

## Female Genital Mutilation: Voices of Young People in London, Bristol and Middlesbrough - A PEER Study

### About FORWARD

FORWARD is an African Diaspora women's campaign and support charity set up in 1985. We aim to fulfill the sexual & reproductive rights of African women and girls.

We operate in the UK and Africa to facilitate change in practices and policies that affect access, dignity, rights and wellbeing.

Our vision is that women and girls live in dignity, are healthy and have choices and equal opportunities.

Participatory ethnographic evaluation and research (PEER) methodology received ethical approval from University of Wales Swansea's Research Ethics Board in 2007.

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### Introduction

This report presents the findings from a research conducted by FORWARD among young people aged 16-25 years from FGM practising communities. The research was carried out between October 2008 and January 2009.

Female genital mutilation (FGM) refers to procedures involving partial or total removal of the external female genitalia or injury to the female genital organs for non-medical reasons (WHO 2008).

The World Health Organisation (WHO) estimates that between 100-140 million girls and women are affected by FGM. A study in the UK estimates that over 24,000 girls are at risk of the severe form of FGM in England and Wales (FORWARD 2007).

FGM is practiced in 28 countries in Africa, and parts of Asia and the Middle East. Migration has resulted in increased prevalence of FGM in Europe, North America, New Zealand and Australia.

### Purpose of study and methodology

The research aimed to explore experiences, attitudes and views of young people on FGM. The sample focused on those from FGM practising communities and addressed the following issues:

- Attitudes and perceptions of young people on FGM.

- Key concerns of young people.
- Young people's perception of themselves.
- Needs of young people in regards to relationships, sexual health and specialist services.

The study methodology was based on the participatory ethnographic evaluation and research (PEER) approach. A qualitative research method that facilitates discussion of "hard to talk" issues, such as FGM and sexual health, and enables researchers to investigate from the insider's perspective.

53 young people from the target communities were recruited and trained on research techniques to carry out informal, third-person in-depth interviews among their friends. Researchers conducted three interviews with three friends. The researchers were supported by peer supervisors. They developed the interview questions based on three themes: *daily life in the UK*, *experiences of FGM*, and *relationships and health services*.

The three study sites helped to capture different realities and intersectional issues.

- London: young women, mostly first generation born in the UK from different ethnicities.
- Bristol: Somali community young men and women and utilized focus group discussions.
- Middlesbrough: young asylum seekers and refugees awaiting Home Office decisions and sent to dispersal areas in the UK.

## The UK Law on FGM

FGM has been illegal in the UK since 1985 under the UK Prohibition of 'Female Circumcision' Act. This law was revised in 2003. The Female Genital Mutilation Act introduced the issue of extraterritoriality and increased the penalty to 14 years imprisonment.

### Quotes from PEER study

*"The way of life at home is totally different from outside, because there are 2 different cultures, different people, values and beliefs."*

*"Family is important for young people in the community; they are hugely influential in both what young people do in their everyday life as well as in shaping their future. Parents influence young people's decisions in order to make them more successful in education, career and other aspects of life. For most young people it is most likely they will try and follow the advice given by parents, even if they don't necessarily agree with it."*

*"At the end of the day, however much you study, however many certificates you get and whatever happens in the end, you will get married. The end result is always marriage."*

# Summary of Research Findings

## Social context

Identity, culture and religion were noted to be integral to the lives of young people, irrespective of whether they were newly arrived to the UK or British-born. The theme of dual or separate identities and lives was strong. Behaviour at home differed greatly from that outside the home (e.g. school); and split identification with being British/UK-based with the family's culture. Most times, the young people are able to merge both together and also to switch easily between these lives. Those who had recently arrived felt that they could not adapt easily in the UK and were still trying to cope with the UK system.

Family is fundamental to young people and parents often have a powerful influence on major aspects of their lives, including those whose families were in their country of origin. Many felt there were generational barriers. Friends were also identified as important in their lives. Many preferred close friends to be from their own community, the common culture allowing them to understand each other more. Both family and friends were perceived to strongly influence their decisions.

Both sexes felt that there had been a shift in gender roles, with women now having more responsibility and voice within the family. However, it was also noted that there were clear disparities between genders, especially regarding approved behaviour.

A number of young people raised concerns with prejudice and racism, particularly in the context of asylum seekers, refugees and religion. This included young women who wore the hijab (headscarf).

For some young men, key concerns identified were the lack of discipline or strict parenting. Many felt this had led to rebellion and gangs. The absence of father figures, the high expectations and pressures parents have of the boys, and the sense that young boys had more power over their parents in the UK were further concerns.

## Knowledge, experiences and attitudes on FGM

There was generally minimal (if any) knowledge of FGM. The young women who knew of FGM did so because they had experienced it or knew someone who had, although some also mentioned hearing about FGM through the media. Many young men had absolutely no knowledge on FGM, regarding it as 'girls stuff'.

Some of the young women who had experienced FGM type 1 also did not feel that FGM affected their lives.

Despite their limited knowledge, the young people gave various reasons as to why the practice continued. This included; purity, preserving a girl's virginity, control of women, cleanliness, honour, culture/tradition, religion, men's expectations, men's pleasure, marriage, family, and community pressure.

### Quotes from PEER Study

*“Actually I don’t know much about it [FGM], because we don’t talk about it with each other.”*

*“It’s also driven by the marriage issue. Men want virgins and that’s the obvious way of proving that you are. Women are the decision makers definitely. If the men as the heads of the family are told that FGM would stop their daughters sleeping around then they will definitely agree to it. As husbands, I don’t think they actually care if their wives are circumcised or not. Men here in the UK don’t know a thing!”*

*“We want to come and learn this because we like a challenge, I wanted to know more, I had an idea but the information I received was more helpful. I didn’t know about the Type 1, 2, or 3.”*

*“Sex education is okay but some of the methods are wrong like showing films about it, they can’t see that it’s against our religion and it’s important to know but it must be done in a sensitive way.”*

Mothers and older women were noted to be the main decision makers on FGM, especially in the UK where the dynamics of decision-making had shifted to mothers. In addition, FGM was felt strongly to be a woman’s issue.

Attitudes on FGM were believed to be changing, especially within families living in the UK. It was also felt that attitudes were changing ‘back home’ although at a slower pace, and that awareness raising campaigns in those countries had had some impact.

Most of the young people strongly opposed the practice, although some young women added a note of caution to not undermine the communities, and to treat the issue with sensitivity. All also felt that it was vital to involve young people (including young men) to end FGM and there was a consistent request for more information, especially on the health implications and the UK law.

### Relationships, sexual matters and services

On the whole, the young people had some knowledge of sexual health through sex education in school. However there was some critique on the sex education provided, especially the age of delivery, the content, and the lack of religious sensitivity.

There was minimal knowledge of sexual health services with limited or no use of these, despite knowing peers who were sexually active. Young women did not access services due to stigma attached and fear of

being found out, whereas the young men did not go due to fear of being classified as having a sexually transmitted infection or being mocked.

On the issue of relationships and health services there was a marked difference between young women and men in attitudes and gender disparities. Both sexes, however, saw marriage as important.

Marriage was viewed as inevitable for most of the young women. Most expressed that upon turning 20, parents started to put pressure on them to marry. Virginity was seen as fundamental to marriage. Also some felt that arranged marriages were viewed as normal and agreeable by a small number of women. There were also familial expectations that the bride should be from the same ethnicity, religion, be good and well behaved (i.e. a virgin).

Most of the young women felt an intense pressure to uphold their religion and culture. They were conservative about sex, and felt it was a private (or ‘taboo’) subject. As virginity is so important, if some women were sexually active, this needed to be done secretly.

The young men were more open in talking about sexual relationships. Most felt there was a lot of peer pressure on them to be sexually active. There seemed to be a double standard in some of the young men’s attitudes. They felt it was acceptable for them to have sex before marriage but not for girls.

**Quotes from PEER Study**

*“Young people may be put off accessing any services for sexual health as they would be worried that if there were seen to know about sex the family would be suspicious. Services are there however and young people know where and how to access them but it is the fear of the family finding out that may prevent them from actually accessing these services.”*

*“Younger people are the real change agents, as they have young minds, and are more open to discussion.”*

*“..this is important to us, FGM is our reality and we have to face it.”*

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## Conclusions & Recommendations

This research was an empowering process for the young people involved. It helped to develop their confidence to discuss FGM, and break the silence surrounding this taboo subject. The research process and subsequent consultations among the researchers and stakeholders helped form the beginning of an advocacy group for action in all three cities.

The results highlighted the need for targeted action with young people on FGM education and multi-dimensional approaches. Since many of the young women were unmarried, many had not experienced the need for accessing specialist FGM services. Young people from FGM practising communities form a crucial part of the future in ending FGM, they are key ‘agents of change’.

However unless there is improved understanding of the lives and needs of young people, effecting change will be difficult. FGM is a complex issue and cannot be abandoned without tackling the complexities and concerns of young people.

Key recommendations:

### Information and communication

- Provide accurate information on FGM, including health, negative effects, religion and the UK law.
- Provide safe space for young people to engage on the issues.
- Facilitate inter-generational dialogue and improve family communication and engagement

- Engage young men on FGM to raise awareness and support change.

### Specialized services

- Provide sex education in schools that meet the needs of young people from Muslim communities.
- Provide specialized FGM clinics, especially outside London, and youth friendly services to address the needs of girls and young women.

### Research

- Conduct study on extent of FGM among young people
- Review asylum process experiences of young people at risk of FGM.
- Improve knowledge on young women’s experiences of accessing services in the UK

### Policy review

- Provision of better support for young asylum seekers and refugees in dispersal areas including allocation of mentors to provide emotional support, and assist in adapting and integrating.
- Address the wider issues that face young people from FGM practising communities, including discrimination.

**For more information on the PEER study or FORWARD’s programmes please contact Estelle Robinson, Policy and Information Officer.**

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