

Perceptions of Community Support for FGM among Disparate Communities in the UK

**A Participatory Ethnographic Evaluation Research
(PEER) Study**

Background

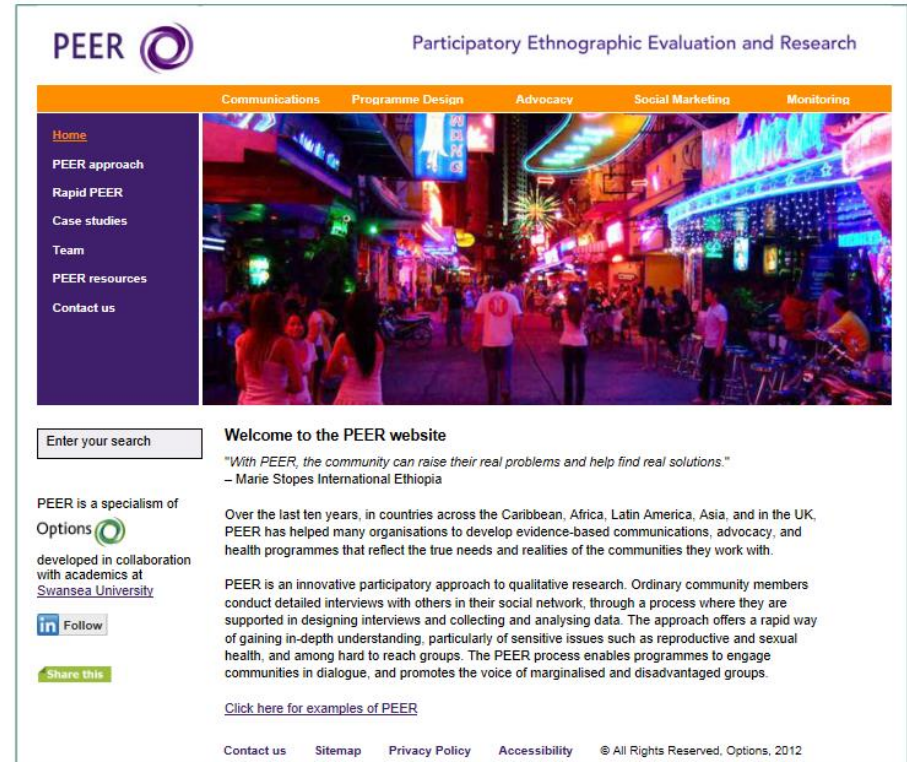
- Research to inform and evaluate UK Initiative to strengthen FGM prevention through community-based work
- Baseline (2010) and endline (early 2013) took place *before* recent explosion in interest and coverage



The Method

- Ordinary people trained to conduct in-depth, conversational interviews with peers
- Third person, open-ended questions
- Total of 260 respondents from 70 peer researchers

= Rich, narrative data on how people conceptualise and talk about FGM

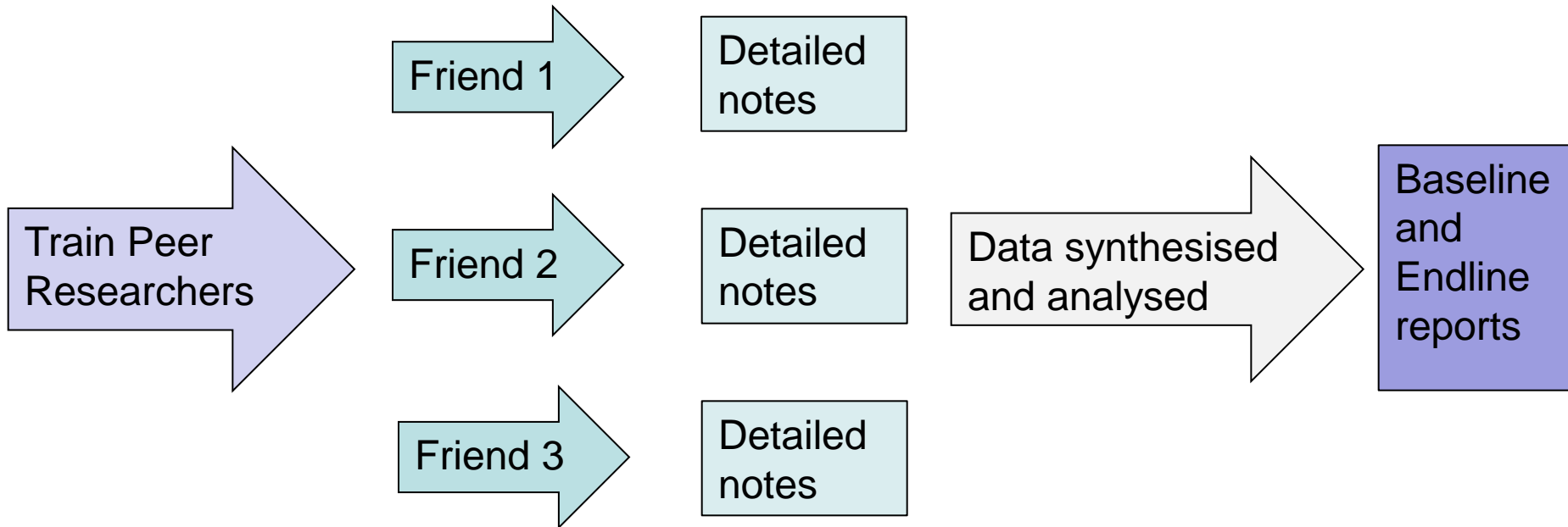


The screenshot shows the PEER website homepage. At the top, the logo 'PEER' is followed by the tagline 'Participatory Ethnographic Evaluation and Research'. A navigation bar includes links for 'Communications', 'Programme Design', 'Advocacy', 'Social Marketing', and 'Monitoring'. A left sidebar contains links for 'Home', 'PEER approach', 'Rapid PEER', 'Case studies', 'Team', 'PEER resources', and 'Contact us'. The main content area features a large photograph of a vibrant, neon-lit street scene at night. Below the photo is a search bar and a 'Welcome to the PEER website' section. A quote from Marie Stopes International Ethiopia reads: 'With PEER, the community can raise their real problems and help find real solutions.' The text describes PEER as a specialism of Options, developed in collaboration with academics at Swansea University. It explains that PEER is an innovative participatory approach to qualitative research, where ordinary community members conduct detailed interviews with others in their social network. The approach offers a rapid way of gaining in-depth understanding, particularly of sensitive issues such as reproductive and sexual health, and among hard-to-reach groups. The PEER process enables programmes to engage communities in dialogue and promotes the voice of marginalised and disadvantaged groups. At the bottom, there are links for 'Click here for examples of PEER', 'Contact us', 'Sitemap', 'Privacy Policy', 'Accessibility', and '© All Rights Reserved, Options, 2012'.

Sample Questions

1. What do people in our community say about FGM?
2. How do people in the community feel about FGM? Is it different for:
 - Men and women?
 - Older and younger people?
 - Educated and non-educated?
 - People born in the UK vs. people born elsewhere?
3. Do people want to continue this practice? Why/why not?

The Process

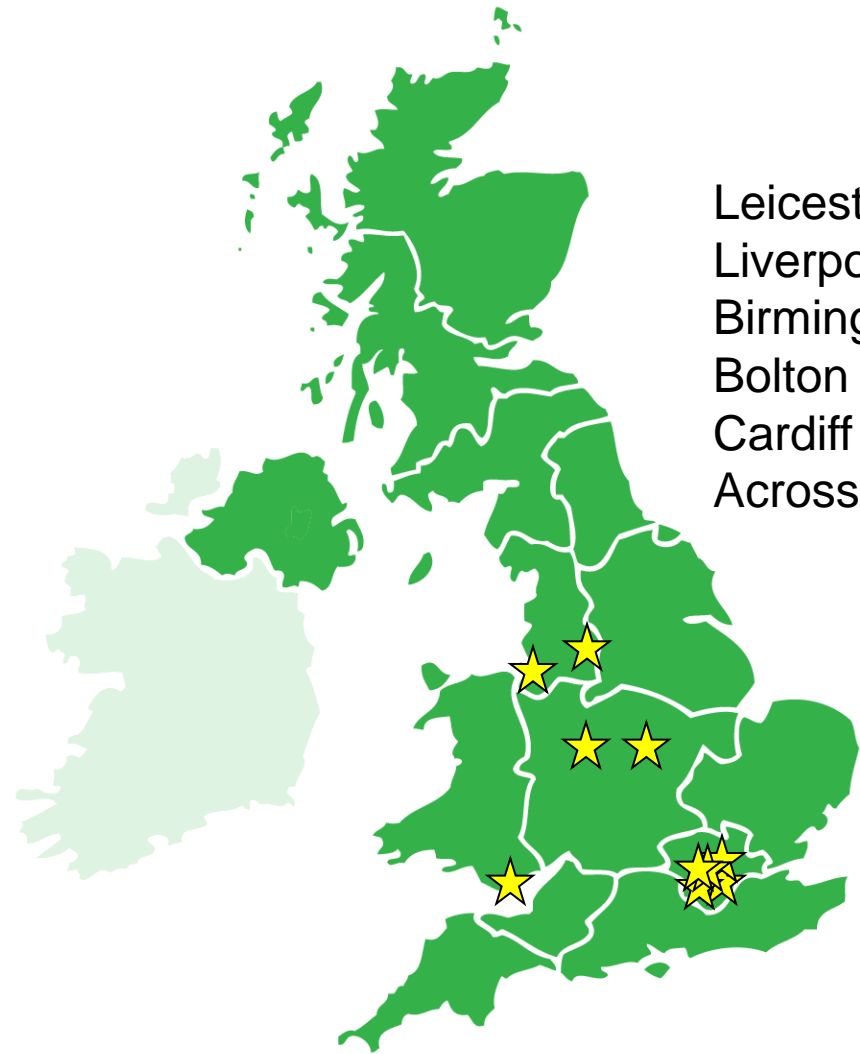


- *Develop questions*
- *Research ethics*
- *Confidentiality*
- *Recording data*

Each Peer Researcher interviews 2-3 friends and takes detailed notes

Data analysed and results written up by social scientist; implications taken forward by Initiative

Research Sites



Leicester
Liverpool
Birmingham
Bolton
Cardiff
Across London

Generational Differences

“When it comes to the community there is a split on FGM with some wanting it and some saying it’s a bad practice. Women like myself think FGM provided women with dignity and kept them in check to behave and not divert from their religious beliefs. Many people in the community know FGM is not connected to religious practices and use this as an excuse to disregard who we are. FGM is part of who we are as women and this identity should not be lost...”

Granby Somali Women’s Group GSWG

Perceptions of the Law

“I overheard my mum’s friend saying: ‘I went to Egypt and when I was there I considered circumcising my daughter but there is so much fuss around FGM now I was scared that people would find out.’ This woman did not carry out FGM because she was too scared of the consequences.”

Increasing defiance among young women

“Young people are absolutely against FGM. My niece went to Somaliland with her aunt and her relatives started to make plans to circumcise the niece but she refused and her mother, who was not with her but in the UK, called the family and asked them to leave her alone if she did not want to be circumcised. She came back unharmed.”

OSCA

Religious perspectives

“When you mix with people from other cultures in the mosque they say this is haraam (an act which displeases God), which has changed many women’s views... The reason why I have decided to leave my daughter alone is because I asked a woman from the mosque who teaches me Quran. She said that it was not written in the Book and this practice was attached to my culture and traditions, not the religion”.

GSWG

Stories

“One woman told me she got pregnant and she didn’t know that in the UK they didn’t know about FC. She said when she was in labour she went to hospital and the health professionals were looking at her vagina shocked and wondering what happened to her down there. The woman didn’t speak English and she became uncomfortable everybody looking at her private (parts) talking about it in a shocked way. She said here she was in agony and the medical people were looking at her private area and talking in a language she didn’t understand. She said she felt insecure and frightened. She said the distrust she felt about the medical team was worse than the labour pain she was experiencing. She felt she was a show and she became worried and alone and she felt she couldn’t trust these people who were looking down on her and disrespecting her.”

BSWAID

An increasingly public discourse

“One day I was watching Channel 4 with my friend who is a Somali, when FC programme came on and there was Somali women being interviewed about FC in their community and why they practise it... My friend was really angry with the Somali women for speaking out about FC. My friend is 23 years old and she doesn't believe in FC but she doesn't like her community being talked about negatively. No, the programme was not negative but she feels FC is a negative issue and she says we should only discuss it within the community and not on TV”. BSWAID

The Findings: Changes over Time

In areas of active community-based preventive work, significant changes reported:

- Greater awareness of the law and negative health impacts
- More open discussion around FGM in general, and more vocal opposition (particularly from young women)
- Increasingly rare to speak of FGM as a religious obligation
- Women increasingly aware of specialist support services (with project workers playing a valuable role in supporting access)

The Findings: Challenges

Significant challenges remain:

- Inappropriately framed efforts to tackle FGM lead to resistance/reluctance to engage (particularly in areas with lower ethnic diversity)
- Certain groups remain difficult to reach (Gambian, Eritrean, Sudanese were mentioned)
- Human rights-based approaches remain challenging for community-based workers to implement (some success with child rights approach)
- Support for FGM remaining in some groups (particularly older women)

Conclusions

- Strong support for a more interventionist stance by the UK government, combined with culturally sensitive community-based work
- Emerging consensus on the importance of involving men in prevention work

Methodologically:

- Rapid PEER is a cost-effective, quick, empowering and capacity-building approach to operations research, which highlights key issues at the local level
- Insights can be used to shape strategy and evaluate impact (ideally, combined with other methods)

Thanks for Listening!

Authors: Eleanor Brown e.brown@options.co.uk and
Joanne Hemmings j.hemmings@options.co.uk

For more about PEER www.options.co.uk/PEER

For more about the UK FGM Initiative
www.trustforlondon.org.uk/policy-change/strategic-work-item/female-genital-mutilation/