



Symposium on Female Genital Cutting (FGC): Focus on Canadian Approaches to Addressing FGC



May 5-6, 2011

**Winnipeg, Manitoba:
Viscount Gort Hotel & Banquet Centre
1670 Portage Avenue**

Female genital cutting (FGC), also known as female genital mutilation (FGM), is practiced in at least 26 African countries. It also occurs among some groups in Oman, the United Arab Emirates and Yemen, as well as in parts of India, Indonesia, and Malaysia. In some countries, the huge majority of women have experienced FGC.

FGM, as defined by the World Health Organization, “comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.”

FGC is an important health and social concern for immigrant-receiving countries. There is ample evidence of many serious health consequences associated with FGC. In addition, there is recognition that this long-held practice may be slow to change and that prevention may be necessary in a post-migration setting. FGC is contextualized by a global movement to end the practice spearheaded by women and men from practicing countries and their international allies.

Overall Objectives:

1. To present, summarize and discuss existing and ongoing research, programs, services and policies focused on Female Genital Cutting (FGC) in Canada and the Diaspora.
2. To identify and articulate key implications for improved planning and implementation of programs, and of health services and policies for immigrant girls, women and communities from countries where FGC is prevalent.
3. To establish a collaborative network of researchers and program planners and practitioners to promote knowledge exchange on FGC within the Diaspora.
4. To identify research gaps and develop an applied research agenda and “best practices” related to FGC care and prevention in immigrant populations where FGC is prevalent.

Learning Objectives:

Symposium participants will:

1. Increase their knowledge of female genital cutting within the context of Canada and the Diaspora.
2. Increase their knowledge of current social and clinical research on FGC in Canada.
3. Increase their cultural competence in working with women and communities affected by FGC.
4. Learn about current medical/clinical guidelines and approaches to provide care for women affected by FGC.
5. Be aware of how service providers’ perspectives toward FGC can affect health care interactions.
6. Increase their understanding of FGC policy related issues.

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SYMPOSIUM DAY ONE: Thursday May 5th, 2011

Day One - Morning:

Overview, Historical Context, Social Community-Based Research in Canada

8:15	Registration and Breakfast
9:00	Opening
9:10	Overview of Female Genital Cutting
	<i>FGM: Global Perspectives, Canadian Context</i> ~Kowser Omer-Hashi, Nurse/Midwife, Toronto
	<i>Historical Perspectives on Feminist Leadership and FGM in Canada</i> ~ Notisha Massaquoi, Executive Director of Women's Health in Women's Hands Community Health Centre, Toronto.
10:15	Q & A
10:30	Break
10:45	Social Community-Based Research in Canada
	<i>Our Selves Our Daughters: A Community-Based Research Project with an African Newcomer Community in Winnipeg Addressing Female Genital Cutting</i> ~ Shereen Denetto and Paula Migliardi, Sexuality Education Resource Centre, Manitoba
11:15	Q & A
11:20	Knowledge Exchange Session (participants will choose one of 4 areas: Research, Policy, Community-Based Programming or Clinical, and participate in a guided discussion)

12:15 Lunch

Day One - Afternoon:

Community-Based Service Provision

1:00	Community-Based Service Provision: Education and Prevention
	<i>Our Selves, Our Daughters: Community-Based Education and Engagement with African Newcomer Women in Winnipeg</i> ~ Simret Daniel and Linda Plenert, Sexuality Education Resource Centre, Manitoba
	<i>Community Based Service Provision for Women Affected by FGM</i> ~ Notisha Massaquoi, Executive Director, Women's Health in Women's Hands Community Health Centre, Toronto.
	<i>FGM: Community Based work in the UK</i> ~Naana Otoo-Oyortey, Executive Director, FORWARD, UK
2:30	Q & A
2:45	Break
3:00	Knowledge Exchange Session
3:45	Sharing of Information from KES
4:15	Wrap up of the day

SYMPOSIUM DAY TWO: Friday May 6th, 2011

Day Two - Morning: Policy

8:30	Breakfast
9:00	Overview of the Day
9:10	Policy Related Issues: Experience from Canada and the Diaspora
	<i>FGM: Policy Development in the UK</i> ~ Naana Otoo-Oyortey
	<i>Circumcised Immigrant Pregnant Women: Implications for the Canadian Health Care System</i> ~ Ms. Najla Barnawi, PhD Student, University of Alberta
	<i>Reflections on Policy Development in Canada</i> ~ Notisha Massaquoi
10:30	Q & A
10:45	Break
11:00	Knowledge Exchange Session

11:45 **Lunch**

Day Two - Afternoon: Clinical

12:30	Clinical Approaches: Current Reality
	<i>Female Genital Mutilation and Obstetric Care</i> ~Kowser Omer-Hashi
	<i>Clinical Encounters: Cross Cultural Perspectives in Sexual and Reproductive Health</i> ~ Dr. Lisa Avery, University of Manitoba
	<i>Clinical Presentation</i> ~ Family physician with international and Canadian experience will present on clinical care in a Canadian setting –TBC
	<i>Pain in Somali – Canadian Women: Neurological Consequences of Female Genital Circumcision</i> ~ Dr. Gillian Einstein, University of Toronto
2:30	Q & A
2:45	Break
	Clinical Guideline Development
3:00	<i>SOGC's Policy Statement and Clinical Guideline Related to FGM/C</i> ~ Liette Perron, Society of Obstetricians and Gynaecologists of Canada
3:30	Q & A
3:45	Knowledge Exchange Session
4:15	Sharing of Information from KES
4:30	Wrap up of the day, Next Steps & Evaluation

BIOS AND ABSTRACTS

Lisa Avery, MD, FRCSC, MIH - After completing her residency in obstetrics and gynecology at University of Manitoba, Dr. Avery relocated to Denmark where she obtained her Masters degree in International Public Health from the University of Copenhagen. During her time in Denmark, Dr. Avery also worked for the WHO Regional Office for Europe, where she was able to further pursue her interest in the area of sexual and reproductive health of women in low and middle income societies, with a focus on marginalized populations.

Upon returning to Canada, Dr. Avery accepted a faculty position at the University of Manitoba's newly created Centre for Global Public Health, with cross appointments in the Departments of Medical Microbiology and Obstetrics, Gynecology and Reproductive Sciences (where she is also director of resident research). Currently she divides her time between reproductive public health programmes and research in India, Kenya and Canada. While the amount of travel overseas prevents her from having a clinical practice of her own, clinical locum opportunities in Yellowknife, Northwest Territories and Winnipeg, Manitoba allow Dr. Avery to continue to be active in providing clinical care, which she very much enjoys. While in Kenya she is also actively involved with the fistula repair program.

She is a member of SOCG and since 2007 has been the editor of "Entre Nous" the WHO Regional Office for Europe's Journal on Sexual and Reproductive Health.

Clinical Encounters: Cross Cultural Perspectives in Sexual and Reproductive Health

Through the use of clinical case vignettes health care provider's knowledge, understanding and perceptions of Female Genital Cutting (FGC) will be presented, including emphasis on the potential positive and negative effects these beliefs may have on sexual and reproductive health seeking behaviour and outcomes of different cultural groups. By the end of the session the participant will: be familiar with the WHO definition for FGC; learn about the prevalence of FGC in the Canadian context; be aware of adverse health outcomes associated with FGC; recognize the importance of cultural sensitivity in clinical encounters with clients of different cultural backgrounds; and be aware of how health care provider's perspectives towards FGC can affect health care interactions.

Ms. Najla Barnawi (MN, PhD Student) is an International PhD Student on Scholarship from the Saudi Arabian government for 5 Years. She is doing her PhD degree at University of Alberta, Faculty of Nursing. She did her Masters degree at University of Toronto, in Women's Health Studies in the Nursing Faculty. Ms Barnawi's doctoral investigation focusing on female genital cutting and the impact of this on labor and delivery, is novel and profoundly important for immigrant women who have undergone this procedure as the consequences may be overwhelming both for the women and health care providers. The potential complications that may ensue during labor and delivery maybe serious, life-changing and preventable. The topic is vastly under-researched in the Canadian context, yet Canada is one of the top immigrant receiving nations globally with immigrant populations from national states where female genital cutting is commonplace such as Saharan and Sub-Saharan Africa.

Circumcised Immigrant Pregnant Women: Implications for the Canadian Health Care System

Female Circumcision (FC) is defined by the World Health Organization (WHO) as "all procedures involving partial or total removal of the female external genitalia or other injury to female organs whether for cultural or other non-therapeutic reasons" (WHO, 1995). Numerous women who have undergone FC immigrated to Canada. However, Canadian health care professionals lack knowledge, as well as cultural sensitivity, about circumcised immigrant women in general and pregnant women (CIPW) in particular.

This presentation will focus on the following themes: the cultural context for FC highlighting the gap that exists between the CIPW and health professionals; critiques of Canadian movements regarding FC legislation which emphasize primary prevention versus secondary prevention; strategies for the development of clinical guidelines for CIPW which include a) increasing evidence based on qualitative research and b) building cultural competency in providing care to CIPW.

BIOS AND ABSTRACTS cont'd.

Simret Daniel, BN - is an internationally educated Public Health Nurse currently in the process of registration as an RN in Canada. Simret has worked with the Sexuality Education Resource Centre (Winnipeg) as the “Our Selves Our Daughters” Project Facilitator since 2009. In this role, Simret has co-facilitated the community engagement consultations, education sessions and service providers’ workshops. She has also worked in community development at Mount Carmel Clinic. Prior to coming to Canada, she had more than five years of nursing experience, providing patient care and delivering health education about the possible health risks of FGC to women in different communities (mainly refugees) in two African countries.

Linda Plenert, BA, is a Sexual and Reproductive Health Facilitator with the Sexuality Education Resource Centre in Winnipeg. Linda is an experienced facilitator working in a variety of communities in the areas of culture and sexuality, women's sexuality, aging and sexuality, and family communication about sexuality. Linda has been involved with many aspects of the *Our Selves, Our Daughters* project from its early stages. She and Simret Daniel collaborated on the development and facilitation of the community education sessions as well as the service provider training workshops.

Our Selves, Our Daughters: Community-Based Education and Engagement with African Newcomer Women in Winnipeg

Equipped with the information provided by the community-based research process, a 10-week series of community education workshops was developed. Three series of workshops were held with women from an African community.

The workshops were designed to provide a culturally safe space for women to learn and share. Sessions addressed women’s overall sexual and reproductive health; the topic of FGC was integrated throughout. Lively discussions explored the complexities of the cultural factors that support the practice as well as the implications of change.

Evaluation of the sessions, as well as direct feedback from the community at our Final Event, showed strong support for this integrated model of community engagement, consultation, and education to address this culturally complex and taboo subject.

Shereen Denetto, MSW, has worked at the Sexuality Education Resource Centre as Special Projects Coordinator since 2004. In this role, she has coordinated several projects in and with immigrant and refugee communities addressing, through education and community engagement, women’s and men’s sexual and reproductive health, family communication/conflict, and violence prevention. She has worked in numerous community health settings in Ontario and Manitoba. Her work is strongly informed by a social justice and human rights perspective.

Paula Migliardi, MA Paula received a Masters degree in Anthropology from the University of Manitoba. Much of her work and interest lie in social and health areas, designing and developing of research and evaluation with a diverse number of organizations and communities. She is the Research and Program Evaluation Coordinator with the Sexuality Education Resource Centre (SERC), and works as the Community Based Research Facilitator of the Prairie HIV Community-Based Research Program for Manitoba and Saskatchewan.

Our Selves Our Daughters: A Community-Based Research Project with an African Newcomer Community in Winnipeg Addressing Female Genital Cutting

The “Our Selves, Our Daughters” project was initiated by a nurse from an African newcomer community who approached SERC wanting to address the health impacts of FGC and support prevention. We began the project with 8 months of community-based consultation and research with the aim to develop relationships and trust, gather knowledge, build support, and sensitize the community to the concept of addressing FGC. We conducted 5

consultation groups with a total of 30 women, 3 follow-up interviews and individual interviews with 8 community leaders (3 women, 5 men). A participatory approach was used to analyze findings. We held community meetings with grassroots women and leaders to further verify, validate and expand on the learnings of the consultations.

Women’s exploration of sexuality and sexual health

BIOS AND ABSTRACTS cont'd.

Our Selves, Our Daughters Cont'd.

reflected a complexity of issues and understandings. Cultural changes back home and in the new country were affecting their experiences and views in many areas including FGC where a broad range of attitudes and perspectives were shared. We gained insights into

newcomer women's experiences accessing the health care system, and of their health education interests and needs.

Research learnings and recommendations informed the next phases of the project which involved community-based education sessions with newcomer women and service provider training.

Gillian Einstein is an Associate Professor in the Department of Psychology and The Dalla Lana School of Public Health at the University of Toronto as well as founder and Director of the Collaborative Graduate Program in Women's Health also at the University of Toronto. She obtained her AB at Harvard University and her PhD in Anatomy at the University of Pennsylvania. She has taught at Duke, Harvard, and currently, the University of Toronto. She has been a special advisor on female genital circumcision/mutilation/cutting (FGC) for the WHO, a visiting Professor of Women, Gender and Sexuality Studies at Harvard University, and is appointed to the Institute Advisory Board of the Institute of Gender and Health, CIHR.

Pain in Somali-Canadian Women: Neurological Consequences of Female Genital Circumcision

Gillian Einstein, Emily Glazer, Deanna Duplessis, Naila Karim, Robin Mason, Janice du Mont, Jan Angus, Allan Gordon, Sheila Dunn, Caroline Pukall. University of Toronto and Queens University.

We have been interviewing as well as testing pressure/touch thresholds to touch in the vulvar region of Somali-Canadian women in Toronto in order to better understand how they feel about their circumcision, their bodies, and whether or not they have chronic pain. We have found that most women interviewed (14) report feeling healthy and fine in their bodies, 6/7 women tested have extremely low pressure/touch thresholds in at least one region of the vulva in spite of the fact that in conversation, they say nothing about chronic vulvar pain. This raises important questions about pain meanings and effective communication about pain both prior to and during the therapeutic encounter. As well it raises the possibility that women with infibulation have untreated, vulvar pain and suggests that culturally sensitive care includes an awareness of this potential long term pain and the importance of devising ways in which to ask about it so it can be treated. I will describe our study and discuss the results.

Notisha Massaquoi is currently the Executive Director of Women's Health in Women's Hands Community Health Centre (WHIWH). WHIWH is celebrating its 20th anniversary and has been a Canadian leader in FGM advocacy, support and care. Notisha has been an advocate for increased access to primary healthcare for racialized communities in Canada and her research and numerous publications have focused on reproductive health and sexuality. She holds an MSW from the University of Toronto and is completing a PhD in Sociology and Equity Studies at OISE/U of T. She has been a lecturer for the faculties of social work at Ryerson University and Dalhousie University. Her latest book is entitled *Theorizing Empowerment: Canadian Perspectives on Black Feminist Thought*.

Historical Perspectives on Feminist Leadership and FGM in Canada

This presentation will look at the early stages of FGM activism in Canada which required the employment of differing strategies targeting a variety of stakeholders to ensure that health programs and services delivered to women from FGM practicing communities were appropriate and culturally sensitive. It was important to ensure that there was an understanding of the implications of FGM as a health and human rights issue for impacted women in addition to changes in

policy and legislation if this procedure was to be eradicated. The presentation outlines the strategies used, activities undertaken and the results obtained by one community based organization for FGM policy development and legislative reforms and changes. It is an illustration of a road map paved by many hands over a period of 10 years with Women's Health in Women's Hands Community Health Centre at the centre of turning theory into tangible practice through feminist leadership.

Community Based Service Provision for Women Affected by FGM

As Women affected by FGM attempt to address their health concerns they are often impeded by a system that does not respond appropriately to their needs. It is with this understanding that

BIOS AND ABSTRACTS cont'd.

Community Based Service Provision Cont'd.

Women's Health in Women's Hands Community Health Centre has developed a collaborative process to address a pressing need within the community to improve access to primary health care for women affected by FGM. The goal of this model is to remove barriers and increase access to primary health care services by developing an

inclusive and collaborative model for health care service delivery. The presentation will highlight our participatory research findings which identify the experiences that women have when attempting to address health care issues and facilitators and barriers to this population receiving adequate health care services.

Kowser Omer-Hashi –

Somali midwife and BBA, University of Ohio. Kowser has been a strong advocate and counsellor for Diaspora women with FGM. As a sexual health educator at the Birth Control & VD Info Centre in Toronto, Kowser heard many women's, especially Somali women's, stories about the intimidation and discomfort they experienced because of FGM when dealing with the Canadian health system. Kowser initiated the first programs on FGM for Somali women in Canada, providing educational sessions for health care professionals, teachers and community service workers. Kowser's work as an advocate, researcher, writer, educator, participant in public forums, and lobbyist at both provincial and federal levels, has been instrumental in creating improved access to information and culturally appropriate health services for immigrant and refugee women with FGM. She educated the media and lends her face and voice by participating in print media, radio talk shows and in television documentaries. She was a short term consultant with WHO on FGM. She has also contributed to the education of the general public and western feminists in North America and abroad. Kowser is a member of various community boards and hospital advisory committees, Co-Chair of the Health Committee of the Ontario FGM Prevention Task Force, and provides expert witness consultations on immigration cases for refugee women with FGM in Canada and the USA.

Kowser is the winner of the *ACCESS, Equity and Human Rights Constance E. Hamilton Award*, City of Toronto 2001.

FGM: Global perspectives, Canadian Context

Female Genital Mutilation (FGM) is a traditional practice of unknown origins that was established centuries ago. In the contemporary context, 600 girls are subject to the practice daily, 3 million girls a year experience FGM, and an estimated 140 million women and girls have already undergone the procedure. International efforts to eliminate FGM have a long history. In Africa, colonial administrations and Christian missionaries attempted to stop FGM as early as the 17th century. FGM was raised as a human rights issue at the United Nations for the first time in 1952, but it took two more decades before the UN began to officially discuss the issue in the 1970's. Few African women have had the opportunity to collectively network and discourse about how to use a culturally sensitive approach to abandon the practice.

Global migration in the late 1980s of women with infibulation, brought the practice to Canada, the United States, and Europe. Their presence gave rise to a movement to eradicate FGM and contributed to the development of international human rights and other laws that oppose the practice. For the first time individuals lobbied the Canadian federal government to take a stand against FGM; WHO raised ethical concerns and advocated against medicalization of the procedure. This presentation will provide an overview of these movements that support the eventual eradication of FGM.

Female Genital Mutilation and Obstetric Care

"Female Genital Mutilation and Obstetric Care," was the first Canadian book on FGM and childbirth, and has been translated into many European languages. Co-written with Dr. Beverley Chalmers (University of Ottawa), it emerged out of our efforts to prevent, eradicate, and provide support and better health care to women with FGM as well as to educate both women and their caregivers about the practice and its care. The book discusses social, cultural, medical, emotional, and ethical issues regarding FGM. It provides definitions of and describes various types of FGM, explores common cultural justifications for the practice, documents the incidence of the practice in Africa, the methods by which it is done, and its impact on pregnancy, birth and sexuality. Personal interviews with women will be presented to help expand and enrich the discussion. Thoughts on the cultural evolution of the practice will also be presented. Finally, legal issues, rights, global laws and religion will be examined in relation to the progress made in eliminating FGM.

BIOS AND ABSTRACTS cont'd.

Naana Otoo-Oyor

is the Executive Director of the Foundation for Women's Health Research and Development (FORWARD). FORWARD is the lead agency in the UK working to tackle female genital mutilation (FGM). For the last 25 years Naana has worked in the field of sexual and reproductive health and rights and women's issues as an advocate, trainer and consultant. Naana has a particular interest in tackling gender based discriminatory practices including FGM, child marriage and sexual violence which impact adversely on sexual and reproductive wellbeing and dignity of African women and girls. Naana holds an MPhil in Development Studies from the Institute of Development Studies, Sussex University.

FGM: Community Based Work in the UK

This presentation will share FORWARD's community development approach to addressing female genital mutilation (FGM) in the UK. The women's health and leadership skills training is designed to increase essential skills of women from FGM practicing communities and targets women from East Africa and West Africa. The approach aims to enable women to work towards ending FGM and to empower women and young people to access needed services. The modules focus on confidence building; communication and facilitation skills; FGM law and safeguarding children and FGM and sexual and reproductive health. The presentation will also discuss the PEER study results and Young People Speak Out Programme and screen the 8 minute DVD- "Think Again" developed by young women for raising awareness.

FGM: Policy Development in the UK

This presentation will review UK Policy on FGM in recent years and highlight the need to strike a balance between prosecution, provision and prevention. It will examine UK's legal and safeguarding policy and the new multi-agency guidelines for professionals. It will outline barriers to effective implementation of existing policies and absence of prosecution in the UK. The presentation will close with a review of the END FGM European Campaign strategy recommendations for effective action on tackling FGM within Europe based on five key dimensions; data collection, health, violence against women and girls, asylum and development cooperation.

Liette Perron is a graduate of the University of Ottawa and has worked in Canada for many years in community based organizations offering services for women victims of gender violence. Internally, she also worked as a Canadian volunteer in the social development field in Egypt and Tunisia. In 1998, she joined the International Women's Health Program at the Society of Obstetricians and Gynaecologists of Canada (SOGC) where she contributed to the development and management of the Society's international activities in developing countries. Through her work, she has been involved in organizational capacity building initiatives involving professional associations in numerous countries in Africa, Central America, South East Asia and Southern Eastern Europe. She recently completed a Masters in Social Work at Carleton University.

SOGC's Policy Statement and Guideline Related to FGM/C

In 1992, the Society of Obstetricians and Gynaecologists of Canada (SOGC) adopted a policy statement condemning the practice of female genital mutilation. The statement clearly declared the practice never medically indicated and further, recommended that physicians performing the procedure be reported to their provincial licensing bodies. The document further encouraged Canadian physicians providing services to women who have been subjected to the procedures to treat them with understanding and compassion. In 2010/2011, the SOGC undertook a process to review its position statement and further develop an accompanying clinical guideline which would strengthen the framework for care of women with FGM in Canada. The presentation will focus on presenting the outcome of the review process and further, sharing a summary of the clinical guideline developed to improve access and quality of services to women with FGM/C in Canada.

For more information, contact:

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