at the Municipal Health Services.

We would like to thank everyone who participated in the development of this toolkit. We are grateful for the trust they had in the project staff. Their contributions proved really valuable and useful.

Paulien van Haastrecht, Manager of Development & Implementation, Rutgers Nisso Groep

Jan Willem Westerink, Head of Knowledge Development and Transfer, Pharos

INTRODUCTION

From research carried out by the Dutch Committee for the Prevention of Female Genital Mutilation, and commissioned by the Council for Public Health and Healthcare, we know that each year at least 50 girls who live in the Netherlands are circumcised. The actual number is probably higher, as we now know. Circumcision probably takes place during a long holiday abroad.

It appears that people from countries where female circumcision is practised are often unaware or not fully aware of the health problems it causes. And people often think that circumcising girls is a religious obligation. This, plus the fact that female circumcision is illegal in the Netherlands, shows the importance of providing health education on the subject. The most important information to be given is:

- What is female circumcision?
- Female circumcision often leads to serious health problems.
- Female circumcision is an illegal practice in the Netherlands and many other countries in the world.
- There are organisations that can provide help and protection in matters concerning female circumcision.

Importance of discussing female circumcision at school

Recent studies in the Netherlands show that schools play an important part in the sexual and personal development of young people. A school can therefore be the right setting to make female circumcision a subject of discussion and – together with the Youth Health Department of the Municipal Health Services - give children support. Young people in the Netherlands today are living in a multicultural society. They are confronted with many different cultures and traditions, and female circumcision is one of them. Discussing it in the classroom can make the subject less taboo. Young people acquire more knowledge about female circumcision, while learning about why it is done and the consequences. It makes them aware of their own and other people's cultural norms and values, and they learn how to explain their particular point of view. The result may be that they find it easier to seek help.

Young people from the countries where female circumcision is a tradition often know little about the subject, even if they have been circumcised themselves. Girls, for example, don't always know that certain symptoms may be the result of their circumcision, that it is illegal in the Netherlands, and where they can go for help. Boys, too, often know little about it, as it is a custom that concerns women. Finally, many teachers have only limited knowledge of the background of this tradition, and do not know where to send girls for advice.

Context

The best way to approach the subject at school is integrating it into mainstream lessons. Information about female circumcision and its consequences can be given as part of general sex and relationship education. The subject can be easily included into ,philosophical, religious or citizenship education .

Development

The information in this toolkit was compiled on the basis of desk research into the ideas behind female circumcision. We also used information from school projects in Germany and Denmark. Key figures in the Somali, Egyptian, Sudanese and Eritrean communities in the Netherlands gave us tips for the educational resources and extra background information.

To make a toolkit that would work well in context, we organised focus group discussions with young people from the high-risk countries. We also talked to teachers from different types of schools to identify their requirements and needs regarding educational resources.

In this toolkit we use the term female circumcision instead of the term female genital mutilation (FGM), which is also used by the World Health Organisation (WHO). (Another term that is now used internationally is FGM/C – the C standing for cutting, which is emotionally more neutral than mutilation). FGM is universally known and used, and indicates a harmful practice. But organisations who work with people from groups who practise female circumcision find that this term insults or even shocks these people because they themselves do not see the practice as mutilating or degrading. Keeping a dialogue going with the groups concerned is of vital importance. This is one of the reasons why many people prefer the term female circumcision. We also decided to use that term in this toolkit, as we believe it best suits the setting of a school and the children concerned.

Toolkit contents

The toolkit consists of 5 sections:

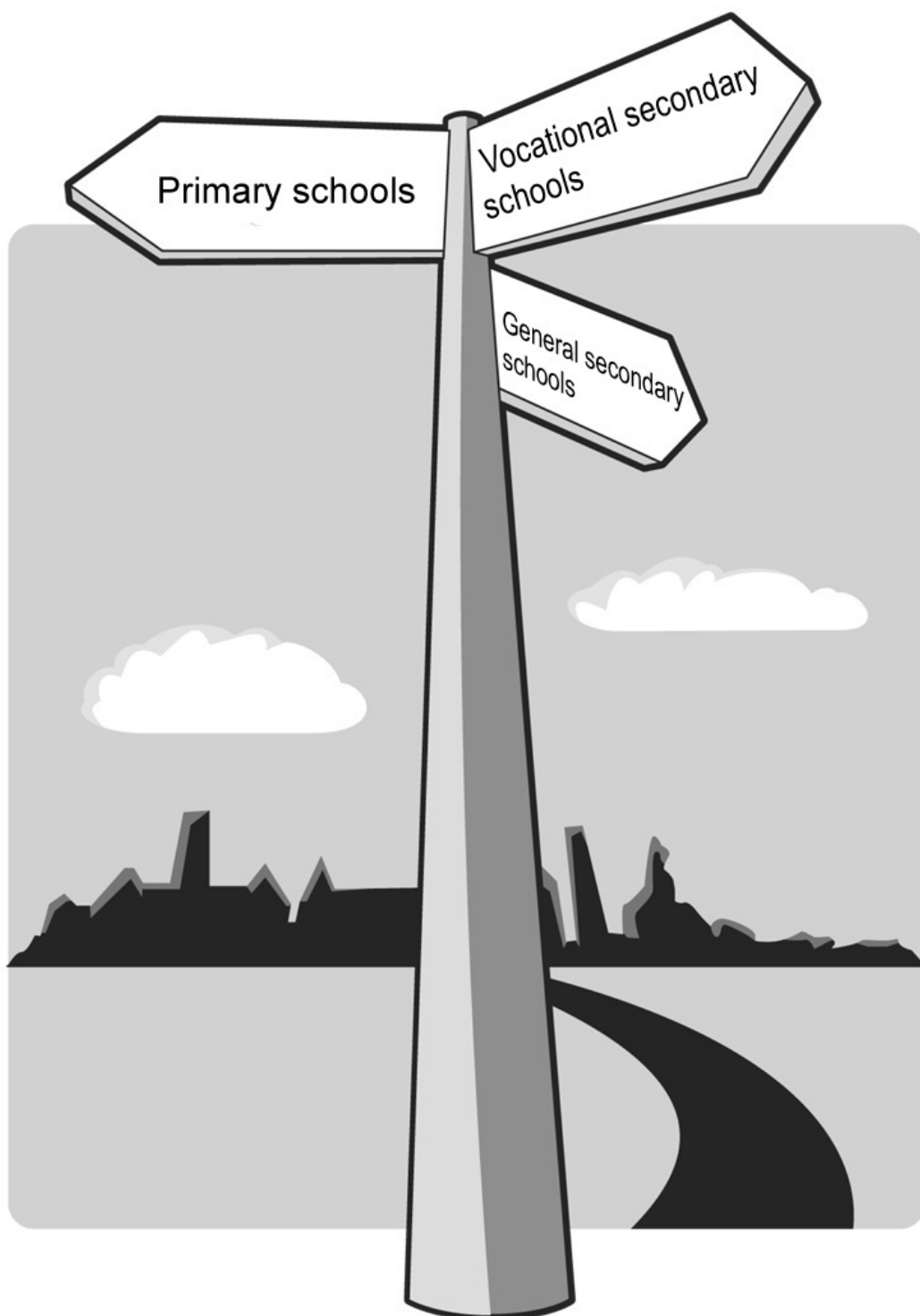
- General: foreword and introduction
- Instructions per educational level: in this section we explain how the subject can best be discussed and which lesson plans can be used.
- Lesson plans: for each plan we indicate for which educational level it can be used and give the objective, time involved, resources needed and a description of the lesson plan. There may be a reason why there is only a short time available to discuss the subject. We provide a minimum lesson plan for this.
- Background information: this section contains background on the subject of female circumcision and further information to make it a subject for discussion.
- Additional information: this section contains additional material, documentaries, literature, addresses and websites on the subject of female circumcision and a list of sources with literature references and other sources that were used to compile the toolkit.

Before you begin ...

Many professionals who are confronted with female circumcision are reluctant to take any action. This is because it is an issue that can stir up many emotions. But in practice — and this was our experience when talking to teachers — it is a fascinating subject that most pupils find very interesting. It is, however, important to be well prepared and know what to do with the reactions and emotions that are expressed. To assist you, this toolkit gives you extensive information on cultural traditions, how best to discuss the subject in the classroom, the signs you should pay particular attention to, and what the possibilities are for referral. Make sure that you have looked at all this information before you discuss female circumcision in a lesson.

We wish you every success with this toolkit!

Instructions per educational level



GENERAL INSTRUCTIONS

PRIMARY SCHOOLS

Target group

Pupils in classes 7/8 (aged 10-12)

Background

Female circumcision is a delicate and complicated subject. Yet it is still important to discuss the subject at primary school age:

- Research shows that approximately 14,000 girls in the Netherlands are at risk of being circumcised.
- Girls are mostly circumcised between the ages of 5 and 13. This means that primary school children may well be confronted with the practice in one way or another.
- Education may prevent circumcision taking place.
- It may make it easier for someone to seek help.
- Discussing the subject can make it less taboo.
- Awareness empowers circumcised and uncircumcised girls, by teaching them to talk about the subject.
- A multicultural society requires constructive communication between children and youngsters with different ethnic backgrounds. Knowing and talking about 'other' customs, values and norms (e.g. concerning FGM) can help them to understand and respect each other.

Objectives

The pupils:

- Know what female circumcision is and that it occurs;
- Know that female circumcision causes health problems;
- Know that circumcising girls is banned in the Netherlands;
- Know where they can go with questions or to get help.

Context for sex and relationship education

In primary schools, it is advisable to integrate the subject of female circumcision into sex and relationship education. It can be discussed in the context of 'what does a boy look like' and 'what does a girl look like'. You can explain that boys may have a circumcised penis, and that girls can also be circumcised.

Context for primary education attainment targets

Since the 2005/2006 school year, new attainment targets apply to primary education in the Netherlands. Within these targets, discussing female circumcision as part of sex and relationship education comes under 'you and the world around you'.

Preparation

Female circumcision is a delicate subject that sometimes causes extreme reactions and stirs up emotions. You may be asked many questions, not only by pupils from countries where female circumcision is a tradition, but by other children too. It may also lead to questions from parents, teachers and other people who work at the school. So it's important to be prepared and to take the time to talk to them or refer them to other experts. Reading the background information in this toolkit (see chapter 4) will help you prepare for your lessons. This section includes:

- Detailed information on female circumcision;
- Important points when discussing the subject;
- Warning signs that teachers should look out for;

- Advice about working in cooperation with the Child Healthcare workers at JGZ and other organisations.

Besides cooperating closely with Youth Healthcare workers, it is important that your colleagues at school know that you are discussing the subject with your pupils. This is because pupils may take their questions to other teachers or go to see the internal supervisor/pupil counsellor. The children may discuss the subject with children from other classes, who then go and ask their teacher questions.

In this toolkit you will also find leaflets for different educational levels. You can photocopy the leaflet and discuss it as part of a lesson (see lesson plan H: Leaflet). Another idea is to put the leaflet somewhere in the classroom where children can look at it themselves. You may want to give leaflets to the pupils from countries where female circumcision is a tradition. This gives them the opportunity to read the information again at home, and to keep the telephone numbers and addresses of organisations that can help them if necessary. *We would, however, advise you not to distribute the leaflet or put it on show without discussing it with the children first.*

Lesson plans

In chapter 3 of this toolkit we describe several lesson plans. For primary education we have selected the following lesson plans:

- A minimum lesson plan;
- Boys' and girls' circumcision;
- DVD;
- Question box;
- Letters to 'Dear Sylvia';
- Test your knowledge!
- Leaflet: 'What you should know about girls' circumcision', version primary schools.

You can use each lesson plan separately, but it is also possible to use a selection of lesson plans together or combine them to form one lesson. There may be a reason why there is only a short time available to discuss the subject. We have developed a minimum lesson plan for this.

GENERAL INSTRUCTIONS

VOCATIONAL SECONDARY SCHOOLS

Target group

Pupils aged 12-14

Background

Female circumcision is a delicate and complicated subject. Yet it is still important to discuss the subject as part of the vocational secondary schools' basic curriculum:

- Research shows that approximately 14,000 girls in the Netherlands are at risk of being circumcised.
- Girls are mostly circumcised between the ages of 5 and 13. This means that children in secondary education may well be confronted with the practice in one way or another.
- Education may prevent circumcision taking place.
- It may make it easier for someone to seek help.
- Discussing the subject can make it less taboo.
- Awareness empowers circumcised and uncircumcised girls, by teaching them to talk about the subject.
- A multicultural society requires constructive communication between children and youngsters with different ethnic backgrounds. Knowing and talking about 'other' customs, values and norms (e.g. FGM) can help them to understand and respect each other.

Objectives

The pupils:

- Know what female circumcision is and where it occurs;
- Know that there are different types of circumcision;
- Know why girls are circumcised;
- Know that female circumcision causes health problems;
- Know that circumcising girls is banned in the Netherlands;
- Know that they can get help in matters concerning female circumcision.

Context for sex and relationship education

The subject of female circumcision is easy to integrate into sex education at school. For example, as part of the subjects biology or personal, social and health education in the context of male and female sexual organs, virginity or male circumcision. Female circumcision can also be included in the religious studies or citizenship education when discussing traditions or religious beliefs.

Context for basic curriculum attainment targets

Discussing female circumcision as part of the basic curriculum of vocational secondary education comes under 'man and nature' and/or 'man and society'.

Preparation

Female circumcision is a delicate subject that sometimes causes extreme reactions and stirs up emotions. You may be asked many questions, not only by pupils from countries where female circumcision is a tradition, but by other children too. It may also lead to questions from parents, teachers and other people who work at the school. It's important to be prepared and to take the time to talk to them or refer them to other experts. Reading the background information in this toolkit (chapter 4) will help you prepare for your lessons. This section includes:

- Detailed information on female circumcision;

- Important points when discussing the subject;
- Warning signs that teachers should look out for;
- Advice about working in cooperation with the Youth Healthcare workers at the GGD and other organisations.

Besides cooperating closely with Healthcare workers, it is important that your colleagues at school know that you are discussing the subject with your pupils. This is because pupils may take their questions to other teachers or go to see the internal supervisor/pupil counsellor. The children may discuss the subject with children from other classes, who then go and ask their teacher questions.

In this toolkit you will also find leaflets for different educational levels. You can copy the folder and discuss it as part of a lesson (see lesson plan H: Leaflet). Another idea is to put the leaflet somewhere in the classroom where children can look at it themselves. You may want to give leaflets to the pupils to take home. This gives them the opportunity to read the information again, and to keep the telephone numbers and addresses of organisations that can help them if necessary. *We would, however, advise you not to distribute the leaflet or put it on show without discussing it with the children first.*

Lesson plans

In chapter 3 of this toolkit we describe several lesson plans. For the basic curriculum of vocational secondary education we have selected the following lesson plans:

- A minimum lesson plan;
- Boys' and girls' circumcision;
- Working with pictures:
- DVD;
- Question box;
- Letters to 'Dear Sylvia';
- Test your knowledge!
- Leaflet: 'What you should know about girls' circumcision', version vocational secondary schools;
- Talking heads: 'Why I have/haven't been circumcised?'
- What do you think?
- Rap!
- True story;
- Pamphlet.

You can use each lesson plan separately, but it is also possible to use a selection of lesson plans together or combine them to form one lesson. There may be a reason why there is only a short time available to discuss the subject. We have developed a minimum lesson plan for this.

GENERAL INSTRUCTIONS

GENERAL SECONDARY SCHOOLS, BASIC CURRICULUM, Secondary 1 and 2

Target group

Pupils aged 12-14

Background

Female circumcision is a delicate and complicated subject. Yet it is still important to discuss the subject as part of the general secondary schools' basic curriculum:

- Research shows that approximately 14,000 girls in the Netherlands are at risk of being circumcised.
- Girls are mostly circumcised between the ages of 5 and 13. This means that children in secondary education may well be confronted with the practice in one way or another.
- Education may prevent circumcision taking place.
- It may make it easier for someone to seek help.
- Discussing the subject can make it less taboo.
- Awareness empowers circumcised and uncircumcised girls, by teaching them to talk about the subject.
- A multicultural society requires constructive communication between children and youngsters with different ethnic backgrounds. Knowing and talking about 'other' customs, values and norms (e.g. FGM) can help them to understand and respect each other.

Objectives

The pupils:

- Know what female circumcision is and where it occurs;
- Know that there are different types of circumcision;
- Know why girls are circumcised;
- Know that female circumcision causes health problems;
- Know that circumcising girls is banned in the Netherlands;
- Know that there are conflicting opinions on female circumcision;
- Are able to discuss the subject in a respectful manner and express their point of view;
- Know what help is available in matters concerning female circumcision.

Context for sex and relationship education

The subject of female circumcision is easy to integrate into sex education at school. For example, as part of the subjects biology or personal, social and health education in the context of male and female sexual organs, virginity or male circumcision. Female circumcision can also be included in the religious studies or citizenship education when discussing traditions or religious beliefs.

Context for basic curriculum attainment targets

Discussing female circumcision as part of the basic curriculum of general secondary education comes under 'man and nature' and/or 'man and society'.

Preparation

Female circumcision is a delicate subject that sometimes causes extreme reactions and stirs up emotions. You may be asked many questions, not only by pupils from countries where female circumcision is a tradition, but by other children too. It may also lead to questions from parents, teachers and other people who work at the school. It is important to be prepared and to take the time to talk to them or refer them to other experts. Reading the background information in this toolkit (Chapter 4) will help you prepare for your lessons.

This section includes:

- Detailed information on female circumcision;
- Important points when discussing the subject;
- Warning signs that teachers should look out for;
- Advice about working in cooperation with the Youth Healthcare workers at the GGD and other organisations.

Besides cooperating closely with Youth Healthcare workers, it is important that your colleagues at school know that you are discussing the subject with your pupils. This is because pupils may take their questions to other teachers or go to see the internal supervisor/pupil counsellor. The children may discuss the subject with children from other classes, who then go and ask their teacher questions.

In this toolkit you will also find leaflets for different educational levels. You can copy the folder and discuss it as part of a lesson (see lesson plan H: Leaflet). Another idea is to put the leaflet somewhere in the classroom where children can look at it themselves. You may want to give leaflets to the pupils to take home. This gives them the opportunity to read the information again, and to keep the telephone numbers and addresses of organisations that can help them if necessary. *We would, however, advise you not to distribute the leaflet or put it on show without discussing it with the children first.*

Lesson plans

In chapter 3 of this toolkit we describe several lesson plans. For the basic curriculum of general secondary education we have selected the following lesson plans:

- A minimum lesson plan;
- Working with pictures:
- DVD;
- Question box;
- Letters to 'Dear Sylvia';
- Test your knowledge!
- Leaflet: 'What you should know about girls' circumcision', version general secondary schools:
- Cartoon: 'Why I have/haven't been circumcised?'
- What do you think?
- Rap!
- True story;
- Article;
- Pamphlet;
- Letter to the Prime Minister;
- Debate;
- Project.

You can use each lesson plan separately, but it is also possible to use a selection of lesson plans together or combine them to form one lesson. There may be a reason why there is only a short time available to discuss the subject. We have developed a minimum lesson plan for this.

GENERAL INSTRUCTIONS

GENERAL SECONDARY SCHOOLS CURRICULUM, Secondary 3 - 6

Target group

Pupils aged 14-18

Background

Female circumcision is a delicate and complicated subject. Yet it is still important to discuss the subject as part of the general secondary schools curriculum for pupils aged 14 – 18.

- Research shows that approximately 14,000 girls in the Netherlands are at risk of being circumcised.
- Girls are mostly circumcised between the ages of 5 and 13. This means that older pupils in secondary education may well be confronted with the practice in one way or another. There may be circumcised girls in their class or they may know girls who are at risk of being circumcised;
- Education may prevent circumcision taking place.
- It may make it easier for someone to seek help.
- Discussing the subject can make it less taboo.
- Awareness empowers circumcised and uncircumcised girls, by teaching them to talk about the subject.
- A multicultural society requires constructive communication between children and youngsters with different ethnic backgrounds. Knowing and talking about 'other' customs, values and norms (e.g. FGM) can help them to understand and respect each other.

Objectives

The pupils:

- Can carry out assignments independently on the subject of female circumcision;
- Are able to discuss the subject in a respectful manner and express their point of view.

The pupils know the following about female circumcision:

- The custom of circumcising girls and where it occurs;
- The different types of circumcision;
- The reasons for circumcising girls;
- The health implications of female circumcision;
- People who carry out female circumcision in the Netherlands can be punished;
- How conflicts can be prevented which are caused by different opinions on female circumcision;
- The help that is available on matters of female circumcision.

Context for sex and relationship education

The subject of female circumcision can be integrated into sex education at school. For example, as part of the subjects biology or personal, social and health education in the context of male and female sexual organs, virginity or male circumcision. Female circumcision can also be included in the religious studies or citizenship education when discussing traditions or religious beliefs.

Preparation

Female circumcision is a delicate subject that sometimes causes extreme reactions and stirs up emotions. You may be asked many questions, not only by pupils from countries where female circumcision is a tradition, but by other youngsters too. It may also lead to questions from parents, teachers and other people who work at the school. It's important to

be prepared and to take the time to talk to them or refer them to other experts. Reading the background information in this toolkit (chapter 4) will help you prepare for your lessons.

This section includes:

- Detailed information on female circumcision;
- Important points when discussing the subject;
- Warning signs that teachers should look out for;
- Advice about working in cooperation with the Youth Healthcare workers at the GGD and other organisations.

Besides cooperating closely with Youth Healthcare workers, it is important that your colleagues at school know that you are discussing the subject with your pupils. This is because pupils may take their questions to other teachers or go to see the internal supervisor/pupil counsellor. The children may discuss the subject with children from other classes, who then go and ask their teacher questions.

In this toolkit you will also find leaflets for different educational levels. You can copy the folder and discuss it as part of a lesson (see lesson plan H: Leaflet). Another idea is to put the leaflet somewhere in the classroom where children can look at it themselves. You may want to give leaflets to the pupils to take home. This gives them the opportunity to read the information again, and to keep the telephone numbers and addresses of organisations that can help them if necessary. *We would, however, advise you not to distribute the leaflet or put it on show without discussing it with the children first.*

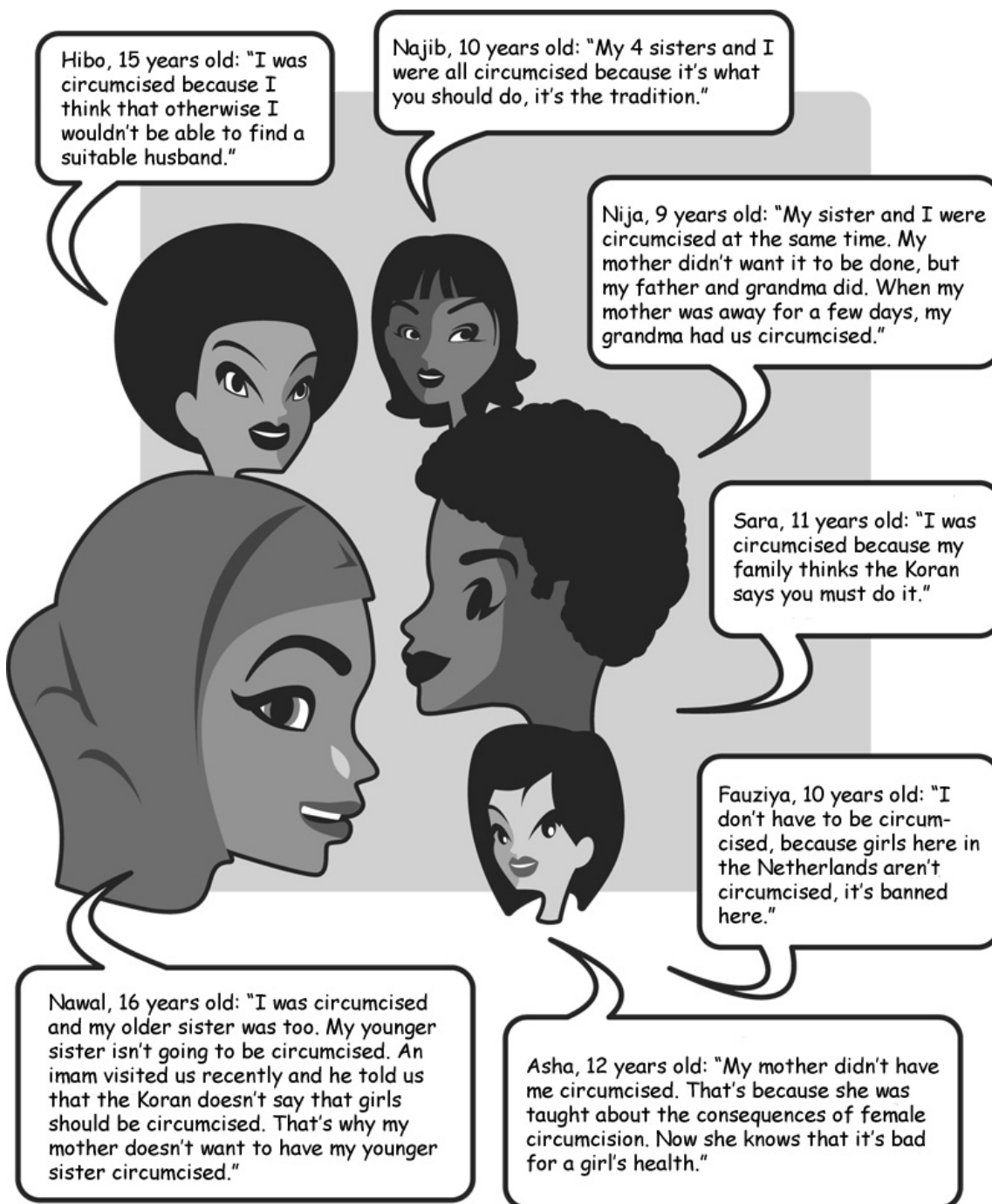
Lesson plans

In chapter 3 of this toolkit we describe several lesson plans. For the curriculum for older pupils in general secondary education we have selected the following lesson plans:

- A minimum lesson plan;
- DVD;
- Leaflet: 'What you should know about girls' circumcision', version general secondary schools;
- True story;
- Article;
- Pamphlet;
- Debate;
- Project.

You can use each lesson plan separately, but it is also possible to use a selection of lesson plans together or combine them to form one lesson.

Lesson plans



List of lesson plans with educational levels and objectives

Lesson plan	Educational levels			Objectives		
	Primary education	Vocational secondary education*	General secondary education*	Knowledge	Opinions / emotions	Skills**
A. Minimum lesson plan	X	X	X	X	-	-
B. Boys' and girls' circumcision	X	X	X	X	-	-
C. Working with pictures	-	X	X	X	-	-
D. DVD	X	X	X	X	X	-
E. Question box	X	X	X	X	-	-
F. Letters to 'Dear Sylvia'	X	X	X	X	X	-
G. Test your knowledge!	X	X	X	X	-	-
H. Leaflet	X	X	X	X	-	-
I. Talking heads 'Why I have/haven't been circumcised?'	-	X	X	X	-	-
J. What do you think?	-	X	X	-	X	X
K. Rap!	-	X	X	-	X	X
L. True story	-	X	X	-	X	X
M. Article	-	-	X	X	X	-
N. Pamphlet	-	X	X	-	X	X
O. Letter to the Prime Minister	-	-	X	-	X	X
P. Debate	-	-	X	-	X	X
Q. Project	-	-	X	X	X	X

* Point of departure is the basic curriculum (bc). For general secondary schools, some lesson plans are also suitable the advanced curriculum (ac).

** Skills include: an extra learning element such as debating, creativity, learning to write.

LESSON PLAN A:

A MINIMUM LESSON PLAN

Although there are various lesson plans in this teaching toolkit, they may not be suited to a particular group or situation. It may also be the case that the time you have available for sex education has to be used to cover several topics that are currently more important for your group. This is when you could make use of the so-called minimum lesson plan until there is an opportunity to do more. The idea is to bring up the subject of female circumcision during lessons where the context is appropriate. A minimum lesson plan is provided for each educational level.

Important points

Read the general instructions per educational level (chapter 2), even if you're only going to use the minimum lesson plan. Make sure you are aware of the referral options in chapter 4). There is also a leaflet available that can be handed out in the class after the subject has been discussed (see lesson plan H: Leaflet).

Levels

Primary education, plus basic curriculum of vocational and general secondary education.

Length

Approximately 10 minutes.

Objectives for primary education

The pupils:

- Are aware that female circumcision occurs;
- Know where female circumcision occurs;
- Know that female circumcision causes health problems;
- Know that there are different types of circumcision;
- Know that circumcising girls is banned in the Netherlands;
- Know where they can go for help.

Objectives for vocational secondary education

The pupils:

- Are aware that female circumcision occurs;
- Know where female circumcision occurs;
- Know that female circumcision causes health problems;
- Know about the different types of circumcision;
- Know what the consequences of female circumcision can be;
- Know that circumcising girls is banned in the Netherlands;
- Know where they can go for help.

Objectives for general secondary education

The pupils:

- Are aware that female circumcision occurs;
- Know where female circumcision occurs;
- Know that female circumcision causes health problems;
- Know about the different types of circumcision;
- Are aware of possible reasons for female circumcision;
- Know what the consequences of female circumcision can be;
- Know that circumcising girls is banned in the Netherlands;
- Know where they can go for help.

Method

Discuss the information in the list with your pupils. Make sure there's enough time for questions and discussion, and pay close attention to the pupils' reactions.

Resources

Sheets A1 – A3 for different levels.

SHEET A1:

MINIMUM LESSON PLAN FOR PRIMARY SCHOOLS

Female circumcision

- Female circumcision is carried out in several countries in Africa and a few countries in Asia.
- There are different type of circumcision: a small cut or hole may be made in the little, sensitive bump near the opening of the vagina (the clitoris). Sometimes both the clitoris and the inner and outer labia are removed.
- Girls' circumcision causes health problems. It is very painful, and circumcised girls often have stomach aches and pain when they urinate. Some circumcised girls can't have babies.
- Circumcising girls is banned in the Netherlands.
- In the Netherlands there are people who help girls who have been circumcised and answer questions about female circumcision.

SHEET A2:

MINIMUM LESSON PLAN FOR VOCATIONAL SECONDARY SCHOOLS BASIC CURRICULUM

Female circumcision

- Female circumcision is carried out in several countries in Africa and a few countries in Asia.
- There are different type of circumcision: a small cut or hole may be made in the little, sensitive bump near the opening of the vagina (the clitoris). Sometimes both the clitoris and the inner and outer labia are removed. The outer labia may be sewn up.
- Female circumcision leads to health problems. Circumcision itself is very painful, and circumcised girls often have stomach aches, infections and pain when urinating. Circumcised women often have pain during sex. Some girls become infertile so they can never get pregnant.
- Circumcising girls is banned in the Netherlands.
- There are several places in the Netherlands where you can go for help or with any questions you have.

SHEET A3:

MINIMUM LESSON PLAN FOR GENERAL SECONDARY SCHOOLS

Female circumcision

- Female circumcision is carried out in several countries in Africa and a few countries in Asia.
- There are different type of circumcision: a small cut or hole may be made in the clitoris (incision). Sometimes both the clitoris and the inner and outer labia are removed (clitoridectomy). The outer labia may then be sewn up (infibulation).
- Girls are circumcised because people think circumcised girls are cleaner and more beautiful, and because they think that circumcision protects a girl's virginity before marriage. And this gives her a better chance of finding a good husband. Some people think that girls must be circumcised according to the Koran (but it doesn't say that anywhere).
- Female circumcision leads to health problems. Circumcision itself is very painful, and circumcised girls often have stomach aches, chronic infections, and pain when urinating. Circumcised women often have pain during sex, and there is an increased risk of them becoming infertile.
- Circumcising girls is banned in the Netherlands.
- There are several places in the Netherlands where you can go for help or with any questions you have.

LESSON PLAN B:

BOYS' AND GIRLS' CIRCUMCISION

The subject of female circumcision can easily be part of an explanation of the external sex organs of boys and girls. You can explain that boys may have a circumcised penis, and that girls may also be circumcised.

Important points

In the section with background information (yellow), you'll find the details of several organisations where pupils can go for help and with questions they may have. This toolkit also contains a leaflet for primary school children (see lesson plan H: Leaflet).

Levels

Primary education, plus basic curriculum of vocational and general secondary schools.

Length

Approximately 15 minutes.

Objectives

The pupils:

- Know what male circumcision is;
- Know what female circumcision is;
- Can name several differences and similarities between male and female circumcision.

Method

Use the text on Sheet B to give a brief explanation of the terms male and female circumcision. You can also use the pictures on sheets C1 (circumcised and uncircumcised penis), C2-a – C2-d (circumcised and uncircumcised vulva, diagrams) and C3-a and C3-b (circumcised and uncircumcised vulva, drawings) from lesson plan C: Working with pictures. Be prepared for the fact that a picture of a male sexual organ (penis) or female sexual organ (vulva) may be shocking to some pupils. So it may be sensible to use the diagrams to describe the different types of circumcision, especially at first.

Resources

Sheet B.

Sheets C1, C2-a – C2-d, and (optional) C3-a – C3-b)

SHEET B:

BOYS' AND GIRLS' CIRCUMCISION

Male circumcision

In some countries it is traditional to circumcise a boy soon after birth or while he is quite young. The child is given an anaesthetic and a doctor removes the foreskin, the piece of skin at the end of the penis. The penis's sensitive tip is then exposed. Most Dutch boys are not circumcised, so they have a foreskin at the tip of the penis. Some parents have their son circumcised for religious reasons (Islam or Judaism). There are countries where circumcision is a custom. In America, for example, most boys are circumcised – not for religious reasons, but because they think a circumcised penis is more hygienic. That isn't true. An uncircumcised penis, if washed properly, is just as hygienic as a circumcised penis. A celebration is sometimes held when a boy is circumcised because the ceremony is an important event in some countries.

Source: Doef, S. van der. Seksuele voorlichting aan kinderen 4-12 jaar. Woerden: NiGZ (Sex education for children aged 4-12. Woerden, the Netherlands: NIGZ (the Institute for Health Promotion and Disease Prevention)).

Female circumcision

In countries where female circumcision is a tradition, girls are usually circumcised before they have their first period, often between the ages of 5 and 13. It is not the custom to circumcise Dutch girls, but a lot of girls who live in Africa are circumcised. There are many circumcised girls and women from countries where female circumcision is a tradition who are now living in the Netherlands. Girls can be circumcised in different ways. A doctor, midwife or circumciser may make a small cut in the clitoris, the little, sensitive lump at the top of the inner labia. Or the foreskin, the skin that surrounds the clitoris, may be removed. In many countries the clitoris is removed, sometimes together with the inner and outer labia. Circumcision, without an anaesthetic, is very painful.

Parents have their daughter circumcised either because they think it is required by their religion (Islam) or because it is a custom in their country of origin (e.g. Somalia, Eritrea, Sudan, Egypt). In the countries where circumcision occurs, it is traditional that girls remain virgins until their wedding night. Parents believe that having their daughter circumcised means she won't have sex before marriage. In these countries, uncircumcised girls had always run the risk of men not wanting to marry them. A female circumcision is considered an important event – the girl often receives gifts too.

Circumcising girls is banned in the Netherlands and many other countries. This is because circumcision is very painful and bad for a girl's health. Male circumcision is allowed, as this usually isn't bad for a boy's health. Girls who have been circumcised, or girls who want to ask questions about circumcision, often don't dare talk about it to their parents or friends. But there are, fortunately, other people who can help them.

LESSON PLAN C:

WORKING WITH PICTURES

Working with pictures is a good way to explain the external sex organs of boys and girls.

Important points

In the section with background information you'll find the details of several organisations where pupils can go for help and with questions they may have. You'll also find a leaflet for pupils in this toolkit.

Levels

Basic curriculum of vocational and general secondary schools.

Length

Approximately 20 minutes.

Objectives

The pupils:

- Know what a boy's uncircumcised sexual organ (penis) looks like;
- Know what a boy's circumcised sexual organ (penis) looks like;
- Know what an uncircumcised girl's sexual organs (vulva) look like;
- Know what a circumcised girl's sexual organs (vulva) could look like:

Method

Use the pictures on sheets C1 (circumcised and uncircumcised penis), C2-a – C2-d (circumcised and uncircumcised vulva, diagrams) and C3-a – C3-b (circumcised and uncircumcised vulva, drawings) to explain the different types of female circumcision. You can also use lesson plan B: boys' and girls' circumcision.

Choose the pictures which are the most useful in your explanation. It may be sensible to use the diagrams to discuss the different types of circumcision, especially at first, as some pupils may find the drawings shocking.

You can copy the pictures onto transparencies. Or you can make copies and hand them out in the class.

Resources

Sheet C1: drawings of circumcised and uncircumcised penis.

Sheets C2-a – C2-d: diagrams of circumcised and uncircumcised vulva.

Sheets C3-a – C3-b: drawings of circumcised and uncircumcised vulva.

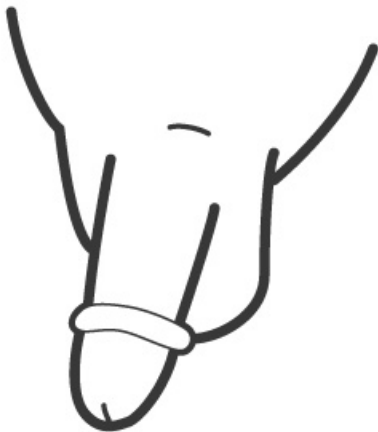
Sheet B: boys' and girls' circumcision (optional).

SHEET C1:

CIRCUMCISED AND UNCIRCUMCISED PENIS



Picture 1: Uncircumcised penis



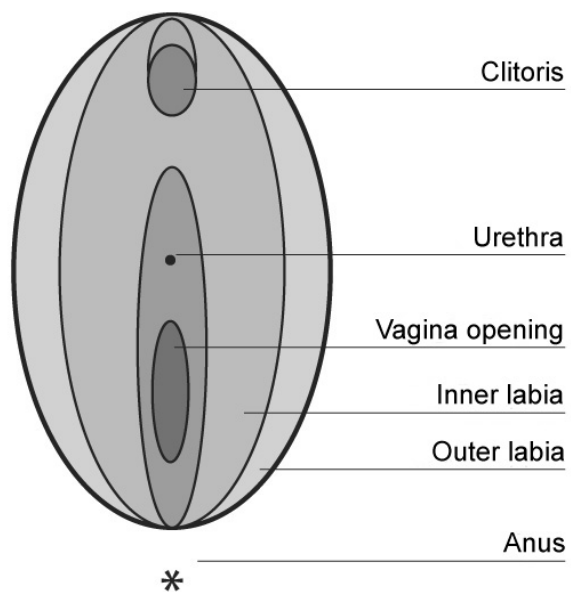
Picture 2: Circumcised penis

SHEET C2-A:

UNCIRCUMCISED VULVA (DIAGRAM)

In the pictures, the areas that have been removed are marked as black.

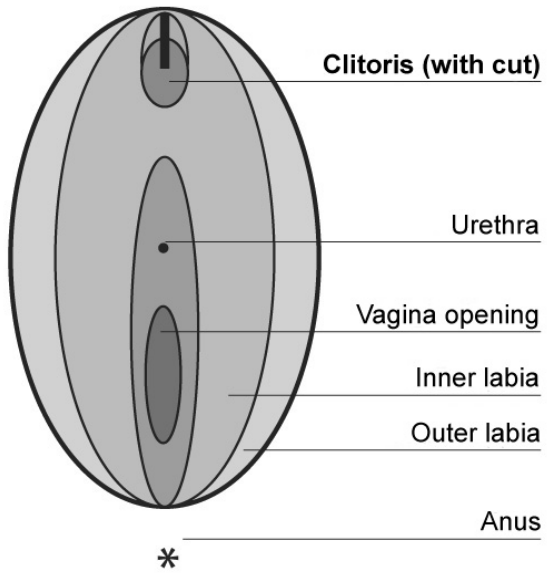
Picture 1: Uncircumcised girl



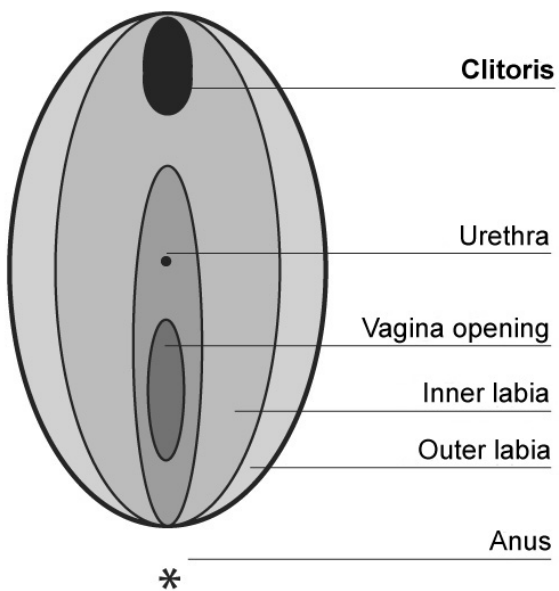
SHEET C2-B:

CIRCUMCISED VULVA (DIAGRAMS)

Picture 2: Small cut or hole in the clitoris



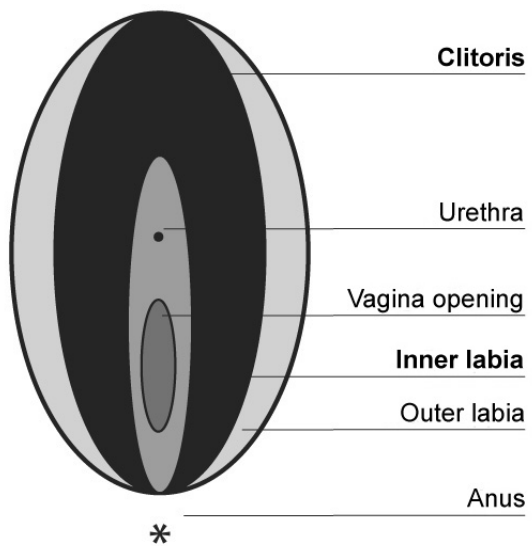
Picture 3: Removal of the clitoris



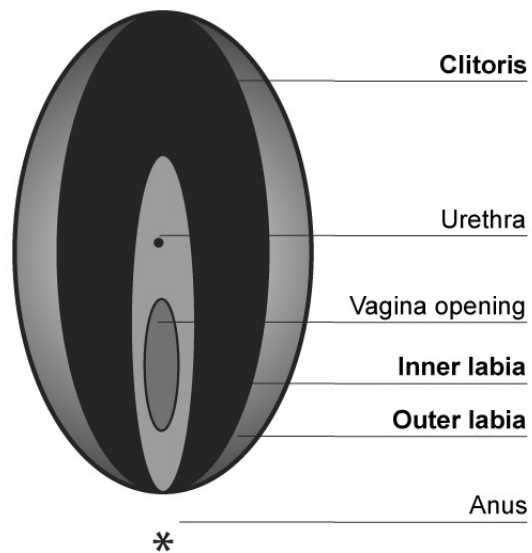
SHEET C2-C:

CIRCUMCISED VULVA (DIAGRAMS)

Picture 4: Removal of the clitoris and all or part of the inner labia



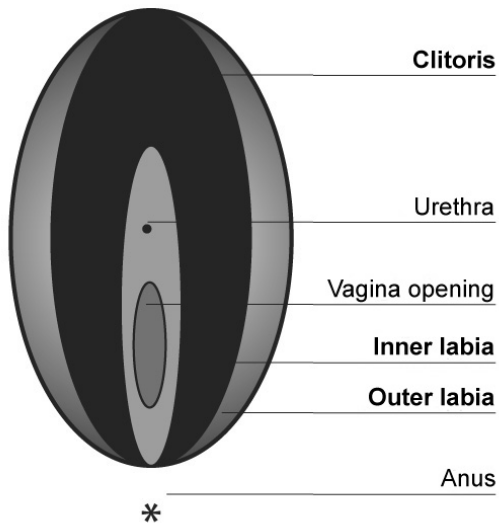
Picture 5: Removal of the clitoris and all or part of the inner labia (after healing)



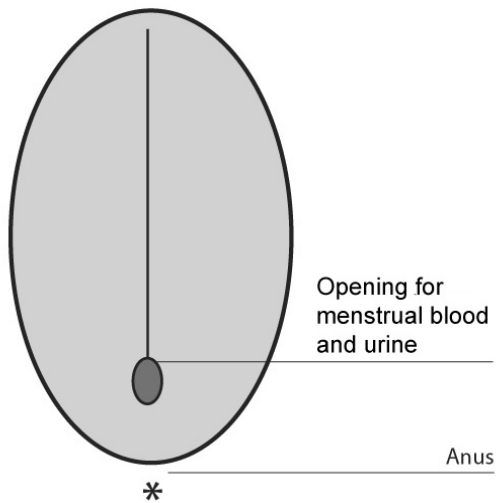
SHEET C2-D:

CIRCUMCISED VULVA (DIAGRAMS)

Picture 6: Removal of the clitoris and all or part of the inner and outer labia. The outer labia are then sewn up (picture 7)



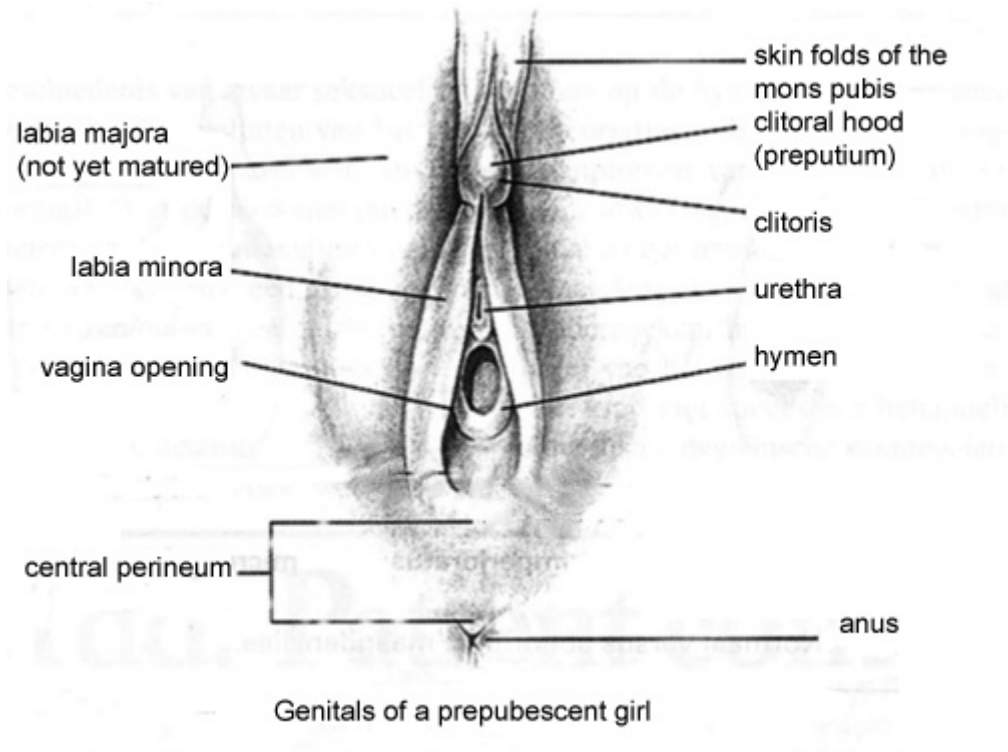
Picture 7: After healing



SHEET C3-A:

UNCIRCUMCISED VULVA (DRAWING)

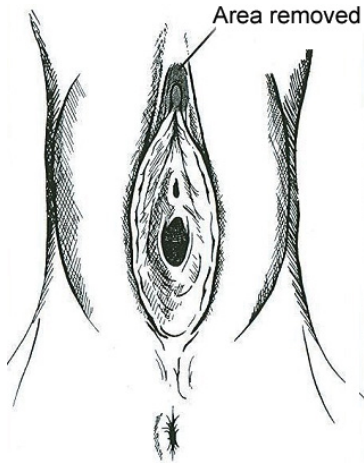
Picture 1: Uncircumcised girl



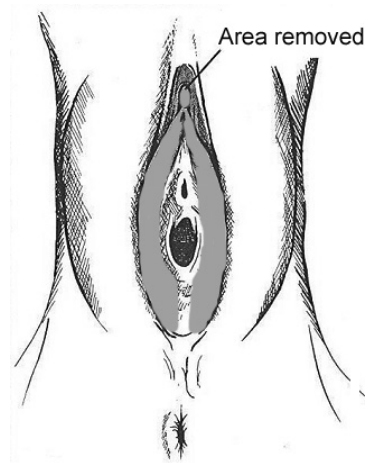
SHEET C3-B:

CIRCUMCISED VULVA (DRAWINGS)

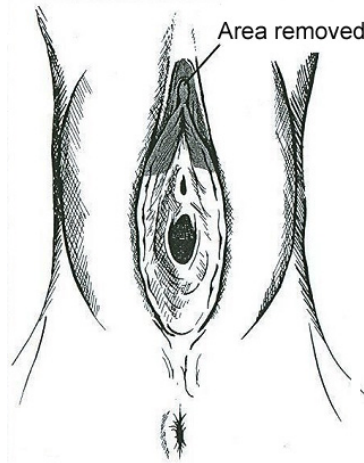
Picture 2: A hole or cut in the clitoris and removal of the clitoris



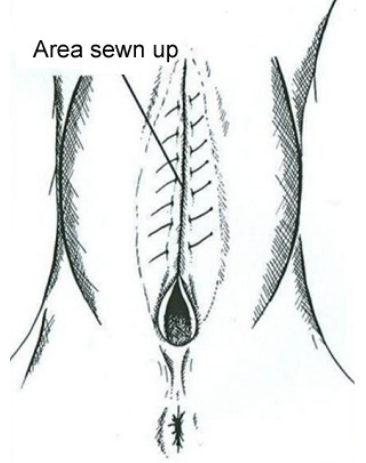
Picture 3: Removal of the clitoris and all or part of the inner labia



Picture 4: Removal of the clitoris and all or part of the inner and outer labia. The outer labia are sewn up (picture 5)



Picture 5: Sewing up the outer labia



LESSON PLAN D:

DVD

DVD fragments can be useful teaching aids when discussing female circumcision. Audio-visual material appeals to young people, it draws them into the subject, and it can make discussion easier.

The DVD consists of the following fragments:

Fragment I

Anke.

Explanation of the different types of female circumcision by Anke van Dam, doctor, Rutgers Nisso Groep

In this fragment, pictures are used to help explain the different types of female circumcision. A doctor who works for the Rutgers Nisso Groep first describes a girl's external sex organs. Then she goes into the different types of female circumcision, from the least to the most extreme procedures.

Fragment II

Zahra.

Interview with Zahra Naleie: sociologist, expert by experience, and campaigner against female circumcision, Pharos.

In this fragment Zahra Naleie is interviewed. Zahra is active in both the Netherlands and abroad in the campaign to eradicate female circumcision. She describes the reasons why people who come from countries where female circumcision is a centuries-old tradition have their daughters circumcised. Zahra believes that female circumcision is an atrocious practice and says why it must not continue. Besides her work as a sociologist and campaigner, she also has daughters of her own. She tells us about disagreeing with her mother about circumcising her own daughters. Zahra Naleie believes in the importance of educating children at schools about female circumcision to make sure you reach future mothers and fathers.

Fragment III

Nima. A circumcised Somali girl in the Netherlands.

Source: Kruk, A. Nima NCRV TV, document Junior 2004 (Dutch TV documentary)

In this fragment we hear the moving story of Nima, a 13-year-old girl from Somalia who lives in a Dutch asylum seekers reception centre. She tells us about her own circumcision and how painful it was for her at the time and afterwards.

Fragment IV

'Ma Gudni'. Two girls talk about female circumcision.

Source: Naleie, Z. Ma Gudni. Utrecht: Pharos 2005.

The educational film *Ma Gudni* clearly voices opposition within the community to female circumcision and, at the same time, sets an example to others about making it a subject for discussion. In this fragment, two girls talk about female circumcision. One girl has been circumcised, the other hasn't.

Fragment V

Women's rights are human rights. Two stories from experience and the opinion of an Egyptian doctor.

Source: Ergün, A. Women's rights are human rights. Amsterdam: Amnesty International 2001.

In this fragment, we see two Somali women and the Egyptian writer and doctor Nawal El Sadaawi. All three women in the fragment are campaigning against female circumcision. The two Somali women do this using their own experiences.

Nawal El Sadaawi wonders why people think they have the right to cut an innocent child when there are no medical reasons to do so. She believes that female circumcision clearly violates human rights.

Levels

- Primary schools: fragments III and IV;
- Vocational secondary schools basic curriculum: fragments I – V;
- General secondary schools basic curriculum: fragments I – V;
- General secondary schools curriculum for older children: fragment V.

Length

Approx. 10 minutes per fragment.

Objectives

The pupils:

- Are aware of the different types of female circumcision (fragment I);
- Can understand the reasons why a Somali woman in the Netherlands would campaign against female circumcision (fragment II);
- Can identify with the personal story of a young circumcised girl living in the Netherlands (fragment III);
- Have an idea of the way that a circumcised and an uncircumcised girl can talk about female circumcision (fragment IV);
- Are aware of the background of female circumcision and reasons for campaigning against it (fragment V).

Method

Choose one or more fragments that are suitable for the level at which you teach. Show them to the whole class. After each fragment, let the pupils give their reactions and say what they know about female circumcision. The sheets contain questions that may help you during the discussion.

Resources

The DVD that goes with the 'female circumcision teaching toolkit'.

Questions that go with the fragments, on sheets D1 – D5.

SHEET D1:

FRAGMENT I

Title

Anke.

An explanation of the different types of female circumcision by Anke van Dam, doctor, Rutgers Nisso Groep.

Questions

- How many different types of female circumcision does Anke van Dam mention?
- Can you say something about each type?

SHEET D2:

FRAGMENT II

Title

Zahra.

Interview with Zahra Naleie: sociologist, expert by experience, and campaigner against female circumcision, Pharos.

Questions

- What do you think of the fragment?
- What is Zahra Naleie's experience with female circumcision?
- Did Zahra have her own daughters circumcised? Why did/didn't she?
- Why does she campaign against female circumcision?

SHEET D3:

FRAGMENT III

Title

Nima.

A circumcised Somali girl in the Netherlands.

Questions

Who can tell us something about Nima?

What does Nima say about her circumcision?

In this fragment she says: "I'm so ashamed." Why do you think she says that?

SHEET D4:

FRAGMENT IV

Title

'Ma Gudni'.

Two girls talk about female circumcision.

Questions

- What are the girls talking about?
- One of the girls has been circumcised, what does she say about it?
- The other girl hasn't been circumcised, what does she say about that?

SHEET D5:

FRAGMENT V

Title

Women's rights are human rights

Two stories from experience linked to human rights.

Questions

- What do you think of the fragment?
- What do you remember about the interview with Naïma?
- What do you remember about the interview with Marjan?
- What does the Egyptian doctor say about circumcision in Egypt?
- What do the women say about circumcised women having sex?
- Why does female circumcision violate human rights?
- A song is sung as well, what is it about?
- You see fragments with music and dancing, what is the celebration for?

LESSON PLAN E:

QUESTION BOX

Pupils can use the 'question box' to anonymously ask questions or make comments about female circumcision that they otherwise may not dare to.

Levels

Primary education, plus basic curriculum of vocational and general secondary schools.

Length

Not applicable

Objectives

The pupils:

- Ask questions and/or make comments about female circumcision without giving their names.

Method

Make a narrow opening in the lid of a box and put it in the classroom. Pupils can put notes in it anonymously with any questions/comments they have on female circumcision. It is best to leave the box there for a little while (e.g. a couple of days). Make it clear to the class what you will do with the questions/comments. For example, you could answer the questions during a lesson.

Resources

A shoebox.

LESSON PLAN F:

LETTERS TO 'DEAR SYLVIA'

Important point

For this lesson plan, the pupils will need to know something about female circumcision.

Levels

- Primary schools: letters 1 – 3;
- Vocational secondary schools basic curriculum: letters 1 – 4;
- General secondary schools basic curriculum: letters 1 – 6;

Length

Approx. 10 minutes per letter.

Objectives

General

The pupils:

- Know about the problems that female circumcision can cause;
- Are able to think up solutions to these problems.

Letter 1

The pupils:

- Recognise the ambivalence about the ritual, i.e. that it is considered to be an important and happy occasion, but that it can also cause a lot of suffering.

Letter 2

The pupils:

- Know that girls who live in the Netherlands can be circumcised during the holiday period.

Letter 3

The pupils:

- Know that not all girls from 'high-risk countries' are circumcised.

Letter 4

The pupils:

- Know that girls can also be circumcised in Europe.

Letter 5

The pupils:

- Know that it can be very difficult for girls to hear conflicting opinions on female circumcision.

Letter 6

The pupils:

- Can understand the problems a circumcised girl can have if she starts going out with a Dutch boy.

Method

Hand out some or all of the letters in the class. Read the letters together the pupils. Talk about each of them, possibly using the following questions:

- What do you think of the letter?
- If you would have to write back, what would you say?
- If you had a question about female circumcision, who would you ask?

After going through each letter, make sure all your pupils understand why it was written.

Resources

Primary schools: sheet F1 (letters 1 – 3).

Vocational secondary schools basic curriculum: sheets F2 and F3 (letters 1 – 4).

General secondary schools basic curriculum: sheets F1, F2 and F3 (letters 1 – 6).

SHEET F1:

LETTERS TO 'DEAR SYLVIA'

1 Dear Sylvia,

Two months ago I was circumcised. It was an important occasion. When I came out of hospital, I was given lots of presents. But it did hurt a lot and it still often does. I've always got stomach aches and it takes a long time to have a pee. Is that normal?

A circumcised girl

2 Dear Sylvia,

I'm a 10-year-old girl. My parents come from Sudan and we've been living in the Netherlands for a long time. This summer we're going on holiday to see our family in Sudan and I'm really looking forward to it!! Last week our teacher at school told us about female circumcision. He said that parents often go on holiday and have their child circumcised there. Now I'm a bit scared, because girls are often circumcised in Sudan. Who can I talk to about it?

A girl who's a bit worried

3 Dear Sylvia,

I was born in the Netherlands, but my parents come from Somalia. Last week we saw a film in our class about female circumcision. In the film they said that girls from Somalia are also circumcised. Everyone looked at me straightaway, but I'm not circumcised! My parents didn't want to do that because it isn't good for you. Since the film, people in my class haven't been very nice to me. They look at me and don't dare to talk to me. It really upsets me and I feel so lonely. I want to tell them that not all girls are circumcised in Somalia, but I don't dare to really. Can you help me?

A girl who wants to belong again

SHEET F2:

LETTERS TO 'DEAR SYLVIA'

4

Dear Sylvia,

My best friend's parents come from Somalia. Yesterday I was at my friend's house and they were getting a big party ready for her. I know she's going to visit some family in Italy soon. Is she going to be circumcised? I'm worried, because I've heard that girls are also circumcised in Europe.

A girl who cares about her friend

SHEET F3:

LETTERS TO 'DEAR SYLVIA'

5

Dear Sylvia,

I'll come straight to the point: I come from Somalia and I've been circumcised. I'm quite proud of the fact, because it means I'm a real woman. I've been living in the Netherlands for two years now and everyone here thinks we're strange. They don't understand why girls in our culture are circumcised, and they're really against the practice. My Dutch friends also say that it's a bad thing and should be abolished. Fortunately, they don't know that I've been circumcised. I find it very difficult to hear from my parents that it's the right thing to do, yet from my friends and other people I know that it's strange and banned here. It makes me feel very unsure of myself, who should I believe? I don't want to disappoint my parents, but I do want to feel I belong in the Netherlands. What should I do?

A girl who doesn't know who to believe

6

Dear Sylvia,

I'm a 16-year-old Somali girl and I've been going out with a Dutch boy for 6 months. We're going to a party soon and he's asked me to stay with him afterwards, but that really scares me. You see, I was circumcised when I was 8 and I'm a bit ashamed of it. He doesn't know and I don't want him to see it either – he wouldn't understand anyway. I'm also scared he'll want to have sex with me if I stay there. I've heard that sex can be very painful if you've been circumcised. I'd also rather wait till I'm married before I have sex, that's what my parents want too. What should I say to him? I really love him, so I don't want to finish with him!

An girl who doesn't know what to do

LESSON PLAN G:

TEST YOUR KNOWLEDGE!

Important point

To do these tests, the pupils will need to know something about female circumcision.

Levels

- Primary schools: test G1;
- Vocational secondary schools basic curriculum: test G2;
- General secondary schools basic curriculum: test G3.

Length

Approximately 30 minutes.

Objective

The pupils:

Are aware of how much they know about female circumcision.

Method

- There are several possibilities:
- Ask the questions in the class and make sure there's time for discussion and pupils' questions;
- Let each pupil pick a question from a box – without seeing which one it is – and then try and answer it. The rest of the class is allowed to help with the answer;
- Make photocopies of the test, divide the class into groups, and let each group work out the answers. Then discuss the answers with the whole class and make sure there's time for questions and discussion;
- Make photocopies of the test for each pupil and let them answer the questions by themselves. Discuss the answers with the whole class.

Resources

- Primary schools: sheet G1;
- Vocational secondary schools basic curriculum: sheet G2;
- General secondary schools basic curriculum: sheet G3.

SHEET G1-A:

TEST YOUR KNOWLEDGE! (QUESTIONS)

Say whether the sentences below are **true** or **false**.

	True	False
Where does it occur?		
1. Female circumcision occurs in every country in the world.	<input type="radio"/>	<input type="radio"/>
2. Female circumcision is carried out in some countries in Africa and a few countries in Asia.	<input type="radio"/>	<input type="radio"/>
How is it done?		
3. Circumcision may mean a small cut or hole is made in the little, sensitive bump above the opening of the vagina.	<input type="radio"/>	<input type="radio"/>
4. Female circumcision is always done in a hospital.	<input type="radio"/>	<input type="radio"/>
Consequences		
5. Circumcision is bad for a girl's health.	<input type="radio"/>	<input type="radio"/>
6. Circumcision isn't very painful.	<input type="radio"/>	<input type="radio"/>
7. For some circumcised women, having a baby is painful.	<input type="radio"/>	<input type="radio"/>
Questions?		
8. If you have a question about female circumcision or you need help, you can always go to your teacher, a child healthcare doctor or nurse, or the children's helpline.	<input type="radio"/>	<input type="radio"/>

SHEET G1-B:

TEST YOUR KNOWLEDGE! (ANSWERS)

Where does it occur?

1. False

Female circumcision is carried out in some countries in Africa and a few countries in Asia.

2. True

In these countries, female circumcision is often an old tradition.

How is it done?

3. True

This is the least extreme type of circumcision.

4. False

Female circumcision can be done in a hospital, but also in someone's home.

Consequences

5. True

Many circumcised girls have stomach aches and pain when urinating.

6. False

When a girl is circumcised, it is very painful.

7. True

Some circumcised women can have very painful births, because there isn't enough room for the baby to come out.

Questions?

8. True

If you have a question about female circumcision or you need advice, your teacher, a doctor or nurse at the GGD Child Healthcare department, and the children's helpline are there to help you.

SHEET G2-A:

TEST YOUR KNOWLEDGE! (QUESTIONS)

Say whether the sentences below are **true** or **false**. lo

	True	False
Female circumcision		
1. All girls in the world are circumcised.	<input type="radio"/>	<input type="radio"/>
2. Female circumcision occurs mainly in African countries and a few countries in Asia.	<input type="radio"/>	<input type="radio"/>
How is it done?		
3. One type of female circumcision involves making a small cut or hole in the clitoris's foreskin.	<input type="radio"/>	<input type="radio"/>
4. Making a small hole or cut in the clitoris's foreskin is the most common procedure.	<input type="radio"/>	<input type="radio"/>
Why are girls circumcised?		
5. In the countries where circumcision occurs, girls have to remain virgins until they get married.	<input type="radio"/>	<input type="radio"/>
6. Parents who have their daughter circumcised want her to feel pain.	<input type="radio"/>	<input type="radio"/>
7. Everyone who has female circumcision done is Muslim.	<input type="radio"/>	<input type="radio"/>
8. Female circumcision is required by the Koran.	<input type="radio"/>	<input type="radio"/>
What are the consequences?		
9. Circumcision is good for a girl's health.	<input type="radio"/>	<input type="radio"/>
10. Circumcised girls often have stomach aches and pain when urinating.	<input type="radio"/>	<input type="radio"/>
11. Circumcised girls may find sex very painful.	<input type="radio"/>	<input type="radio"/>
12. Childbirth can be very painful for circumcised women.	<input type="radio"/>	<input type="radio"/>
Female circumcision in the Netherlands		
13. There are circumcised girls and women living in the Netherlands.	<input type="radio"/>	<input type="radio"/>
14. Circumcising girls is allowed in the Netherlands.	<input type="radio"/>	<input type="radio"/>
15. In countries where female circumcision is a centuries-old tradition, more and more people are now against the practice.	<input type="radio"/>	<input type="radio"/>
16. Female circumcision violates human rights.	<input type="radio"/>	<input type="radio"/>
Questions?		
17. If you have a question about female circumcision or you need help, you can always go to your teacher, the GGD community health service, or the children's helpline.	<input type="radio"/>	<input type="radio"/>

SHEET G2-B:

TEST YOUR KNOWLEDGE! (ANSWERS)

Female circumcision

1. False

Female circumcision occurs in almost thirty African countries: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo (formerly Zaire), Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo and Uganda. In the Arabian Gulf it is carried out in the following countries: Oman, United Arab Emirates and Yemen. In Asia it occurs now and then in India, Indonesia, Malaysia and Pakistan. It is also practised by a few Muslim groups in Australia and in a number of Latin-American countries like Brazil, Mexico and Peru.

2. True

See explanation 1.

How is it done?

3. True

This is the least extreme type of female circumcision and is also sometimes called Sunna.

4. False

The type that is the most common is removal of the clitoris and all or part of the inner labia.

Why are girls circumcised?

5. True

Most girls from countries where female circumcision occurs have to remain virgins before marriage to have a chance of finding a good husband. Girls who are no longer virgins are often excluded from the community.

6. False

Parents who have their daughter circumcised, do it because they love her and want her to have a good future.

7. False

There are also Christians and people with no religious beliefs who practise female circumcision.

8. False

The Koran doesn't mention female circumcision.

What are the consequences?

9. False

Circumcision is not good for a girl's health. It is very painful, circumcised girls often have stomach aches and pain when urinating, and there is a chance that the circumcision will make them infertile. Some girls who have been circumcised are anxious and downcast.

10. True

See explanation 9.

11. True

Sex can be very painful for some circumcised girls, depending on the type of circumcision they have had.

12. True

A girl whose clitoris, inner labia and outer labia have been removed and whose outer labia have been sewn up, may have a painful birth. This is because an opening has to be made for the baby to come out.

Female circumcision in the Netherlands

13. True

People emigrating to the Netherlands from countries where female circumcision is practised means there are now circumcised girls and women living in the Netherlands.

14. False

Circumcising girls is banned in the Netherlands.

15. True

In countries where female circumcision occurs, many people decide not to have their daughter circumcised. There are also more and more health promotion activities and campaigns on the subject.

16. True

Universal declarations of human rights state that we all have the right to freedom from violence, the right to have control over our own bodies, and the right to have sex. Female circumcision violates these rights.

Questions?

17. True

If you have any questions or you need advice, your form teacher, a doctor or nurse at the GGD Child Healthcare department, and the children's helpline are there to help you.

SHEET G3-A:

TEST YOUR KNOWLEDGE! (QUESTIONS)

Say whether the sentences below are **true** or **false**.

	True	False
Female circumcision		
1. Female circumcision occurs in every country in the world.	<input type="radio"/>	<input type="radio"/>
2. Girls are circumcised before their first period.	<input type="radio"/>	<input type="radio"/>
How is it done?		
3. There are three different types of circumcision.	<input type="radio"/>	<input type="radio"/>
4. The least extreme form of female circumcision is a small hole in the clitoris.	<input type="radio"/>	<input type="radio"/>
5. A cut or hole in the clitoris is also called infibulation.	<input type="radio"/>	<input type="radio"/>
6. The clitoris is removed in all types of circumcision.	<input type="radio"/>	<input type="radio"/>
7. Infibulation means the labia are sewn up.	<input type="radio"/>	<input type="radio"/>
Why are girls circumcised?		
8. Parents who have their daughter circumcised want the best for her.	<input type="radio"/>	<input type="radio"/>
9. Parents who have their daughter circumcised want her to feel pain.	<input type="radio"/>	<input type="radio"/>
10. Circumcising girls is a religious obligation.	<input type="radio"/>	<input type="radio"/>
11. If a girl is circumcised, she automatically remains a virgin until she's married.	<input type="radio"/>	<input type="radio"/>
What are the consequences?		
12. Circumcision is good for a girl's health.	<input type="radio"/>	<input type="radio"/>
13. A circumcised girl has a high risk of infection.	<input type="radio"/>	<input type="radio"/>
14. Circumcision often causes stomach aches.	<input type="radio"/>	<input type="radio"/>
15. If a girl has been circumcised, she cannot have sex any more.	<input type="radio"/>	<input type="radio"/>
16. If a girl has been infibulated, she can have a lot of problems during birth.	<input type="radio"/>	<input type="radio"/>
17. All circumcised girls are infertile.	<input type="radio"/>	<input type="radio"/>
Female circumcision in the Netherlands		
18. There are circumcised girls and women living in the Netherlands.	<input type="radio"/>	<input type="radio"/>
19. Circumcising girls is banned in the Netherlands.	<input type="radio"/>	<input type="radio"/>
20. Female circumcision is banned all over the world.	<input type="radio"/>	<input type="radio"/>
21. Female circumcision comes under Dutch legislation on child abuse.	<input type="radio"/>	<input type="radio"/>
22. In the Netherlands parents have been imprisoned because they have had their daughter circumcised.	<input type="radio"/>	<input type="radio"/>

23. Female circumcision violates universal human rights.

24. Human rights apply to everyone, regardless of age.

Conflicting opinions

25. Female circumcision is also often called female genital mutilation (FGM).

26. People from countries where female circumcision is practised, also consider it to be mutilation.

Questions?

27. There are many people who can give help and answer questions on female circumcision.

SHEET G3-B:

TEST YOUR KNOWLEDGE! (ANSWERS)

Female circumcision

1. False

Female circumcision is practised in very many countries in Africa and a few countries in Asia.

2. True

Girls are usually circumcised between the ages of 5 and 13 and before their first period.

How is it done?

3. False

In official publications, three or four types are usually mentioned. But in reality there are many more. Experts don't always give the same explanation of the same term. The term clitoridectomy, for example, is used for removal of the clitoris, but it is also used for removal of the clitoris and the inner labia.

4. True

A small hole in the clitoris when you see a drop of blood is the least extreme type of circumcision. The most extreme type of circumcision is infibulation.

5. False

A small cut or hole in the clitoris is called incision. The term Sunna is also often used. This means tradition or custom. Infibulation means removal of the clitoris, the inner labia and all or part of the outer labia. The outer labia are then sewn up.

6. False

Circumcision can also be a small hole or cut in the clitoris and removal of the clitoris's foreskin. Often not the entire clitoris is removed. The woman who carries out the circumcision might remove 'too much' or 'too little'. The nerves in the clitoris may be a couple of centimetres from the tip. As the girl is still growing, new tissue may grow too.

7. True

See explanation 5.

Why are girls circumcised?

8. True

Parents who have their daughter circumcised come from countries where female circumcision is a tradition. If parents don't have their daughter circumcised, she may well be excluded from the community. Men in these countries usually only want to marry circumcised girls. Uncircumcised girls are considered unclean, and people think that uncircumcised girls have had sex before marriage. Parents have their daughter circumcised because they want her to have a good husband and not be excluded.

9. False

See explanation 8.

10. False

Nothing can be found in the Koran (the holy book of the Islamic religion) about female circumcision. There is something about female circumcision in the Traditions ('Hadith'), the books about Mohammed's life. Here, Mohammed comments on the practice: "If you do it, do not cut too deep." But it did not become a religious obligation.

11. False

A circumcised girl can still lose her virginity before marriage, circumcision is not a guarantee.

What are the consequences?

12. False

Female circumcision leads to health problems.

13. True

During a girl's circumcision, she is at risk of infection from blood loss and the use of unsterile instruments. She can also pick up infections after the circumcision.

14. True

Girls who have been infibulated, in particular, can have a lot of stomach aches. This is because they only have a very small hole for their urine and menstrual blood.

Urine and/or blood may then be retained and this causes stomach complaints.

15. False

Circumcised girls can have sex, regardless of the type of circumcision they have had. Girls who have been infibulated may find it more painful because they only have a small hole for the man's penis. Sexual intercourse may also give less pleasure to circumcised girls because all or part of the clitoris has been removed.

16. True

Girls and women who have been infibulated only have a very small hole for the baby to go through. So usually an episiotomy has to be done.

17. False

Although infertility is seen among circumcised girls, there are also many circumcised women who can have babies. Infections may occur with all types of female circumcision, but girls who have been infibulated run the greatest risk of infections that can cause infertility.

Female circumcision in the Netherlands

18. True

People emigrating to the Netherlands from countries where female circumcision is practised, means that there are now circumcised girls and women living in the Netherlands. It is estimated that each year 50 girls who live in the Netherlands are circumcised. There are rumours that girls are circumcised during their holiday in another country.

19. True

In Dutch legislation, female circumcision comes under 'child abuse' and 'unqualified medical practice'.

20. False

Female circumcision is not banned in all the countries in the world. More and more countries are making it illegal, and there is increasing opposition to the practice.

21. True

Dutch legislation says that child abuse is any type of threat or violence towards a minor which leads to physical or mental harm. This includes female circumcision.

22. False

Female circumcision is banned in the Netherlands, and people can be sent to prison for it. But that hasn't happened yet in the Netherlands.

23. True

Universal declarations of human rights state that we all have the right to freedom from violence, the right to have control over our own bodies, and the right to have sex. Female circumcision violates these rights.

24. True

Human rights are universal, this means that they apply to everyone, regardless of age, sex or race.

Conflicting opinions

25. True

Many people consider female circumcision to be mutilation, that's why it is also called female genital mutilation (FGM),

26. False

Many people from countries where female circumcision is practised, do not consider it to be mutilation. If you come from a country where female circumcision is an old tradition and many women are circumcised, then you don't always see circumcision as mutilation or something negative. A negative opinion of female circumcision may then clash with the beliefs that you grew up with. This could lead to confusing emotions, uncertainty and a girl feeling ashamed of her own body. More and more people from countries where female circumcision occurs do consider it to be mutilation and are educating other people about it.

Questions?

27. True

If you have any questions or you need advice, your form teacher, a doctor or nurse at the GGD(Municipal Health Services Child Healthcare department) and the children's helpline are there to help you.

LESSON PLAN H:

LEAFLET (See appendix)

Important point

Always discuss the leaflet with your pupils before you hand it out in the class. The aim of this is:

- It needs to be clear whether the pupils understand the information;
- The teacher can react to what the pupils say.

Levels

- Primary schools: leaflet 1;
- Vocational secondary schools: leaflet 2;
- General secondary schools: leaflet 3.

Length

Approximately 10 minutes.

Objectives

Primary schools:

The pupils:

- Know the different types of circumcision;
- Know where female circumcision occurs;
- Know that female circumcision causes health problems;
- Know that circumcising girls is banned in the Netherlands;
- Know where they can go for help.

Vocational secondary schools:

The pupils:

- Know the different types of circumcision;
- Know where female circumcision occurs;
- Know that female circumcision causes health problems;
- Know what the consequences of female circumcision can be;
- Know that circumcising girls is banned in the Netherlands;
- Know that the Koran doesn't demand girls to be circumcised
- Know where they can go for help

General secondary schools:

The pupils:

- Know the different types of circumcision;
- Know where female circumcision occurs;
- Know why girls are circumcised;
- Know that female circumcision causes health problems;
- Know what the consequences of female circumcision can be;
- Know that circumcising girls is banned in the Netherlands;
- Know that there can be conflicting opinions on female circumcision;
- Are able to discuss the subject in a respectful manner and express their point of view;
- Know that the Koran doesn't demand girls to be circumcised
- Know what help is available in matters concerning female circumcision.

Method

General

- Photocopy the leaflet and fold it like the original;
- You can also order more copies of the original leaflet.

Primary schools:

- Give the leaflet to pupils who come from the countries where female circumcision is practised, and to pupils whose parents come from one of these countries;
- You can also put the leaflet somewhere in the classroom where the pupils can read it again if they want to;
- You can use the leaflet as initial input on female circumcision. Let your pupils read the leaflet and then ask them to answer the questions posed in the text.

Vocational and general secondary schools:

- Hand out the leaflet to the whole class;
- You can also put the leaflet somewhere in the classroom where the pupils can read it again if they want to;
- You can use the leaflet as initial input on female circumcision. Let your pupils read the leaflet and then ask them to answer the questions posed in the text.

Background

Talking about female circumcision can stir up emotions among both children from high-risk countries and Dutch children. The leaflet gives them the opportunity to discuss the subject at home. That's why it's worth asking children from 'risk' families what they think of the leaflet and whether or not they want to talk about female circumcision at home. Say that you are willing to help.

Talking about female circumcision can be very emotional for pupils and may lead to extreme reactions. For many people from countries where female circumcision occurs, the subject is taboo. Giving pupils a leaflet to take home may mean that they talk about it there. That's why it's worth asking children from countries where female circumcision is a centuries-old tradition what they think of the leaflet and whether or not they want to talk about the subject at home. Say that you are willing to help.

Resources

- Leaflet 1: 'What you should know about girls' circumcision', version primary schools;
- Leaflet 2: 'What you should know about girls' circumcision', version vocational secondary schools;
- Leaflet 3: 'What you should know about girls' circumcision', version general secondary schools.

LESSON PLAN I:

TALKING HEADS 'WHY I HAVE/HAVEN'T BEEN CIRCUMCISED?'

Important point

It is important that your pupils know something about female circumcision and the different types of circumcision before you use this lesson plan.

Levels

Basic curriculum of vocational and general secondary schools.

Length

Approximately 30 minutes.

Objectives

The pupils:

- Know several reasons why female circumcision should/shouldn't be carried out;
- Know the situations in which these reasons could change.

Method

Photocopy sheet I and give each pupil a copy. Ask the following questions:

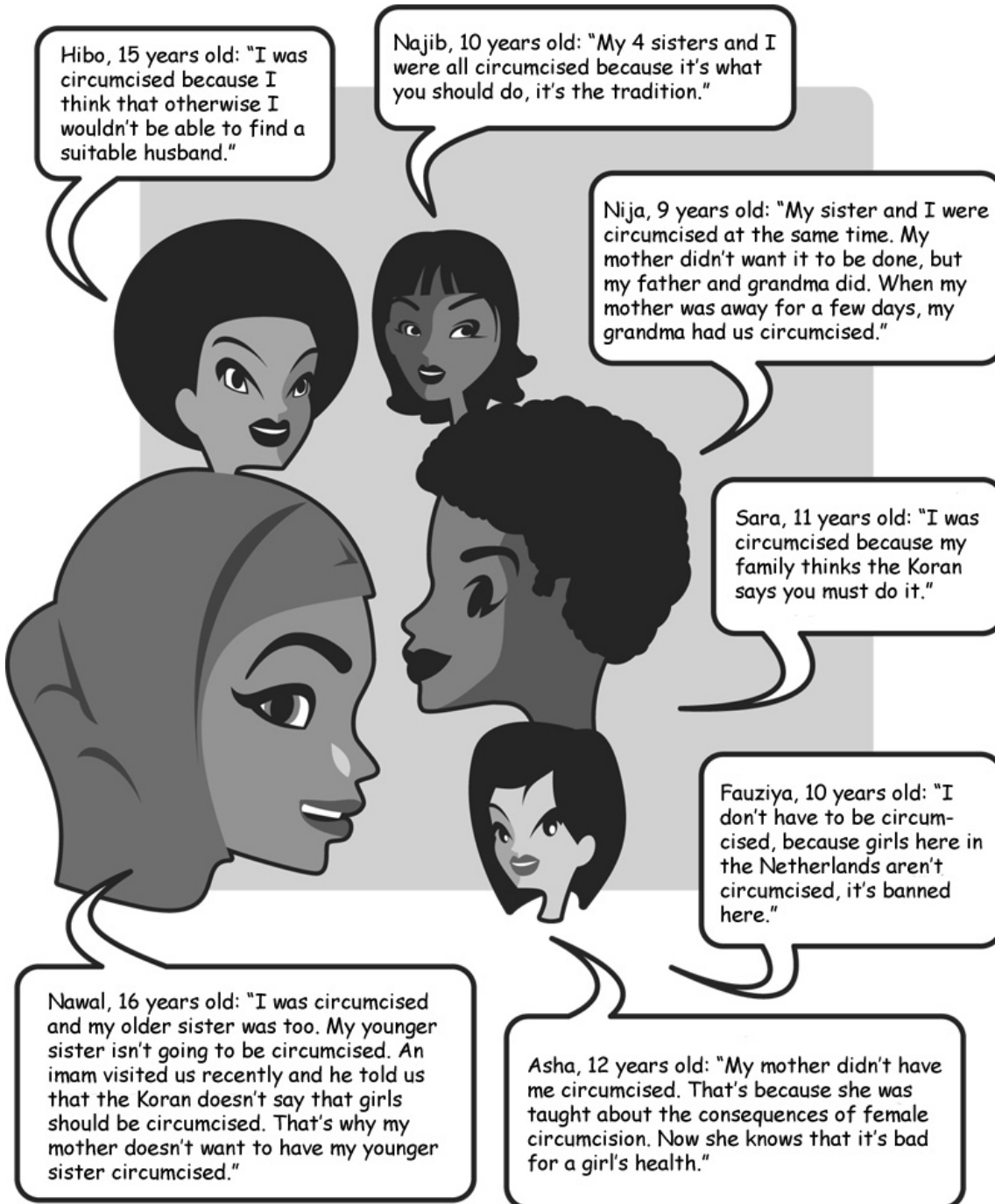
- What reasons do girls give for their circumcision?
- What reasons do girls give for not being circumcised?
- Some parents were first in favour of circumcision, but then didn't have their daughter circumcised. How come?

Resources

Sheet I.

SHEET I.

TALKING HEADS 'WHY I HAVE/HAVEN'T BEEN CIRCUMCISED?'



LESSON PLAN J:

WHAT DO YOU THINK?

Levels

Basic curriculum of vocational and general secondary schools.

Length

Approximately 30 minutes.

Objective

The pupils:

- Can give their views and express their feelings on the subject of female circumcision.

Method

The uncompleted sentences can be written on the classroom board and discussed with the whole class. Or you can photocopy them for each pupil and ask them to complete the sentences themselves. This should be followed by a discussion in the class.

Resources

Sheet J.

SHEET J:

WHAT DO YOU THINK?

Complete the sentences below. There are no right or wrong answers – the important thing is that you write down what you think. So: what do you think or feel about it?

1. I think that circumcising girls is/isn't* the same as circumcising boys, because

.....
.....
.....

2. I think that having a celebration when a girl has been circumcised is

.....
.....
.....

3. I think that a less extreme type of female circumcision, like a small hole or cut in the clitoris, is

.....
.....
.....

4. My opinion of the fact that female circumcision is banned is

.....
.....
.....

5. To prevent female circumcision

.....
.....
.....

6. If a friend of mine were circumcised, then

.....
.....
.....

* Delete what doesn't apply.

LESSON PLAN K:

RAP!

Important point

For this lesson plan, the pupils will need to know something about female circumcision.

Levels

Basic curriculum of vocational and general secondary schools.

Length

1 lesson.

Objectives

The pupils:

- Are able to give their views and express their feelings about female circumcision in a rap which they write themselves.

Method

Divide the class into small groups. Let each group write a rap on the subject of female circumcision. At the end of the lesson, the groups perform their raps for the rest of the class. Make sure there's time left for the class to talk about it afterwards.

Resources

Not applicable

LESSON PLAN L:

TRUE STORY

Important point

The story, an adaptation of a passage from the book 'Desert Flower' by Waris Dirie, is very touching and may lead to emotional reactions from many of your pupils. So make sure you're prepared for that.

Levels

Vocational secondary and general secondary schools (basic curriculum).

Length

Approximately 45 minutes.

Objective

The pupils:

- Can understand what it feels like for a girl who is circumcised.

Method

Make photocopies of Waris Dirie's story. Give one to each pupil and ask them to read the story. Then give them time to let off steam/react in other ways. After that, start up a discussion with the class. What do the pupils think of the story?

Resources

Sheet L.

SHEET L:

TRUE STORY

The following story is an adaptation of a passage from the book 'Desert Flower' by Waris Dirie. Waris Dirie is the daughter of a nomad family in Somalia who became a famous model.

Becoming a woman

"When my oldest sister Aman was going to be circumcised, I - just like my other younger brothers and sisters- was very jealous of her. I was jealous because she would now become part of the adult world, a world that was still closed to me. In Somalia, people think that there are bad things between a girl's legs, parts of our body which we are born with, but which are dirty. These things must be removed – the clitoris, the inner labia and most of the outer labia are cut off and then the wound is sewn up, so that only a scar remains in the place where our sex organs were. But the actual details of a ritual circumcision remain a mystery: these are never explained to girls. You only know that something special is going to happen to you when your time has come. That's why all the young girls in Somalia really look forward to the ceremony which will turn them into a woman. Originally, the procedure was carried out when girls reached puberty: the ritual then had some meaning, because the girl had become fertile and was able to have children. But as time has gone on, female circumcision has been carried out on girls at a younger age, partly because the girls themselves are so insistent, looking forward to their 'special moment', like a girl in the West looks forward to her birthday party, or to the day that Santa Claus comes.

We called the woman who carries out the circumcision the Old Gypsy. In our community she is regarded as an important person, not only because she has special knowledge, but also because she earns a lot of money carrying out circumcisions. This procedure is one of the highest household expenses, but is always considered to be a good investment, because daughters would have no chance of finding a husband if they were not circumcised. The Old Gypsy is therefore an important member of our community, but I call her the Old Murderer because of all the little girls who have died as a result of what she does.

A friend of my father and my family often travelled with us. He was a grumpy old man and whenever I or my younger sister drove him mad, he would wave us away as if we were flies and tease us by saying: "Go away, you unhygienic little girls, dirty little girls. You haven't even been circumcised!" He almost spat out the words, as if the fact that we weren't circumcised made us so repulsive that he could hardly bear to look at us. These insults always upset me a bit, until I promised myself to find a way to get him to keep his mouth shut. This man had a teenage son called Jamah, who I liked, even though he ignored me. Jamah was interested in Aman and not in me. After a while I began to think that this preference for my older sister had to do with the fact that she was better than me because she had been circumcised. Just like his father, Jamah probably didn't want to be around dirty, uncircumcised little girls. When I was about five years old, I went and nagged my mother: "Mama, please go and get the woman for me. Please, when will you do it?" I had to get it done with once and for all, this mysterious thing, I thought. If I was lucky, the circumciser would turn up again in a few days. One evening, my mother said to me: "Your father bumped into the Old Gypsy. We're expecting her any day now."

SHEET L: TRUE STORY, CONTINUED

The night before my circumcision, Mama told me not to drink too much water or milk, so that I wouldn't have to urinate much. I didn't understand why she said that, but didn't ask, just nodded. I was nervous, but determined to go through with it. That evening my family paid a great deal of attention to me, and I was given extra food. This was all according to the tradition that I had known for many years, and why I had been jealous of my older sisters. Just before I went to sleep, my mother said: "I'll call you tomorrow when it's time." That night I was so excited that I couldn't sleep, and suddenly Mama was bending over me. She motioned me to be quiet and took hold of my hand. I grabbed my little blanket and followed her, still half asleep. Despite feeling confused, I did exactly what was expected of me at that moment. We walked from the hut into the bushes. "We'll wait here," said Mama, and we sat down on the cold ground. It started to get light, but I could still hardly see anything properly. Very soon I heard the familiar sound of the Old Gypsy's footsteps. My mother called her name and then asked: "Is it you?" "Yes, here I am," said a voice, although I still couldn't see anybody. Then suddenly she was next to me, although I hadn't seen her coming. "Sit down here." She pointed to a flat rock.

I peeped between my legs at how the Old Gypsy prepared herself. She looked just like all the other old Somali women: with a colourful scarf tied round her head and a brightly coloured cotton dress. She just wasn't laughing. I continued to stare at her, because I wanted to know what she was going to cut me with. I expected to see a big knife, but instead she took a small cotton pouch out of her bag. With her long fingers, she then fished out a broken razor blade. The world around me was suddenly dark, as my mother blindfolded me with a scarf. Then I felt my skin being cut away. Thinking back, I really can't believe it happened to me. I feel like it happened to someone else. I can't possibly explain how that feels. It is as if somebody is cutting into your thigh or cutting off your arm, except that this is the most sensitive part of your body. I lay there as if I was made of stone and said to myself that the more I would move, the longer the agony would last.

After my circumcision, they moved me and I lay on the ground near the stone. My legs were tied together from my ankles to my hips with pieces of cloth, so I couldn't move at all. I looked around me to see if my mother was there, but she had gone too. I lay there all by myself and wondered what was going to happen now. I saw the sun come up. There was no shade anywhere near me, and I could feel the heat scorching my face until my mother and sister came. They pulled me into the shade of a bush, after which they finished the preparations for 'my tree'. That was the tradition: a special hut was made under a tree, where I would rest and spend the coming weeks alone to recover until I was completely healed. When Mama and Aman had finished their work, they carried me inside.

My legs were tied together for over a month to let my wound heal. My mother kept warning me against running or jumping so I carefully dragged myself around. To think that I had always been so full of energy and so active – I would run like a cheetah, climb trees and jump over rocks – so this was like another kind of torture for a little girl: sitting around all the time, while my brothers and sisters were playing. But I was too scared of having to go through the whole procedure again, so I barely moved a centimetre. Every week, Mama checked to see whether I was healing properly. When the pieces of cloth were untied, I could see myself again for the first time. I discovered a piece of skin that was completely smooth, except that in the middle there was a scar that looked like a zip. And that zip could obviously not be undone."

LESSON PLAN M:

ARTICLE

Levels

General secondary schools.

Length

Approximately 45 minutes.

Objectives

The pupils:

- Can understand the situation of Somali girls/women in the Netherlands;
- Know that opposition to female circumcision is growing among people from countries where girls have traditionally been circumcised.

Method

Make photocopies of the article 'Somali women are gradually abandoning circumcision' on sheet M. Give these to your pupils and give them time to read the article. After that, start up a discussion with the class:

What is the article about?

What reasons does it give for female circumcision?

How does their Dutch environment influence these women's opinions on female circumcision?

What does it say about the lives of these women's daughters?

Resources

Sheet M.

SHEET M:

'SOMALI WOMEN ARE GRADUALLY ABANDONING CIRCUMCISION'

Circumcision? That was just a normal part of a Somali girl's life. But the daughters of Somali women in the Netherlands have completely different lives to those of their mothers. So whether circumcision should be a part of that is increasingly a subject for discussion within the Somali community. A report of a dying tradition.

The television is on in Hali's house. Her daughters of 8 and 9 see how young girls wearing very little clothing are dancing and moving about freely between the boys. Hali looks at the screen now and again. She still doesn't know how she should react to something like this. "In Somalia, I helped at home at that age and looked after my younger brothers and sisters. Here, children go to school, watch television or sit at a computer. As a single mother with four children, it's a hard job preparing them for marriage. Even though I now know that things can be different, marriage is still very important to me."

An unmarried woman in Somalia is not treated with much respect, so Hali's childhood was already the beginning of the search for the right partner. Circumcision is one of the most important requirements for this. In Somalia, it is virtually impossible for a woman to find a suitable husband if she isn't circumcised. For in that case, there is no guarantee that the woman is still a virgin. Hali: "A neatly sewn up and smooth area between her legs is the best proof that a girl has not given herself to another man yet."

Hali was circumcised together with her sisters when she was five years old. For girls in Somalia, this is an important moment on their path to adulthood. A 'celebration' whereby a woman cuts away the labia and clitoris of the girls, so that they can keep their sexual desires under control and learn early on in life how to cope with pain.

To this day, Hali has to deal with the consequences of circumcision and doesn't want to put her daughters through the same thing. "After everything had been cut away, I was sewn up; just a small hole was left open for urine. I had great trouble urinating. Later, my periods were a problem, because the blood flow got blocked, and every time I had a child I had to have an episiotomy before I could give birth. So after each birth, I couldn't sit down for several days and was in great pain."

Each Somali woman has her own – painful – memories, but not all of them would rather that it hadn't have happened. Circumcision is part of Somali culture, and there is usually a great deal of understanding for their mothers' decisions, who only wanted the best for their daughters.

Sex is taboo

Hali and a number of other Somali women are attending a special day for the female circumcision brainstorming group, an initiative of Pharos, *Knowledge and advisory centre on refugees, newcomers and healthcare in the Netherlands*. This group is campaigning to stop the circumcision of Somali girls. A campaign that means investing a lot of time and energy. Just getting women to talk has taken quite a while, says Marina Hendriks from Pharos. "And only when that is possible, can you go on to the next step of trying to change behaviour."

She knows that there are still Somali families who are trying to keep up the tradition since they have come to the Netherlands as refugees. They want to offer their girls a good future in their new country. A future that is exactly like life in Somalia. But Pharos's work is helping more and more Somali women to realise that circumcision should not be part of their new life in another country. And these women are helping to convince other women. The problem is that Somali women don't really want to talk to each other about intimate matters.

Sex is taboo; many women tend to look the other way when they see a man and woman kiss.

SHEET M:

'SOMALI WOMEN ARE GRADUALLY ABANDONING CIRCUMCISION', CONTINUED

With two sons, Sarah doesn't have to worry about circumcision. She does have a feeling that other women have their doubts about the procedure that is known worldwide as genital mutilation. The most extreme form is infibulation, whereby the clitoris and all or part of the small and large labia are removed. In many countries, including the Netherlands, this – as well as other forms of female circumcision – is illegal. Sarah: "Many women now talk about sunna (a less extreme type of circumcision, whereby making a small cut gives just a drop of blood, or only the clitoris and all or part of the small labia are removed - ed.). It is a way to do something with girls as they gradually become adults. But it is not clear whether this is, indeed, how some women are having their daughters circumcised. Sex is taboo in our community, and it's always difficult to start talking about something if you're not used to doing so."

Not in the Koran

The aim of the special meetings of the Pharos brainstorming group is to break this taboo. Imam Van Bommel, who was invited to this meeting, talks in detail about the passages in the Koran that cover the subject of sexuality. He adds that he has not found anything about circumcision anywhere in the Koran. He therefore calls it a cultural tradition, not something that is anything to do with the religion. As most Somali families are Muslim, it is important for them to live their lives according to the Koran. By proving that circumcision is not a part of this, the imam hopes to persuade them to abandon the practice.

There are many reactions to his story. It seems that no Somali imam has ever publicly spoken out against circumcision. Sarah: "It is never talked about at the mosque. It is simply something that is part of our lives. Not a subject for discussion. None of us know whether others have their daughters circumcised or not. We usually hear about it afterwards."

Not a virgin

Marina Hendriks adds that – despite all the information that has been given – many people still see it as a religious obligation. "Recently I even spoke to a Somali boy who said he'd prefer to have a circumcised wife. To him, circumcision is a custom and he didn't understand why women made such a fuss about it now. In Somalia, he had never heard any complaints. The aversion to circumcision was, according to him, caused by the opinions of other people."

But how do Somali mothers who are living in the Netherlands have their daughters circumcised, if they have decided to do so? What they often do, apparently, is take their daughters on holiday to Somalia or an Arab country to have the procedure carried out there. Hali says that the last time she was in London, where she has a lot of family, a girl came back from Somalia where she had been circumcised.

When asked whether they would notice if girls were being circumcised in the Netherlands, the women reluctantly say that they would. But because it is illegal in the Netherlands, no one would want to talk about it, and that's why it's not really clear how often this occurs. There are plenty of rumours, for example about a woman who comes to the Netherlands during the summer holidays to carry out circumcisions. Nothing is being done about it at the moment, even by those who oppose these practices, because you simply don't report a compatriot. And even though many women are against it, they do still understand why mothers have their daughters circumcised.

Sarah: "My mother will let me make my own decision about what I would do if I had a daughter, and I know that my sisters have decided not to have their daughters circumcised. Life here is so different that it just isn't right."

Plenty of rumours

Clearly, a large group of women now realise that circumcising girls is unnecessary. Farija laughs as she says that Somali men are no longer interested in Somali women at all, because they like other women better. Hali is now single and remembers how her husband was hardly ever at home when they were married. "The men get together most of the time to chew qat (a drug from Somalia that is imported in the Netherlands - ed)." Hali continues: "Anyone with any sense realises that it's not something you should do to your daughter. Especially because there are enough men here who are satisfied with an uncircumcised woman. In the Netherlands, girls can choose their own partner and the only thing I've said is that they may not go and live with someone. I definitely won't allow that."

Hali says that she does find it hard to accept that a girl is no longer a virgin before marriage. But that is no reason for her to have her daughters circumcised. "I have to find other ways to protect them, but I do find that very difficult. We grew up in Somalia and are only integrated in the Netherlands to a certain degree. We don't really know the customs here and many things are strange to us. Our daughters live a completely different life to the one we had, and we have to learn a lot from them. The only thing we can offer them is understanding."

Source:

Mulder, M (2003). Somalische vrouwen nemen voorzichtig afscheid van besnijdenis. (Somali women are gradually abandoning circumcision.) Bijeen 5, pp. 26-29.

LESSON PLAN N:

PAMPHLET

Important point

For this lesson plan, the pupils will need to know something about female circumcision.

Levels

Vocational secondary and general secondary schools (basic curriculum).

Length

Two lessons.

Objectives

The pupils:

- Are able to form an opinion on female circumcision;
- Can put a message across to express this opinion and a call for action.

Method

Divide the pupils into groups to make a pamphlet about female circumcision. The idea is that the pamphlet contains a clear message and a call for action. It must also be eye-catching, make people want to read it! The pupils themselves can decide which particular message about female circumcision they want to put across. It is also up to them to decide how to use photos/pictures, text, etc. They can present their pamphlets to the other pupils when they're finished, or hang them up in the classroom.

Giving the pupils photocopies of sheet Q: Further information?! may help them with this assignment.

Resources

Sheet Q (optional).

LESSON PLAN O:

LETTER TO THE PRIME MINISTER

Important point

For this lesson plan, the pupils will need to know something about female circumcision.

Level

General secondary schools basic curriculum.

Length

Approximately one lesson (or approximately 10 minutes + homework).

Objectives

The pupils:

- Can put themselves in the position of policy makers;
- Can express their point of view on female circumcision and give their reasons for that.

Method

- Read out the letter on sheet O;
- Photocopy sheet O and hand it out in the class;
- Ask your pupils to write a letter to the Prime Minister of the Netherlands. The idea of the letter is to put a proposal to the Prime Minister about what he should do about female circumcision. They have to give their reasons for this proposal. Ask them to hand in the letters and then discuss them with the class (you don't have to mention any names).

Resources

Sheet O: example of a letter and a blank space for writing to the Prime Minister of the Netherlands.

SHEET O:

LETTER TO THE PRIME MINISTER

Example:

Dear Prime Minister

I'm writing you this letter because my teacher has just told me about female circumcision. I had never heard about it before. I don't agree with people having their daughters circumcised and I think that the Dutch government should do something about it. My teacher told me that many people don't know that female circumcision is bad for a girl's health. My proposal is that you immediately give information about this to everyone who comes to the Netherlands to live and is from a country where girls are circumcised. You could, for example, make it part of the newcomers' integration course that everyone is obliged to take. I hope you think this is a good proposal and that you will follow up on it. Thanking you in advance,

Yours sincerely
Sanne Hendriksen

Now it's your turn!

Dear Prime Minister

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Yours sincerely

.....

LESSON PLAN P:

DEBATE

Important point

For this lesson plan, the pupils will need to know something about female circumcision.

Level

General secondary schools.

Length

Approximately one lesson.

Objectives

The pupils:

- Can express their opinion on female circumcision;
- Are able to discuss the subject in a respectful manner, putting their point of view clearly.

Method

- Put a statement to the pupils and see how their opinions differ;
- Choose pupils who are for and those who are against, and let them debate the statement to try to convince each other of their point of view by putting forward arguments;
- This can be repeated with the other statements;
- Make sure there's enough time left to discuss the statements with the whole class afterwards;
- You can also turn the debate into homework, so that pupils (either individually or in groups) can prepare their arguments;
- Explain that the idea is to get to know different opinions and points of view; make sure the pupils don't get too emotional and/or judgemental.

Resources

Sheet P.

SHEET P:

STATEMENTS

- You shouldn't pay too much attention to female circumcision, the problem will solve itself.
- For circumcising girls long prison sentences should be the punishment.
- Everyone who lives in the Netherlands should know that girls are being circumcised.
- It's good that European countries are making an effort to stop female circumcision.
- Female circumcision is a problem for African people in particular. Only they can solve the problem.

LESSON PLAN Q:

PROJECT

Level

General secondary schools.

Length

At least one lesson. This assignment can be given as homework.

Objectives

The pupils:

- Are able to work independently on a female circumcision project;
- Are able to gather information independently on female circumcision;
- Are able to use that information to write text that is easy to follow.

Method

- Ask your pupils to do a project on female circumcision. This can be done individually or in groups of two-three pupils. There are several possibilities. One pupil or a group can work on:
 - a particular section;
 - a number of sections or the whole project.
- The pupils themselves can decide what information about female circumcision they'll use in their project. Options for sections are:
 - How is female circumcision done?
 - Why are girls circumcised?
 - What are the consequences?
 - Female circumcision in the Netherlands
 - What can circumcision mean for a girl?
- Give the pupils a copy of Sheet Q: More information?! It lists books, articles, leaflets, websites and organisations that pupils can consult.

Resources

Sheet Q.

SHEET Q: MORE INFORMATION?

Books

- Waris Dirie: *Mijn woestijn* (= Dutch translation of *Desert flower*)
Amsterdam, Arena, 1998
ISBN 90-6974-310-8
- Waris Dirie: *Dochter van de nomaden* (= Dutch translation of *Desert dawn*)
Amsterdam: Arena, 2001
ISBN 90-6974-608-5
- Waris Dirie: *Onze verborgen tranen* (= Dutch translation of *Desert children*)
Amsterdam: Sirene, 2005
ISBN 90-5831-372-7
- V.L. Barnes & J. Boddy: *Aman, het verhaal van een Somalisch meisje* (= Dutch translation of *The story of a Somali girl*)
Amsterdam: Meulenhoff, 1994
ISBN 90-290-4696-1
- Y. Allas: *Idil, een meisje* (written in Dutch by a Somali writer living in the Netherlands, title means *Idil, a girl*)
Breda: De Geus, 1998
ISBN 90-5226-466-x
- F. Kassindja & L. Miller: *Wie hoort mijn tranen* (= Dutch translation of *Do they hear you when you cry?*)
Baarn: De Kern, 1999
ISBN 90-325-0578-5

Leaflets

- Pharos: *Focal Point for female circumcision*
This leaflet gives you lots of information about female circumcision. You can get the leaflet from Pharos (see 'addresses').
- Leaflet: 'What you should know... about girls' circumcision'
This leaflet is part of the female circumcision teaching toolkit. Ask your teacher for it.

Articles

- 'Somali women are gradually abandoning circumcision'
This article comes from the magazine 'Bijeen'. It is also included in the female circumcision teaching toolkit. Ask your teacher for it.

SHEET Q: MORE INFORMATION? (CONTINUED)

Addresses

- Pharos
Herenstraat 35
PO Box 13318
The Netherlands
W: www.pharos.nl

Pharos is the knowledge centre on refugees and healthcare in the Netherlands. The Focal Point for female circumcision is part of Pharos. Pharos staff members can answer questions on female circumcision. Tel: +31 (0)30 -234 98 00 (weekdays between 12 noon and 5 p.m.).

E: focalpointmeisjesbesnijdenis@pharos.nl

W: www.meisjesbesnijdenis.nl - (a small section in English)

Pharos also has a library and information centre where you will find plenty of information about female circumcision. It is open from 9 a.m. to 12 noon on Mondays, Tuesdays and Thursdays. You will need to make an appointment. Phone them or send an e-mail. Tel: +31 (0)30 234 98 07 (weekdays between 9 a.m. and 12 noon).

E: infodoc@pharos.nl

- Rutgers Nisso Groep
Oudenoord 176-178
PO Box 9022
3506 GA Utrecht
The Netherlands
W: www.rng.nl / www.rutgersnissogroep.nl

Rutgers Nisso Groep is the Dutch expert centre on sexuality. It has an information centre where you will find plenty of information on sexuality and female circumcision. If you want to visit the Information Centre you will need to make an appointment Monday to Thursday during office hours. Returning books is possible without an appointment. The Information Centre lends books and there are photocopying facilities to photocopy articles for which you will be charged.

Phone them or send an e-mail. Tel: +31 (0)30 231 34 31 (weekdays between 2 and 5 p.m.).

E: library@rng.nl

Websites

If you search on 'FGM' or 'female circumcision', you will find a lot of information on the internet.

Background information



Female circumcision



WHAT IS FEMALE CIRCUMCISION?

Female circumcision is an age-old tradition that is mostly practised in Africa and a number of countries in Asia. It is found in several regions and different countries among various ethnic groups. The way that girls are circumcised varies enormously, per region, country and ethnic group.

There is another term used for female circumcision: Female Genital Mutilation (FGM). This term clearly states that it is a harmful practice. The World Health Organization (WHO) defines Female Genital Mutilation as:

“Partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other nontherapeutic reasons.”

The abbreviation FGM is now known all over the world, but it is not often used in direct contact with people from countries where female circumcision occurs. Maintaining a dialogue with the communities concerned is very important. The term FGM may insult or even shock the target group, as those involved do not (yet) consider these practices to be mutilating or degrading. This is one of the reasons why many people prefer the term female circumcision or the circumcision of girls and why we have used /this term(s) in this toolkit.

Types

The World Health Organization recognises the following types of circumcision:

- Type I: Excision of the prepuce (foreskin), with or without excision of part of or the entire clitoris;
- Type II: Excision of the clitoris with partial or total excision of the labia minora (clitoridectomy);
- Type III: Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening. This type is also known as infibulation or pharaonic circumcision;
- Type IV: Scraping of tissue around the vaginal opening or cutting the vagina; pricking, piercing, or incising the clitoris and/or labia; stretching the clitoris and/or labia; cauterisation by burning the clitoris and surrounding tissue; introduction of corrosive substances or herbs into the vagina to cause bleeding; and any other procedure that falls under this definition.

Sometimes the labia have to be separated (de-infibulation), during childbirth for example. Women often want to be closed again after the birth. Sewing the outer labia together again is called re-infibulation.

There is a lot of overlap between the different types of circumcision and there are variations within each type.

The term sunna is regularly used when talking about female circumcision. This is usually in the context of religious argumentation for the practice rather than in the description of a specific type of circumcision, and it means ‘to follow the traditions of the Prophet Mohammed’. In papers on the subject, the term ‘sunna’ is used for a small hole or cut in the clitoris or for removing the clitoris’s foreskin. In practice, however, ‘sunna’ may also mean clitoridectomy and sometimes even a type of infibulation.

References:

- Aalst, C. van (2002). *Vrouwenbesnijdenis in Nederland: Gedragsbepalende factoren Somalische sleutelpersonen en voorlichtsters*. Amsterdam: Vrije Universiteit, faculteit gezondheidszorg en cultuur.

- *Kwaak, A. van der, Bartels, E., Vries, F. de, Meuwese, S. (2003). Strategieën ter voorkoming van besnijdenis bij meisjes: Inventarisatie en aanbevelingen. Amsterdam: Vrije Universiteit.*
- *Oprel, D. (1993). Vrouwenbesnijdenis in Nederland: Een aanzet tot gezondheidsvoorlichting. Leiden: Universiteit van Leiden.*
- *WHO (2000). Female Genital Mutilation (factsheet). Geneva: WHO.*

FEMALE AND MALE CIRCUMCISION

Female circumcision is sometimes compared to male circumcision. The similarities and differences between female and male circumcision are given below.

Similarities:

- Both existed before Judaism, Christianity and the Islam became world religions;
- Both can be considered to be initiation rites¹;
- Both may be based on religious motives;
- Sometimes hygienic and aesthetic reasons are given for both practices.

Differences:

-
- Female genital mutilation or cutting in its most extensive form Circumcision can be very bad for a girl's health. It often leads to discomfort and problems. Male circumcision rarely causes any problems;
- Male circumcision is a requirement mentioned in both the Islamic and Jewish holy books. Female circumcision is mentioned in the Hadith, part of the holy scriptures of the Islam, but the statements concerned can be interpreted in different ways. What's more, nothing can be found in the Koran (the holy book of the Islam) about female circumcision (see: 'Islam and circumcising girls');
- Male circumcision is practised by all Muslims and Jews. Female circumcision, however, is not practised by all Muslims;
- Male circumcision can have benefits with respect to hygiene, but this does not apply to female circumcision. Circumcising girls can, in fact, often be the cause of infections;
- It is assumed that male circumcision does not affect sexual pleasure as much as female circumcision does. Particularly the more extreme types of female circumcision, when the clitoris is removed, can have an adverse effect on the sexual pleasure of a circumcised woman;
- There are less rituals performed with female circumcision, and they are mostly shorter. The operation is often carried out in private, without an audience, unlike male circumcision.

Circumcision has been practised in American hospitals on male babies as a matter of routine until recently. However, in the past few years a growing number of professionals and men who have been circumcised themselves, are now speaking out against male circumcision. This is caused by new insights into the possible damaging physical and psychological effects. Yet, despite certain similarities between male and female circumcision, the two should not be considered identical. The main distinction is the fact that FGM may have severe restrictions on female sexuality.

References:

- *Reyners, M.M.J. (1993). Het besnijden van meisjes: Een leven lang leed en pijn. Amsterdam: Boom.*
- www.iranchamber.com/culture/articles/rituals_of_circumcision.php

¹ *A ritual that is performed to celebrate the transition to a new stage of life. See 'Reasons for female circumcision'.*

HOW IS FEMALE CIRCUMCISION DONE?

*They promised me a wonderful party, but nobody said anything about the terrible pain -
Bintah Jammah Sibide*

The age at which female circumcision is carried out varies per region. It is performed on babies who are just a few days old (in Eritrea), on children and adolescents and, occasionally, on adult women. In Somalia, most circumcisions take place between the ages of six and eight, and the rest before the age of 15. Girls are often circumcised during school holidays.

Mothers are generally responsible for having the circumcision done. Fathers do have a say in the matter, but it is the female members of the family who have the most influence in passing the tradition on. Also, the grandmother is very much involved in deciding whether to circumcise a girl or not.

In rural areas, girls are usually circumcised by a traditional midwife or 'circumciser'. Performing circumcisions and assisting at births provide a source of income for these women. In urban areas and among the more wealthy people in a community, the operation may be carried out by medically trained staff. The advantage of this is that they generally use anaesthetics, surgical material for suturing, and antibiotics.

In rural areas, infibulation may be carried out as follows. The girl's legs are held by female members of the family or friends, who also hold the girl's arms and head so that the midwife is free to do the operation. To do this she uses, for example, a razor blade, a kitchen knife, scissors, a fragment of glass or even her fingernails. The sides of the outer labia are sewn together, often with acacia thorns (these have a slight anaesthetic effect). Sheep's gut, horsehair or other suturing material may also be used. The opening that is left for urine, menstrual blood and other bodily fluids varies in size from a grain of rice to the diameter of a little finger. To stop the bleeding, the wound is covered with herbal mixtures, ash, earth, sap or leaves. When the procedure is over, the girl's legs are tied together and she is brought to an isolated spot that has been specially prepared for her. During the first few days, the girl is given a special diet to stop her bowels working too much. After 10 to 14 days, all the bandages are removed and she can try carefully walking around. If the opening is too big or has not healed well, the procedure is repeated.

Usually the woman's vagina is opened by her husband during intercourse, and if necessary using some aid. A traditional or trained midwife may also be asked to help open the woman. The opening has to be enlarged for childbirth, and afterwards it is often stitched together again.

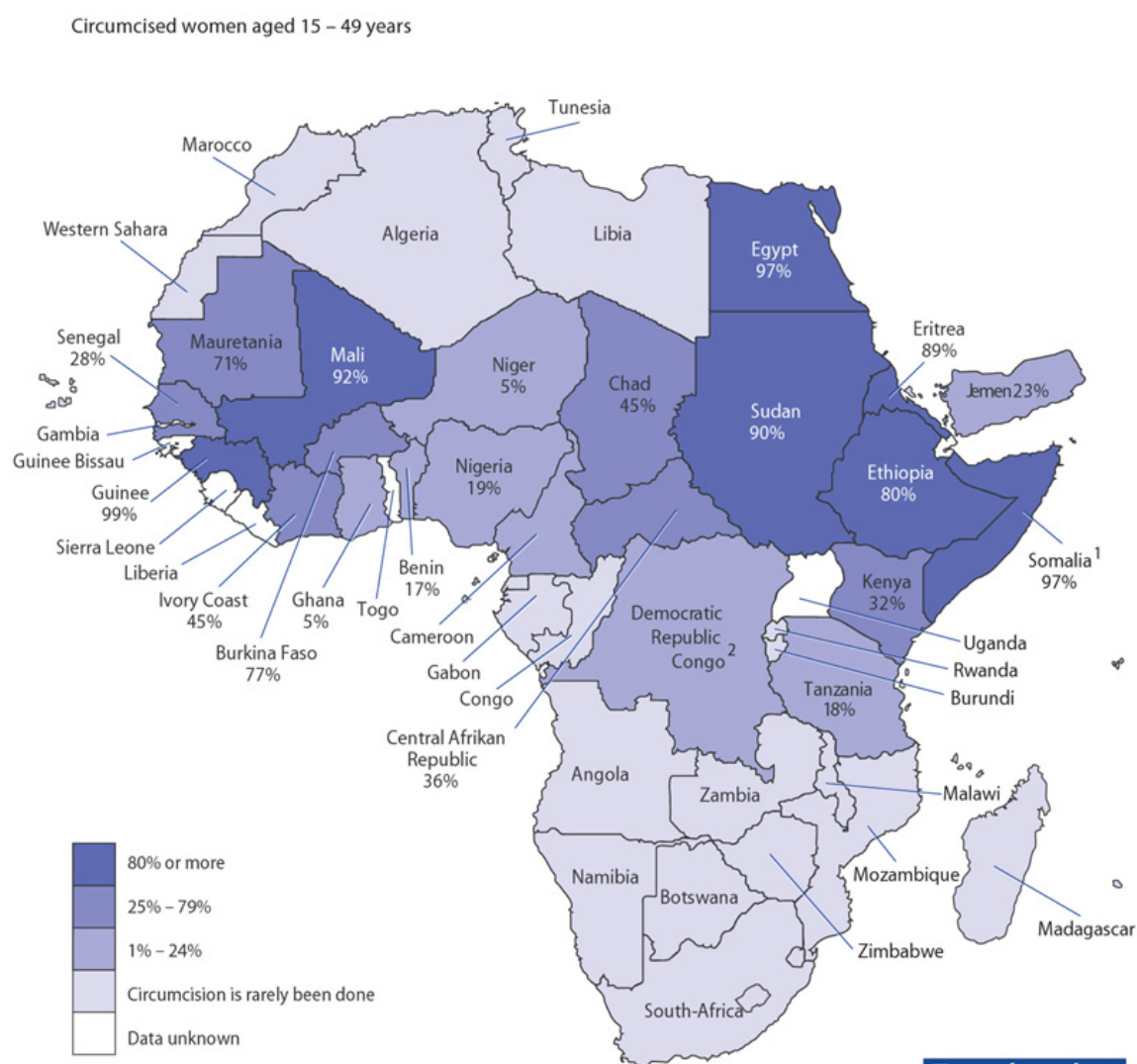
References:

- Aalst, C. van (2002). *Vrouwenbesnijdenis in Nederland: Gedragsbepalende factoren Somalische sleutelpersonen en voorlichtsters*. Amsterdam: Vrije Universiteit, faculteit gezondheidszorg en cultuur.
- Dirie, M.A. (1985). *Female circumcision in Somalia: medical and social implications*. Mogadishu: SOMAC/SAREC.
- Dualeh, R. (1982). *Sisters in affliction: Circumcision and Infibulation of Women in Africa*. London: Zed Press.
- Focal Point meisjesbesnijdenis (2004). *Brochure meisjesbesnijdenis*. Utrecht: Pharos.
- Hendriks, M. (1999). *Nederland en vrouwenbesnijdenis: stand van zaken 1999*. Utrecht: Pharos.
- Masclee, M. & Meuwese, S. (2000). *Genitale verminking bij meisjes en vrouwen*. AA, 49, 7/8, p. 535-541.

- *Naleie, Z.S. (1997). Bespaar uw dochter de pijn van besnijdenis. In opdracht van de Federatie van Somalische Associaties in Nederland (FSAN). Rotterdam: Argus.*
- *Oprel, D. (1993). Vrouwenbesnijdenis in Nederland: Een aanzet tot gezondheidsvoorlichting. Leiden: Universiteit van Leiden.*
- *WHO (2000). Female Genital Mutilation (factsheet). Geneva: WHO.*

WHERE IS IT PRACTICED?

Female circumcision is practised in some thirty African countries. These are Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo (formerly Zaire), Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo and Uganda. In the Arabian Gulf it is carried out in the following countries: Oman, United Arab Emirates and Yemen. In Asia, female genital mutilation occurs too, although it is less common. It is found in India, Indonesia, Malaysia and Pakistan. The practice is also seen among a few Muslim communities in Australia and in a number of Latin-American countries like Brazil, Mexico and Peru. Recent studies have shown that female circumcision is being performed in Iraq, in a number of Kurdish communities. The map below (Demos, 2000) shows the scale on which female circumcision is practised in African countries.



Source: Female Genital Mutilation/Cutting, a statistical exploration 2005, Unicef. Fig. 1 page 4.

¹ De Unicef statistics of 2005 contain no data about Somalia; other sources indicate that percentage of circumcision is very high, up to 96 till 98 percent.

² The Democratic Republic of Congo has no data available. Sources indicate a prevalence between 5 and 13 percent.



A Pharos initiative

Migration has led to the practice spreading increasingly in the West – Canada, the US, Europe and Australia. We are also coming across it in the Netherlands (see ‘Female circumcision in the Netherlands’).

References:

- *Birch, N. (2005). Study provides proof of female genital mutilation in the Middle East. Irish Times, 25 October 2005.*
- *Masclee, M. & Meuwese, S. (2000). Genitale verminking bij meisjes en vrouwen. AA, 49, 7/8, p. 535-541.*
- *Demos (2000). Vrouwenbesnijdenis; grote gezondheidsrisico's. Den Haag: Nederlands Interdisciplinair Demografisch Instituut (NIDI).*

THE ORIGINS OF FEMALE CIRCUMCISION

It is not completely clear where female circumcision originates from. It may have its origins in fertility rites which included sacrifices of parts of the body. The earliest evidence of female circumcision comes from the Nile Valley. Mummies from ancient Egypt have been found with indications of circumcision. The theory is that circumcision was used to distinguish between free women of the aristocracy and those who were slaves. The practice may also go back to Roman times, when a 'fibula', a clasp, was driven into the woman's outer labia to prevent infidelity. The term pharaonic circumcision suggests that the practice was performed in the Pharaohs' time. We do know something about the route the custom took as it spread along the Egyptian coast of the Red Sea and then via trading routes to West Africa (Gambia, Mali, Senegal). With the arrival of the Islam, the practice spread to countries like Indonesia. Although the Islam played a role in the spread of the practice, female circumcision cannot be called a typical Islamic custom. It is not practised in the north-west of Africa (Algeria, Libya, Morocco, Tunisia, Western Sahara,) nor in Saudi Arabia, the centre of the Islam with its cities Mecca and Medina. In cultures where it is practised, this occurs in several religious communities but also among animists and people with no religious beliefs. Female circumcision can therefore be seen as both a pre-Christian and a pre-Islamic practice that – together with ancestor worship and believing in spirits – has become a part of religion and tradition in many countries.

References:

- Abdul Rehman, S. (1993). *De sexuele beleving van de besneden vrouwen*. Utrecht: Rijksuniversiteit Utrecht.
- Dareer, A. El (1983). *Attitudes of Sudanese People to the Practice of Female Circumcision*. *International Journal of Epidemiology*, 12 (2), p. 138-144.
- Dualeh, R. (1982). *Sisters in affliction: Circumcision and Infibulation of Women in Africa*. London: Zed Press.
- Gruenbaum, E. (1982). *The movement against clitoridectomy and infibulation in Sudan: public health policy and the women's movement*. In: *Man* 13 (2), p 4-12.
- Kwaak, A. van der (1992). *Vrouwenbesnijdenis verbieden is te eenvoudige oplossing*. WVC, 16.
- Kwaak, A. van der, Bartels, E. , Vries, F. de, Meuwese, S. (2003). *Strategieën ter voorkoming van besnijdenis bij meisjes: Inventarisatie en aanbevelingen*. Amsterdam: Vrije Universiteit.
- Mak, V. (1993). *Female Genital Mutilation; a tradition of pain*. *Health Sharing*.
- WHO (2000). *Female Genital Mutilation (factsheet)*. Geneva: WHO.
- www.stopfgm.org
- www.iranchamber.com/culture/articles/rituals_of_circumcision.php

REASONS FOR FEMALE CIRCUMCISION

"All my life I've tried to think of a reason for my circumcision. If I could think of a reason, then perhaps I would be able to accept what they've done to me. But I've never been able to find one. And the more I've thought about it, the angrier I've got."

(Waris Dirie)

In the many countries where female circumcision has been practised for centuries, it is a deep-rooted tradition that people are proud of. The practice marks the transition from childhood to adulthood and a circumcised woman is given respect, economic and social status and a sense of identity. Circumcision is seen as an important ritual and it is taken for granted that all respectable girls will have it done.

Parents arrange a circumcision because they love their child and want to protect her and give her a secure future. Many girls and women see it as just part of daily life: it's what everyone does, getting circumcised. They are usually relieved and proud of themselves when it's been done. And the pain is part of a woman's life, just like the pain of childbirth. What's more, there's a lot of pressure from their family to maintain the custom.

"I begged my mother to have me circumcised. I was getting older already and felt embarrassed at school. After every holiday, girls who'd been circumcised came back and showed it to us proudly. They pulled up their skirts and compared their holes."

(A Somali woman)

Several studies have shown that there are a wide variety of reasons for practising this deep-rooted tradition.

Sociological reasons

- Identification with the cultural heritage (cultural identity);
- An initiation rite in which a girl becomes a woman. An initiation rite is a way to express characteristics or identities. Circumcision and the loss of virginity turn a child from a sexless being (a-not-yet-person) into a sexual being (a person) and give it a place within the social category of its community or group. A woman thus develops her identity;
- Circumcising a daughter is a sign of a good upbringing;
- Just as virginity is an important part of a woman's identity, a man's virility is essential to him. The wedding night, during which the man will have intercourse with his wife for the first time, could, in this respect, be seen as a test of competence.

Economic reasons

In many countries where female circumcision is an age-old tradition, virginity is highly respected. So a girl will only find a suitable husband if she is a virgin, and circumcision guarantees virginity in the eyes of the people in these countries. Circumcision can therefore be seen as an investment in a future dowry, increasing a girl's market value. A girl's virginity is usually checked before marriage. A woman who carries out circumcisions has a high social status and makes her living from it.

Hygienic and aesthetic reasons

"A woman should be nice and smooth."

In the countries where female circumcision is a centuries-old tradition, the female genitals are considered to be 'unclean' and 'ugly' and must therefore be removed to promote hygiene, prevent infection and enhance beauty.

Medical reasons

Female circumcision is considered to increase fertility and prevent prenatal mortality.

Religious reasons

See 'Islam and circumcising girls'.

Anthropological reasons

There is a concept that at birth all people are both male and female, whereby the clitoris represents the male part and the man's foreskin the female part. During a clitoridectomy, the hard male parts of the female genitals are removed, during male circumcision the soft female part. The assumption is that this makes the man 'eternally hard and male' and the woman 'gentle and female'. Circumcision is therefore an important aspect of the 'gender identity' of both a man and a woman. Another explanation compares infibulation to male circumcision: 'The female genitals are covered, veiled, while the male ones are unveiled.'

Reasons connected to female sexuality

Female sexuality is seen as 'an active and lustful instinct, which must be kept under control at all times.' A woman who is not 'closed', could have many partners. Circumcision protects a woman against temptation, immoral behaviour and loss of honour.

It makes sure that a woman keeps her virginity until marriage and remains faithful during her marriage.

Myths

There is a mythological belief that the clitoris is an aggressive organ that can grow and then hurt a man during intercourse and kill a baby during childbirth.

Tradition

It is often said about the practice: "It has always been this way and we want to keep the tradition." Or: 'I was circumcised just like my mother and grandmother, that's why I will have my daughter circumcised too.'

"It is such a strong tradition that it is almost as if it were a belief. A belief in Somali traditions."

(Somali man)

An uncircumcised girl is often faced with many social consequences. Her family and community will consider her unclean, suspect her of having sex before marriage or accuse her of uninhibited behaviour. She will also be subjected to social control within her family and the community in general. An uncircumcised 'open' girl disgraces her family, is often excluded from the community, and has less chance of getting married. It is quite likely that her only option will be to become a prostitute. The girl herself will often feel ugly and inadequate if she is not circumcised.

References:

- Aalst, C. van (2002). *Vrouwenbesnijdenis in Nederland: Gedragsbepalende factoren Somalische sleutelpersonen en voorlichtsters*. Amsterdam: Vrije Universiteit, faculteit gezondheidszorg en cultuur.
- Bartels, K. & Haaijer, I. (1992). *'s Lands wijs 's lands eer? Vrouwenbesnijdenis en Somalische vrouwen in Nederland*. Rijswijk: Centrum Gezondheidszorg Vluchtelingen.
- Bartels, K. & Haaijer, I. (1995). *Vrouwenbesnijdenis en Somalische vrouwen in Nederland*. Utrecht: Stichting Pharos.
- Dirie, W. & Miller, C. (1998). *Mijn woestijn; ervaringen van een nomadendochter, topmodel en speciaal ambassadeur van de Verenigde Naties*. Amsterdam: Uitgeverij Arena.
- Dualeh, R. (1982). *Sisters in affliction: Circumcision and Infibulation of Women in Africa*. London: Zed Press.

- Kwaak, A. van der (1990). *Female circumcision and Gender identity in Somalia*. Amsterdam: Vrije Universiteit.
- Kwaak, A. van der (1992). *Vrouwenbesnijdenis verbieden is te eenvoudige oplossing*. WVC, 16.
- Masclee, M. & Meuwese, S. (2000). *Genitale verminking bij meisjes en vrouwen*. AA, 49, 7/8, p. 535-541.
- Naleie, Z.S. (1997). *Bespaar uw dochter de pijn van besnijdenis*. In opdracht van de Federatie van Somalische Associaties in Nederland (FSAN). Rotterdam; Argus.
- Oprel, D. (1993). *Vrouwenbesnijdenis in Nederland: Een aanzet tot gezondheidsvoorlichting*. Leiden: Universiteit van Leiden.
- Reyners, M.M.J. (1990). *Alleen positieverbetering van vrouwen kan excessen van besnijdenis tegengaan*. Internationale samenwerking, 3, p. 42-45.
- WHO (2000). *Female Genital Mutilation (factsheet)*. Geneva: WHO.

ISLAM AND CIRCUMCISING GIRLS

Some Muslim communities practise female circumcision because they believe that it is prescribed by the Islam. It is said to be an Islamic precept of cleanliness. Islamic scholars trace female circumcision back to the time of the prophet Abraham. The first woman to have undergone this practice was Hagar, Abraham's second wife and the mother of Ishmael. It is not known whether Hagar agreed to it being done.

In July 1998, a number of important religious leaders drew up a declaration in which they state that neither the Koran (the sacred book of the Islam) nor the Bible (the scriptures of Christianity) allow female circumcision. According to the Islam, you may not wound a human being or cut off a part of his/her body, unless there are important reasons for doing so. Yet a number of religious leaders refer to the Hadith, which tell of the deeds and words of the Prophet and his pupils. These hadith are also called sunna. Originally, sunna meant 'tradition or custom'. But the word soon came to mean 'according to the tradition or custom of the Prophet'. Both the Koran and the Hadith (Sunna) are, in Islamic opinion, 'sacred texts' and for many religious Muslims they are a guideline for life and their beliefs. There are several hadith which are said to refer to female circumcision. One of the most frequently cited (also called the hadith of circumcision) is that of a debate between Mohammed and Umm Attia. It says the following:

"Mohammed met a woman called Umm Attia. This woman was known to be a circumciser of female slaves. Mohammed said to her: "Trim, but do not cut into it, for this is brighter for the face and more favourable with the husband."

Advocates of female circumcision deduce from this hadith that Mohammed did not forbid it, but gave instructions for how it should be performed. Opponents of female circumcision refer to the same hadith to prove that the custom was being practised during the Prophet's time. It was Mohammed who had asked for circumcision to be kept to the minimum.

Another hadith says:

"When two circumcised organs meet, bathing is obligatory."

Advocates of female circumcision deduce from this that Mohammed meant that both men and women should be circumcised. Opponents deduce from this hadith that both men and women were circumcised in Mohammed's time and not that Mohammed meant this to be a sunna.

The Islam does not give any convincing arguments for making female circumcision obligatory. In fact, the practice of female circumcision is in contradiction to the Islam. It goes against the sexual equality of men and women that the Prophet propagated and observed during his life.

Based on the Islam, there are many arguments against female circumcision:

- The Islam respects women;
- The Islam greatly honours girls; "Today she is a girl, tomorrow a woman and later a mother";
- The Islam tells parents to bring up their children lovingly and caringly, and to protect them from all kinds of danger;
- One of the basic Islamic principles says: do not hurt yourself or others;
- The female genitals were created by Allah, not by humankind. No one has the right to change God's creation;
- The general medical opinion is that girls are not bothered by their sexual organs, and the Islam has the same view;

- The Islam recognises female sexuality and gives women the right to have pleasure from marital sex;
- Although the Koran mentions many duties with respect to women, such as pregnancy, breast-feeding, divorce, menstruation, etc., it says nothing about female circumcision;
- Female circumcision is not an Islamic tradition, and that's why it is not practised by many countries who have Islamic law (Libya, Morocco, Syria, Turkey, etc.).

Female circumcision has its origins in a culture that influenced certain regions of Africa and the Middle East thousands of years before the revealed religions, rather than in the Islam and its sources. Some cultural traditions have been tolerated by the Islam for many centuries, but are not part of the religion itself.

References:

- Aldeeb Abu-Sahlieh, S.A. (1994). *To mutilate in the name of Jehova of Allah. Legimitation of male and female circumcision (occasional paper No. 21)*. Amsterdam: Middle East Research Associates.
- Aldeeb Abu-Sahlieh, S.A. (2001). *Male & female circumcision among Jews, Christians and Muslims. Religious, medical, social and legal debate*. Pennsylvania: Shangri-La Publications.
- Al-Sabbagh, M.L. (1996). *Health education through religion. The right path to health. Islamic ruling on male and female circumcision*. Alexandria: World Health Organization.
- Focal Point meisjesbesnijdenis (2004). *Brochure meisjesbesnijdenis*. Utrecht: Pharos.
- Persbericht Islamitische universiteit Rotterdam (2003).
- National Organization of Immigrant and Visible Minority Women of Canada (NOIVMWC) (1998). *Female Genital Mutilation: Workshop Manuel*.
- WHO (2000). *Female Genital Mutilation (factsheet)*. Geneva: WHO.
- www.xs4all.nl/~freekvl/cfm-islam.html

THE CONSEQUENCES OF FEMALE CIRCUMCISION

The consequences of circumcision for a girl's health depend on the type and extremity of the procedure. The list below refers in particular to the complications of infibulation. This doesn't mean that less extreme types of female circumcision could not lead to serious medical complications.

Medical complications

Short term

- Extreme pain: The procedure is often done without a local anaesthetic. Anxiety and intense pain may cause the girl to go into shock;
- (Excessive) bleeding: Bleeding may occur immediately after the circumcision. Bleeding is caused by the removal of the clitoris and/or damage to small blood vessels. The girl may lose so much blood that she dies;
- Urinary disorders: Passing urine may be very painful just after the procedure has been carried out. The girl will then retain her urine for a long time, maybe as long as 48 hours. This can lead to infections. Vaginal stones may also form from the urine that is left in the vagina;
- Risk of acute infection: An unhygienic environment, i.e. the use of blades that are not sterile and traditional methods for healing the wounds, may cause a serious infection. The recently circumcised girl sometimes develops blood poisoning or tetanus;
- If a girl is very restless and fights hard during the procedure, then any sharp objects used may also damage nearby organs such as the bladder and the anus, leading to blood loss, infection and sometimes lifelong incontinence;
- Re-infibulation: the person who performed the circumcision will check the girl's vaginal opening after a couple of weeks. If the infibulation was not successful, the vagina will be re-sewn. This usually occurs if there is an infection or problems when passing urine. A repeat procedure may unsettle or scare the girl. She may become emotionally scarred.

Long term

- Sometimes another (surgical) procedure is needed before sexual intercourse can take place; this may be very painful. Intercourse itself is also usually painful. Pain during sexual intercourse – whether emotional or physical – may have an effect on the relationship between the man and the woman;
- Childbirth is often difficult. The tissue of the vulva has become more rigid, making childbirth risky unless immediate help is given. During the birth, the organs may partially or entirely rupture. The birth may also have fatal consequences for mother or child (due to lack of oxygen or excessive bleeding, for example). The baby may suffer brain damage during birth. A timely episiotomy is often necessary to reduce these risks. It is therefore hardly surprising that caesareans are performed more often on circumcised women than on women who are not circumcised;
- Chronic infection: As urine and menstrual blood cannot flow properly, this may cause a chronic inflammation of the pelvis, vagina or urinary tract. If the infection spreads further, this can lead to infertility. Cysts and abscesses in the vagina may occur and become very large. This gives extreme pain and emotional stress, and makes sexual intercourse almost impossible;
- Menstrual disorders: An unmarried girl often has abdominal pain and menstrual disorders. This may be due to the fact that the vaginal opening is too narrow to release the menstrual blood. Sometimes menstrual blood accumulates in the uterus. This can cause an inflammation;
- Increased risk of HIV infection as a result of:
 - contact with blood during sexual intercourse;

- a smaller vaginal opening. 'Friction' during penetration may cause damage and perhaps bleeding;
- circumcised women have a higher risk of excessive bleeding and blood transfusion. As the blood banks in sub-Saharan Africa are not yet effectively monitored, circumcised women run a high risk of becoming infected with the HIV virus;
- the use of unsterile instruments for the circumcision;
- anal intercourse. As vaginal penetration is too difficult and painful, anal intercourse is sometimes preferred. This is known to increase the risk of transmission of the HIV virus.

Psychological complications

The psychological complications of female circumcision need to be considered within a cultural framework. The pain caused by the circumcision is at the same time part of becoming an adult and a woman. Besides having negative consequences, the circumcision also gives feelings of joy and pride with respect to family, friends and peers, because 'you got through the operation', 'you did your duty as a girl' and are now a fully-fledged member of the community. Many girls are relieved that it is all over and realise that there was no malicious intent behind their mother's actions.

We know that circumcised women and girls don't often see the connection between their physical complaints and the circumcision. Whether or not they talk about their problems usually depends on how customary it is to do so within their community. This doesn't mean that the pain isn't there, but for them it goes without saying that they must repress this pain.

Studies of the psychological complications of female circumcision have shown that circumcision affects the rest of a woman's life. We know very little about how some girls and women – if their culture considers circumcision an important ritual that every respectable girl must have done – cope with beliefs that may be flatly opposed to the practice.

A number of psychological complications may occur in the shorter or longer term:

- Anger targeted at the mother who has the circumcision done. There may also be anger targeting the culture in which female circumcision is practised;
- Symptoms of post-traumatic stress disorders caused by the perception of extreme pain, a sense of powerlessness and a lack of control, consent and knowledge. An experience like this sometimes leads to flashbacks, anxiety and depression;
- Anxiety disorders (caused by ignorance of the procedure and fear that it was not done properly and will have to be done again);
- Nightmares;
- Depression;
- Despite the culturally determined positive meaning, many girls/women consider themselves mutilated and incomplete as a result of the circumcision;
- Sexual disorders. Sexual contact is painful and the woman's sexual pleasure may be greatly decreased as a result of removal of the clitoris. At the same time, circumcision has not – or not completely – taken away sexual desire, as this is also a psychological process. Sexual pleasure depends on the quality of the marital relationship too. A loving relationship has a positive effect on the pleasure people get from sex.

"A Somali woman finds it more difficult to achieve an orgasm, but she will have one. The man will need to make more of an effort. He will need to have more patience."
(Somali doctor)

References:

- Aalst, C. van (2002). *Vrouwenbesnijdenis in Nederland: Gedragsbepalende factoren Somalische sleutelpersonen en voorlichtsters*. Amsterdam: Vrije Universiteit, faculteit gezondheidszorg en cultuur.
- Abdul Rehman, S. (1993). *De sexuele beleving van de besneden vrouwen*. Utrecht: Rijksuniversiteit Utrecht.
- Artsen(vereniging) Jeugdgezondheidszorg Nederland (2005). *Gespreksprotocol meisjesbesnijdenis*. Lisse: AJN.
- Bartels, K. & Haaijer, I. (1992). 's Lands wijs 's lands eer? *Vrouwenbesnijdenis en Somalische vrouwen in Nederland*. Rijswijk: Centrum Gezondheidszorg Vluchtelingen.
- Bartels, K. & Haaijer, I. (1995). *Vrouwenbesnijdenis en Somalische vrouwen in Nederland*. Utrecht: Stichting Pharos.
- Dorkenoo, E. (1994). *Cutting the rose. Female genital mutilation. The practice and its prevention*. London: Minority rights publication.
- Focal Point meisjesbesnijdenis (2004). *Brochure meisjesbesnijdenis*. Utrecht: Pharos.
- Kwaak, A. van der, Bartels, E., Vries, F. de, Meuwese, S. (2003). *Strategieën ter voorkoming van besnijdenis bij meisjes: Inventarisatie en aanbevelingen*. Amsterdam: Vrije Universiteit.
- Kun, K.E. (1997). *Female genital mutilation, the potential for increased risk of HIV infection*. *International Journal of Gynecology & Obstetrics*, 59, p. 153-15.
- Masclee, M. & Meuwese, S. (2000). *Genitale verminking bij meisjes en vrouwen*. *AA*, 49, 7/8, p. 535-541.
- Naleie, Z.S. (1997). *Bespaar uw dochter de pijn van besnijdenis*. In opdracht van de Federatie van Somalische Associaties in Nederland (FSAN). Rotterdam: Argus.
- Reyners, M.M.J. (1990). *Alleen positieverbetering van vrouwen kan excessen van besnijdenis tegen gaan*. *Internationale samenwerking*, 3, p. 42-45.
- WHO (2000). *Female Genital Mutilation (factsheet)*. Geneva: WHO.

FEMALE CIRCUMCISION IN THE NETHERLANDS

Female circumcision is no longer a local custom only. It is a practice that is seen in Europe, Australia, Canada and the US, particularly among immigrants from the countries mentioned on page 138. The number of girls and women throughout the world who have undergone circumcision is estimated to be 100-140 million. It is estimated that every year 3 million girls are at risk of being circumcised. There are now clear signs that female circumcision is occurring in the Netherlands too, and that these girls – while living here – are sometimes taken elsewhere to be circumcised, during a long holiday in their country of origin for example. The tables below show the number of women from countries where female circumcision is common who are now living in the Netherlands (table 1) and in which cities most of them live (table 2). In 2004, the Dutch government set up the Dutch Committee for the Prevention of Female Genital Mutilation and asked it to make a study of the prevalence of female circumcision in the Netherlands. The Committee reported that each year at least 50 girls living in the Netherlands are circumcised. In reality, there are probably many more undergoing circumcision.

Table 1

Number of women in the age from 0 to 20 years living in the Netherlands from countries where 75% or more undergo female circumcision (CBS, 2008).

<i>Country</i>	<i>Number</i>
Somalia	4061
Sudan	1143
Guinea	475
Egypt	4028
Eritrea	193
Ethiopia	1822
Mali	65
Guinée-Bissau	47
Sierra Leone	824
Djibouti	52
Total	12710

Table 2

Top 6 cities with residents from countries where female circumcision occurs (CBS, 2005)

- 1 Rotterdam
- 2 The Hague
- 3 Amsterdam
- 4 Tilburg
- 5 Eindhoven
- 6 Utrecht

Notes

- It is only the Somali women living in the Netherlands of whom we know that most of them come from communities where circumcision is a custom. We are not sure whether this applies to the Egyptian and Ethiopian women living in the Netherlands.
- The CBS website gives statistics for a number of African countries in different districts within each city. Somalia, Ethiopia and Egypt are the only high-risk countries where more than 75% of the female population are circumcised for which this is available;
- For two relatively large groups of women, i.e. those from Sudan and Sierra Leone, it is not exactly clear where they are living, although they are probably in the larger cities.

References:

- *Centraal Bureau voor de Statistiek (2004). Statistisch Jaarboek 2005. Voorburg/Heerlen: CBS.*
- *Commissie Bestrijding Vrouwelijke Genitale Verminking (2005). Bestrijding vrouwelijke genitale verminking: Beleidsadvies. Rijswijk: Quantes.*
- *Kwaak, A. van der, Bartels, E., Vries, F. de, Meuwese, S. (2003). Strategieën ter voorkoming van besnijdenis bij meisjes: Inventarisatie en aanbevelingen. Amsterdam: Vrije Universiteit.*
- *WHO (2000). Female Genital Mutilation (factsheet). Geneva: WHO.*

BACKGROUND CONCERNING MIGRANTS FROM HIGH-RISK COUNTRIES

From the various countries where female circumcision is an age-old tradition, women living in the Netherlands are mostly from Somalia, Eritrea, Egypt and Sudan. The table below compares the reasons for migrating to the Netherlands, levels of education, religions, marital patterns, types of circumcision, whether the practice in the country of origin is permitted by law, and whether there are campaigns to eradicate it.

	Somalis	Eritreans	Egyptians	Sudanese
Type of migration/education	Refugees, various levels of education	Refugees, various levels of education	Economic migrants, various levels of education	Refugees, relatively well educated
Religion	Muslim	Mostly orthodox Christians, small group of Muslims	Muslims (70%) and Copts (30%)	Muslims
Marital pattern	Mostly within own community	Mostly within own community	Mixed pattern; within their own community and with Dutch people	Within their own community
Type of circumcision	Infibulation	Clitoridectomy	Clitoridectomy, excision, infibulation	Infibulation, clitoridectomy
Age of circumcision	At age 7	As babies, usually aged 2 months	At age 7	At age 7
Female circumcision in country of origin	Permitted, no anti-FGM legislation	Illegal and campaigns to prevent infibulation	Anti-FGM legislation, but no campaigns to prevent it	Infibulation is illegal, but legislation is probably going to be reserved

Background information on Somalia

From the countries where female circumcision is a centuries-old tradition, the Somalis are the largest group of immigrants in the Netherlands. Somalia is a patriarchal society. It has always had a culture in which men have a dominant position, with a hold on all the power and resources. The position of women in Somalia has its roots in Islamic tradition on the one hand and early nomadic and rural life on the other. A woman's main purpose is to provide the community with offspring. And to make sure that these children truly belong to the man and his clan or sub clan, it's important that his wife is a virgin before marriage. Circumcision should guarantee the girl's virginity. Sexuality is therefore linked to continuity of the community rather than to pleasure. The Islamic concept of honour and shame strengthens this idea.

Marriage guarantees the community's survival and strengthens the bonds between families. It is also a transfer of wealth. The choice of marital partner is therefore important to the family. A woman's status is determined by her ancestry, the number of children that she gives birth to, and her ability to carry out traditional tasks.

Right from the start, boys and girls are brought up differently to prepare them for their future role in society. Boys have to learn the male culture and are expected to be strong, brave and proud, very knowledgeable, and able to communicate with the outside world.

Girls are discouraged from behaving like boys. Women are considered intellectually inferior to men and are expected to only show themselves when work needs to be done. A Somali woman should be gentle, self-effacing and self-sacrificing for her family and the whole clan. By being submissive and accepting male dominance, she is contributing to the honour

(karama) and dignity (sharaf) of herself and her family. The Somali saying "A girl should either be at home or in a grave" typifies the generally recognised status of a woman: wife, housewife and mother.

With the war has come a change of roles, and many women have become breadwinners. Somali women are involved in many sectors of society as a survival strategy for their families, but they still have no influence on political issues. Politics are dominated by the patriarchal warlords.

References:

- *Bartels, K. & Haaijer, I. (1995). Vrouwenbesnijdenis en Somalische vrouwen in Nederland. Utrecht: Stichting Pharos.*
- *Dorkenoo, E. (1994). Cutting the rose. Female genital mutilation. The practice and its prevention. London: Minority rights publication.*
- *Kwaak, A. van der (1992). Vrouwenbesnijdenis verbieden is te eenvoudige oplossing. WVC, 16.*
- *Kwaak, A. van der, Bartels, E., Vries, F. de, Meuwese, S. (2003). Strategieën ter voorkoming van besnijdenis bij meisjes: Inventarisatie en aanbevelingen. Amsterdam: Vrije Universiteit.*
- *Naleie, Z.S. (1997). Female circumcision as violent cultural practice. Utrecht: Pharos.*
- *Oprel, D. (1993). Vrouwenbesnijdenis in Nederland: Een aanzet tot gezondheidsvoorlichting. Leiden: Universiteit van Leiden.*

FEMALE CIRCUMCISION, MIGRATION AND IDENTITY

The social status of 'migrant' or 'ethnic minority in a society' influences the development of a migrant's identity and self-image. Inbuilt values, norms, beliefs may be put under strain. The degree of tolerance or animosity to which the person is treated within the predominant culture, i.e. their social environment, also has an effect. This can lead to a confused identity.

Female circumcision is a cultural phenomenon and is part of the identity of a group. This collective identity often doesn't apply in the new country of residence. A possible consequence of this is that female circumcision is considered to be an aspect of their culture that must not be lost. It somehow marks and confirms your own identity as a Somali or an Eritrean and prevents you from losing that identity. It is, however, also possible that female circumcision is no longer at the centre of your identity, as a result of education on its harmful consequences, the loss of social obligation, or the fact that it is forbidden in many countries.

Young people from high-risk countries may also come into contact with new ideas about female circumcision at school and through the media.

"I now have a Dutch boyfriend, but we haven't had sex yet. I can't, because I am still closed. How can I explain that to him? A Dutch boy has already had sex. He probably doesn't know that we are circumcised and why that is. I wonder what he'll think. I want the gudniin (circumcision) to be reversed."
(Somali girl)

Sometimes people become more extremist and try even harder to keep up their own traditions and customs. We know that, especially in a worsening social climate or when experiencing discrimination, migrants tend to cling to their identity. With regard to this, we must strongly underline the pioneering role of key figures in the community. If they declare that they're against female circumcision and if education is given 'from within', there is less risk of people wanting to keep up female circumcision as part of their identity. It is important to emphasise that not only the West is involved in the fight against female circumcision. Western organisations and governments are working in partnership with, in particular, African women and their organisations.

References:

- Bartels, K. & Haaijer, I. (1992). 's Lands wijs 's lands eer? Vrouwenbesnijdenis en Somalische vrouwen in Nederland. Rijswijk: Centrum Gezondheidszorg Vluchtelingen.
- Bartels, K. & Haaijer, I. (1995). Vrouwenbesnijdenis en Somalische vrouwen in Nederland. Utrecht: Stichting Pharos.
- Commissie Bestrijding Vrouwelijke Genitale Verminking (2005). Bestrijding vrouwelijke genitale verminking: Beleidsadvies. Rijswijk: Quantes.
- Erikson in: Thomaes, K. (1994). Turkse vrouwen aan het woord: een onderzoek naar ziekteverklaringen en hulpzoekgedrag met betrekking tot geestelijke gezondheidsproblemen bij Turkse vrouwen in Maastricht. Maastricht: Riagg.
- Keizer, C. (2003). Acculturatie en psychische effecten van vrouwenbesnijdenis; een onderzoek onder sleutelfiguren en vertegenwoordigers eigen taal en cultuur van de Somalische gemeenschap in Nederland. Amsterdam: Vrije universiteit Amsterdam, Dienst Communicatie Wetenschapswinkel.
- Kwaak, A. van der, Haaijer, I. & Bartels, K. (1991). Besnijdenis bij Somalische vrouwen: de stille doorbroken? Medische antropologie, 3 (2): 210-235.

- Kwaak, A. van der, Bartels, E., Vries, F. de, Meuwese, S. (2003). *Strategieën ter voorkoming van besnijdenis bij meisjes: Inventarisatie en aanbevelingen*. Amsterdam: Vrije Universiteit.
- Naleie, Z.S. (1997). *Bespaar uw dochter de pijn van besnijdenis*. In opdracht van de Federatie van Somalische Associaties in Nederland (FSAN). Rotterdam: Argus.
- Tarrida, A. (2003). *Houding, Identiteit en vrouwenbesnijdenis*. In: Kwaak, A. van der & Keizer, C. (2004). *Van verzwegen pijn naar stil verdriet: visies op vrouwenbesnijdenis en verandering*. Amsterdam: Vrije Universiteit Amsterdam; Dienst Communicatie. Wetenschapswinkel.

FEMALE CIRCUMCISION AND LEGISLATION

National

Female genital mutilation of girls is banned in the Netherlands. Dutch Law qualifies this under child abuse. In the Dutch Penal Code, female circumcision is an offence that comes under intentional physical abuse and unqualified medical practice. A maximum prison sentence of four years is given for premeditated aggravated physical abuse. If the circumcision is carried out by one of the parents, the punishment can be increased by one third. If the parents have commissioned someone to carry out the circumcision, paid for it, provided the means to carry it out and/or provided assistance during the operation, they have also committed an offence. They are considered by law to have instigated the crime, to have been an accomplice, or to have at least been jointly responsible for this crime. As of autumn 2008 girls can press charges till they are 33 for being genitally mutilated, depending on the level of mutilation, and perpetrators may be prosecuted.

Dutch Law has Extraterritorial Effect in this since 2006. That makes criminal prosecution possible even if the genital cutting has been carried out by the parents outside the Netherlands. Until recently, this rule only applied for countries where circumcision was illegal. But Dutch government recently decided to drop the 'dual criminality requirement' with regard to female circumcision and the extraterritorial effect now applies for all countries. Parents can also be prosecuted if it can be proved that they were involved in the criminal offence in the Netherlands.

In the Netherlands, a judge can take preventive action if a girl is at risk of circumcision by placing her under supervision. If it is felt to be absolutely necessary, a girl can be taken into care on a care order given by a court. Until now, there have been no legal or other interventions to protect the girls involved. It is, however rumoured that girls are circumcised in the Netherlands or taken abroad to be circumcised elsewhere.

It is often remarked that making female circumcision illegal in the Netherlands has only symbolic meaning: to deter and warn people, but not with the intention of actually sending parents to prison.

The Dutch government recognises certain circumstances in which proven risk of circumcision is a reason for granting a residence permit. The risk of circumcision comes under the risk of inhumane or humiliating treatment on return to the country of origin. A parent may therefore also qualify for a residence permit.

International

A 2004 study of 15 EU member states showed that there was specific anti-FGM legislation in the following countries: Austria, Belgium, Denmark, Spain, Sweden and the UK. In the other member states – Finland, France, Germany, Greece, the Republic of Ireland (plus Northern Ireland), Italy, Luxembourg, the Netherlands and Portugal – female circumcision came under general legislation. There had been no convictions of offenders in the countries with specific legislation. In France, however, there had been 25 criminal cases since 1978, and in Italy two cases, in which those who had performed circumcisions and/or one or more parents of the girls who had been circumcised were found guilty.

A number of countries in Africa have specific anti-FGM legislation – Central African Republic, Egypt, Ghana, Guinea, Senegal, Sudan, Tanzania and Togo. In other countries, the practice is not specifically a criminal offence, or it is an offence that comes under general legislation concerning child abuse or maltreatment.

References:

- Donner, J.P.H. (2004). *Dubbele strafbaarheid in het Nederlandse strafrecht. Brief van de Minister van Justitie aan de Voorzitter van de Tweede Kamer der Staten-Generaal.*
- Focal Point meisjesbesnijdenis (2004). *Brochure meisjesbesnijdenis. Utrecht: Pharos.*

- *Kwaak, A. van der, Bartels, E., Vries, F. de, Meuwese, S. (2003). Strategieën ter voorkoming van besnijdenis bij meisjes: Inventarisatie en aanbevelingen. Amsterdam: Vrije Universiteit.*
- *Leye, E. & Deblonde, J. (2004). Legislation in Europe regarding female genital mutilation and the implementation of the law in Belgium, France, Spain, Sweden and the UK. Ghent: International Centre for Reproductive Health (ICRH), Ghent University.*
- *Masclee, M. & Meuwese, S. (2000). Genitale verminking bij meisjes en vrouwen. AA, 49,7/8, 535-541.*
- *Naleie, Z.S. (1997). Bespaar uw dochter de pijn van besnijdenis. In opdracht van de Federatie van Somalische Associaties in Nederland (FSAN). Rotterdam: Argus.*

FEMALE CIRCUMCISION AND HUMAN RIGHTS

A global ban on female circumcision is a human rights issue that is high on the international agenda. Female circumcision violates human rights and, more specifically, the rights of women and the rights of the child. It is in violation of the right to life, the right to protection against cruel, inhuman or degrading treatment, the right to self-determination, the right to health and the right to protection against discrimination.

There are a number of important international treaties and declarations that should protect women against circumcision. These include the Universal Declaration of Human Rights, the treaty to eliminate all forms of discrimination against women, the declaration to eliminate violence against women, the international treaty on the rights of the child, the 'programme of action' formulated by the international conference on population and development in Cairo in 1994, the 'platform for action' formulated by the international women's conference in Beijing in 1995, and the African Charter on Human and People's Rights. The UN even appointed a special ambassador for the elimination of female genital mutilation – the Somali Waris Dirie.

Human rights are sometimes completely contrary to religious and cultural beliefs. Each and every one of us has the right to education on relationships and sexuality, but a teacher may, for example, be confronted in the classroom with religions that do not tolerate open discussion of sexuality. And for young people, human rights are often rather abstract and have nothing to do with their daily lives. It is important to emphasise that boys and girls may not be the same, but they are equal. It is also important to mention that these rights are recognised all over the world. For young people to gain a better understanding of their rights, you can summarise them as follows:

As a young person you have:

- Control over your own body;
- The right to enjoy sex;
- The right to express yourself sexually;
- The right to choose a sexual partner;
- The right to protect yourself against unplanned pregnancy, STIs, HIV and AIDS;
- The right to freedom from sexual violence;
- The right to protection against sexual abuse;
- The right to have access to all available information and services to exercise the rights mentioned above;
- The right to be involved at all levels.

References:

- Masclee, M. & Meuwese, S. (2000). *Genitale verminking bij meisjes en vrouwen*. AA, 49, 7/8, p. 535-541.
- Ginneken, B. van, Ohlrichs, Y. & Dam, A. van (2004). *Zwijgen is zonde; over seksuele vorming van multiculturele en religieuze jongeren*. Utrecht: Rutgers Nisso Groep.

Making female circumcision a subject for discussion



THE IMPORTANCE OF SEX AND RELATIONSHIP EDUCATION

We are all sexual beings who have a right to sex and relationship education. That is not only something we have achieved in the West. It was agreed at the World Population Conference in Cairo in 1994 that healthy sexual development is a universal right. The right to inform young people is part of that.

Children begin to exhibit sexual behaviour and have sexual feelings at a young age. Studies show that today's children are reaching puberty at a younger age than in previous decades. Girls' bodies start to change at the age of 10. Some girls in the Netherlands have their first period during the last year of primary school. Young people are also becoming sexually active at an increasingly younger age. Seven per cent of the 12-14 year olds in the Netherlands have already had sexual intercourse. In 2005, although young people were starting to have sex earlier, the vast majority of them said they thought they had had their first sexual experience at the right moment. Only a few of them believed they should have waited. Unfortunately, sex and relationship education is not on the curriculum of all primary schools in the Netherlands.

Sex and relationship education is about sexuality in its broadest sense. This means not only providing information, but also encouraging the pupils to form opinions, think about norms and values, and learn certain skills. Those who are educated this way learn to understand and accept their own sexuality. The lessons aim to, amongst other things, make young people more aware, empower them, and make it easier for them to make the proper choices with regard to sexuality and relationships.

Not all parents teach their children about sex, because they find it embarrassing or difficult, or because they have other reasons for not wanting to do so. The school can support them in this. We know from research that schools play an important part in sex and relationship education and (migrant) children's upbringing. This doesn't mean that the school takes over the parents' role. The two act in parallel and – where possible – together.

Because the perception of sexuality may be influenced by cultural and religious norms and values, it is important to bring that up during the sex education lessons. Some pupils will have to find a way of understanding each other's completely different opinions and ideas. Pupils from different cultural backgrounds may well have conflicting opinions. This could, for example, become apparent when you discuss female circumcision.

References:

- Doef, S. van der. *Seksuele voorlichting aan kinderen 4-12 jaar*. Woerden: NIGZ.
- Graaf, H. de, Meijer, S., Poelman, J. & Vanwesenbeeck, I. (2005). *Seks onder je 25e*. Utrecht/Amsterdam: Rutgers Nisso Groep/Soa Aids Nederland.
- Höppener, P. & Visser T. (2001). *Vluchtelingenjongeren en seksualiteit, de basistraining (intere handleiding)*. Utrecht: Pharos.

IMPORTANT POINTS WHEN GIVING SEX EDUCATION

Safe environment

- Make sure that the pupils have already got to know each other;
- Talk about how it will work out in discussion and make some ground rules. Let the pupils themselves do this; Examples:
 - you can play an active role, but it's not compulsory;
 - respect each other; pupils can have different opinions without getting personal, ridiculing, or name-calling.
- Make sure that the relationship between the teacher and pupils is based on trust. Pupils are more likely to open up if they trust their teacher. A teacher can earn pupils' trust by:
 - being a good listener and willing to hear what they have to say without being judgemental;
 - making sure everyone sticks to the rules;
 - finding out what each pupil does and doesn't know, and giving the pupils who are more knowledgeable a more active role;
 - giving pupils compliments if they express their opinions and talk candidly.
- Make a connection with the pupils' lives, their level of knowledge and experience, their needs and aims. The starting point for education is their experiences, stories and questions. They are the 'experts' and the most important source of information when you're talking about their lives and culture;
- By starting with subjects like friendship, relationships and health (from broad to specific), themes like sexuality and female circumcision are easier to discuss, less intimidating;
- Avoid a 'them-us' situation. In a class with many pupils from ethnic minorities, avoid creating a situation in which the teacher thinks he/she should be representing Dutch norms and values;
- Try to stop pupils stigmatising others in the way they talk. Remarks like 'boys always want to...', 'girls do...', 'Moroccans are...', 'Somalis...', etc. hinder a frank discussion;
- Use language that the pupils will understand, and pay attention to the codes that may apply to how they communicate with each other.

Whole-class discussion or gender groups

The way that subjects such as sexuality and female circumcision can be tackled depends on the make-up of the group. Many studies have shown that girls prefer to talk about intimate subjects like sexuality in gender groups, but that boys have no particular preference. Generally, gender groups provide an opportunity to go into more detail on gender-specific, intimate subjects. It may make it easier for pupils to express themselves freely. A possible method is to discuss general subjects like health, love and relationships with the whole class, and to split the class into gender groups for subjects like periods and female circumcision. The girls in the focus group that was held during preparations for this teaching toolkit said that sex education and factual information about female circumcision could be given to the whole class. But they did think that discussions or asking people to give their opinions would be better in gender groups. In a class with pupils from high-risk countries, you could ask them how they would prefer to discuss the subject and in what kind of groups. In a class with pupils from many different cultures, you could divide the pupils into groups of cultures with similar beliefs. This will ensure that the pupils listen to each other's principles – whether or not they are right – with more respect.

Boys and girls are keen to learn about each other's cultures and beliefs. Sex education also means that they learn to talk and negotiate with each other. That's why it's very important

for them to exchange ideas. There is no point in keeping information from certain groups as children always want to know everything anyway. For example, keeping girls from high-risk groups separate from the other pupils could even stigmatise them.

Support and assistance for pupils

For most pupils, sexuality is an important, exciting and interesting subject. But there may also be pupils who have had negative experiences with sexuality. For them, sex education may trigger bad memories and unanswered questions. Questions that the pupil may ask the teacher, although perhaps not immediately. That's why it is important that a teacher is trained to recognise warning signs in pupils who need personal attention but don't really ask for it. Teachers must also be aware of the referral options for these pupils (see: 'Warning signs from girls with regard to female circumcision' and 'Where to go with questions').

Teacher's expertise and skills

- It is important that the teacher enjoys giving sex and relationship education. By talking frankly about sexuality, a teacher encourage pupils to do so too;
- Teachers who gives sex education must have the necessary training and also keep their knowledge up to date;
- Teachers should be aware of their limitations and how far they are prepared to go. For example, admitting to having limited knowledge of certain cultural backgrounds;
- It is important that a teacher realises that pupils will sometimes ask very explicit questions. 'Did you yourself always use condoms?' 'How old were you the first time?' It is advisable to be prepared for questions like these and have your answers ready;
- Sex education is suitable for an interactive approach. This means that the teacher must be able to lead heated discussions. Homosexuality, macho behaviour and female circumcision are examples of themes that can provoke lively discussion.

Parents' role

Parents want to be sure that their child will develop in a healthy manner. That means that parents have the right to be informed about what happens at school, particularly when it is something that is very much to do with their private life. At the same time, all children and young people have the right to adequate sex education, even if their parents may have cultural or religious objections to it. Informing and involving parents in the sex education lessons has an important added value. Giving parents the opportunity to know what is to be included in the lessons may help to create an environment at home in which the subject can be discussed. Children often have more respect for their parents/family than for their teacher, so it is important that the parents believe they can trust the teacher. This will help the young people to combine the various norms and values they are given at home and at school.

References:

- *Danish National Board of Health (1999). Prevention of female circumcision. Chapter 7: Teachers, p.4-49.*
- *Mouthaan, I. & Neef, M. de. (2003). Als je van niets weet, krijg je problemen: Haalbaarheidsstudie seksuele voorlichting en vorming in internationale schakelklassen. Utrecht: Rutgers Nisso Groep/Stichting Pharos.*
- *Nieuwenhuijzen, I. van, Tuk, B. (2002). Bijvoorbeeld de Liefde: forumtheater bij voorlichting en educatie aan vluchtelingenjongeren. Utrecht: Pharos.*
- *Timmermans, C. & Loeffen, T. (2004). Wijzer in de liefde; Draaiboek voor het geven van seksuele voorlichting aan en seksuele vorming van jeugdige asielzoekers en nieuwkomers. GGD Nederland. Download from: <http://www.ggd Kennisnet.nl/kennisnet/paginaSjablonen/raadplegen.asp?display=2&atoom=28043&atoomsrt=2&actie=22>*

- *Tuk B. (2004). Lessen in liefde voor jonge nieuwkomers. G, vakblad over gezondheid en maatschappij, Jaargang 2, nummer 4, augustus/september. Utrecht: GGD Nederland.*

IMPORTANT POINTS WHEN GIVING SEX EDUCATION TO MULTICULTURAL CLASSES

Dutch society expects young people to be assertive when it comes to sexuality and relationships. Many young people in the Netherlands can talk frankly about sexuality and they are encouraged to decide for themselves where to draw the line. Most young newcomers are not immediately able to do so. Young newcomers:

- Are often insufficiently prepared for a society in which not their relatives/family but young people themselves make decisions and decide what they will do;
- Usually know very little about how their or the opposite sex's body works, or about contraception. In many countries of origin, very little attention is paid to this, neither at school nor at home. Children arriving at an older age in the Netherlands may also have started mainstream education later, thus missing the regular sex education lessons;
- Have not usually been able to compare their knowledge and beliefs with those of others, so that their ideas are often very different to those of Dutch pupils.

This may lead to:

- Hesitation and modesty; pupils dare not/cannot actively participate;
- Strong opinions that are contrary to general beliefs in Dutch society and to those of the teacher;
- A negative attitude towards homo sexuality is rather common in migrant societies.
- Macho behaviour, misbehaviour, mischief, and obscene or bad language;
- Conflicting opinions among the pupils;
- Identity problems and conflicts of loyalty. Young people have to choose between conflicting beliefs and opinions. The norms and values from home are often very different from the principles heard during sex education at school.

In practice this means that – as long as the teacher is aware of the points given above and is well-prepared – cultural and religious barriers do not have to be an obstacle. Being aware of the following beliefs concerning sexuality that are held by pupils from different cultural backgrounds may also help:

The Netherlands (and most other European countries):

- Men and women are more or less equal partners in a relationship;
- Self-fulfilment is encouraged;
- Individualistic society;
- Relatively little influence from (generally Christian) religion;
- More emphasis on rights than on duties;
- Sex before marriage and teenage sex are allowed;
- Relationships should be and remain enjoyable;
- Homosexuality is accepted.

Africa:

- Men are dominant;
- Sex is necessary for a man's health;
- Children are a confirmation of the man's virility; condoms are not used;
- Pregnancy is a sign of health;
- Children are necessary for when you get old, for working on the land and for looking after younger brothers and sisters;
- Great emphasis on virginity before marriage to protect the family's honour;
- In some groups there are double morals. That means that a girl is expected to remain a virgin before marriage, while the rule does not apply to boys;
- Not much information about menstruation and contraceptives;
- Women talk to each other about pregnancy and contraception, but little sex education is given at school or by parents;
- Taboo on discussing sexuality.

Asylum seekers/refugees

- Asylum seekers and refugees often see themselves as forced migrants. In the Netherlands, they have to go through a long and uncertain asylum procedure, the reception centres are not always safe. Asylum seekers do not at all feel welcome
- There is often a language barrier and a lack of social context. This means there are no clear guidelines. How things work in their host country (taking responsibility for yourself, determining your own limitations, etc) is often very different to the way they were brought up;
- They have often experienced sexual violence before and during their flight, not only women but men too. Women from countries where circumcision is practised may have been subjected to that too.
- Differences in beliefs and backgrounds can affect communication.

In 'Important points when discussing female circumcision', you can read about how you can take account of these differences.

-

References:

- *Danish National Board of Health (1999). Prevention of female circumcision. Chapter 7: Teachers, p.4-49.*
- *Loeber, O. (2003). Vier vrouwen: Anticonceptiehulpverlening bij specifieke groepen allochtone vrouwen. Utrecht: Rutgers Nisso Groep.*
- *Mouthaan, I. & Neef, M. de. de. (2003). Als je van niets weet, krijg je problemen: Haalbaarheidsstudie seksuele voorlichting en vorming in internationale schakelklassen. Utrecht: Rutgers Nisso Groep/Stichting Pharos.*
- *Seks onder je 25^e.*

IMPORTANT POINTS WHEN DISCUSSING FEMALE CIRCUMCISION

In the classroom

*“Do not judge your fellow human being until you have reached that person’s place.”
(Talmud, Ethics of the Fathers, Hillel, 2:4-5)*

Female circumcision is a delicate subject and can stir up emotions among your pupils. But the fact that it is such an emotive issue also makes it so important and interesting for them. Young people who know nothing about the phenomenon will probably be very shocked, although it will arouse their interest too. Girls who have been circumcised, or young people who see circumcision as something perfectly natural, will become aware of the damage it causes. It is important to look at female circumcision from both sides of the argument, and discussing the subject needs to be done carefully. Apart from ‘important points when giving sex education’ and ‘important points when giving sex education to multicultural classes’, the following points need to be taken into account.

Preparation

It is important to find out more about your pupils’ background. Don’t think that ‘different’ is synonymous with ‘unapproachable’. Learn about their culture, religion, customs and reasons for circumcision, but never lose sight of the individual concerned. A teacher needs to have some affinity with the subject to be able to understand why the tradition is practised. This calls for a broad outlook on the world and the right attitude, to ensure that certain countries or pupils are not stigmatised/stereotyped.

Respect

Your manner must show respect, openness and expertise. A respectful approach is, for example: ‘I’ve heard that...’ or: ‘I know that this tradition is important in certain countries...’ Try to find a good reason to bring up the subject. For example, refer to an article, film or television programme about female circumcision that you have read/seen. It’s important that you respond to what the pupils themselves want to know.

Don’t be judgemental

It is advisable not to talk about female circumcision in the lesson as ‘a problem’, but simply to provide information. You can make the subject less taboo by talking about it normally and not being judgemental. It is also important to highlight both sides of the argument. On the one hand, by explaining how damaging the custom is, and on the other, by emphasising that it is done out of love for the child and for her future. So show some understanding for the tradition, while drawing attention to its adverse effect. It is not advisable to give your personal opinion of female circumcision. What you can say is that for you the custom is strange and negative because you didn’t grow up with it. Showing your own feelings too explicitly may come across as criticism of the pupils’ particular culture. Always remember that parents want the best for their daughter and ultimately it is their choice as to whether or not the circumcision should be done. Behavioural change is a slow process, especially in this case as the tradition is so deeply rooted. The quote below explains this:

“Don’t judge it, for us it is a celebration” - Idil Trust

Pay particular attention to the emotional aspect of the subject and try to understand these emotions. Give pupils time to build up their trust in you. When questions are asked, do it in this order: first the facts, then their opinions, and finally their feelings. Always make sure that your remarks and advice have been properly understood, by regularly asking pupils to make summaries of what has been said and checking whether it’s all correct.

Looking at the world from someone else’s point of view

Make sure that the lesson has a connection with the pupils' own life. Girls from high-risk countries don't always like it when you talk about 'their customs'. Girls who have been circumcised won't always make a connection between their health problems (which may be serious) and the fact that they have been circumcised. Ask them what they think is the best way to discuss the subject. Teachers can use these responses to adjust the themes and approaches. You can also offer pupils any help they may need. Discuss with the pupils from high-risk countries what the effect is of this new information on female circumcision. Can they or do they want to talk about it at home? What do they expect their families reaction to be? Don't think that you always have to be very careful what you say to girls from high-risk countries when discussing the subject. In many cultures they are at times very frank with each other, sometimes even making jokes about it, such as: "It isn't you talking, it's your clitoris", "You're walking strangely, haven't you been circumcised?" and "You're walking strangely, did I leave something behind?"

Not all girls are circumcised!

It can be insulting if you automatically associate people from high-risk countries with female circumcision.

- Not all girls from countries where female circumcision is customary are actually circumcised;
- Many youngsters and their parents are themselves against the practice;
- The African cultures in which female circumcision is practised have many positive sides too (clothing, music, hospitality, care of old people, etc).

Growing opposition

Make a point of saying that there is growing opposition within the African community. Not only are African women in the Netherlands very active in the fight against female circumcision, but also in Africa itself there are many political organisations and women's organisations who are campaigning to put an end to the practice.

Conflicting loyalties

The pupils themselves may have conflicting opinions on female circumcision. And for circumcised girls, it may be the first time that they have had to think about something which they have always accepted as simply a fact of life. They may become confused by it all. They want to be loyal to their parents, family and culture, yet at the same time they have bad memories of their circumcision and even symptoms caused by it. Take this into account and talk to your pupils about it.

References:

- Danhof, E. (2000). *Vrouwenbesnijdenis in Nederland: Voorlichting kan onzekerheid bij verpleegkundigen wegnemen. Verpleegkunde nieuws, 18, p. 28-31.*
- Danish National Board of Health (1999). *Prevention of female circumcision. Chapter 7: Teachers, p.4-49.*
- Loeber, O. (2003). *Vier vrouwen: Anticonceptiehulpverlening bij specifieke groepen allochtone vrouwen. Utrecht: Rutgers Nisso Groep.*
- Mouthaan, I., Neef, M. de & Rademakers, J. (1998). *Abortus in multicultureel Nederland. Nisso studies, nieuwe reeks, nr.21. Delft; Eburon.*
- Mouthaan, I. & Neef, M. de. (2003). *Als je van niets weet, krijg je problemen: Haalbaarheidsstudie seksuele voorlichting en vorming in internationale schakelklassen. Utrecht: Rutgers Nisso Groep/Stichting Pharos.*
- Nienhuis, G. & Naleie, Z.S. (2001). *Handboek: Vrouwenbesnijdenis in Nederland. Preventie, sleutels voor gezondheid. Utrecht: Stichting Pharos.*
- Rubens in: Hammer, M.R. (1989). *Intercultural communication competence. In: Asante, M.K. & Gudyhurst, W.B. (eds.). Handbook of international and intercultural communication. London: Sage publications, pp 247-260.*
- Shadid, W.A. (1998). *Grondslagen van interculturele communicatie. Studieveld en werkterrein. Houten: Bohn, Stafleu Van Loghum.*

Referral Options



WARNING SIGNS FROM GIRLS WITH REGARD TO FEMALE CIRCUMCISION

It is important to watch out for warning signs from girls who come from countries where female circumcision is an age-old tradition. You can use this to start discussing the subject.

Warning signs that **may** indicate that there is a risk of a girl being circumcised are:

- Rumours about a planned circumcision (of the girl);
- Plans for a holiday abroad;
- A forthcoming change of address;
- The girl gradually starts to talk about it.

The following warning signs may indicate that a girl has (recently) been circumcised:

- The girl was ill while on holiday;
- She has been staying away from school;
- She hasn't been looking well for quite some time;
- She reacts differently to things;
- She spends a lot of time on the toilet;
- She's complaining of abdominal pain;
- She has trouble concentrating;
- She is quiet and withdrawn;
- She is silent or distant when you try to talk to her;
- She doesn't participate in health checks;
- The girl refuses to take part in certain exercises or games involving athletics, jumping and cycling.

Stories and rumours are not always accurate warning signs. So it's up to the teacher to find out how the rumours started and where the stories came from. It is easy to fall into the trap of seeing every holiday as a 'high-risk holiday' or every holiday illness as 'being ill from the circumcision'. It is also important to realise that many parents who come from countries where female circumcision is an age-old tradition are actually against the practice.

Parents who want to have their daughter circumcised in the near future will probably not tell her about it beforehand. It is possible that the girl herself suspects something. She may take a teacher into her confidence if she is worried about something. This could be to do with problems surrounding circumcision, but that may not be the case. By taking her worries seriously, the teacher will gradually get to know her better and earn her trust. It is not easy for a girl to talk about circumcision. She may be quite uncommunicative because she's worried about difficult questions or disapproving remarks.

If the circumcision has already taken place, then the girl is carrying a secret around with her. The risk of the circumcision being reported makes it even more difficult for her to start talking about it. A teacher can never promise complete confidentiality, but must make it absolutely clear to the girl that whatever she says will be treated very carefully and that the teacher will only talk to others about it if he/she is worried about the girl's well-being. And this will never occur without her giving her consent first.

Circumcision is an emotionally-charged issue, but it is important that a teacher does not put too much emphasis on this. An open and lively approach to discussing the subject is more likely to break the silence surrounding it.

References:

- *Danish National Board of Health (1999). Prevention of female circumcision. Chapter 7: Teachers, p.4-49.*
- *Artsen(vereniging) Jeugdgezondheidszorg Nederland (2005). Gespreksprotocol meisjesbesnijdenis. Lisse: AJN.*

WHERE TO GO WITH QUESTIONS

Confidant

Pupils with questions or problems to do with female circumcision must be able to talk to someone they **trust**. At school this will usually be a particular teacher, a (female) confidant, a pupil counsellor, or their form teacher. What action the person who the pupil talks to will take depends on the question or problem concerned.

- A girl who has been circumcised or runs the risk of being circumcised is best referred to the youth healthcare workers at the GGD.
- For questions about female circumcision that the confidant cannot answer, he or she can refer the pupil to the Pharos focal point or the children's helpline. Pupils can also be given sheet Q from this toolkit: 'More information?!'. There they will find other addresses and websites where they can get answers to their questions;
- The confidant can give the pupil the leaflet 'What you should know about girls' circumcision' from this teaching toolkit. It is important to go through it together with the pupil. The leaflet also tells girls who they can go to with their questions;
- The confidant can also refer the girl – if she would like that – to a self-help organisation for people from her country of origin.

All the referral options given above are described in more detail below.

GGD youth healthcare workers

Youth healthcare doctors or nurses visit all schools (for more details of this, see your school's GGD youth healthcare information booklet). Youth healthcare workers have an important role to play in the prevention of female circumcision. They visit primary schools to check the children at ages 5 and 10/11 and see pupils once more at secondary schools (usually at age 13). The GGD youth healthcare unit has developed guidelines for discussing female circumcision. This is a manual for doctors and nurses working in youth healthcare, and its main aim is to prevent circumcision taking place. The idea is to structure all the conversations and discussions with parents and family of girls from countries where circumcision is practised. During these talks, the emphasis is on finding out how high the risk is of the girl being circumcised.

The youth healthcare workers make it clear to the parents:

- That they think it is important that girls are not circumcised;
- That they always make a point of asking questions about the practice and discussing it with parents;

These discussions are carried out using the leaflet 'Circumcising girls, my parents say no'. The healthcare workers can also refer girls or parents or get in touch themselves with the Dutch Child Abuse Advice Centre, if they suspect that a circumcision has already or is about to take place.

The youth healthcare worker will talk to the teacher of a girl who runs the risk of being circumcised. This is to point out the warning signs of a planned circumcision. You will also be told about what you as a teacher can do, and how you will be working together with others involved.

One of the ways that teachers are informed is with the leaflet 'Warning sign indicator for female circumcision'. This leaflet gives the warning signs that the teacher should watch out for (see 'Warning signs from girls with regard to female circumcision' in this toolkit) as well as the names of people they can contact if they see something that may point to a circumcision. If the girl is over the age of 12, then they are only allowed to do so if the girl gives her consent.

A girl who runs the risk of being circumcised or has been already been circumcised will receive extra care and attention from a youth healthcare worker. If a teacher thinks that a pupil is in need of extra attention, he or she can always request a so-called 'special enquiry'. This must be done in consultation with the parents. Teachers can always consult a youth healthcare worker (confidentially if required). For further information, go to www.GGD.nl or look in the local council guide for the national phone number.

• **Pharos**

Herenstraat 35
Postbus 13318
3507 LH Utrecht
The Netherlands
W: www.pharos.nl

Pharos is the national knowledge and advisory centre in the Netherlands on refugees, newcomers and healthcare. The organisation plays a key role in the fight against female circumcision in the Netherlands. The Pharos Focal Point for female circumcision can answer questions on the subject:

T: +31 (0)30 - 234 98 00 (weekdays between 12 noon and 5 p.m.)
E: focalpointmeisjesbesnijdenis@pharos.nl
W: www.meisjesbesnijdenis.nl

Pharos also has a library and information centre with plenty of information about female circumcision. It is open from 9 a.m. to 12.30 p.m. on Mondays, Tuesdays and Thursdays. Visitors do need to make an appointment first:

T: +31 (0)30 - 234 98 07 (weekdays between 9 a.m. and 12.30 p.m.)
E: infodoc@pharos.nl

• **The children's helpline**

The children's helpline is a low-threshold service for young people in the Netherlands. Children can phone, mail or chat – completely confidentially. During the conversation, the emphasis is on listening, clarifying the problem and, if necessary, giving information about where to get more help.

T: 0800 - 0432 (free and confidential)
Daily (including weekends): 2-8 p.m.
E: kindfoon@dds.nl
W: www.kindertelefoon.nl

• **Self-help organisations for ethnic minorities**

Below are a number of self-help organisations for people from ethnic minorities who come from countries where female circumcision is an age-old tradition.

• **VON**

Vluchtelingen Organisaties Nederland
(umbrella organisation for refugees)
Merelstraat 2bis
3514 CN Utrecht
The Netherlands
T: +31 (0)30 - 271 45 05

• **FSAN**

FSAN stands for Federatie Somalische Associaties Nederland. The FSAN federation and its member and candidate member organisations in the Netherlands strive for full participation of the Somali community in Dutch society. Go to www.fsan.nl or mail info@fsan.nl

- **African Sky**

The African Sky Foundation is a national organisation for the Somali community in the Netherlands. Its main aim is to build bridges between Somalis and the relevant social services in the Netherlands.

Address:

Merelstraat 2bis

3514 CN Utrecht

The Netherlands

www.africansky.nl

africansky1@hotmail.com

T: +31 (0)30 - 275 89 77 / (0)30 - 271 45 05

Telephone helpdesk: Tuesdays and Fridays between 10 a.m. and 5 p.m.: +31 (0)30 - 275 89 77

- **Ethiopian women's organisation**

Contact: Alem Desta

T: +31 (0)30 - 271 45 05 / (0)20 - 690 87 87

- **Hiwan: Eritrean women's organisation**

Contact: Haimanot Salvador

T: +31 (0)10 - 201 96 67

- **NSON: Sudanese self-help organisation**

Contact: Mohamed Gamaldin

T: +31 (0)6 273 87 470/ (0)6 146 59 579

- **SBSS: Organisation for Somali residents of the Schilderswijk neighbourhood in The Hague**

Contact: Abdullahi Aden

T: +31 (0)70 - 388 85 64

T: +31 (0)6 - 300 98 101 (female circumcision working group)

TIPS FROM YOUNG PEOPLE

During preparations for this teaching toolkit, we discussed FGM with focus groups of young people who come from countries where female circumcision is practised. Below their reactions and tips, as a supplement to the tips recommendations mentioned earlier in this toolkit.

Girls

- Say what is going to happen, because *'it's not nice, you're not given an anaesthetic and it's very painful'*;
- Don't be afraid to talk about girls being circumcised, because young people do want to know about it. *'It's awful, but interesting too; now I understand it better'*;
- Use a true story, like Waris Dirie's. It's *'nice and interesting, but a bit frightening too'*;
- Be clear, otherwise it might arouse unnecessary feelings of anxiety: *'It scares me. If they tell you about it, you think it's going to happen to you'*;
- Say that it is banned in the Netherlands and in many other countries too, *'but it is still done'*;
- Distinguish between urban and rural areas: *'It happens in the villages, where people are poor and there aren't any doctors'*;
- Divide the group by gender when you're talking about the subject. That puts girls at ease: *'I'd probably talk to a sister about it rather than a brother.'* And some of them think that boys *'shouldn't know about special things, like what they take away from a girl'*;
- Treat any information you're given carefully and confidentially: *'If I say something, then I don't want anyone else hearing about it'*;
- Make sure that the pupils in the group trust each other before the subject is discussed: *'My classmates are like my brothers and sisters'*;
- Give girls the chance to decide themselves who they would like to talk to about any problems they have, concerning female circumcision. Some of them won't want to do that at school, *'I'd rather discuss it with a friend'*;
- Make the link with male circumcision: *'Boys are also circumcised'*;
- Girls very much want to know *'what things are used'* to circumcise a girl, and what exactly *'is taken out'* (removal of (parts of) the vulva);
- Be careful what you show them with regard to female circumcision: *'Photos shock me'*;
- Discuss norms and values with regard to sexuality too (and, for example, virginity). Some things are not clear to them, such as: *'Is it true that a boy is not allowed to touch a girl until she's married?'*

Boys

- Divide the group by gender when you're talking about circumcising girls. Because boys *'get really embarrassed if girls are there'* and *'if girls are there, you just can't say everything'*;
- Say that female circumcision has nothing to do with religion: *'it's not written in the Koran', 'It is a custom'*;
- Don't be afraid to talk about the subject, regardless of gender, age or ethnic background, because *'anybody can do it'*;
- Some boys won't want to talk about female circumcision with adult women (from their family), because they are still *'little boys'* (not mature) and so it is *'not for them'* (it's not right, it's not respectful);
- One boy says that, when he has children, *'he will have the boys circumcised', 'but not the girls, or only sunna'*;
- You should talk about female circumcision, as *'children don't know anything about it', 'we're still young, we don't know anything about girls' bodies'*;

- Show pictures, because it's a quick and easy way to answer the question *'what is the difference between a large and a small circumcision?'*
- *'Not everyone is the same.'* So be prepared to listen to each other's opinions;
- A boy says *'it doesn't matter to me whether I marry a circumcised or an uncircumcised woman'*;
- Compare female and male circumcision, because *'what is the difference exactly?'*

Misunderstandings among boys

- Girls are always circumcised when they're 15, because *'that's when you know everything and can understand everything'*;
- Circumcision doesn't hurt/hardly hurts, *'little girls always scream a lot'*;
- *'The small circumcision isn't dangerous'*;
- *'The small circumcision is actually good for you'*;

Sources

Literature

- Aalst, C. van (2002). Vrouwenbesnijdenis in Nederland: Gedragsbepalende factoren Somalische sleutelpersonen en voorlichtsters. Amsterdam: Vrije Universiteit, faculteit gezondheidszorg en cultuur.
- Abdul Rehman, S. (1993). De sexuele beleving van de besneden vrouwen. Utrecht: Rijksuniversiteit Utrecht.
- Aldeeb Abu-Sahlieh, S.A. (1994). To mutilate in the name of Jehova of Allah. Legimitation of male and female circumcision (occasional paper No. 21). Amsterdam: Middle East Research Associates.
- Aldeeb Abu-Sahlieh, S.A. (2001). Male & female circumcision among Jews, Christians and Muslims. Religious, medical, social and legal debate. Pennsylvania: Shangri-La Publications.
- Al-Sabbagh, M.L. (1996). Health education through religion. The right path to health. Islamic ruling on male and female circumcision. Alexandrië: World Health Organization.
- Amnesty International (1997). Female Genital Mutilation: a human rights information pack. London: Amnesty International.
- Artsen(vereniging) Jeugdgezondheidszorg Nederland (2005). Gespreksprotocol meisjesbesnijdenis. Lisse: AJN.
- Bartels, K. & Haaijer, I. (1992). 's Lands wijs 's lands eer? Vrouwenbesnijdenis en Somalische vrouwen in Nederland. Rijswijk: Centrum Gezondheidszorg Vluchtelingen.
- Bartels, K. & Haaijer, I. (1995). Vrouwenbesnijdenis en Somalische vrouwen in Nederland. Utrecht: Stichting Pharos.
- Centraal Bureau voor de Statistiek (2005). Statistisch Jaarboek 2005. Voorburg/Heerlen: CBS.
- Commissie Bestrijding Vrouwelijke Genitale Verminking (2005)a. Bestrijding vrouwelijke genitale verminking: Beleidsadvies. Rijswijk: Quantes.
- Commissie Bestrijding Vrouwelijke Genitale Verminking (2005)b. Bestrijding vrouwelijke genitale verminking: Onderbouwing advies. Rijswijk: Quantes.
- Dareer, A. El (1983). Attitudes of Sudanese People to the Practice of Female Circumcision. International Journal of Epidemiology, 12 (2), p. 138-144.
- Demos (2000). Vrouwenbesnijdenis; grote gezondheidsrisico's. Den Haag: Nederlands Interdisciplinair Demografisch Instituut (NIDI).
- Dirie, M.A. (1985). Female circumcision in Somalia: medical and social implications. Mogadishu: SOMAC/SAREC.
- Doef, S. van der. Seksuele voorlichting aan kinderen 4-12 jaar. Woerden: NIGZ.
- Donner, J.P.H. (2004). Dubbele strafbaarheid in het Nederlandse strafrecht. Brief van de Minister van Justitie aan de Voorzitter van de Tweede Kamer der Staten-Generaal.
- Dorkenoo, E. (1994). Cutting the rose. Female genital mutilation. The practice and its prevention. London: Minority rights publication.
- Dualeh, R. (1982). Sisters in affliction: Circumcision and Infibulation of Women in Africa. London: Zed Press.
- Erikson in: Thomaes, K. (1994). Turkse vrouwen aan het woord: een onderzoek naar ziekteverklaringen en hulpzoekgedrag met betrekking tot geestelijke gezondheidsproblemen bij Turkse vrouwen in Maastricht. Maastricht: Riagg.
- Ginneken, B. van, Ohlrichs, Y. & Dam, A. van (2004). Zwijgen is zonde; over seksuele vorming van multiculturele en religieuze jongeren. Utrecht: Rutgers Nisso Groep.
- Graaf, H. de, Meijer, S., Poelman, J. & Vanwesenbeeck, I. (2005). Seks onder je 25e. Utrecht/Amsterdam: Rutgers Nisso Groep/Soa Aids Nederland.
- Gruenbaum, E. (1982). The movement against clitoridectomy and infibulation in Sudan: public health policy and the women's movement. In: Man 13 (2), p 4-12.
- Hendriks, M. (1999). Nederland en vrouwenbesnijdenis: stand van zaken 1999. Utrecht: Pharos.

- Hirsi Ali, A. (2004). De maagdenkooi. Amsterdam: Augustus.
- Höppener, P. & Visser T. (2001). Vluchtelingenjongeren en seksualiteit, de basistraining (interne handleiding). Utrecht: Pharos.
- Keizer, C. (2003). Acculturatie en psychische effecten van vrouwenbesnijdenis; een onderzoek onder sleutelfiguren en vertegenwoordigers eigen taal en cultuur van de Somalische gemeenschap in Nederland. Amsterdam: Vrije universiteit Amsterdam, Dienst Communicatie Wetenschapswinkel.
- Kun, K.E. (1997). Female Genital Mutilation: the potential for increased risk of HIV infection. *International Journal of Gynecology & Obstetrics*, 59, p. 153-15.
- Kwaak, A. van der (1990). Female circumcision and Gender identity in Somalia. Amsterdam: Vrije Universiteit.
- Kwaak, A. van der, Bartels, E., Vries, F. de, Meuwese, S. (2003). Strategieën ter voorkoming van besnijdenis bij meisjes: Inventarisatie en aanbevelingen. Amsterdam: Vrije Universiteit.
- Kwaak, A. van der, Haaijer, I. & Bartels, K. (1991). Besnijdenis bij Somalische vrouwen: de stilte doorbroken? *Medische antropologie*, 3 (2): 210-235.
- Leye, E. & Deblonde, J. (2004). Legislation in Europe regarding female genital mutilation and the implementation of the law in Belgium, France, Spain, Sweden and the UK. Gent: International Centre for Reproductive Health (ICRH), Ghent University.
- Loeber, O. (2003). Vier vrouwen: Anticonceptiehulpverlening bij specifieke groepen allochtone vrouwen. Utrecht: Rutgers Nisso Groep.
- Mak, V. (1993). Female Genital Mutilation; a tradition of pain. *Health Sharing*.
- Masclee, M. & Meuwese, S. (2000). Genitale verminking bij meisjes en vrouwen. *AA*, 49,7/8, p. 535-541.
- Mouthaan, I. & Neef, M. de. (2003). Als je van niets weet, krijg je problemen: Haalbaarheidsstudie seksuele voorlichting en vorming in internationale schakelklassen. Utrecht: Rutgers Nisso Groep/Stichting Pharos.
- Mouthaan, I., Neef, M. de & Rademakers, J. (1998). Abortus in multicultureel Nederland. *Nisso studies, nieuwe reeks, nr.21*. Delft; Eburon.
- Naleie, Z.S. (1997)a. Bespaar uw dochter de pijn van besnijdenis. In opdracht van de Federatie van Somalische Associaties in Nederland (FSAN). Rotterdam: Argus.
- Naleie, Z.S. (1997)b. Female circumcision as violent cultural practice. Utrecht: Pharos.
- National Organization of Immigrant and Visible Minority Women of Canada (NOIVMWC) (1998). *Female Genital Mutilation: Workshop Manuel*.
- Nienhuis, G. & Naleie, Z.S. (2001). *Handboek: Vrouwenbesnijdenis in Nederland. Preventie, sleutels voor gezondheid*. Utrecht: Stichting Pharos.
- Oprel, D. (1993). *Vrouwenbesnijdenis in Nederland: Een aanzet tot gezondheidsvoorlichting*. Leiden: Universiteit van Leiden.
- Persbericht Islamitische universiteit Rotterdam (2003).
- Ramsaran, R. (2003). Wankele waarden; levenskwesaties van moslims belicht voor professionals. Utrecht : FORUM.
- Reyners, M.M.J. (1993). *Het besnijden van meisjes: Een leven lang leed en pijn*. Amsterdam: Boom.
- Rubens in : Hammer, M.R. (1989). Intercultural communication competence. In: Asante, M.K. & Gudyhurst, W.B. (eds.). *Handbook of international and intercultural communication*. London: Sage publications, pp 247-260.
- Sadaawi, N. El (1980). *De gesluierde Eva: vrouwen in de Arabische wereld*. London: Zed Press.
- Shadid, W.A. (1998). *Grondslagen van interculturele communicatie. Studieveld en werkterrein*. Houten: Bohn, Stafleu Van Loghum.
- Tarrida, A. (2003). Houding, Identiteit en vrouwenbesnijdenis. In: Kwaak, A. van der & Keizer, C. (2004). *Van verzwegen pijn naar stil verdriet: visies op vrouwenbesnijdenis en verandering*. Amsterdam: Vrije Universiteit Amsterdam; Dienst Communicatie Wetenschapswinkel.
- WHO (2000). *Female Genital Mutilation (fact sheet)*. Geneva: WHO.

Books

- Dirie, W. & Miller, C. (1998). *Mijn woestijn; ervaringen van een nomadendochter, topmodel en speciaal ambassadeur van de Verenigde Naties*. Amsterdam: Arena.
- Dirie, W. *Dochter van de nomaden*. Amsterdam: Arena.
- Dirie W. (2005). *Onze verborgen tranen*. Amsterdam, Sirene.

Newspaper and magazine articles

- Birch, N. (2005). Study provides proof of female genital mutilation in Middle East. *Irish Times*, 25 October 2005.
- Dalen, E. van (2000). Een reisje Somalië in de krokusvakantie. In: *Opzij*, mei 2000, p. 36-40.
- Danhof, E. (2000). Vrouwenbesnijdenis in Nederland: Voorlichting kan onzekerheid bij verpleegkundigen wegnemen. *Verpleegkunde nieuws*, 18, p. 28-31.
- Eveleens, I. (2003). Op de vlucht voor het scheermes; Keniaanse beschermt meisjes tegen besnijdenis. In: *Opzij*, september 2003, p. 64-66.
- Joosten, C. (2002). Verminkt in Nederland; verbod op vrouwenbesnijdenis leidt niet tot vervolging en dus gaat Somalische gemeenschap er rustig mee door. In: *Elsevier*, jrg. 58, 26, p.20-24.
- Kwaak, A. van der (1992)b. Vrouwenbesnijdenis verbieden is te eenvoudige oplossing. *WVC*, 16.
- Mulder, M. (2003). Somalische vrouwen nemen voorzichtig afscheid van besnijdenis. *Bijeen*, 5, p. 26-29.
- Nienhuis, G. (2004). Alleen verandering 'van binnenuit' kan traditie uitbannen. In: *Phaxx*, december 2004, p. 10-13.
- Ramesar, P. (2005). Somalische té beschadigd voor een hersteloperatie. In: *Haagsche Courant*, 13 augustus 2005.
- Reyners, M.M.J. (1990). Alleen positieverbetering van vrouwen kan excessen van besnijdenis tegengaan. *Internationale samenwerking*, 3, p. 42-45.
- Tuk B. (2004) *Lessen in liefde voor jonge nieuwkomers*. G, vakblad over gezondheid en maatschappij, Jaargang 2, nummer 4, augustus/september. Utrecht: GGD Nederland.

Educational resources

- Akker, A, van den, Mouthaan, I., Neef, M. de (1997). *Lespakket multiculturele seksuele voorlichting en vorming*. Utrecht: GG&GD.
- Danish National Board of Health (1999). *Prevention of female circumcision*. Chapter 7: Teachers, p.4-49.
- Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ). *Intergenerational Dialogue – on Gender Roles and Reproductive Health*. Eschborn: GTZ.
- Dialog direkt! (2004). *Lehrerinformation "Beschneidung von Mädchen und Frauen"*. Düsseldorf: Aktion Weißes Friedensband.
- Doef, S.van der, Houterman, K. & Latour, M. (2004). *Relaties en seksualiteit; lespakket seksuele en relationele vorming voor groep 1 t/m 8*. Utrecht: ThiemeMeulenhoff basisonderwijs.
- Focal Point meisjesbesnijdenis (2004). *Brochure meisjesbesnijdenis*. Utrecht: Pharos.
- Nieuwenhuijzen, I.van, Tuk, B. (2002). *Bijvoorbeeld de Liefde: forumtheater bij voorlichting en educatie aan vluchtelingenjongeren*. Utrecht: Pharos.
- Timmermans, C. & Loeffen, T. (2004). *Wijzer in de liefde; Draaiboek voor het geven van seksuele voorlichting aan en seksuele vorming van jeugdige asielzoekers en nieuwkomers*. GGD Nederland.

Documentaries

- Ergün, A.
Vrouwenrechten zijn mensenrechten
Amsterdam: Amnesty International 2001
- Junger, K.
Act of love
Humanistische Omroep 1992

- Kruk, A.
Nima
NCRV, dokument Junior 2004
- Longinotto, K.
The day I will never forget
London: Kim Longinotto 2002
- Mire, S.
Fire eyes
Hilversum: World Population Foundation (1994)
- Naleie, Z.
Ma Gudni
Utrecht: Pharos 2005
- Naleie, Z. & Persson, J.
De engel komt terug
Utrecht: Fatusch Productions 2002
- Persson, J.
Een dorpsraject (La route d'un village)
Utrecht: Fatusch Productions 2001

Websites

- www.amnesty.nl
- www.commissie-fgm.nl
- www.iranchamber.com/culture/articles/rituals_of_circumcision.php
- www.justitie.nl/nieuws/pers/persberichten/archief/archief_2004/030304minister_donner_vrouwenbesnijdenis_vervolgen.asp
- www.meisjesbesnijdenis.nl
- www.ministerievanonderwijs.nl (<http://www.minocw.nl/brief2k/2004/doc/8526a.pdf>)
- www.pharos.nl
- www.stopfgm.org
- www.stopgeweldtegenvrouwen.nl
- www.waris-dirie-foundation.org
- www.who.org
- www.xs4all.nl/~freekv/cfm-islam.html

Questions?

These are the people you can go to with your questions or to get help:

- **The Municipal Health Services**, Youth Health Care Department: they have to keep everything strictly confidential, so won't tell anyone anything if you don't want them to. Find the nearest Municipal Health Service by going to www.ggd.nl and clicking on your area. You can also phone them. Ask your teacher for the telephone number of doctor or nurse from the Municipal Health Services for your school or find their main telephone number in your local council guide or telephone directory.
- **The children's helpline**. They can also answer your questions about girls' circumcision. Phone calls are free on 0800-0432 (daily from 2 to 8 p.m.).
- The website www.meisjesbesnijdenis.nl (meisjesbesnijdenis = girls' circumcision) is full of information on the circumcision of girls and you can send an e-mail with your questions. So make sure you go there if you want to know more!

What **YOU** should know...



about girls' circumcision



This leaflet is a Rutgers Nisso Groep/Pharos publication, 2005,
version: **Primary schools**

Where does it occur?

Female circumcision is carried out in many countries in Africa and a few countries in Asia. It is mostly done before a girl has her first period. Her parents have their daughter circumcised because they want to give her a good future. Parents think that a circumcised girl will have a better chance of marrying a good man.

Circumcising girls is banned in the Netherlands and many other countries

Many parents in the Netherlands do know this and don't have their daughters circumcised any more.

How is it done?

There are many different ways to circumcise girls. A small cut or hole (may be made in the little, sensitive bump near the opening of the vagina (the clitoris). Sometimes both the clitoris and the inner and outer labia are removed. The girls are often circumcised by a circumciser, an elderly matron or midwife of the village. Sometimes it is done in a hospital.

Girls' circumcision causes health problems

Consequences

- Circumcision is very painful.
- After the circumcision, a girl can be ill for a long time.
- Circumcised girls often have pain when they urinate. They can't pass urine properly and urinating takes a long time.
- Girls who have been circumcised often have a lot of stomach aches
- Some circumcised girls can't have babies.



What can you do?

- Read about it
- Talk about it at school, with your friends, at the community centre and with your parents
- Try not to judge other people before you know how they feel
- Be part of the fight against female circumcision! Go to www.nogame.nl

Questions?

There are several people and organisations who can help you or answer your questions:

- **Your form teacher or counsellor**
- **The GGD, Municipal Health Services, Youth Health Care Department:** They will keep everything strictly confidential. Find your nearest GGD by going to www.ggd.nl and clicking on your area. You can also phone them. Ask your form teacher or counsellor for the telephone number of the GGD doctor or nurse for your school or find their main telephone number in your local council guide or telephone directory.
- **The children's helpline.** They can also answer your questions about girls' circumcision. Phone calls are free on 0800-0432 (daily from 2 to 8 p.m.).
- The website www.meisjesbesnijdenis.nl (meisjesbesnijdenis = girls' circumcision) is full of information on the circumcision of girls and you can send an e-mail with your questions. So make sure you go there if you want to know more!

What **you** should know...



about girls' circumcision



This leaflet is a Rutgers Nisso Groep/Pharos publication, 2005,
version: **general secondary schools**

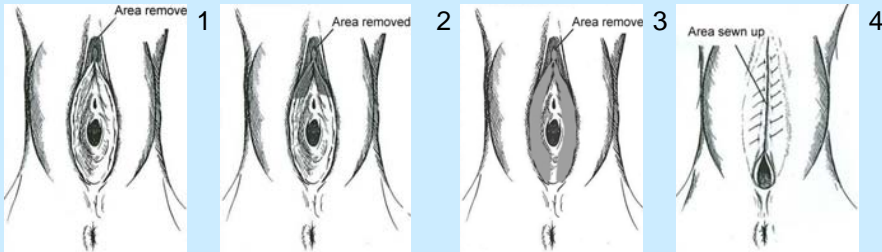
Female circumcision

Female circumcision is a tradition that is still carried out in many countries in Africa and a few countries in Asia. Most girls are circumcised before they have their first period. Circumcision is an important ritual; once a girl has been circumcised, she really belongs!

How is it done?

There are many different types of circumcision. Here are the four most important types:

- **A small cut or hole in the clitoris**, the little, sensitive bump at the top of the inner labia.
- **Removal of the clitoris**. This type is the most common: *picture 1*
- **Removal of the clitoris and all or part of the inner labia**: *picture 2*
- **Removal of the clitoris, the inner labia and all or part of the outer labia**. After sewing together what's left of the outer labia, only a very small opening is left for menstrual blood and urine:



Why are girls circumcised?

Parents have their daughter circumcised because they want the best for her and want to give her a good future. In the countries where circumcision occurs, it is traditional that girls remain virgins until their wedding night. Parents think that female circumcision protects their daughter's virginity and that this will give her a better chance of marrying a good man. Many parents also think that Islam requires girls to be circumcised, but nothing can be found in the Koran (the holy book of the Islamic religion) about this. There are also Christians who carry out female circumcision.

What are the consequences?

Girls' circumcision causes **health problems**.

This may lead to:

- Soon after circumcision:
 - Pain, blood loss and infections. If something goes wrong, a girl could become seriously ill.
- Later:
 - Period pains
 - Problems with and/or pain when urinating
 - Regular stomach aches
 - Pain on the wedding night
 - A difficult birth or even infertility
 - Girls who have been circumcised may be anxious and downcast

Female circumcision in the Netherlands

Female circumcision didn't used to occur in the Netherlands. Nowadays there are many circumcised girls and women from other countries living in the Netherlands. Some parents also take their daughter on holiday to have her circumcised somewhere else.

Circumcising girls is banned in the Netherlands and many other countries

Female circumcision is now illegal in many countries where it was traditionally carried out and there is more and more resistance to it. Female circumcision violates **human rights**, the rights of women and children in particular. Many parents in the Netherlands do know this and don't have their daughters circumcised any more. That is often a very difficult decision because it is such an old tradition in many countries. Parents and young people can talk about it at information meetings on female circumcision.

Conflicting opinions

Female circumcision is also called female genital mutilation (FGM), but many people prefer to use the term female circumcision. If you come from a country where female circumcision is a tradition and many women are circumcised, then you don't always see circumcision as mutilation or something negative. A negative opinion of female circumcision may then clash with the beliefs that you grew up with. This could lead to confusing emotions, uncertainty and a girl feeling ashamed of her own body. On the other hand, it is often difficult for Dutch young people to understand why girls are circumcised.

What can you do?

- Talk about it at school, with your friends, at the community centre and with your parents
- Try not to judge other people before you know how they feel
- Be part of the fight against female circumcision! Go to www.nogame.nl

Questions?

There are several people and organisations who can help you or answer your questions:

- **Your form teacher or counsellor**
- **The Municipal Health Services, Youth Health Care Department:** They will keep everything strictly confidential. Find your nearest GGD (Municipal Health Service) by going to www.ggd.nl and clicking on your area. You can also phone them. Ask your form teacher or counsellor for the telephone number of the GGD doctor or nurse for your school or find their main telephone number in your local council guide or telephone directory.
- **The children's helpline.** They can also answer your questions about girls' circumcision. Phone calls are free on 0800-0432 (daily from 2 to 8 p.m.).

The website www.meisjesbesnijdenis.nl (meisjesbesnijdenis – girls' circumcision) is full of information on the circumcision of girls and you can send an e-mail with your questions. So make sure you go there if you want to know more!

What **you** should know...



about girls' circumcision



This leaflet is a Rutgers Nisso Groep/Pharos publication, 2005,
version: **vocational secondary education**

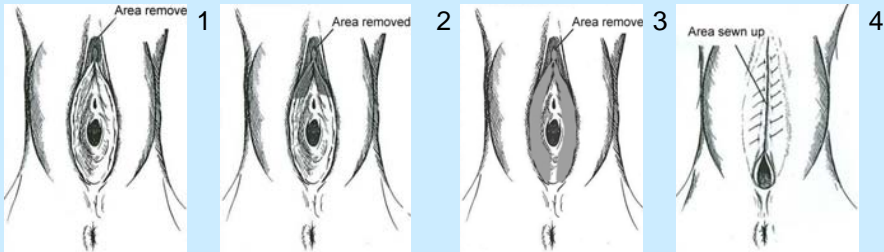
Female circumcision

Female circumcision is a tradition that is still carried out in many countries in Africa and a few countries in Asia. Most girls are circumcised before they have their first period. Circumcision is an important ritual; once a girl has been circumcised, she really belongs!

How is it done?

There are many different types of circumcision. Here are the four most important types:

- **A small cut or hole in the clitoris**, the little, sensitive bump at the top of the inner labia.
- **Removal of the clitoris**. This type is the most common: *picture 1*
- **Removal of the clitoris and all or part of the inner labia**: *picture 2*
- **Removal of the clitoris, the inner labia and all or part of the outer labia**. After sewing together what's left of the outer labia, only a very small opening is left for menstrual blood and urine:



Why are girls circumcised?

Parents have their daughter circumcised because they want the best for her and want to give her a good future. In the countries where circumcision occurs, it is traditional that girls remain virgins until their wedding night. Parents think that female circumcision protects their daughter's virginity and that this will give her a better chance of marrying a good man. Many parents also think that Islam requires girls to be circumcised, but nothing can be found in the Koran (the holy book of the Islamic religion) about this. There are also Christians who carry out female circumcision.

What are the consequences?

Girls' circumcision causes **health problems**.

This may lead to:

- Soon after circumcision:
 - Pain, blood loss and infections. If something goes wrong, a girl could become seriously ill.
- Later:
 - Period pains
 - Problems with and/or pain when urinating
 - Regular stomach aches
 - Pain on the wedding night
 - A difficult birth or even infertility
 - Girls who have been circumcised may be anxious and downcast

Female circumcision in the Netherlands

Female circumcision didn't used to occur in the Netherlands. Nowadays there are many circumcised girls and women from other countries living in the Netherlands. Some parents also take their daughter on holiday to have her circumcised somewhere else.

Circumcising girls is banned in the Netherlands and many other countries

Female circumcision is now illegal in many countries where it was traditionally carried out and there is more and more resistance to it. Female circumcision violates human rights, the rights of women and children in particular. Many parents in the Netherlands do know this and don't have their daughters circumcised any more. That is often a very difficult decision because it is such an old tradition in many countries. Parents and young people can talk about it at information meetings on female circumcision.