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The Lives and Health of Women in Exile



A handbook for conducting discussion
groups with women from countries where
female genital cutting is practised

english edition

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Thanks to

The OK Project would like to thank everyone who contributed knowledge and insight to this handbook, whether directly or indirectly. In addition to those previously mentioned, a number of professionals and resource persons have discussed various parts of the programme with us. A number of other people have read various versions of the handbook in order to correct any misunderstandings or errors. We are grateful to everyone, although there are too many names to list.

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About the programme and the authors



The Norwegian Government's Action Plan for Combating Female Genital Mutilation (2000) is one of the measures devised to prepare a strategy for educating representatives of countries where female genital cutting is practised. The original idea for a programme of this type came from Sweden. Responsibility for developing the programme was given to the OK Project (September 2001-December 2004), which was appointed by the Norwegian Government to implement substantial portions of the Action Plan. This handbook is part of the OK Project's implementation of the programme.

This handbook is intended to serve as a guide, an inspiration and a support for people who want to influence others through the use of discussion groups, and who want to instigate processes that can help to change and improve the lives and health of women in exile. The handbook includes suggestions for topics to be discussed and ways of structuring the groups.

Project contributor Chava Savosnick, a social worker and Gestalt therapist, was mainly responsible for writing the handbook and devising the models, topics and programme. Project co-ordinator R. Elise B. Johansen, a researcher in the field of medical anthropology, wrote about the subjects that are most directly linked with female genital cutting: women's health, focusing on the sexual organs, and impregnation and childbirth. In addition, the OK Project discussed the programme and its content with a number of professionals within related fields.

The OK Project received valuable input regarding the methods and structure of the programme through its participation in a parental guidance programme for minority parents under the auspices of the International Child Development Programme, ICDP¹, directed by Professor Karsten Hundeide.

"The Lives and Health of Women in Exile" was developed in close collaboration with the target groups. The OK Project organised two seminars with professionals and other resource persons from the relevant target groups in order to develop and test ideas in the spring of 2002. In 2003 and 2004 the OK Project held courses for around 70 group leaders and supervisors from the entire country, who have subsequently organised over 30 discussion groups.² The knowledge acquired through organising and implementing these courses and the courses that the OK Project itself arranged during the project period has been of vital importance in drawing up the programme.³

Footnote 1: The ICDP is an international programme providing guidance for parents, which has been further developed and adapted for parents with a minority background. The objective of the programme is to support the parents ability to act as caregivers, and to build a bridge between their traditional values as caregivers and the values they encounter in Norwegian society. Internet: www.icdp.info

Footnote 2: These courses were called "informant courses"

Footnote 3: The World Health Organisation has emphasised the importance of including representatives of the relevant communities when drawing up the programme. The WHO has promoted this concept through its programme of Community-Based Rehabilitation, CBR. CBR is a locally-based programme that was developed in the 1970s to aid people with disabilities. Internet: www.who.int

International studies indicate that women who acquire greater self-esteem and become better integrated into host society are often the first to put an end to the tradition of female genital cutting. Therefore the topics of this handbook have been chosen with a view to increasing women's understanding of integration and other aspects of living in exile. The OK Project has developed methods that are designed to help women participate actively in discussions and voice their opinions out loud. Participation in the discussion groups can thus increase their self-esteem, their awareness of their own traditions and attitudes, and their understanding of the choices they can make in their own lives and health when in exile.

The broad perspective and methods of the programme also help to strengthen women's empowerment and influence. This means that most parts of the handbook can also be used with women who do not come from countries where female genital cutting is practised.

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The structure of the handbook

The handbook is divided into three main parts:

Part 1.

General observations on conducting the group meetings

such as the distribution of roles, the structure of the meetings, and the qualities that group leaders are expected to have. This is intended as an aid when the supervisor is "training" a resource person from a particular community to be a group leader, and in the concrete planning and implementation of, and subsequent reporting from, the discussion groups.

Part 2:

Topics and programmes for eight group meetings

Each meeting is devoted to a specific topic. The preparation for each meeting and an item-by-item review of the meeting are covered.

Part 3:

Resources

Illustrations to be used in teaching, additional recommended literature, and a suggestion for a course completion certificate.

Part 1

Discussion groups; who, what and why

The main objective of the programme is to establish groups providing support and promoting a change of attitude in order to prevent the practice of female genital cutting, and to increase women's awareness of their own attitudes and the choices they have regarding their lives and health while in exile.

An important subsidiary objective is to help women develop a positive view of their own bodies and of themselves as individuals.

A second objective is to ensure that the groups will help the participants to create networks that will continue to function after the programme has ended. Networks can help them to support one another both in their everyday lives in Norway and in renouncing harmful traditions.

A third objective is to strengthen the competence and efforts of the relevant healthcare and social service institutions (including the educational system and asylum reception centres) and to enhance contact between the relevant groups and institutions.

Target groups

Primary target groups:

This programme has been designed primarily for women from countries where female genital cutting is practised. However, men and young people can also use the programme.

Andre målgrupper:

This programme can also be used by other minority groups. In these cases, it will not be relevant to deal specifically with female genital cutting, and the portions of the programme that refer to this can be left out.

Discussion groups can be regarded as a project.

For this reason, sufficient time must be devoted to planning both in advance and while the programme is under way. It is important that the group leader participates in the planning process to a certain extent. There must also be an opportunity to adjust and adapt the programme along the way as the members of the team get to know each other and their group better.

Reasons for focusing on female genital cutting

An increasing number of women from areas where female genital cutting is prevalent are immigrating to Norway. In order to prevent this practice from being continued by women in exile, the Norwegian authorities wanted to introduce a system whereby some members of the target group would receive training, so that they themselves could help change the attitudes prevalent in their communities. This is the only way in which real change can take place. A change in the views of relevant groups in Norway could also result in a positive ripple effect, instigating change both in the group's homeland and in other countries of exile.

Working for global change

Efforts to combat female genital cutting have been conducted for many years, both in the countries where it is practised and in many countries of exile. The OK Project is aware of the fact that many countries have developed models similar to the one presented here. In other countries of exile, such as Sweden and Denmark/Finland (EU project), education of some members of the target group has been carried out, and in Australia, for example, this education has also been combined with discussion groups such as those described here. In various “homelands”, too, such as Senegal, Egypt and Somalia, similar models have been used with a good deal of success. In other words, there are worldwide efforts under way to combat female genital cutting, and these various efforts can have a mutually supportive and stimulating effect.

Discussion groups as a method of working for change

This is a community-based programme built on experience indicating that working for change in an ethnic minority group may be easier if resource persons from that community participate actively in the process. Members of the relevant communities are often better able to exert influence than representatives of host society, and often have more effective means of overriding traditions.

Working with ongoing discussion groups helps to combine professional and personal growth with an enhanced network and increased social support. Each group meeting begins with a short presentation that encourages the members of the group to discuss the topic being dealt with and reflect on their own attitudes. The reason for this is that active participation and an open discussion within the group are important elements in efforts to change attitudes. Merely listening to a lecture will not change people’s behaviour.

Through their active participation, the members of the group will enhance their awareness of the traditions that can support and strengthen their identity, sense of security and ability to adapt, and of the traditions that are harmful to them. Being in exile often presents a challenge to a person’s identity, and the question arises of how one is to redefine fundamental elements of identity such as one’s ethnicity, nationality, religion and skin colour.

The objective of the programme is for women to gain insight into the possibility and importance of changing harmful traditions by sharing their thoughts and experiences with other women who come from countries where female genital cutting is practised. In this way awareness and insight can be gained at a personal level, together with other women, and can often serve as a driving force for inspiring women to share their new ideas with others. We hope that in this way every participant in a discussion group will disseminate the knowledge she gains within her own community. The main point is not only to provide the participants with the greatest possible amount of theoretical knowledge about the harmful effects of genital cutting. It is equally important to support the women’s consciousness-raising process and their desire and ability to make their own choices. In addition, the group setting enables the participants to gain social approval for the process of positive change.

Working in a team

The programme is based on discussion groups led by a team of two people with complementary professional and cultural competence and networks. Their teamwork will enable them to can give each other mutual support, encouragement and exchanges of knowledge. This appears to be necessary, as experience from other countries has shown that group leaders often give up if they do not receive follow-up from a supervisor. One reason for this is that female genital cutting is a sensitive subject, and group leaders may encounter negative reactions and pressure from their own communities.

The composition of the team

The following is a proposal for the composition, qualifications and distribution of work in the team:

Supervisors:

People with experience in working with different groups of people, who are able to train the group leaders to conduct discussion groups.

Qualifications:

Relevant professional education with a minimum of a college degree, preferably within the areas of health care and/or social work, and some connection with the relevant healthcare and social services institutions. It would be an advantage to have experience in conducting groups, etc.

Tasks:

The supervisor shall be regarded as a project coordinator who is responsible for taking the initiative and organising the work. The supervisor has overall responsibility for dealing with the economic and administrative areas, finding venues for the meetings, and organising other practical aspects of the work. The supervisor must be familiar with the content of the handbook, must ensure that the group leader understands the working process, and must plan each individual meeting, its implementation and its follow-up/reporting together with the group leader.

It is possible for a supervisor to conduct a group alone. In this case, it might be necessary to have an interpreter available as well as a discussion partner and support person from the target group.

Group leaders:

People from the relevant target groups who can conduct discussion groups on the lives and health of women in exile.

Qualifications:

A group leader must have enough knowledge of Norwegian to be able to work with the supervisor. She should preferably share a common language with the participants in the discussion group. It is also an advantage if she has at least completed primary school, has a large network and has organisational experience.

Tasks:

The group leader participates in the planning of the discussion groups and recruits participants to the group. It is often necessary to call the group's participants before each meeting to remind them of the meeting and encourage them to come. In addition, the group leader will work together with the supervisor to prepare the information and discussion material prior to each individual meeting, and to review the meetings together with the supervisor afterwards.

Co-operation, distribution of work and economy

How people co-operate, distribute work and use the time at their disposal can vary. Experience has shown that it is important to clarify these aspects of the work, as well as the payment to be received, beforehand. Time should be set aside for a thorough review of these matters, both during the preparatory period for the entire programme before the group discussions begin, and when each individual meeting is being planned. This clarification must define the framework for the team's collaboration, including practical aspects of the work, the distribution of roles and tasks, the rules for interaction, and a review of the individual topics to be discussed.

The supervisor and the group leader are to be paid for their work. If all or some of the work can be carried out during the ordinary working hours of the team, this is a great advantage with regard to building a firm basis and ensuring continuity.

It would not be appropriate to pay the participants in the discussion groups, but participation should be free, and all participants should receive a certificate stating that they have completed the course.

The role of the supervisor

The supervisor should serve as a support person for the group leader. Her professional background should enable her to assist the group leader in her role and to support her in implementing the entire programme. The supervisor should also help with practical matters. The supervisor must read the handbook carefully, and then review it orally with the group leader. It is vital that the supervisor is certain that the group leader has understood the objectives of the programme itself and the way it is structured. Role-playing and practice are important parts of the preparations.

Before each session begins, the supervisor should once again go through the programme for the session with the group leader. Experience has taught us that it is most effective if the group leader only needs to deal with written material for one session at a time, a total of around two pages. Give the group leader a copy of the pages that are relevant for the specific meeting, preferably in advance so she has an opportunity to read them at home before the planning session. In any case, the supervisor must go through these pages with the group leader. The written material may include Norwegian words and concepts that some of the group leaders do not understand. The supervisor should be certain that the group leader has understood the content of each topic, and should ensure that the words and concepts are understood in practical terms and are "translated" into the reality of the group leader's life.

After each group meeting the supervisor and the group leader should review the events of the meeting, taking into account both their own roles and the topics and problems that were discussed. During the meetings, the group leader should take notes that can serve as reminders afterwards, especially if the supervisor was not present, or if the discussion was conducted in a language that the supervisor did not understand. Items listed on the flip chart should also be referred to when reviewing the session. On the basis of this review, the supervisor will write a report on the discussion group meeting, using the suggestions on page 21 as a starting point. The report can be made in connection with the planning session for the next group meeting. Writing the report is important for the supervisor herself, for planning subsequent group meetings, and for indicating to the supervisor what kind of support the group leader needs.

Supervisors with a professional healthcare background can lead Meeting 4, the subject of which is women's health, focusing on the sexual organs. If the supervisor does not feel secure enough with this material to lead the meeting, she can draw on external resources, for example a local public health nurse. For Meeting 5, the subject of which is

impregnation and childbirth, it could be an advantage to have a midwife present if the members of the team themselves have no training in this area.

In addition to the two meetings mentioned above, Meetings 5 and 6, the supervisor should participate in the first meeting, in order to meet the participants, and the last meeting, which is an evaluation of the entire programme. However, experience has shown that it is often an advantage if the supervisor is present as much as possible at the group meetings, in order to help maintain the structure and keep the focus on the relevant topic. She could, if necessary, take a break and leave the room if she feels that this will enable the participants to speak their minds more freely. How much, in what way, and when discussions being conducted in another language should be translated for the supervisor must be discussed both in advance and during the course of the meeting.

The role of the group leader

The group leader is responsible for recruiting participants to the group and motivating them to attend. She can accomplish this most effectively within her own community or among the people who use the facilities at the supervisor's workplace, for example a mothers' group at a public health clinic. Experience has shown that this phase is vital in gathering a group that functions well, and thus one must expect to spend some time on recruitment. Each participant should be encouraged personally by the group leader to attend the discussion group. It might also be necessary for the group leader to call the participants before each session to remind them to attend.

The group leader is present at all of the meetings. It is important that she arrives well in advance, so that she can take care of the final practical preparations and greet the participants when they arrive. This provides a clear signal that the group leader respects the group and the participants, and that she feels a sense of responsibility towards them. It will help the participants feel that they are welcome and will assure the supervisor that the group leader is serious about her responsibilities. It is important to establish a sense of security within the group so that all of the participants feel able to be as open as possible. The group leader must be able to create a favourable relationship with the group members. One way in which she can accomplish this is by generating a constructive atmosphere in which the participants feel that they can be themselves and say what they really think. The group leader must give equal attention to each participant, and not give any one of them preference over the others. She must not conduct private conversations with those she already knows.

Experience shows that the role of group leader can be a challenging one. It can prove difficult to take on a leadership role in one's own community, by stopping or distracting somebody who is talking too much, for example. The group leader will often be paid for running the group, and many of the participants may react by asking why the group leader is paid and they are not. What can she do that they cannot? This is why it is essential to explain to the participants in the group that the group leader has been hired to do this job, and that she has received training and instruction in how to conduct this type of group. Therefore the group leader must always be on time, prepared, conscientious and unambiguous in fulfilling her role. This will help her to show that she has more responsibility than the participants.

Many of the participants expect the group leader to help them in other ways and at other times. She may also be confronted with challenges to her role, ethnic identity, clan association, social class, etc. For this reason it is vital that these things are discussed both in advance and during the course of the meetings, and that the roles to be assumed and the distribution of work have been made clear to the group's participants.

The use of interpreters

If the members of the team do not speak both Norwegian and the language used in the group, it might be necessary to include an interpreter in the proceedings. If the group needs to operate with three languages, it may be extremely difficult and time-consuming to conduct meetings. In this case it would be more advantageous for the supervisor to conduct the meetings alone with the aid of the interpreter. It is important that the interpreter is a woman, and that she is informed about how the programme functions.

The participants in the group: who and how

It is important for the group leader to explain the programme to the participants, and to talk with each participant before the meetings begin. This can be done on the telephone. The group leader must be enthusiastic about the programme when she is recruiting participants. Merely providing factual information about the programme is not sufficient. The objective is to motivate the women to participate in the discussion groups. Even if the supervisor or the group leader already knows the women, it is still important for the group leader to talk with each one of them individually.

Recruiting participants to the group and motivating them to attend

It is important for the group leader to explain the programme to the participants, and to talk with each participant before the meetings begin. This can be done on the telephone. The group leader must be enthusiastic about the programme when she is recruiting participants. Merely providing factual information about the programme is not sufficient. The objective is to motivate the women to participate in the discussion groups. Even if the supervisor or the group leader already knows the women, it is still important for the group leader to talk with each one of them individually.

The group leader must show that she believes that this is an extremely good programme in which the potential participant has been specifically selected to participate. The group leader must explain what each woman will gain by participating in the group. She could mention, for example, developing a new contact network, getting to know other women, experiencing personal growth, building competence, learning more about her own health, having an opportunity to discuss her situation with other women, or getting support to help her deal with her life in exile.

The group leader should inform the women about how many meetings they will be expected to attend and the topics they will receive information about and discuss. All the topics are related to the lives and health of women in exile, and address areas relating to traditions, integration, health and other subjects.

Some women may be sceptical about participating in a group that discusses female genital cutting. They may be afraid that the subject will be approached in a negative, prejudiced or patronising way, or they may believe that they already know everything there is to know about it and are “tired” of

Potential groups for recruitment:

- mothers' groups at schools
- mothers' groups at public health clinics
- pre-existing women's groups in the community
- the group leader's own network
- programmes designed to integrate refugees and immigrants
- religious meeting places (churches, mosques, etc.)
- educational institutions such as adult education classes

discussing it. Nevertheless, experience shows that when focus is placed on the health aspect of the programme, women find the subject relevant and interesting. Many of the women who said at first that they were not interested in the subject, and already knew everything they needed to know about it, said at the final evaluation that this had been the most fascinating and educational part of the programme. Therefore we recommend that when recruiting women to the group, and when presenting Meeting 4, “Women’s health, focusing on the sexual organs”, emphasis is placed on the opportunity to learn more about women’s health and anatomy and on the opportunity to ask questions about things they are wondering about.

When recruiting participants, it is an advantage to be able to offer a certificate of completion to those who finish the programme (see the suggestion for a course completion certificate at the end of the handbook). This certificate could, in some cases, help women when applying for a job, and could thus provide an additional incentive for participating in the discussion groups.

In some cases it might be useful to arrange an information meeting in order to reach a large number of people when recruiting participants. This would be especially useful for supervisors who will be conducting the discussion groups alone.

The composition of the group

It is a great advantage if the participants in a discussion group come from the same country or have the same ethnic background, and if the group leader belongs to the same ethnic group. Sharing a common background can put the participants more at ease, and speaking the same language makes it easier for the participants to express themselves.

However, mixed ethnic groups can also be beneficial. One of the advantages can be that the participants can find out how women with other backgrounds view the same issues. This type of group functions most effectively if the participants share a common language, and if it is composed of women who are accustomed to being around people who come from a different community than their own. Youth groups are an example of mixed ethnic groups that have worked well in the past.

The size of the group

The ideal number of participants in a discussion group is from six to eight. A group of this size is large enough to ensure that a variety of attitudes are expressed and small enough to ensure that most of the women will find the courage to speak, and will have an opportunity to express their own thoughts and relate their own experiences. If the group is too large, women could leave the group because they feel that their presence or absence makes no difference, or because they feel that there is not enough time or opportunity for them to say anything.

It might be necessary to recruit more women than the ideal number for each group, since there will often be some who leave the group.

The framework of the meetings



The team is jointly responsible for implementing the group meetings, but the supervisor has the main responsibility. The group leader participates in all of the meetings, while the supervisor should participate in at least four of them. Experience shows that it is often an advantage for the supervisor to be present at all of the meetings.

The meetings should be as upbeat and pleasant as possible. It would be a good idea to serve tea and coffee. Each meeting is structured in the same way. This gives a sense of consistency that can give the participants a feeling of security, and can make the job of the group leader easier. As far as possible, the group should be “closed”, so that the same participants take part each time the group meets. This also helps to create a secure and open atmosphere. In general, accepting new members after the third meeting has taken place is not recommended.

Time frame

The implementation of the programme is based on a two-hour meeting each week for eight weeks. Our experience indicates that it is important to meet on the same day and at the same time each week. If there is a week’s pause, or if other changes are necessary, one of the members of the team should call the participants before the next meeting to remind them of the time and day.

In addition to the hours during which the meetings take place, the supervisor and the group leader should set aside time to meet for preparation and follow-up. Approximately one hour should be devoted to preparation, and one hour to follow-up. The group leader must also plan on spending around one hour to call the participants before each meeting.

The programme can be extended by a few meetings if there is a wish to continue the discussions on one of the topics or if the participants would like to discuss additional topics.

Location

It is an advantage if the meetings can be held in a place that is open to the public, and that the participants already know and use for another purpose. This makes the discussion meetings easily accessible and gives the participants a sense of security. It may also encourage the participants to use the venue more frequently, which could enhance contact between the target group and the relevant healthcare and social services institutions.

Important principles for effective leadership of the group

The group leader should:

create a secure and positive atmosphere

She must show that she is pleased that the participants have come, welcome them each time they arrive, and show interest in each individual woman.

initiate and maintain the group process

She can do this by introducing the topic that will be discussed that day, and getting the participants to talk about it. It is her responsibility to ensure that everyone who wants to say something is allowed to speak, and she should ask more probing questions if the discussion stops or gets off track. She must “steer” the group.

inspire and motivate the participants

The most important source of inspiration is the group leader herself. Her enthusiasm must be obvious. The participants will notice very quickly whether the group leader is really involved in what she is doing.

encourage the participants to be as active as possible

She should not answer all the questions, but get the group to discuss them. Instead of answering herself, she could ask, for example, “What do you think about Sara’s question?”

provide positive feedback and acknowledgement

She must show her appreciation when the participants are active, and let them know that their involvement is valued. She must give approving signals such as nodding her head and using a positive tone of voice. The group leader must validate the experiences of the participants even if she disagrees with them: “Yes, that’s how you feel about it. Now let’s find out if any of the other women agree with you, or if they have had different experiences.” She must never say, “No, that’s not how it is.”

meet each woman with respect

Regardless of what the participants say, the group leader must never be condescending or judgmental. This applies to both her spoken words and her body language. There is no such thing as a “stupid” question. Nobody should have to feel insulted or underestimated.

communicate in an open manner

This means that the group leader does not ask leading questions, and that her questions encourage the participants to answer with more than just a yes or no. WHO, WHAT, HOW and WHEN are good words to start a question with. Questions that begin with these words enable the participants to give more comprehensive answers. Questions asked in an open manner would be, for instance, “What do you know about this?” “How did you do this in your family?” “Who was it who did this?” These same questions asked in a closed manner would be, “Do you know anything about this?” “Did you do it in the same way in your family?” “Was it the mothers who did this?” Avoid questions that can be answered with a yes or no.

make sure that the group does not persist in assuming the role of the victim

Examples of this would be, “Everything is difficult,” or, “It’s no use.” Agree that things may seem difficult, but support the women in their active efforts to break out of the role of the victim. Say, for instance, “This is a difficult situation. What do you need to do to get out of it?” Support their strong qualities, saying, for example, “We Somali women are known for never giving up,” or be more specific, saying, “You, who have raised so many children, can certainly manage to...”.

make sure that everyone has the opportunity to be heard

It might be a good idea to let each participant speak in turn. Make sure that no one person dominates the discussion. A person who talks too much is stealing time from the others. The group leader can shift the focus to another participant by saying, for example, “What you are saying is important, but now we need to hear what somebody else has to say about this.” The group leader must encourage the silent observers to speak out.

Preparation and planning before the group's first meeting

It is important to set aside time for general preparation of the discussion groups. The group leader should be involved in most aspects of this planning, including training in leading a discussion by using, for example, role-playing.

Practical planning

- Where should the meetings take place, and how accessible should the venue be to the participants?
- Which weekday, and at what time?
- Should childcare be arranged?
- Who should cover the expenses of the team's salary, coffee and tea, biscuits and childcare?
- If the supervisor works, she should discuss with her employer whether she must organise a temporary replacement, so that she has the time necessary to implement the discussion groups.
- Should the participants receive a course completion certificate after participating in the discussion group?
- Preparation and follow-up of each session: how, where and when should they be carried out?
- Should there be an external speaker for, for example, the meetings about women's health (Meeting 4) and impregnation and birth (Meeting 5)?
- Is an interpreter necessary for any of the meetings?
- Preparation of practical tools such as flip charts and overheads, ordering information materials, etc.
- What kinds of restrictions and framework should be determined for the participants? How long should they wait for women who are late?
- What should be defined as participation? Some groups have decided that if a woman arrives more than 15 minutes late, or leaves more than 15 minutes early, her presence does not count as participation. When participants are not present for the entire meeting, they cannot absorb the information they are being offered, and they also disturb the others in the group. Discipline can be an important factor in developing good group dynamics and facilitating the work of the team.

Planning for recruitment

Who should be recruited?

How should they be recruited?

Should there be an open information meeting before recruitment begins?

Planning for the team's roles and distribution of work.

It may be necessary to adjust these from meeting to meeting.

- Who should buy the tea, coffee, etc.?
- Who should unlock the door and prepare the tea, coffee, etc.?
- Should the group leader call the participants before each meeting?
- To what extent should the supervisor participate actively in the meeting?
- To what extent should the group leader translate contributions to the discussions?
- How many meetings should the supervisor participate in?
- Who is responsible for organising the preparations for each meeting, and for the follow-up and reporting?

Preparation for ensuring the professional implementation of the groups

Review of the fundamental idea behind the programme to ensure that the supervisor and the group leader share a common understanding of:

- the objective of the discussion groups
- the distribution of roles
- the importance of being prepared for each group meeting

The supervisor is responsible for ensuring that the group leader receives the training she needs to function as a group leader. This can be accomplished by going through the important principles for good group leadership on page 16. It could be profitable to conduct some practical training and role-playing exercises.

How should the group leader be introduced to the group so that she has “authority” and so that it is apparent that she has received training and is thus competent to conduct the meetings?

What type of ongoing guidance does the group leader need?

Should the supervisor read more literature dealing with any of the topics?

Ideas for the planning session and preparation for individual meetings



Suggestions are presented in this handbook for the preparations that the supervisor and the group leader must make in planning each individual meeting. This preparation plays an important role in raising consciousness about the topics to be covered. At least an hour must be set aside for these planning sessions before each meeting.

Some of the meetings, for instance the first meeting, are described in great detail. For some people, some of the material may seem obvious, but we have included it because we know that the group leaders have very different backgrounds when it comes to organising groups. In our view, a detailed suggestion can be used as an instruction manual for the group leader, and could thus make the supervisor's role during the preparations less demanding.

The written material provided for each discussion meeting is intended as a suggestion for how things could be said. It is important that the group leader finds ways of expressing herself that she feels comfortable with.

Agreement on practical matters:

Determine who should arrive first and open doors, make coffee and tea and welcome the participants (this should be the group leader).

Remind the group leader that she must call each participant to remind and encourage her to come.

Make sure that flip charts or something similar are available to write down the main points that are brought up.

Reviewing questions of method

Review any general problems associated with conducting groups in light of the experiences of the previous meeting. See “The role of the group leader” (page 11) and “Important principles for effective leadership of the group” (page 16).

Determine the distribution of work between the group leader and the supervisor for the coming meeting.

Reviewing the topic for today’s meeting

- Review the summary of the last meeting.
- Make copies of the pages dealing with today’s meeting and go through them together. Remember that the language and the level of abstraction may make the text difficult for some of the group leaders. If this is the case, it is the responsibility of the supervisor to “translate” the content into a simpler, more concrete and more practical idiom so that the group leader understands the objectives and content of the meeting.
- Determine a focus for the introduction, choose examples, and discuss them.
- Discuss possible questions for discussion in the group.
- Discuss possible reactions among the participants and how the group leader can respond to them.
- Discuss whether other methods, such as role-playing, illustrations, films, drawings, clay objects, songs, etc., could be used to help explain today’s topic.
- Discuss how the group leader can motivate the participants to attend the meeting.

Follow-up and suggestions for reporting on each individual meeting

Follow-up and reporting are important instruments in increasing the team's awareness of the ongoing processes within the group, and in determining what kind of guidance and support the group leader needs. The group leader should write down key words during or immediately after the discussion group in order to remember what occurred. The participants' own summary of the group discussion can be used as a reminder. The questions below are a suggestion for topics and problems that should be dealt with in the reporting meetings held by the group leader and the supervisor. At least one hour should be set aside for this follow-up and reporting after each meeting.

The group leader and the supervisor should go through the following points together:

- 1.** To what extent was the programme carried out as planned? If there were changes, what were they? And why were they made?
- 2.** How did the team present today's topic? How did the participants react to it?
- 3.** What kinds of examples and subjects did the group itself take up? It would be useful to note which concrete issues or problems sparked the most intense discussion, which were popular or unpopular, and which, if any, were regarded as uninteresting.
- 4.** How was the group's level of activity and involvement? Was there somebody who dominated the discussion? What did the group leader do to involve everybody actively and to stop certain individuals from dominating the discussion?
- 5.** What do you think the participants got out of the meeting? What did they learn?
- 6.** What does the group leader think that she did particularly well this time?
- 7.** Was there anything that the group leader found difficult? If so, what? Can the supervisor help her to find a solution?
- 8.** How well did the group leader manage to moderate the group discussion and keep it on course?
- 9.** Was everyone present, or was somebody missing? How can this person be encouraged to come to the next meeting? What has already been done?
- 10.** Did the meeting take place within the time frame that had been determined? If not, why? Is there a need to adjust future plans?
- 11.** Did the planning of the discussion group meet the needs of the group leader and help her to lead the meeting?

Part 2

Topics and agendas for the eight meetings

Focus is placed on one particular topic at each of the meetings. The OK Project has chosen the topics as a result of our experience of what women want to discuss and receive more information about, and which topics they need to discuss. Key areas of focus are knowledge of normal anatomy and the changes brought about by genital cutting, and helping women to attain a broader awareness of their own attitudes and the choices they have with regard to their lives and health in exile.

Experience shows that many groups have wanted to have more meetings than were planned. There have been topics that they want to discuss more than once, or there have been additional topics they wanted to discuss. Related topics, such as general health, schools and education, nutrition, exercising, and raising children, could be the subjects of discussion. If you have the capacity to expand the groups to include additional meetings, this would be fine. If you do not, perhaps you can arrange a venue in which the women can continue their discussions. Or perhaps you can arrange open days, during which an invited speaker can lead a discussion on the desired topic. Ask the women what they want, and prepare some suggestions.

Standard model for each meeting

On the following page there is a suggestion for structuring each meeting, taking into account various items to be covered and time frames for them. See also “Ideas for the planning session and preparation for individual meetings”, page 19, and the concrete review of each meeting.

Time: Each meeting is planned to last for approximately two hours. It is important for the group leader to watch the time carefully, so there is enough time to discuss all the items as planned. This is a means of ensuring that participants who must leave at the time when the meeting was planned to be finished do not miss any of the content because of delays or adjustments in the programme. The group leader must make it clear when the meeting has begun and when it is over. The times we have noted are intended as a guideline.

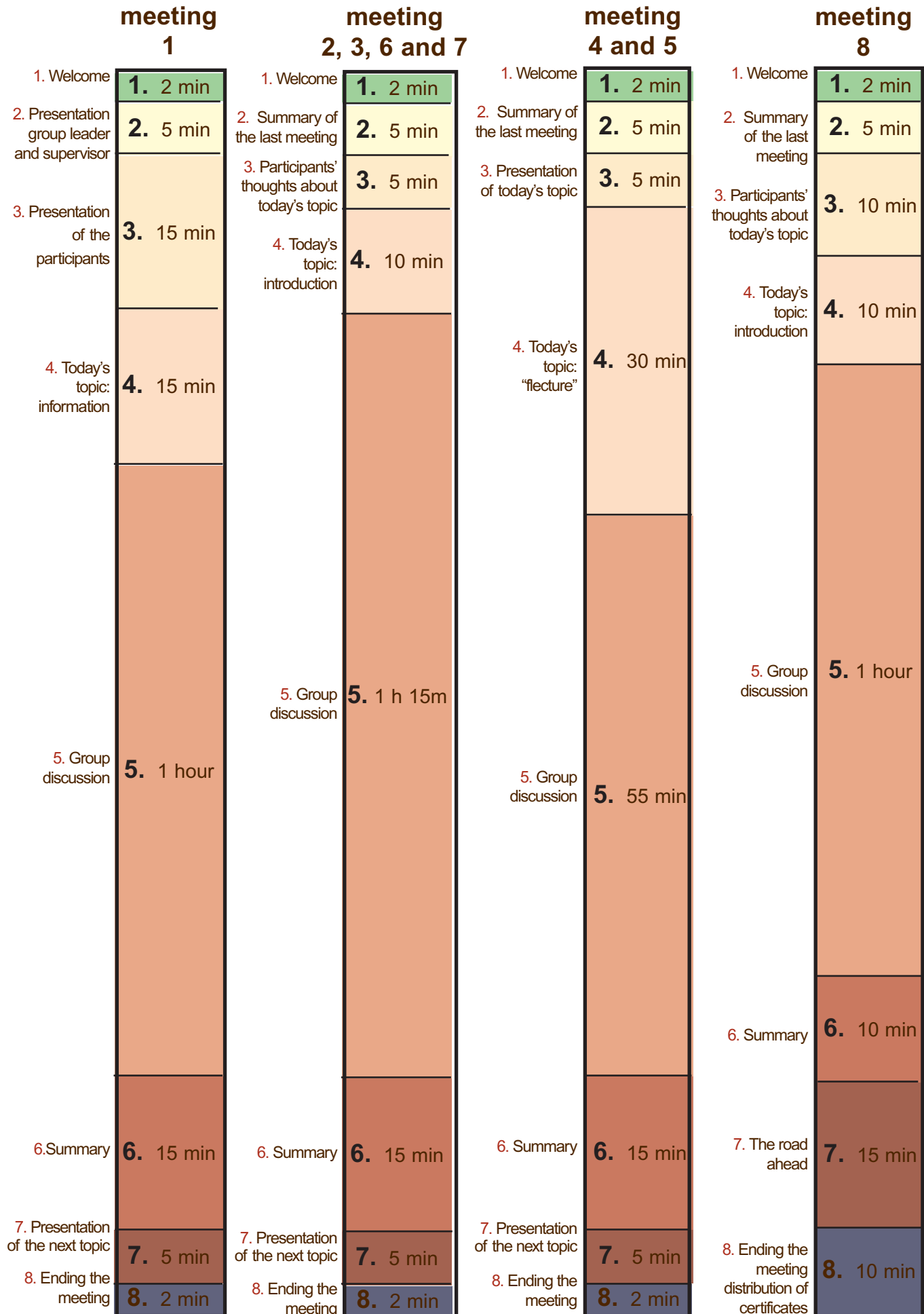
Standard model for each meeting

This is a suggestion for structuring each meeting, taking into account various items to be covered and time frames for them.

The timeplan's
colourcodes

1.	1. Welcome Each meeting begins with the group leader welcoming the participants.
2.	2. Summary of the last meeting The group leader reads the summary of the main points the participants arrived at during the last meeting. The group leader should have written these points down at the last meeting, possibly on a flip chart.
3.	3. Homework: the participants' thoughts about today's topic This is a review of the participants' own thoughts about today's topic. This was an assignment given to them at the previous meeting. Most of the participants should be able to speak here, and possibly each one should be asked individually.
4.	4. Presentation of today's topic The main topic for today's meeting is presented by the group leader, who also explains it. Meetings 4 and 5 are about the sexual organs and birth, and will be organised along slightly different lines because of a more lengthy instructional content (for more information, see the pages about those meetings later in the handbook).
5.	5. Group discussion Today's topic is discussed within the group. The participants speak about their own opinions and experiences. The group leader functions as moderator, and makes sure that everyone has a chance to speak. If the group is large it can be divided into two groups, so that everyone is able to speak. In this case the group leader will divide her time between the two groups. If the group has been divided, it should be united again for at least half of the allotted time so that each group can tell the other group about its discussion. They may then continue the discussion as a unified group.
6.	6. Summary of group discussion A summary of today's main topic. The group leader ensures that everyone has a chance to describe what she found most important in today's meeting. This is written down, preferably on a flip chart, to be read at the next meeting (item 2 at the next meeting).
7.	7. Presentation of the next topic and homework The group leader tells the group about the topic for the next meeting, and encourages the participants to think about something specific to discuss regarding this topic. This is the participants' homework for the next meeting.
8.	8. Ending the meeting The group leader thanks the participants for being there, tells them when the next discussion group will be held, and says that she is looking forward to seeing them then.

Timeplans for all the meetings



Meeting 1

Getting to know each other and motivation for the programme

The objective of this first meeting is to motivate the participants to follow the programme, to help them get to know each other and feel secure within the group, and to provide more detailed information about the programme.

Thoughts to consider during preparation

It is vital that the group leader and the supervisor think about how they can establish a secure and inclusive atmosphere at the first meeting, so that the participants want to continue. Experience shows that the first meeting is extremely important in motivating individual women to participate in the entire programme. The supervisor should participate in the first meeting, so the women can meet her and vice versa. This can reinforce the impression that the programme is serious, and knowing everyone who is involved will also increase the women's sense of security.

- The group leader and the supervisor should discuss the best way for the group leader to present the entire programme at the first meeting. The group leader could, for example, repeat and elaborate on the information she gave to the women when she was motivating them to participate in the group.
- The group leader and the supervisor should join forces to find a way for the group leader to present the topics to be discussed in the group as useful and important for the women in their lives in Norway.
- The group leader and the supervisor should discuss how crucial it is that the group leader shows her commitment to the group and shows that she regards it as important, especially at the first meeting. She must show that she is pleased that each and every woman has come, and must ensure that each woman feels valued and welcome.
- The group leader and the supervisor should discuss the rules that shall apply in the group. The obligation to observe confidentiality must be respected in all group meetings. The rules governing time, including how long the group should wait before beginning if somebody is late, must be determined. How late can a participant be, or how early can she leave, without this being listed as an absence on the course completion certificate? Other rules that should be discussed are whether it is permitted to bring children, keep a mobile phone on, or bring friends to the meetings. As mentioned previously, new members of the group should not be accepted after the third meeting. The group leader and the supervisor should also discuss how the group leader should present the rules to the group: How she should inform them that it is important for them to arrive on time, for all the participants to be present at each meeting, and for all the women to remain for the entire meeting if the group is to function as effectively as possible.

Meeting 1 (item by item):

Getting to know each other, motivation for the programme

Greet each woman as she arrives, and show that you are pleased that she has come.

1. Welcome

The group leader welcomes the entire group when everybody is sitting down. Items 2 and 3 below differ somewhat from the standard model. Because this is the first meeting, there can be no summary from the previous meeting or thoughts for today's meeting.

2. Presentation of the group leader and supervisor

The group leader presents herself by telling a little about herself. This should include personal information, such as whether she has children, how long she has been living in Norway, etc., and professional information, such as the training she has received for conducting this type of group, any previous experience or education she has, whether she has conducted these groups before, and the fact that she has a supervisor who will also participate and with whom she prepares each meeting.

3. Presentation of the participants

The participants present themselves. The group leader focuses on the person who is speaking, and makes sure that each woman has time to present herself to the group. She can ask additional questions of the women who seem reluctant to speak, such as, "How do you like living in Norway?" "How did you find out about this programme?" or, "What do you expect to get out of participating in this programme?" The group leader can have the participants ask each other questions: "Do you have any questions for ---?"

4. Today's topic:

Information about the programme and the rules of participation

The group leader tells the participants about the objective of the group: We are here to learn about and discuss both women's health and life in exile, in order to create a better life for ourselves in Norway and to be able to understand and help our children better. She tells the group about the topics that will be discussed. If she already knows who will be holding the technical talks about women's health and anatomy, and impregnation and childbirth, she can tell the group who this is. She informs the group how many times they will be meeting, and the time and duration of each meeting.

The group leader tells the group what her role is: She will present the various topics and moderate the group discussion on these topics. She must make it clear that she is not there to answer questions, but to help all the women to join the discussion and say what is on their minds.

The group leader informs the participants as to the rules of the meetings. The obligation to observe confidentiality: the personal information that is imparted within the group is not to be divulged to anyone outside the group. Time frame: it is important that everyone comes to each meeting and that everyone arrives on time, because then the group will function optimally. A person who arrives too late can spoil things for the others. Course completion certificate: information is given as to the specific limits for late arrival or early departure that are permitted without this being

Meeting 1

1. 2 min
2. 5 min
3. 15 min
4. 15 min

continue

noted as an absence on the course completion certificate.
Discussion: it is important that everyone is given the opportunity to speak.

The group leader will also inform the participants about other rules: Whether they can bring friends to the group (no new members will be accepted after Meeting 3), and whether they can bring children or mobile phones to the meetings.

5. Group discussion

The group leader moderates an open discussion about the rules and the topics. During this phase it is important that the group leader directs her attention to the woman who is speaking. She must validate the person who is speaking by showing that she is listening, even if she does not agree with what is being said. For instance, “Now we have heard what Sara thinks. What do you others think of what she said?” In this way the group leader avoids showing that she disagrees, while she encourages the other women to comment on what they have heard.

The group leader keeps track of the time, and of the individual participants. She makes sure that each woman speaks, and that nobody uses too much time at the expense of the others. If the supervisor is present she can also help.

The group leader can support the women who say little or nothing by asking them, “Would you like to say something?” or, “Would you like to say more?”

6. Summary of group discussion and today’s meeting

The group leader asks the participants what they think about today’s meeting. Each participant should mention one or two things that she found most important in today’s meeting. The group leader writes these down on a flip chart. She will use this summary at the beginning of the next meeting, in her report on this meeting and in planning the next one.

7. Presentation of the next topic

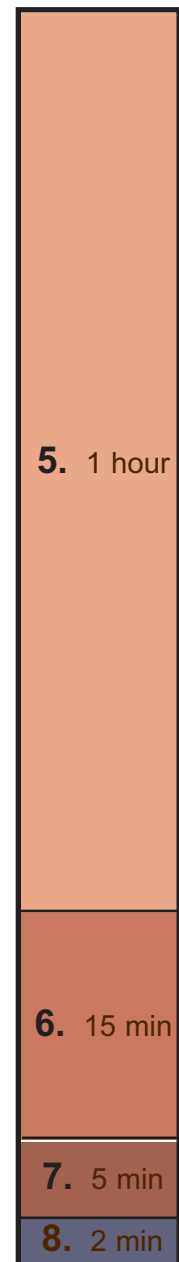
The group leader tells the group that at the next meeting they will talk about their traditions, and which of them they want to hand down to their children. It would be useful if everyone could think about two things they regard as important to hand down to their children to help them maintain their identities, and whether there are things that they do not want to hand down.

8. Ending the meeting

The group leader ends the meeting by telling the participants that she is very pleased to have met them, and that she thinks the group will be very productive. She is looking forward to the next meeting, and hopes that everyone can come. She hopes that anyone who cannot come will call and notify her in advance. This will increase the participants’ sense of commitment, and they will understand that the group is not a place where they can come and go as they choose.

Meeting

1



Meeting 2

Traditions Which of our traditions do we want to hand down to our children?

The objective of this meeting is to increase the participants' awareness that some traditions can support and enhance one's ethnic identity, while others can be destructive. The goal is also to increase their awareness of what a tradition is, how traditions change, and the possibility of making individual choices when handing traditions down. Another objective is to increase respect for other people and their traditions.

Thoughts to consider during preparation

Traditions are often linked to culture or religion. Different countries and different groups of people may have a variety of different traditions that they consider important to hand down. It is not always easy to understand the reasons for other people's traditions. Things that are vital to one group may seem entirely insignificant to another. Some traditions are important to maintain, because they give people a valuable sense of identity and of belonging to the group. Some traditions remain unchanged for many generations, but most of them change through time because they are influenced by changes in the community. Some die out by themselves because they lose their function through time, and others change because people realise that they are harmful. People do not always know why they maintain their traditions. Many traditions persist merely because they were handed down from one's parents, who handed them down from their parents, etc.

Sometimes, perhaps especially in exile, traditions are the subject of renewed discussion. When a tradition is in a transitional phase, there will always be some voices speaking in favour of it, and some voices against it. People who have the courage to break away from a tradition, because they have learned that it is harmful, are often brave pioneers. But for others it may be difficult to break away even if they actually want to. Many people are afraid of change; they may be uncertain of the alternative, and may be frightened of standing out or of being excluded from the group. In the beginning there are often powerful forces counteracting any change. They will present a great many more or less good reasons for maintaining the tradition. Change, therefore, presents a challenge.

The group leader and the supervisor should each think of a tradition from her own culture that has been practised for generations, that is still being practised, and that many people believe is important to hand down to the next generation. It could be a tradition that people have practised for generations without knowing why they do so or from where the tradition originated. For instance, many traditions that are now connected with religion actually arose long before today's religions existed. One example from Christianity is the Christmas tree and the supposed dates of most religious holidays. Another example from both Islam and Christianity of a tradition that is maintained, despite the fact that many people are opposed to it, is female genital cutting. It existed in many areas before

either Christianity or Islam were founded, but is perceived by many Muslims and Christians as a religious custom. This is also the case with many other traditions and rituals connected with important life cycle events, such as birth, puberty, marriage, pregnancy, birth and death.

The group leader and the supervisor can also find examples of traditions from their own countries that are no longer practised today because they are now perceived as meaningless or harmful. One example from China is the practice of binding girls' feet in order to keep them as small as possible. Grown women had feet so small that they could wear shoes that were only nine centimetres long. This was a painful and damaging process that resulted in deformed feet. But it was regarded as necessary for preserving the family's honour and for finding husbands for the girls. It was also regarded as a means of accentuating femininity. The smaller a girl's feet were, the higher was the status achieved by the family. This destructive tradition ended as a result of deliberate efforts to change it during a period of around 50 years.

The group leader and the supervisor can also find examples of traditions that are in a transitional process, such as female genital cutting. Previously, many people were unaware of the damage this practice inflicted on girls. Today many people are aware of it, but continue the practice all the same. Some do so because they feel that they are being pressured, and don't dare to do otherwise, and others because they are afraid of change. In other places there is a desire to change the form of cutting from a type that is known to be harmful to a type that many people believe is less harmful. It is important to discuss this belief and to show that these types of cutting are often not less harmful in practice (see the information on different types of female genital cutting later in the handbook). Even in countries where female genital cutting is prohibited, including many countries in Africa, and where a large number of people are working to eradicate it, many people continue to practise it all the same. This demonstrates how difficult it can be to change traditions. The fact that people are working to eliminate it, however, shows that a process of change is occurring.

New traditions, too, are constantly being established. Even traditions that have existed for only a short period of time are rapidly perceived as old traditions. For instance, in Norway both Halloween and the special high school graduation celebration are recent arrivals. In the USA male circumcision has become widespread, although it is not customary in the European countries from which the white population of the USA immigrated. Male circumcision in the USA most likely spread from the Jewish population, among whom it is religiously based, while among other white Americans it has no religious basis whatsoever. The group leader and the supervisor can reflect on whether they can find any examples of such new traditions within their own communities and cultures.

To ensure that the group leader is well prepared to lead the group discussion on this topic, the supervisor and the group leader should have talked together about the subjects mentioned above. Adequate preparation will enhance the group leader's grasp of the topic and make it easier to conduct today's programme.

Meeting 2 (item by item):

Traditions. Which of our traditions do we want to hand down to our children?

1. Welcome

The group leader welcomes the participants.

2. Summary of the last meeting

The group leader hangs up the summary she wrote at the first meeting. She reads it aloud, and asks if the participants remember it. If anyone wishes to make comments, they must be brief.

3. Homework: the participants' thoughts about today's topic

The group leader asks each of the participants about the traditions she has thought of that she wants to hand down to her children, and whether there are any traditions she does not want to hand down. The group leader does not comment on what the participants say, nor does she express her own opinions. She only shows that she is listening, and she may ask more probing questions. For instance, if one of the women says that she wants to hand Islam down, the group leader could ask, "What is it about Islam that you want to hand down?" This is not intended to be a round of discussion, but an opportunity for everyone to have a chance to mention the thoughts they have had at home on the topic. It would be an advantage if the group leader could write down what is said to use in her report.

4. Presentation of today's topic: Traditions

The group leader presents today's topic, which is handing down traditions. (See suggestion above about thoughts to consider during preparation.)

She can give examples of:

- traditions in both Norway and her home country that are still regarded as important, in order to show that it can be important to hand traditions down,
- traditions that are no longer preserved, and
- traditions whose values are being debated.

5. Group discussion

The group discusses today's topic. If the group is large, it can be divided into two groups, so that everyone is able to speak. In this case the group leader will divide her time between the two groups. If the group has been divided, it should be united again for the last half of the allotted time so that each group can tell the other group about its discussion. Suggested questions for group discussion:

Which traditions do they think are important to hand down to their children? What is it about these traditions that is important? How do they want to hand these traditions down? What impact do these traditions have on their ethnic identity? Which traditions do they not want to hand down? What is it about these traditions that makes them unnecessary for their children to preserve in order to maintain their ethnic identity?

Meeting 2

1. 2 min
2. 5 min
3. 5 min
4. 10 min
5. 1h 15m

continue

6. Summary of group discussion

The summary of the group discussion is noted down on the flip chart to be used at the next meeting. In order to write the summary the group leader asks each woman which of the individual points they talked about that day she finds most important. Each participant should name one or two points.

7. Presentation of the next topic

The group leader informs the group that the topic of the next meeting will be integration, and that each of them should think about what they believe integration is, and how they feel about it.

8. Ending the meeting

The group leader ends the meeting by saying that it was an interesting discussion, and that she hopes everyone will come for the next meeting. If anybody cannot come, it is important that they call her.

Meeting 2

6. 15 min

7. 5 min

8. 2 min

Meeting 3

What does integration mean to me?

The objective of this meeting is to enhance the participants' awareness of what integration is, and to encourage them to think about whether they want to become integrated.

Thoughts to consider during preparation

Many people who live in Norway were born, or have parents who were born, in a different country. This means that many people who live in Norway have had to adapt to another culture than the one in which they grew up. There are many different ways of finding one's place in a new culture. There are three major approaches to accomplishing this: assimilation, integration and isolation.

Assimilation:

Some people adapt to Norwegian society by casting off their original identity and trying to become exactly like Norwegians. They become "totally Norwegian". This is called assimilation, and is a standardisation process in which only the person who is assimilating changes. The people who belong to the majority group do not change.

Integration:

Some people try to maintain their original identity and at the same time become a part of Norwegian society with the rights and obligations this entails. This is called integration, and is a two-way process. The individual herself must want to be integrated, and society must make room for her. How a person wants to become integrated varies from individual to individual and from group to group. The society itself cannot determine how an individual should become integrated. This is something that the individual herself must decide. But society can be organised so that people with a different ethnic background can become a part of the Norwegian community without having to relinquish their own identity. Integration demands a certain amount of mutual adaptation on the part of everyone involved.

Isolation:

Some people do not want to become integrated, but choose instead to keep to themselves so they will not have to adapt or relate to a community and a culture that are different from their own. They may be afraid of change, or of losing their identity, and want to protect themselves in order to avoid outside influences. Some people can also try to accentuate those aspects of their own culture and identity that are different from those of ethnic Norwegians. There may be aspects of their own culture and values that they did not abide by or pay much attention to in their home country, but that have become important for them to emphasise in their new country.

Challenges of living in exile

People's identities are shaped by the society and community they live in. When living in a new country one often compares it to one's home country, and examines the identities of both countries. One learns to see with new eyes. This is not always easy, and may be a painful experience. Some people feel that they are living between two worlds: the new one, which they are not really a part of yet, and the home country, where they do not really belong any longer. Integration means that both of these identities are merged. The person who is integrating brings both identities together into her new identity.

The group leader and the supervisor can see how the target group becomes integrated into Norwegian society. How do Norwegians regard this group? Is it a stigmatised group that is not allowed to enter Norwegian society? Or is it a group that is given room to join the broader community? What kind of picture do Norwegians have of this ethnic group?

The group leader and the supervisor can also see how this ethnic group regards Norwegians. Is this a group that wants to become integrated, or is it a group that underscores its "different" quality? How does the group show this?

The supervisor and the group leader should have discussed these issues if the group leader is to be well prepared to lead the group in discussing this topic. Adequate preparation will enhance the group leader's knowledge of the topic and will make it easier for her to introduce today's discussion.

Meeting 3 (item by item):
What does integration mean to me?

1. Welcome

The group leader welcomes the participants.

2. Summary of the last meeting

The group leader summarises the results of the last meeting about the traditions they want to hand down by reading what she wrote on the flip chart. Do these points have anything to do with how the participants want to become integrated?

3. Homework: the participants' thoughts about today's topic

The group leader asks each woman what her thoughts are on today's topic. The group leader does not comment on what the participants say, but listens and lets each woman have her say. This is not a round of discussion, but an opportunity for each woman to tell the others briefly what she thinks about today's topic.

**4. Presentation of today's topic
Integration**

The group leader presents today's topic, integration. (See suggestion above about thoughts to consider during preparation.)

5. Group discussion

The group discusses today's topic. Suggestions for questions the group leader can ask: When you think of integration, what do you think about? How do you feel that you are received in Norwegian society? In which areas would you like to be integrated? Do you perceive integration as something positive? If so, how do you want yourselves and your children to be integrated? Is there anything threatening about integration? If so, what?

6. Summary of group discussion

The summary of today's topic is written on the flip chart to be used at the next meeting.

7. Presentation of the next topic

The group leader tells the participants that the topic of the next meeting will be women's health, focusing on the sexual organs. She informs them of who the speaker will be, and points out that it is important for everyone to think about whether they have any questions for the speaker.

8. Ending the meeting

The group leader ends the meeting and announces when the next meeting will be held.

**Meeting
3**

1.	2 min
2.	5 min
3.	5 min
4.	10 min
5.	1h 15m
6.	15 min
7.	5 min
8.	2 min



Meeting 4

Women's health, focusing on the sexual organs

The objective of today's meeting is to generate increased knowledge of, and respect for, how a woman's sexual organs function, and how their functioning is affected by genital cutting. The participants will acquire increased knowledge of their own health and how to seek help, and will gain strength and further arguments to aid them in working to combat female genital cutting. A general objective is to promote a positive view of the female body.

Thoughts to consider during preparation

This meeting is particularly important in the effort to combat female genital cutting. For this reason it is especially important that the group leader calls all the participants in advance. It is important that the group leader, who is familiar with her community, thinks about the best way to present the topic in order to motivate the participants to come to the meeting. For example, she could emphasise that the speaker is a professional, and that the participants will be able to ask about things they are wondering about or things that are bothering them. The best way of presenting the topic may vary in different communities. In our experience it is often most effective to focus primarily on health, rather than genital cutting, when trying to motivate the participants to come. The group leader should also discuss with the speaker about how she thinks the speaker should present the topic to the group in her talk.

In our experience, women are extremely interested in learning about the normal anatomy of the female body. When the approach is geared towards the functions and complications of the sexual organs, and not genital cutting, we have seldom seen anyone become defensive. On the contrary, we have seen that they ask a great many questions. It is important to provide factual information through pictures and overheads. In the groups we have arranged it has proven to be most effective to let the women ask questions during the presentation. We suggest that the group leader also moderates this discussion group. It could be beneficial to use an interpreter since the speaker will explain important details that may be difficult for some of the women to understand. If the group leader speaks extremely fluent Norwegian, she could serve as the interpreter, but under other circumstances it would be better to use a professional interpreter. The interpreter must be a woman. It is often a good idea to meet with the interpreter in advance in order to discuss the concepts that will be presented and the best ways of translating them. If the group leader serves as the interpreter, this review must be conducted with her. It is extremely important that the translation is clear and precise, because of the differences in key concepts.

Thoughts for the speaker to consider during preparation

Always be aware that the programme is meant to promote both physical and mental care of women who have experienced genital cutting (most of the participants) and the prevention of cutting (their daughters). It is important to show how serious the procedure is, while at the same time approaching the topic in a way that will not offend the listeners

and force them into a defensive position, thereby closing their minds to new insights. The task of the speaker is to increase the women's knowledge of the functions of the sexual organs and the changes that genital cutting brings about, so that the women can gain:

- increased insight into the form and function of the sexual organs
- increased insight into their own situation, including the connection between genital cutting and physical problems
- knowledge about how to seek help for their own problems
- increased ability to resist female genital cutting
- increased respect for the female body, its functions and its integrity.

It is important to show respect for the women and their situation and traditions. Female genital cutting is a subject that generates strong emotions, it is personal and intimate, and makes women feel vulnerable. For this reason it is important that the speaker is well prepared, has experience in communicating with the target group, and is prepared for a variety of reactions, ranging from disbelief, anger, grief and distrust to a refusal to

acknowledge the problem. It is also important that the speaker has dealt with her own reactions and attitudes, so she presents herself as a secure, knowledgeable caregiver, not as intolerant or prejudiced.

An example of the importance of linguistic precision in Somali:

In Somali there are several expressions describing female genital cutting, which refer to different types of cutting. The most usual expression is "gudniin", or "gudniin faraon", which refer to infibulation. Often "female genital cutting" is translated with one of these expressions, and then the listeners will believe that it is exclusively this type of procedure that is being referred to. Another usual expression Somalis (and Sudanese) use to describe female genital cutting is "sunna". Sunna is primarily a religious concept, but when it is used in reference to female genital cutting many people believe that it is a less comprehensive and less dangerous procedure than infibulation. Often it is not considered to be genital cutting at all, and we have met people who say, "We are against genital cutting. We are only going to perform sunna." In practice, however, what many people call a minor and harmless procedure is just as major and comprehensive as other procedures. For this reason using concepts correctly and being precise in this area are extremely important. For more information, see under "Types of cutting", page 41, and "Female genital cutting: Knowledge for prevention and care. Handbook for the relevant healthcare and social services institutions".

The content of the meeting

Experience shows that many women are interested in the normal anatomy of the female body. One element of interest is the size of the clitoris. Many women are unaware of the fact that it is so small, and that it does not grow during puberty. Another important feature of the female anatomy is how the labia majora, or outer lips, cover and protect the organs within. The elasticity of the vagina, its ability to expand during the birth process and contract afterwards, is also important. People who practise infibulation are often concerned with the appearance of the sexual organs, wanting them to be smooth and attractive. Many people are also unaware of the existence of the hymen, or of the fact that

there is an opening that exists exclusively for the discharge of urine from the bladder. Many people are shocked when they discover the extent of the changes caused by genital cutting, and how this affects bodily functions. For this reason enough time must be set aside at the meeting for the women's responses, and understanding must be shown for a variety of reactions.

Choice of focus: The type of female genital cutting that is practised by the target group should be taken as the point of departure. For groups that primarily or exclusively practise excision (a procedure that primarily removes tissue), the major focus should be on this form of genital cutting and the consequences it has. For groups that practise infibulation (a procedure in which the labia majora are sewn together), focus should be directed to both this procedure and excision. This is because many people want to shift from infibulation to excision (what is often called sunna), and it is important to show that all forms of cutting must be eradicated, all forms of cutting are physically and mentally harmful, and all forms of cutting involve violence against the child.

Some of the topics that should be dealt with are:

Internal sexual organs

Vis hvordan naturlige organer ser og fungerer, herunder naturlig drenering av urin og menstruasjon og kroppens egne prosesser for renselse. Bruk illustrasjoner.

External sexual organs

Show how the natural sexual organs look and function. Use illustrations.

What is female genital cutting, and where is it done?

Present general information about what is understood by female genital cutting, and explain that there are different types of cutting and that the historical origins of the procedure are uncertain. Point out that no religion requires female genital cutting, and that most people in the world, including most Muslims and Christians, do not practise any form of female genital cutting. Explain that the practice is primarily a cultural phenomenon, which is distributed according to a geographic pattern with the highest prevalence being found in Africa. The discussion could also include the fact that in most places genital cutting predates religion, but that it may later have become perceived as a religious custom. Show overheads or illustrations depicting the geographic distribution of female genital cutting, including the distribution of different types of cutting.

Physical changes as a result of genital cutting, and their consequences

Show which parts of the sexual organs are removed, damaged or changed as a result of cutting, and which consequences this can lead to. Take the descriptions of the various forms and functions of the sexual organs that were discussed previously as a starting point. In groups among whom infibulation is practised, it is important to show how this form of cutting obstructs the natural drainage of urine and menstrual blood. Other complications such as cysts, scar tissue and lumps should also be explained, as should the danger of infection and irritation. Other complications include internal damage and fluid-collecting cavities, kidney problems, urinary tract infections, coagulation and other blood disorders, and menstrual pain, which is intensified due to infibulation. For further information see the recommended literature (box).

For further information see:

- We are OK: female circumcision – this concerns you!
- Why...? Questions and answers addressing the typical problems of girls and women who have undergone genital cutting
- "Fra kunnskap til handling". A handbook for the relevant healthcare and social services institutions
- Guidelines for health personnel in Norway on female genital cutting

Different types of cutting

It is important to distinguish between the different types of genital cutting, primarily between the types that only remove tissue (excision, called sunna by many groups) and the types that also sew the labia (outer and/or inner lips) together in order to nearly close off the vagina.

As mentioned previously, in groups that practise infibulation it is important to bring up the point that they often support a transition from infibulation to what they call sunna. The Sudanese also call this procedure, in which the inner lips rather than the outer lips are sewn together, intermediate. It is important to discuss this because this type of genital cutting represents little or no change in practice, since all of the types of cutting that are called sunna, and are perceived as less radical, actually encompass procedures that are just as comprehensive as infibulation. In cases where there is a real change, the procedure still includes complete excision, which means the removal of the clitoris and the inner lips, even if the women in question often refer to it as “only a little cut” or “just taking a little blood”, and regard it as a harmless procedure. Thus there is no question of an improvement or a transition to a “milder” procedure, but usually only a rhetorical change connected with, for example, religious legitimisation.

Again, it can be important to discuss the significance of the clitoris for sexual pleasure, and the danger, pain and consequences of removing the clitoris. Many people believe that removing the clitoris is the equivalent of removing the foreskin of a man’s penis. It is a good idea to point out that the removal of the clitoris can in some regards (sexual sensitivity, the pain of the procedure, the danger of haemorrhage and other complications) more accurately be compared with the removal of the head of the penis. At this point one could also discuss studies indicating that female genital cutting does not change sexual behaviour or views on morality.

Possibilities for treatment

The discussion should include information about the forms of treatment that are available for the various problems connected with genital cutting. It could be especially important to discuss the possibility of having an operation to open the infibulation. For further information see “why ... questions and answers about common problems for girls and women who have been circumcised”.

Mental consequences of female genital cutting and the intergenerational relationship

A discussion about the effect that cutting has had on women can be initiated. Do they remember the procedure? What impact has it had on their lives? It may also be important to emphasise that severe pain is always remembered; even if children were so small when the procedure was carried out that they do not remember it consciously, the body remembers. It is also important to discuss the consequences of cutting for the relationship between parents and children. Children may become angry with their parents if they are subjected to cutting, especially in a transitional phase when the children are aware that there is an alternative. Genital cutting can also provoke generational conflict if the grandparents want their grandchildren to undergo the procedure, but the parents do not. Another subject to be discussed is whether it is safe to let the children be alone with their grandparents or others in their home country, or whether there would be a risk that they will have the girls undergo the procedure even if the parents are against it.

The law: what Norwegian legislation says about female genital cutting

In this context it is important to emphasise that legislation in this area has been enacted in order to protect girls who live in Norway against a painful, harmful and unnecessary procedure, and that the participants can use this legislation to protect their daughters from, for example, pressure from people in their home country. Point out that all types of female genital cutting are prohibited, including what many people call sunna, which they do not even define as genital cutting. It should also be explained that this prohibition applies regardless of whether the procedure is carried out in Norway or in another country.

Meeting 4 (item by item) Women's health, focusing on the sexual organs

1. Welcome and presentation of speaker

The group leader welcomes the participants, and gives a brief introduction of the person who will be speaking at today's meeting.

2. Summary of the last meeting

The group leader summarises the main points from the previous meeting about integration by reading what she wrote on the flip chart at the last meeting. The speaker presents herself.

3. Presentation of today's topic, including an in-depth introduction of the speaker

Instead of asking the participants what they have thought about with regard to problems with their sexual organs, she informs them briefly that the topic for today is women's health, focusing on the sexual organs, and that the women will be allowed to ask questions during the talk.

4. Presentation: today's topic

A presentation on today's topic by the speaker, whether this is the supervisor or an external resource person. The speaker uses overheads/illustrations, and explains them. We have set aside more time for this talk than at the standard meeting. The speaker should decide whether she wants to combine the presentation (item 4) with the discussion (item 5), or keep them separate. A total of around 1 hour and 20 minutes should be spent on these two items.

Note: It is important that the participants have an opportunity to talk about the feelings that the overheads evoke. If the participants watch a film showing a cutting procedure, this is particularly important.

5. Group discussion and questions to the speaker

We suggest that the group discussion and questions to the speaker take place in the group as a whole, regardless of the size of the group. In this way everyone will have a chance to ask questions and to learn from the answers given to the other women's questions. The group leader can serve as moderator if necessary. Although many questions will have been asked during the course of the talk, the participants can also be encouraged to present their own thoughts and opinions after the talk. The following questions could be asked, for example: "What are your thoughts about the information you have received today?" "Have you learned anything new about the female body?" "Did you learn anything new about female genital cutting?" "Have you experienced any of the complications described today?" "Should this information about the complications resulting from cutting be disseminated? If so, how?" If anyone brings up the idea that this practice must be stopped, it is important that the group leader supports this statement. She must then guide the discussion so that the participants can see that it is possible to change this tradition. The group leader does not say very much, but encourages the participants to talk by asking questions intended to elicit a response, such as, "How can we change this?" "What can each individual do to stop this?" "What is the best way of combating this tradition?" "Whose needs are being met by subjecting girls to genital cutting?" "Do the girls themselves have this need too?" "Do you have the right to decide what your daughter's needs are?" "Who has the right to decide what happens to a person's body?"

Meeting 4

1. 2 min

2. 5 min

3. 5 min

4. 30 min

5. 55 min

continue 

6. Summary of group discussion

To summarise today's discussion, the group leader asks each woman what has been most important to her. Each participant should mention two things that she has found important. How can they use this information to combat female genital cutting? What do they want to do with the knowledge they have gained in the next meeting? Write down the ideas that are presented, so they can be used at the next meeting.

6. 15 min

7. Presentation of the next topic

The group leader tells the participants that the next meeting will be about impregnation and childbirth. She tells them who will be speaking (preferably a midwife). Everyone should think about questions they would like to ask about impregnation and childbirth at the next meeting.

7. 5 min

8. Ending the meeting

The group leader ends the meeting and announces when the next meeting will be held.

8. 2 min

Teaching aids used

You must have:

Illustrations of the sexual organs (those provided by the OK Project or others), a board to write on and something to write with.

Pass out copies of:

We are OK: female circumcision – this concerns you!

why ... questions and answers about common problems for girls and women who have been circumcised

Meeting 5

Impregnation and child-

Objective:This meeting is intended to give the participants insight into, and respect for, the reproductive functions of the female body, including sexuality, impregnation and childbirth. Another important goal is to teach the participants about the accessibility of help when giving birth in Norway, and about how female genital cutting may affect childbirth and the birth experience. There is also a general objective of promoting a positive attitude towards, and respect for, the female body.

If a midwife will be making the presentation, this could help to enhance contact and understanding between women giving birth who have undergone cutting and midwives and other caregivers and institutions providing aid for women giving birth. Since this is a topic that will be presented by a professional, more time must be devoted to it. As a result the structure of this meeting will be similar to that of the previous meeting about women's health, and will be somewhat different from that of most of the other meetings.

Midwife:If a midwife will be making the presentation, a meeting should be arranged with her beforehand if she does not already have close contact with the target group. The purpose of this is to ensure that her approach will take the group's background into account, and will avoid inadvertently making insensitive and stigmatising statements.

Interpreter:It could be important to use an interpreter since the nuances and details that the speaker deals with may be difficult for some of the women to understand. If the group leader speaks extremely fluent Norwegian, she can serve as the interpreter. Otherwise we recommend using a professional interpreter. The interpreter must be a woman. The supervisor and/or the speaker should go through key concepts with the interpreter in advance to ensure that there is a common basis for understanding the concepts and to facilitate communication during the session.

Suggested topics for the meeting

Impregnation and childbirth encompass a number of important topics, including sexuality and birth control. The choice of what topics should receive the most intensive focus and the decision of how to present the topics can be made on the basis of knowledge of the group and the discussions carried out during previous meetings.

Sexuality

What is sexuality? This involves a presentation of the natural functions and reactions of the body to sexual desire, excitement and orgasm in men and women ⁴. In this context the speaker must be made aware that the participants may lack knowledge of anatomy

See, for example, Thore Langfeldt, 1993, chapter 4.

and bodily functions, and that they may have their own ideas about these that deviate from the biomedical approach. Among other things, the only word many languages have for “orgasm” is in the sense of the ejaculation of sperm, and there is often no difference between the words for sexual desire, sexual activity and pleasure. The existence of erogenous zones outside the genital area is also important, since the sexual organs of many of the women have been damaged or partially removed. In addition, sexual desire and pleasure should be discussed as a part of marital relations, and should be clearly separated from sexual desire as a “dangerous” motivating force for “promiscuous activity”. Due to the many different perceptions of the functions of sexuality and the difficulties encountered during linguistic and cultural translation, it is important to plan on plenty of time for a thorough review and discussion.

Different ideas about women and men should also be highlighted, as should the fact that most societies have a double moral standard, and expect different things from women and men. In relation to genital cutting, it is important to emphasise studies indicating that women who have undergone the procedure are as sexually active as women who have not done so. In other words, female genital cutting is not a realistic method of ensuring virginity or moral behaviour in young girls. It is also important to focus on the psychological aspects of sexual desire and pleasure. In general, a positive perception of sexuality and one’s own body should be promoted among the participants.

Impregnation and pregnancy

- When during a woman’s monthly cycle can she become pregnant? Explain this clearly in relation to when menstruation begins and ends. It would be advantageous to illustrate this with a drawing.
- What is the role of sperm in impregnation? It is important for many people to know that it is the man’s sperm that determines the gender of the child, and that infertility can be the result of poor sperm quality in the man.
- Explain the woman’s role in the impregnation process, the ovaries, the Fallopian tubes, and menstruation as the process of expelling an unfertilised egg.
- Discuss the possibility of becoming pregnant without having had intercourse. For instance, a woman who is infibulated can still become pregnant, because sperm can enter the small opening that remains.
- Discuss the possibility of having sexual interaction without the risk of pregnancy. In many areas sexuality and sex are associated only with intercourse.
- Infertility: Discuss various causes of infertility, one of which could be complications resulting from female genital cutting. This could occur because of an infection that spreads to the Fallopian tubes, or an accumulation of blood that can damage the Fallopian tubes and ovaries. Endometriosis can also result in infertility, and seems to be more prevalent in infibulated women than in others. The reasons for infertility can be investigated. It is important to point out that poor sperm quality of the man can be one of the causes of infertility.

Birth control/ensuring sufficient time between childbirths

Many women are interested in birth control, but it is necessary to approach the subject with a respectful attitude, preferably when one of the participants asks a question about it. In our experience, some women have found that the Norwegian health sector and Norwegian society take a negative view of their having many children, and they may be

offended because they regard information about birth control as a form of pressure on them to have fewer children. For this reason it may be wise to emphasise the importance of the women being able to regain their strength between each childbirth. In many societies there are traditional methods of ensuring this, for instance nursing on demand for a long period of time, or a prohibition against intercourse after birth (lasting for a period of 40 days to two years in different parts of Africa). In addition, the women can be educated in natural forms of birth control such nursing on demand, the withdrawal method and the calendar method, in addition to medical forms of birth control.

Abortion is often a sensitive subject. Some people associate abortion with “immoral behaviour”, or believe that it violates the principles of their culture or religion. Nevertheless, we know that immigrant women have a large number of abortions, probably due to a low incidence of birth control use. In some parts of the world the “morning-after pill” is popular because its use can enable the woman to avoid a surgical procedure, or because it can be redefined as a means of “promoting or “regulating” menstruation.

Pregnancy, medical check-ups for pregnant women, and the development of the foetus

The possibility of having an infibulation opened during pregnancy is an important subject for discussion if many of the participants are infibulated and have not yet given birth. The development of the foetus in the uterus is also an interesting subject for many women. Information about medical check-ups for pregnant women with a midwife or a Regular GP, courses for pregnant women, etc. can also be included.

Childbirth

The primary objective of providing this information is enabling women to understand the process of giving birth, and what a normal childbirth is like. Whether genital cutting affects childbirth, and if so to what degree, is closely connected to the type and extent of the cutting, any subsequent complications or procedures, and the age of the woman when the procedure was carried out. It is primarily with regard to infibulation that special medical measures must be taken, including defibulation or midline or mediolateral episiotomies. To what extent memories of genital cutting, its consequences, or its subsequent complications affect the childbirth experience, especially the degree of fear felt by the woman giving birth, also varies according to the type of procedure carried out, the circumstances surrounding the procedure and the age of the woman at the time. Women who are infibulated often express fear of, for example, unnecessary Caesarean sections, not being cut open sufficiently during the birth, pain (many of them know little about the pain relief that is available during childbirth), loneliness and insecurity if the midwife is not present during parts of the opening stages, getting too little care and help, being condemned because of the genital cutting, and not knowing whether Norwegian health providers know enough about genital cutting to be able to provide adequate help during childbirth to women who have been infibulated. The speaker should keep these worries in mind when she is preparing today’s presentation.

Topics that should be brought up are:

- Labour 1):normal childbirth, the passage of the child through the birth canal, the stretching of tissue, contractions, pushing, the opening of the vagina, the vagina's elasticity and contraction after childbirth.

- Labour 2):how infibulation can affect the elasticity of tissue, routines for episiotomies, understanding the difference between an episiotomy and infibulation.

- Subsequent treatmentof defibulation (sewn on each side) and episiotomy (sewn or left to heal by itself), pain relievers during the procedure and afterwards, special treatment.

- Period after giving birth:How the vagina contracts, how the uterus contracts, the connection with nursing and treating wounds.

Illustrations will help to get the message across.

Possible topics that should be prepared in case there are questions:

- Fear of childbirth:fear of, or experience of, the memory of genital cutting being reactivated and affecting the birth experience. Discuss the possibility of arranging for additional care for women who are afraid of childbirth, the possibility of their bringing several people with them who can support them during childbirth, and what kind of pain relievers will be available.

Pain relievers:What kinds of pain relievers are available.

- Induced labour:a drug is administered to stimulate labour. In our experience, many women are sceptical about inducing labour, and prefer to "let nature take its course".
- Caesarean section:indications, advantages, disadvantages.
- Who can be there during childbirth, how many people can accompany a woman, and what should be planned in this connection:help with interpreting and support. The point could be made that it could be an additional burden if the woman giving birth feels that she has to comfort and support her helpers. She is the person in focus, and she must have the opportunity to concentrate on herself and the childbirth process.

Teaching aids used:

Illustrations from the OK Project or other sources showing the internal and external sexual organs, pregnancy and childbirth.

Brochure about childbirth in the women's native language (currently being produced by the Directorate of Health and Social Affairs)

Meeting 5 (item by item) Impregnation and childbirth

1. Welcome and presentation of the speaker

The group leader welcomes the participants, and presents the woman who will be making today's presentation.

2. Summary of the last meeting

A summary is presented of the main points brought up at the last meeting about women's health, focusing on the sexual organs, and of what the women said they wanted to do with their new-found knowledge about female genital cutting. The group leader reads what she wrote on the flip chart at the last meeting and asks, "What have you done since the last meeting about the things you learned in the previous presentation? Have you talked to other people and told them about what you learned? Have you done anything to improve your health and the health of your children? Have you done anything else?"

3. Homework: the participants' thoughts about today's topic

Review of the homework, which was to think about whether they had any questions about childbirth. Ask the women to talk together first, in pairs, for five minutes, about their own childbirth experiences or their expectations, and about what they are wondering about or worried about. The participants can, if desired, write questions on Post-its that can be attached to the board or gathered to be discussed verbally in the group as a whole.

4. Presentation: today's topic

The main topic is presented by the supervisor or the midwife. She uses overheads and explains the material. She should encourage the women to ask questions during the presentation. If they have to wait until the end, important questions might be forgotten.

5. Group discussion

The discussion should be conducted with the group as a whole, regardless of the size of the group. In this way everyone will have an opportunity to ask questions, and they will be able to learn from each other's questions. The group leader could serve as moderator. Although many questions were asked during the presentation, the participants can be encouraged to contribute their own thoughts and opinions after the presentation. Questions the group leader could ask are, "What thoughts do you have about the information you have received today?" "Do you recognise your own experiences in anything that you have heard today?" "How does this information influence your thoughts about genital cutting?" "Can something be done to improve communication and understanding between women who have undergone genital cutting and their caretakers during pregnancy and childbirth?"

If somebody says that this practice must be stopped, it is important that the group leader supports her. She must direct the discussion so that the members of the group gain an awareness of their opportunity to change and break with the tradition of female genital cutting. The group leader does not talk much, but encourages the others to speak by asking probing questions such as, "How can we change this?" "What can each of us do to stop genital cutting?" "What is the best way to combat this tradition?" "Who has the right to decide what happens to a person's body?"

Meeting 5

1. 2 min

2. 5 min

3. 5 min

4. 30 min

5. 55 min

continue 

6. Summary of today's topic

The group leader asks each woman what she found most important during this meeting, and whether they intend to act on the knowledge they have gained. She should encourage each participant to mention two things she considers important. The group leader writes each item down to use in reporting, planning the next meeting, and the summary for the participants at the next meeting.

7. Presentation of the next topic

The group leader tells the participants that the topic for the next meeting will be the ideas we have about each other: native versus immigrant, Norwegian versus African, minority versus majority. What do you think about your Norwegian neighbours? And how do you think they feel about us?

8. Ending the meeting

The group leader ends the meeting, and announces when the next meeting will take place.

Meeting 5

6. 15 min

7. 5 min

8. 2 min

Meeting 6

Images. What do Norwegians think about us? What do we think about them?

The objective of this meeting is to become aware that we all create our own image of “the others”, and that these pictures do not always correspond with reality. All the same, these images influence the way we respond to other people, and can impose unnecessary restrictions on our lives. By reflecting on how we use our images of “the others”, we can minimise our prejudices and improve our ability to understand and communicate with others.

Thoughts to consider during preparation

All human beings have similarities and differences. All human beings need food, clothing and shelter, and they must take care of their children. Everyone also has the need for love and care, and needs to be seen and approved of as an individual. In other ways, people are different. Some of the differences are innate, such as one’s appearance. Other differences, such as wearing a veil or going for long walks in the mountains, have been acquired, and are due to different cultural backgrounds or different experiences.

Our definition of “ourselves” and “the others” depends on the group we identify with and the group we feel different from in a given situation. The concept of “the others” is understood most often in opposition to ourselves: the young versus the elderly, women versus men, mothers versus the childless, one’s own ethnic group versus another ethnic group, Christians versus Muslims, poor versus wealthy, white versus black, etc. Today’s topic is about the images “we” as a minority have about “the others”, the Norwegian majority, and vice versa.

People have always had ideas about what “the others” are like, and have created images of “the other”. Sometimes we create positive images, and sometimes negative ones. Most people view themselves and their own group as in some ways “better” than “the others”. When we human beings feel that our group identity is being threatened, we can strengthen the solidarity and security of our own group by emphasising and accentuating those aspects of our identity that are different from “the others”. As a result, we often create a negative image of “the others”. These negative images are also used to justify our treating “the others” badly, or wanting to keep our distance from them: “If they are not as valuable as we are, then we don’t need to treat them well.” This applies to minorities, servants, and others whom we look down upon. In extreme situations, such as war, we can thus justify killing “the others”. In a society such as Norway’s, for example,

Norwegians can create an image of immigrants as being less valuable, which enables them to justify discriminating against them. One reason why people react in this way can be insecurity, or that “the others” threaten our view of own culture as superior. The same could hold true of minorities: they may be afraid of losing their ethnic identity as Somali, African, Muslim, etc. in the new country because comparing themselves with Norwegians makes them see their own traditions with new eyes.

If immigrants do not feel that they are well received in the new country, they often feel a greater need to emphasise their solidarity with their own ethnic group. Within that group they can still feel a sense of dignity and security. As a result, we often see that when people come to a new country, they maintain their traditions and norms even more tenaciously than they did in their home country. For instance, many people in Norway say that they are stricter with their girls so that they will not be influenced by Norwegian culture, and there are far more women who wear a veil in exile than in their home countries.

The ideas and images we have of each other may hold a kernel of truth, but the less we know of each other, the less truth our image of the other often holds. Negative images of the others are often developed just to illustrate that we are better than them.

- The group leader and the supervisor examine the images and ideas that Norwegians and the group leader’s ethnic group have of each other. Find concrete examples. The group leader can use these to explain to the group what we mean by “images of each other”. Discuss where we get these images from: newspapers, magazines, urban legends, gossip, rumours, etc.
- This topic is particularly suitable for role-playing. The group leader and the supervisor can, for instance, plan a role-playing session based on ideas of each other. Another idea could be to find newspaper articles about the respective groups. Discuss how your own group is presented, and compare this to how “the others” are presented. Discuss whether the media give a correct representation of the different groups.
- How do images influence us? Examine specific examples in both cultures that can impose restrictions in everyday life. For instance, if Norwegians have an image of a certain group of immigrants as tending to be liars, they will not let their children play with the immigrant families’ children because they are afraid that their children will learn to lie. If the group leader’s ethnic group believes that Norwegian children drink alcohol and have sex when they go on a class trip, the children belonging to that group will not be allowed to join their classmates on the trip. Find other concrete examples that the group leader can use in the discussion.
- Find examples of negative images Norwegians had of other groups, such as Gypsies and other travellers and people from other parts of the country, before immigrants began arriving in Norway. How did Norwegians present themselves in relation to these groups?

Before the group leader’s ethnic group came to Norway, what group did they have a negative image of? How did this image influence their relationship to “the others”?

Meeting 6 (item by item)

What do Norwegians think about us, and what do we think about them?

1. Welcome

The group leader welcomes the participants.

2. Summary of the last meeting

The group leader summarises the results of the last meeting about impregnation and childbirth by reading what she wrote on the flip chart.

3. Homework: the participants' thoughts about today's topic

Review of the homework, which was to think about the images and ideas the participants have about Norwegians. The group leader asks each participant to present an example. The group leader and the others only listen to these examples, and do not comment on them. The group leader should write down the examples and give them to the supervisor for her report on the meeting.

4. Presentation of today's topic

The group leader holds her presentation about today's main topic: the images we create about groups other than those we belong to ourselves. As we have mentioned, role-playing or newspaper articles can be useful instruments in putting the topic in concrete terms, and also help to create a more relaxed atmosphere and spark off the discussion.

- images Norwegians might have of them
- images they might have of Norwegians. The examples that were mentioned during the review of the homework can be used if desired.
- how images of "the other" may impose restrictions on everyday life.

Meeting 6

1. 2 min
2. 5 min
3. 5 min
4. 10 min

continue 

Meeting 6

5. Group discussion

The group discusses what fantasies and images we have of each other. The group is divided in two if it is large. Suggestions for questions the group can discuss:

- What image do you believe Norwegians have of you? Why do Norwegians have these ideas? Are they true? Can you do anything to influence the attitudes they have about you that are mistaken?
- Find specific examples of how you look at Norwegians. Do these images affect the way you or your children live your lives? In what way? Are there things you or your children will not or cannot do because you believe that Norwegians are a certain way?
- What group did you have a negative image of before you came to Norway? What were these images like, and how did they influence your relationship with this group?
- Is it more common to create images of each other that show similarities or differences? Do you have any images of Norwegians that are positive and that you can learn from? Do you think that Norwegians have any positive images of you that they want to learn from?

The group can also be divided into smaller groups that can conduct role-playing activities dealing with some of the ideas mentioned. Some of them can be Norwegians and some of them Africans, and they can talk about what they believe about each other, and then reverse their roles. Another role-playing activity could show how negative images of each other impose restrictions, for instance an activity that a child is not allowed to participate in. They show each other the results, which can serve as a starting point for the discussion, "Is this how we see each other?"

6. Summary of group discussion

To summarise the group's work, the group leader asks each of the women what the most important aspects of this meeting have been for her. Each of the participants should mention a few things. The group leader writes the items down to use at the next meeting.

7. Presentation of the next topic

The group leader informs the participants that the next meeting will deal with how they try to ensure that the members of their own group conform to the norms and values that their ethnic group regards as correct. The homework is to think of a way in which they keep an eye on or monitor each other.

8. Ending the meeting

The group leader ends the meeting, and announces when the next meeting will take place.

5. 1h 15m

6. 15 min

7. 5 min

8. 2 min

Meeting 7

Social control.

How do we try to ensure that other people conform to the norms of the group?

The objective is for the participants to become conscious of who determines their choices with regard to norms and values in life. How does the ethnic group of the participants “reward” the person who behaves “correctly” and “punish” the person who behaves “incorrectly”? How does this affect the way in which they live?

Thoughts to consider during preparation

We all belong to a number of different groups: an ethnic group, a work group, a discussion group, a group of mothers, a youth group or a nationality. Which of these groups means the most to each of us can vary. Being a member of a group is part of a person's identity, and this is why belonging to a group is important to most people. All groups have norms and rules governing what they regard as good and bad. Some groups have a large number of rules, and others have only a few. The norms can be determined by long-standing traditions, or by some of the members of the group who have more power than others to make decisions on behalf of the entire group. In religious groups, for instance, the views of the minister or imam can mean more than the views of the members of the congregation. In a family group the views of the adults can carry more weight than the views of a child, those of the grandparents more than those of the parents, or those of men more than those of women.

Most groups exercise what we call social control, meaning that they have informal methods of trying to ensure that their members abide by the norms of the group. These methods often include “rewarding” those who comply with the group's norms, and “punishing” those who do not. What form these methods take can vary from group to group. The “reward” could be that a person wins respect, is invited to exclusive social events, has children named after him or her, or is given other positive feedback, either directly or indirectly. “Punishment” can involve physical punishment, social exclusion, being made the subject of slander and gossip, or more diffuse signals such as sighs, sharp glares, or vague insinuations.

At a workplace, for example, the employees could have a tradition of going out together for a beer at the end of the workday on Fridays. If you don't participate, this could have an adverse effect on your opportunity for advancement. In a religious group, it may be

noticed whether you pray often, or whether you bring your children with you to the church or mosque. If the influential people have the impression that you are a faithful believer, you can be a popular member of the congregation. If they do not, you may risk being excluded, and the other members of the congregation may not let their children play with yours. An ethnic group may have traditions that the group regards as important to maintain. If you do not follow these traditions, this may have negative consequences for you or your children. If, for instance, your group practises female genital cutting, you may risk hearing that your daughter is not good enough, and will never get married if she is not subjected to the procedure.

All human beings are affected by other people's attitudes towards them, and everyone wants to be liked, socially accepted and respected. This explains how some people are able to control others without the use of force or violence, by threatening or creating a fear of social exclusion. However, there will almost always be somebody in the group who defies some of the group's norms because he or she believes that this is the right thing to do, regardless of the group's reaction. This means that if a person wants to defy one of the norms in a group, it is important to find the others who feel the same way. In this way they can seek support together, and create a counterbalance to group pressure. The people who are exerting social control will thus wield less power.

- The group leader and the supervisor should work together in considering the methods that are used to exercise social control in some Norwegian communities and in the group leader's own community. Think of some specific examples that could be used in the group leader's presentation. This topic, too, lends itself well to role-playing, which is a useful tool in making the topic more concrete and in creating a more relaxed atmosphere.
- The team should discuss whether different methods are applied as social control in the home country than in the country of exile. Find some specific examples of how this is done, and whether there are things that are monitored in Norway that are not monitored in the home country.
- The team should also discuss who it is who establishes the norms in the different communities, using examples from both the Norwegian community and the group leader's ethnic group.

Meeting 7 (item by item)

Social control

1. Welcome

The group leader welcomes the participants.

2. Summary of the last meeting

A summary is presented from the last meeting on the images the group has of Norwegians and the images they believe Norwegians have of them.

3. Homework: the participants' thoughts about today's topic

A review is conducted of the homework, which was to think about how they monitor each other and ensure that everyone lives according to the values of the ethnic group. Each participant should give an example of this. For instance, do they keep an eye on each other to see whether they fast during Ramadan, or whether their children go to the mosque or church? It doesn't matter if several of the participants use the same example. This is only a round of comments, not a discussion.

4. Presentation of today's topic

The group leader presents today's topic, social control. See the suggestion for thoughts to consider during preparation. In addition to discussing the topic in general, the group leader can present:

- a specific example of methods that are used to exert social control both in Norway and in the home country, so that everyone understands what she means,
- a specific example of norms and values that are monitored. She can use examples that were mentioned during the review of the homework, and
- an example of who the most influential person is with regard to deciding which norms are most important to abide by.

As we have mentioned, role-playing is extremely effective in presenting this topic.

Meeting 7

1. 2 min
2. 5 min
3. 5 min
4. 10 min

continue 

5. Group discussion

The group is divided into two if there are a large number of participants. The group or groups continue to discuss the main topic. Suggestions for questions to discuss:

- What methods do we use in our own community to ensure that we comply with the group's norms and values? Do we use the same methods in exile as we used in our home country?
- Do I always decide for myself the values according to which I live, or are there also other people who decide? If so, who?
- Who has the right to decide what happens to a person's body?
- Are there any values that I conform to that I would like to change, but don't, because I am afraid of how the other people in my community would look at me?
- Should adults decide how a child lives, or are there areas in which a child has his or her own rights?

The group could be divided into two, and role-playing could be organised in each group showing examples of how they try to ensure that others conform to the norms of the group.

The topic could be illustrated by, for example, looking at the dress code within the group and talking about what it feels like to dress in a different way than the other members of one's group. If one of the participants dresses differently from the others, she could be asked about the experiences she has had in this area, but care must be taken when focusing specifically on one individual. Familiarity with the individual herself and the group dynamic must be taken into consideration in this case. Another approach would be to ask the question in a more general way: "Some people choose to dress differently from most of the others in their ethnic group. Does anyone have any experience herself or of others as to what reaction this elicits in your ethnic group?"

6. Summary of group discussion

Oppsummering av gruppearbeidet ved at gruppeleder spør hver deltaker om hva som har vært viktigst for dem på denne samlingen. Gruppeleder skriver punktene ned for å bruke dem neste gang.

7. Presentation of the next topic

The group leader tells the participants that the next meeting will be the last one, and that they will receive their course completion certificates. They will also review all the topics covered, and the homework for the next meeting is to think about whether any of the topics has been of particular importance to them.

8. Ending the meeting

The group leader ends the meeting, and announces when the next meeting will take place.

5. 1h 15m

6. 15 min

7. 5 min

8. 2 min

Meeting 8

Evaluation and summary

The objective of this meeting is to evaluate the programme by hearing what the participants have learned at the meetings, in terms of both knowledge and emotions. This can provide them with additional awareness of their own choices and of their lives in exile. Another objective is to make the participants aware of any impact the programme has had on the way they live their everyday lives.

Thoughts to consider during preparation

The supervisor and the group leader should discuss what they mean by knowledge, emotions and actions, and how these things are interrelated. There are different ways of gaining new knowledge, including reading, listening, seeing, discussing and experiencing something. One learns something one didn't know before, or hadn't thought of. The knowledge the participants have gained by taking part in this course may have originated in the group leader's presentations or in the discussions conducted by the group. Knowledge becomes a part of the intellect, but one can react to knowledge with emotion. For instance, if a woman has just understood that one of the reasons she has such acute pain during menstruation is because of genital cutting, she may react with relief because she now has an explanation for the pain, whereas before she was frightened about what it could be. She could also react with anger, because she realises that if she had not been subjected to genital cutting, she would not have had this pain. The new knowledge and the emotions it has generated can be used to act, to do something. A woman could choose to be opened, because she has understood that she would then have fewer problems. A woman could choose to refuse to have her daughters subjected to genital cutting, because she knows now that this could give them life-long problems. A woman could choose to work against female genital cutting by helping others to understand what she herself has understood, or a woman could choose to do nothing. This is an example of how knowledge, emotions and actions are interrelated.

- The supervisor and the group leader can find examples from some of the topics they have covered to show the members of the group what they mean when they want to discuss how each topic has influenced them. For example, the supervisor and the group leader could review each topic and see how it has affected the group leader during the course of the programme. The drawing of a body and instructions on how to fill in the drawing, found on the next page, can be used if desired.

- The group leader and the supervisor should also review all the topics and notes taken previously in order to see which main points were brought up under each topic. Should any of these topics be discussed in greater detail at the last meeting? These might include topics that were not discussed fully due to time limitations, or that were confusing. It is important that the group leader has refreshed her memory on all of the topics covered, because questions on any of them could arise at this meeting.

- The supervisor and the group leader sign all of the course completion certificates that will be handed out at this meeting.

Meeting 8 (item by item) Evaluation and summary

1. Welcome

The group leader welcomes the participants, and reminds them that this is the last time that the group will be meeting. The supervisor tells the participants that she is there because she wants to hear what they have gained from the programme.

2. Summary of the last meeting

The group leader summarises the results of the last meeting about social control by reading what she wrote on the flip chart.

3. Homework: the participants' thoughts about today's topic

The group reviews the homework, which was for the participants to think about which topics were the most important to them in the course of the programme, and why. The group leader encourages participants who want to mention their examples to do so, without comment from the others. It is a good idea to write down these examples for use in reporting and follow-up.

4. Presentation of today's topic

The group leader talks about how all knowledge can affect our emotions, choices and actions in our everyday life. She gives some examples that illustrate this interconnection. See the suggestions under "Thoughts to consider during preparation".

5. Group discussion

The group leader goes through each topic. For each one every participant tells about whether she learned something new, what she learned, what feelings she has when she thinks about this topic, and whether she has been inspired to act on what she has learned.

Knowledge



The group leader writes everything down on a large drawing of a body (see suggestion).

- **Knowledge:** What they have learned is written in and around the head.

- **Emotions:** The emotions that are evoked by each topic and how they feel about them are written around the heart and stomach.

- **Wishes:** What do they want to happen? Write these wishes around the hips.

- **Actions:** Where they want to go and what they want to do with what they have learned are written in and around the legs of the drawing.

Meeting 8

1. 2 min

2. 5 min

3. 10 min

4. 10 min

5. 1 h

continue

6. Summary of group discussion

The entire group conducts a summary of the topics. When everyone has had a chance to talk about all the topics, they turn their attention to the drawing. The group leader reads everything that was written there, and the group can see whether knowledge, emotions, wishes or actions were mentioned most. They can also discuss which topics have been the most important for them.

7. The road ahead

– **what will they do and how will they support each other?**

The supervisor and the group leader present a summary, focusing on where the path forward will lead. The drawing of the body can be used as an aid. What do the participants in the group want to do with their newly gained insights? Using the drawing as a starting point, the group leader asks the participants whether they have thought about how they can support each other in the future. They can also be asked whether they want continued follow-up from the leaders, on the condition that you have an opportunity to continue to work on the subject and/or with the group.

8. Takk for i dag

The group leader and the supervisor, if she is present, distribute course completion certificates to all the participants. She thanks them for their participation and gives them her best wishes for the future.

Meeting

8

6. 10 min

7. 15 min

8. 10 min

After the group meetings have ended

The group leader and the supervisor should meet after the group meetings are concluded, in order to review their co-operation, the project itself and the material that was gathered at the meetings. What should they do with the material and the experience they have acquired? They should discuss whether they want to follow up the efforts to combat female genital cutting and/or any of the other topics covered. If they do, in what way?

Part 3

Resources



This part of the handbook offers you some materials for use in teaching. You will find overheads and explanations of how to use them. You will also find information about material you can order. Lastly, we have included a suggestion for a course certificate.

Some of the recommended information is primarily for your own reading, and for the person you are working with and any external introductory speaker. Other material is suitable for handing out and using in the group. Remember to order in good time and in sufficient quantities.

A list of the overheads is given below, along with a presentation of each overhead and illustrations for use during meetings 4 and 5. There is a suggestion with each overhead of how to use it. If you are unfortunate enough to lose or destroy an overhead, you can use the relevant model to make a new one. This English version does not include its own set of overheads. However, the Norwegian overheads can be ordered separately. The reason why the overheads have not been translated into English is that meetings 4 and 5, for which the overheads are intended, will most often be held in Norwegian. It is also important that the participants learn the Norwegian terms for important parts of the female body, because this will make it easier for them to communicate with the health care workers. The Norwegian overheads can be ordered separately. The order number is Q-1086 B.

List of overheads with illustrations

A. Natural sexual organs

- A 1. Section of a woman's interior sexual organs**
- A 2. Anatomy of a woman's exterior sexual organs**
- A 3. Variations in female sexual organs**

B. Female genital cutting

- B 1. Examples of two different types of genital cutting**
- B 2. Countries where genital cutting is practised**
- B 3. Complications in the form of scar tissue and cysts**
- B 4. Complications caused by infibulation**

C. Impregnation and childbirth

- C 1. Menstrual cycle**
- C 2. Three stages of pregnancy**
- C 3. Childbirth**

A 1. Natural sexual organs

Section of a woman's interior sexual organs

Seen from the front

Seen from the side

This illustration is intended to show a woman's interior sexual organs and their functions.

Explain the functions of the different genital parts. Remember that there may be a great deal of ignorance or other perceptions about these. Many women do not know, for example, that urine does not flow from the vagina but that we have a separate urethra.

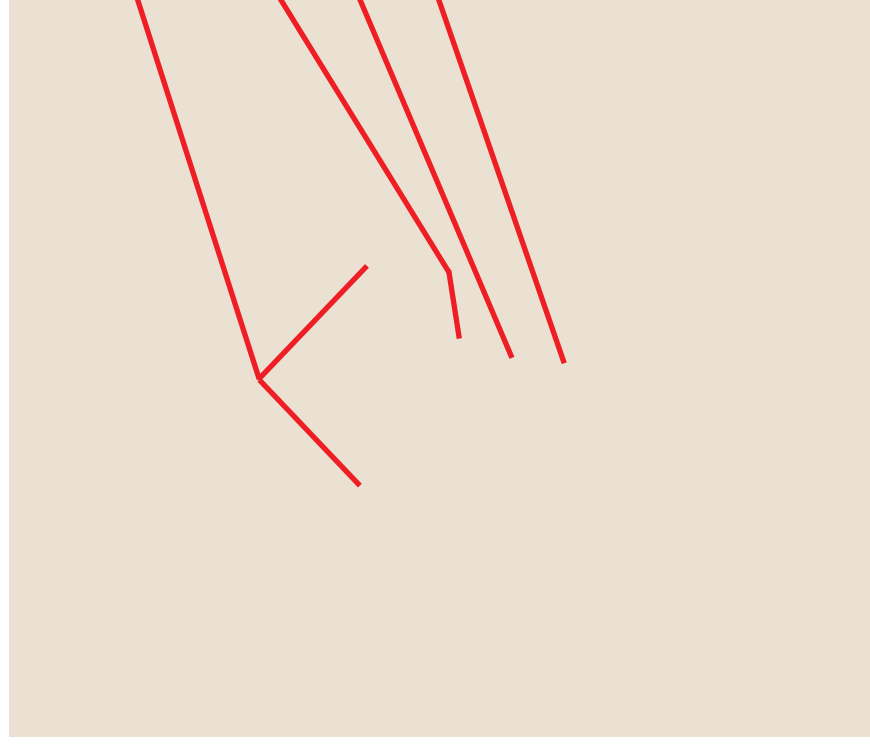
When explaining about the clitoris, you should emphasise sexual sensitivity. You can draw parallels between it and the male penis. Many people think that removing the clitoris in female genital cutting is the same as removing the foreskin of a man's penis. It is important to explain that the clitoris has the highest nerve density of anywhere on the human body and there are arteries carrying a great deal of blood, so that removing the clitoris is in some ways more like removing the head of a penis. In a discussion on the clitoris and sexuality, you should stress that the whole body is erogenous and that the clitoris has no agenda of its own. There is no connection between female genital cutting and sexual activity. Whether a woman is moral or not depends on upbringing and values, not on the presence of sexual organs.

When talking about the labia, it is important to explain how they naturally cover and protect the inner genital parts.

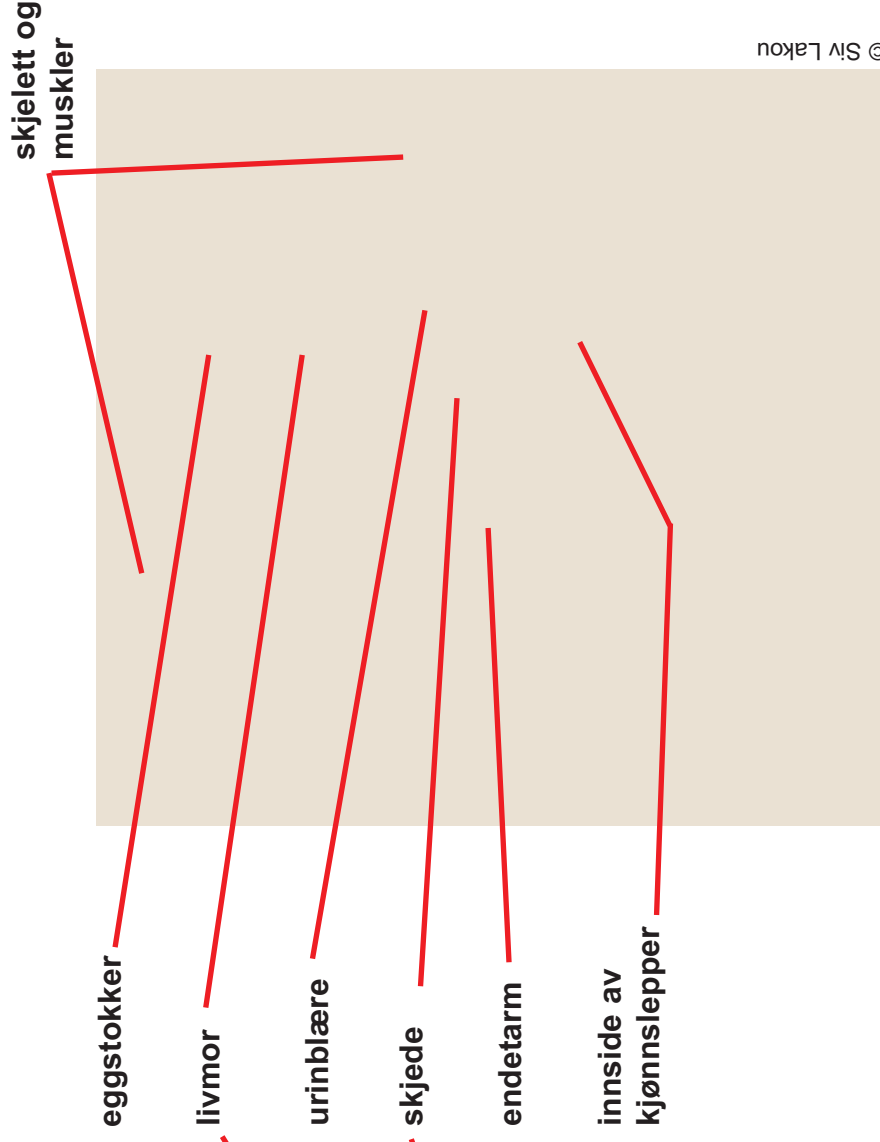
Regarding the vagina, it is important to mention its elasticity – that it expands during sexual intercourse and even more so during childbirth, but that it contracts again.

A1. Naturlige kjønnsorganer

Kvinnens indre kjønnsorganer sett i snitt.



Sett forfra



Sidesnitt

A 2. Natural female organs

The anatomy of a woman's exterior sexual organs

This illustrates the size and position of the various genital parts:

**Clitoris and foreskin,
inner labia, outer labia,
urethra and vaginal opening.**

This is very important knowledge for many of the participants, so take your time. Many of them will be surprised that the clitoris is so small. In many places, anxiety that the clitoris will grow like a small penis during puberty is used as a reason for performing genital cutting.

It is also important to show how the labia naturally cover and protect the genital parts inside. Many of the people who practise infibulation see an uncircumcised vulva as a large, grotesque clitoris and a gaping vaginal opening.

Explain that the size of the vagina is the same whether a woman is circumcised or not, but that infibulation means that part of the vaginal opening is covered. The vagina underneath remains the same.

Explain that after defibulation (opening of an infibulation), the vulva will be very like the natural vulva if the clitoris and labia are more or less intact underneath.

A2. Naturlige kjønnsorganer

Anatomien i kvinnens ytre kjønnsorganer



På et naturlig, uomskåret kjønnsorgan er klitoris, skjedeåpningen og urinrørsåpningen dekket av de ytre og de indre kjønnsleppene.

Når kjønnsleppene trekkes til side blir klitoris, skjedeåpning og urinrørsåpning synlig.

A 3. Natural sexual organs

Variations in female sexual organs

These pictures are intended to give an idea of what natural female sexual organs look like and how they can vary. There is less variation in them, however, than there is in faces. Pubic hair can vary somewhat. In these pictures, the hair has partly been removed to show the genital parts more clearly. These pictures can be used to elaborate on the discussions and themes that were raised by the previous transparencies.

A3. Naturlige kjønnsorganer

Variasjoner ved kjønnsorganer hos kvinner



B 1. Female genital cutting

Examples of two different types of genital cutting

Example of genital cutting / excision

Example of genital cutting with infibulation

We see what a woman's vulva (exterior sexual organs) can look like after two types of genital cutting. Here you will have to explain what has been done and how the different types of genital cutting alter the appearance and function of the vulva.

Excision

The first illustration shows a woman whose clitoris and labia have been removed. This is classified as Type II by WHO and it is the most common type of female genital cutting in the world. It can also be called excision, and it is often called 'sunna' by groups who usually practise infibulation.

Excision or 'sunna' involves the removal of the clitoris and inner labia. This often results in a more naked, open vulva and some research has indicated that infections arise more easily. The removal of the clitoris can affect sexual sensitivity in the area. The woman can have less pleasure from sexual intercourse with the man.

Infibulation

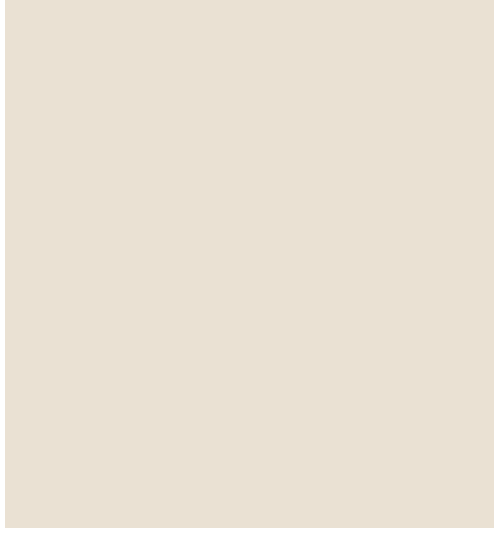
The other illustration shows a girl who has been infibulated. The outer labia have been fastened together to form a bridge of skin over the underlying genital organs, including parts of the vagina.

During infibulation, tissue is also removed from the outer labia which are then sewn or clasped together, thus forming a bridge of skin with only a very small opening. The skin covers the urethra and, since the remaining opening is very small, the free flow of urine is obstructed. The same applies to menstrual fluid. And since the opening is small, this also means that the girl has to be cut open in order to have sexual intercourse when she gets married. This is also necessary later before she can give birth.

You can explain how and where to make the incision for defibulation. As a result of scar tissue, the skin will be less elastic in a woman who has been infibulated. So, even after defibulation, she is more likely to tear and experience difficulty during delivery. To avoid this, lateral incisions are also made (episiotomies).

B1. Omskjæring

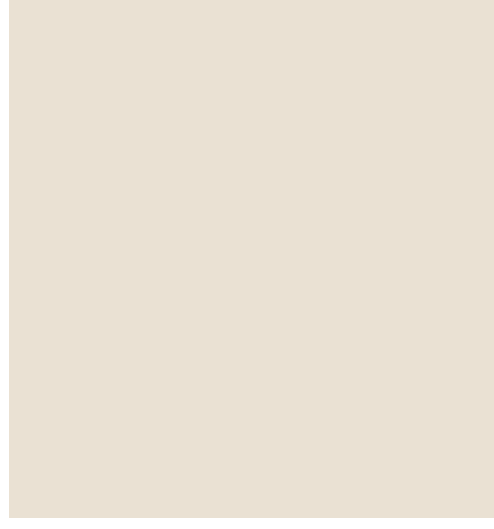
Eksempel på to ulike typer omskjæring



©Rainbo

Eksempel på omskjæring / excision

Dette kalles i WHOs typologi "type II". Mange bruker også begrepet "sunna". Klitoris og kjønnslepper er fjernet.



© Rainbo

Eksempel på omskjæring med infibulasjon

Klitoris og kjønnslepper er fjernet. Ytre kjønnslepper er festet og grodd sammen så de danner en hudbro som dekker kjønnsorganene innenfor. Man lar det kun være en liten åpning slik at urin og menstrasjonsvæske kan passere.

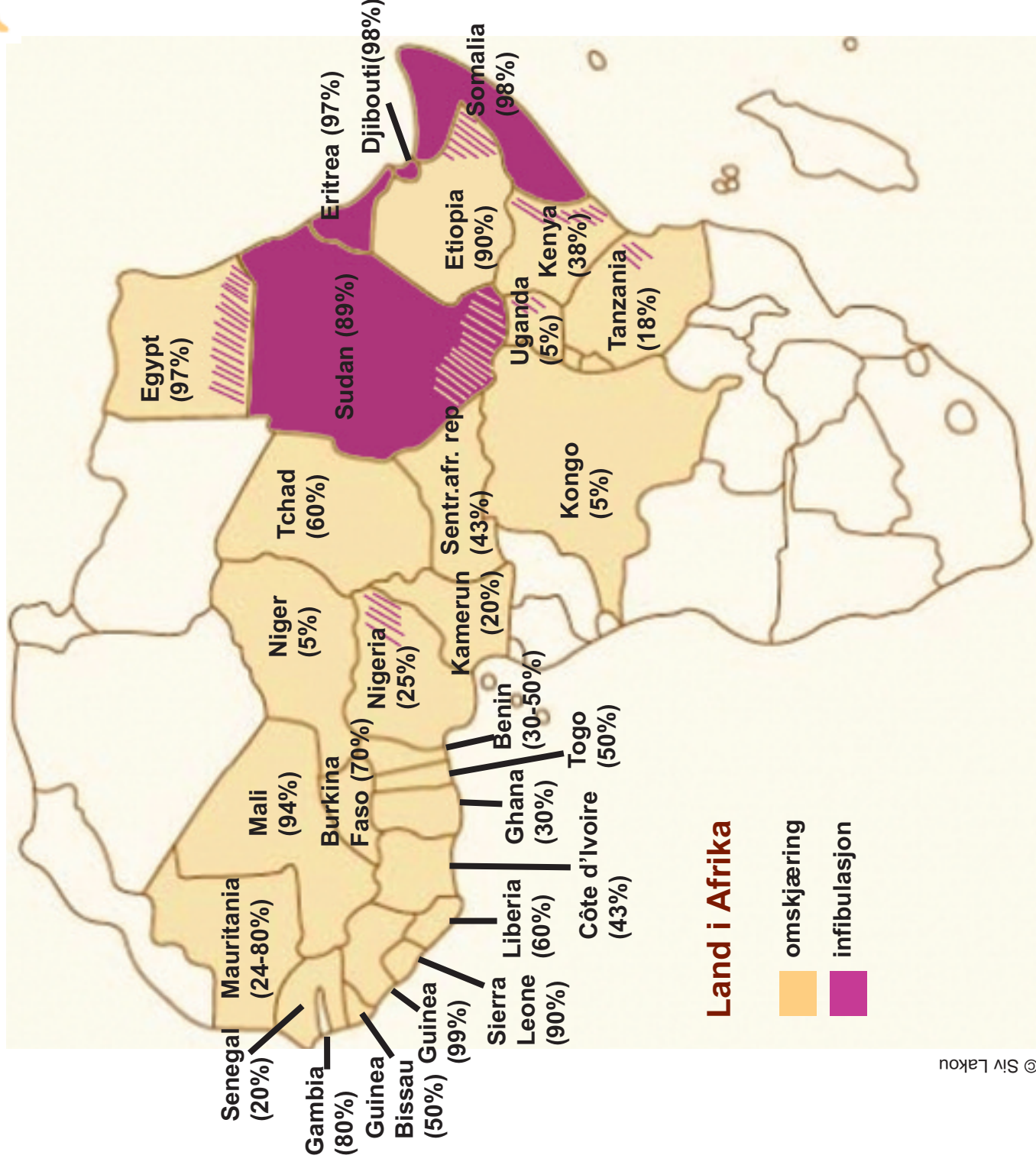
B 2. Female genital cutting

Countries where female genital cutting is practised

The map shows the countries in Africa where female genital cutting is common. The figures in brackets give an estimate of how many women in the country practise female genital cutting. This practice is primarily associated with groups of people and earlier trade routes, not with religion and country.

In most of the countries where female genital cutting is practised, it takes the form of excision. This is marked in yellow on the map. Some countries also practise infibulation. These countries are coloured purple. In the hatched areas, only a small part of the population practise female genital cutting. Infibulation is practised primarily in Somalia, Djibouti, Sudan, parts of Eritrea and Ethiopia. It is also practised by refugees who have taken the custom with them into other countries. Some forms of infibulation are also known to occur in Nigeria and Mali.

B2. Land der omskjæring praktiseres



Land utenfor Afrika

- Irak**
Kurdere
- Iran**
Kurdere og noen få andre
- Forente Arabiske Emirater**
De fleste i lokalbefolkningen
- India**
noen få muslimer
- Indonesia**
noen få muslimer
- Malaysia**
noen få muslimer
- Yemen (23%)**
Somaliere og noe lokalbefolkning

B 3. Female genital cutting

Complications in the form of scar tissue and cysts

These photographs show complications that can occur after genital cutting. It is important that you have read the booklet entitled “Why ...”. You can also distribute the booklet to the participants.

Scar tissue

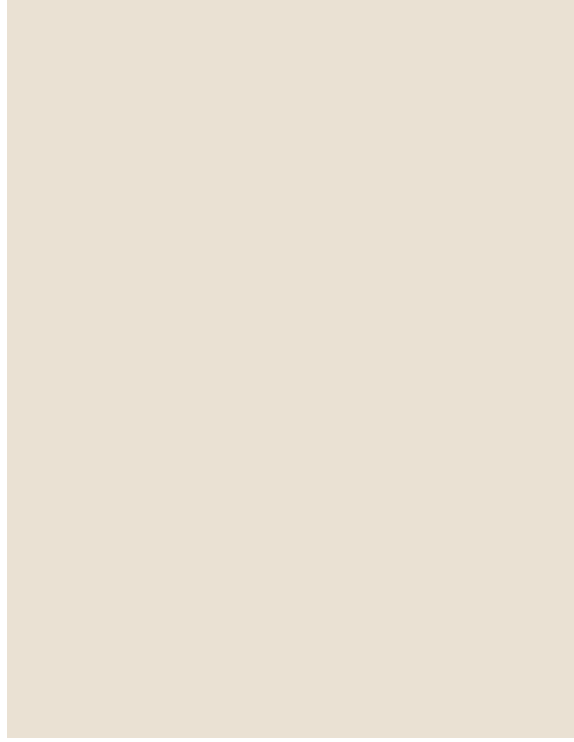
Some women have skin that forms thicker scar tissue. This gives raised, thickened scars which may be uncomfortable and painful. These are called keloids.

Cysts

The photograph shows an external cyst. Cysts can form, due to the inclusion of glandular tissue, particularly round the clitoris. These can become infected. Cysts that form inside the vaginal opening or inside the infibulation can be difficult to see from the outside.

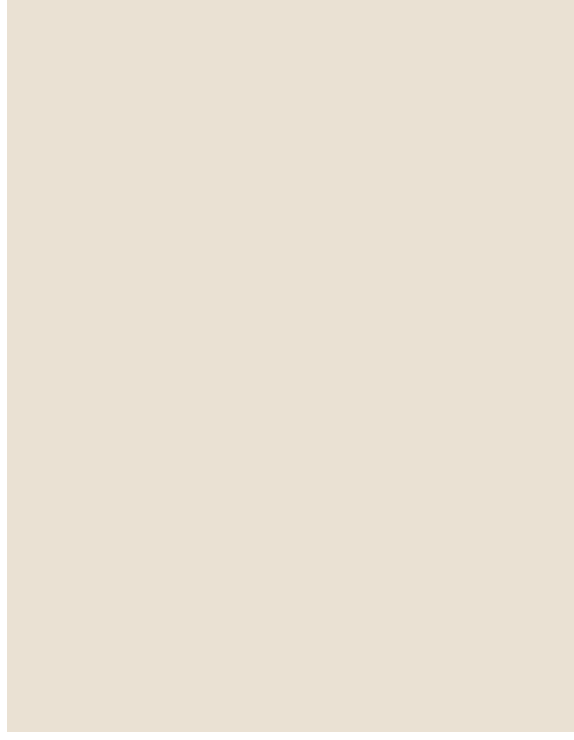
B3. Omskjæring

Komplikasjoner med cyster og arrvev som kan oppstå etter omskjæring



Caritas

Cyste



Caritas

Arrvev

B 4. Female genital cutting

Complications due to infibulation

These illustrations show how urine and menstrual fluid accumulate in infibulated women. The fluid collects behind the bridge of skin before running out slowly through the small opening.

On the left we see the exit route for urine. At the top, normal urination, while at the bottom we see how the urine accumulates. On the right is a similar illustration for menstrual fluid.

We have found these illustrations very useful. Many of the people who practise infibulation have a personal knowledge of these problems. Even if they are aware that there is a connection between infibulation and difficulties with urination and menstruation, the illustrations often give them an Aha! experience, a sudden insight into it is so.

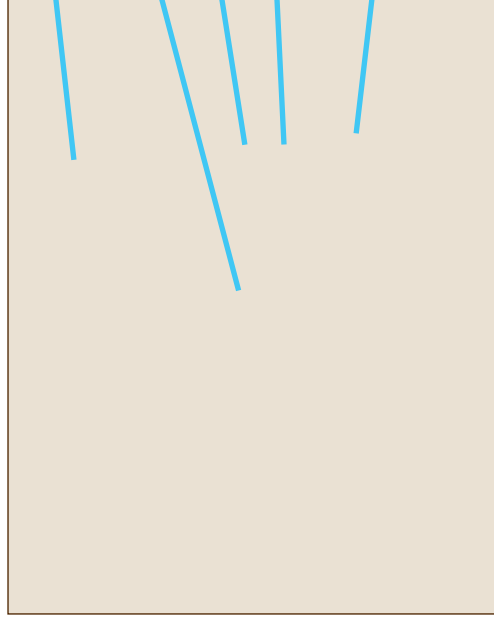
When women who are infibulated urinate, the urine often runs into the vagina first, before slowly seeping out through the opening. Menstrual blood can accumulate and if it coagulates, this may cause more discomfort and difficulty. If the fluid is retained for a long time, is pushed further into the body and causes pressure, infections and problems can occur in the inner organs.

These problems can be relieved by defibulation (surgery to open the infibulation). This should be performed as early as possible in order to prevent permanent damage caused by repeated fluid retention. You can read more about this in the booklet entitled "Why...".

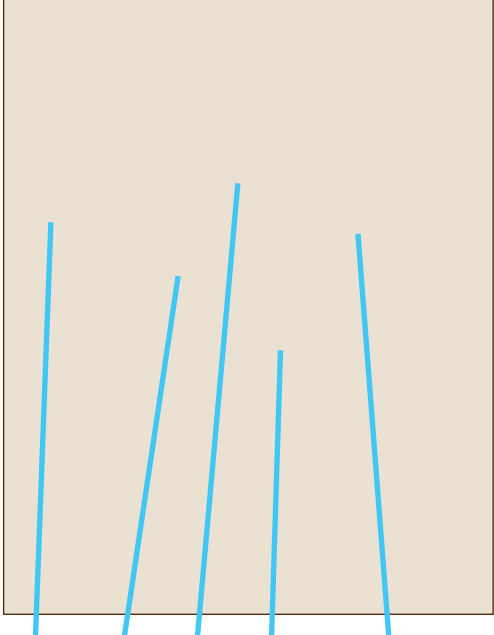
B4. Omskjæring Komplikasjoner ved infibulasjon.

Infibulasjonen danner en hudbro. Urin og menstruasjonsvæske hoper seg opp bak hudbroen før det langsomt renner ut gjennom den lille åpningen.

Urinens normale vei ut



Menstruasjonsvæskens normale vei ut



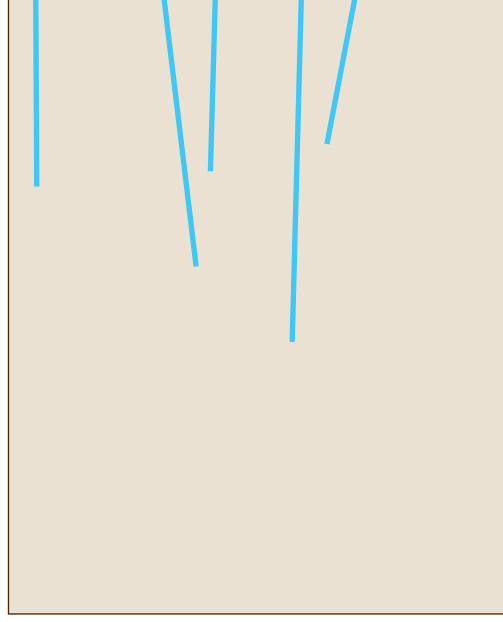
eggstokker

livmor og skjede

urinblære

endetarm

innside av
kjønnslepper



eggstokker

livmor og skjede

urinblære

endetarm

infibulasjon

Opphoping av urin hos
infibulert kvinne



Opphoping av menstruasjonsvæske
hos infibulert kvinne

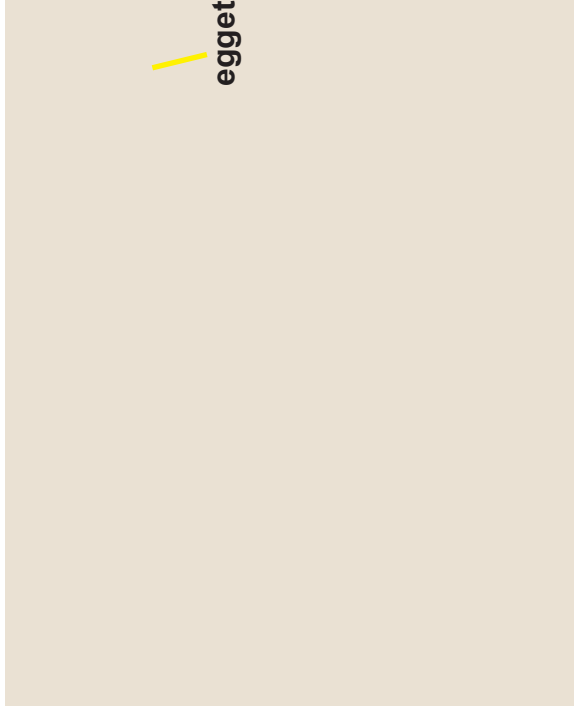
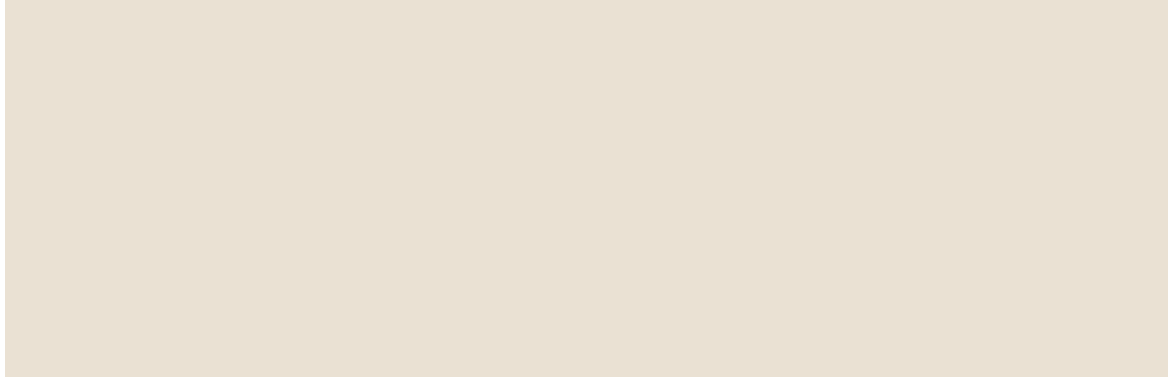
C 1. Impregnation and childbirth

Monthly cycle

Use this illustration to help explain how the ovum (egg) matures and how menstruation occurs when the ovum is not fertilised. It is important to explain clearly at what point in her monthly cycle a woman can become pregnant. (Many women believe it is easiest to become pregnant the first day after menstruation ends.)

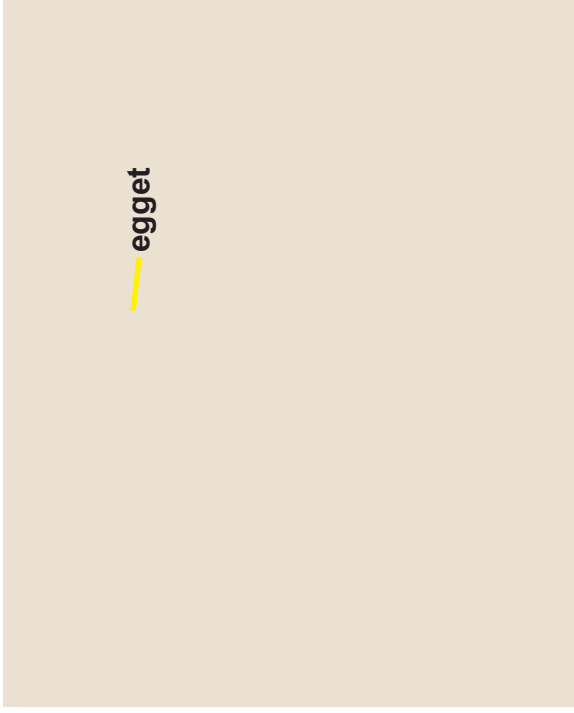
Be very clear about whether you are referring to the first or last day of menstruation, particularly when you are talking about when a woman can become pregnant.

C1. Befruktning og fødsel Menstruasjonszyklusen



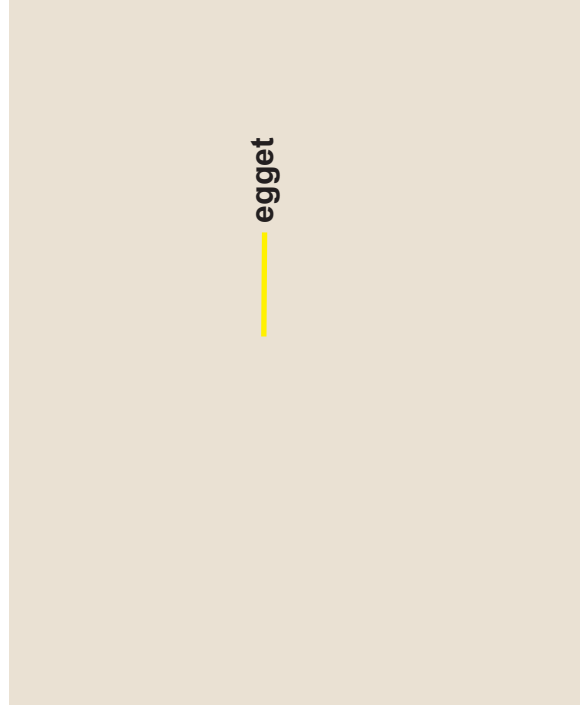
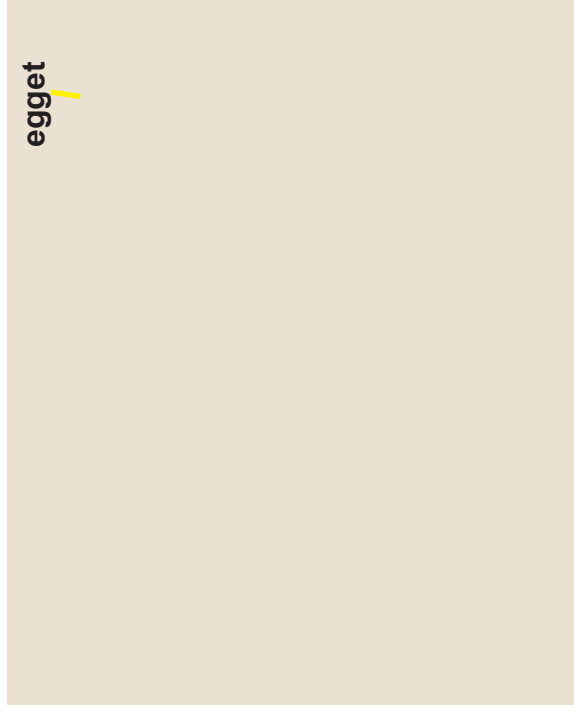
1

2



3

4



C 2. Impregnation and childbirth

Three stages of pregnancy

The womb is ready to receive the fertilised egg

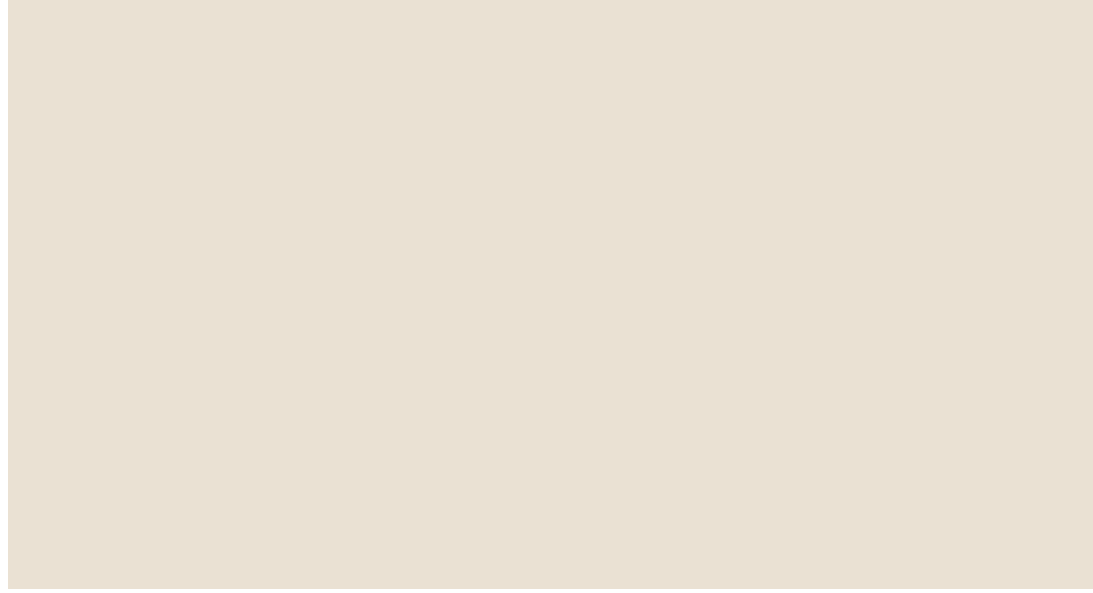
After about 20 weeks: half way through pregnancy

After about 40 weeks: the baby is now fully developed and delivery can start

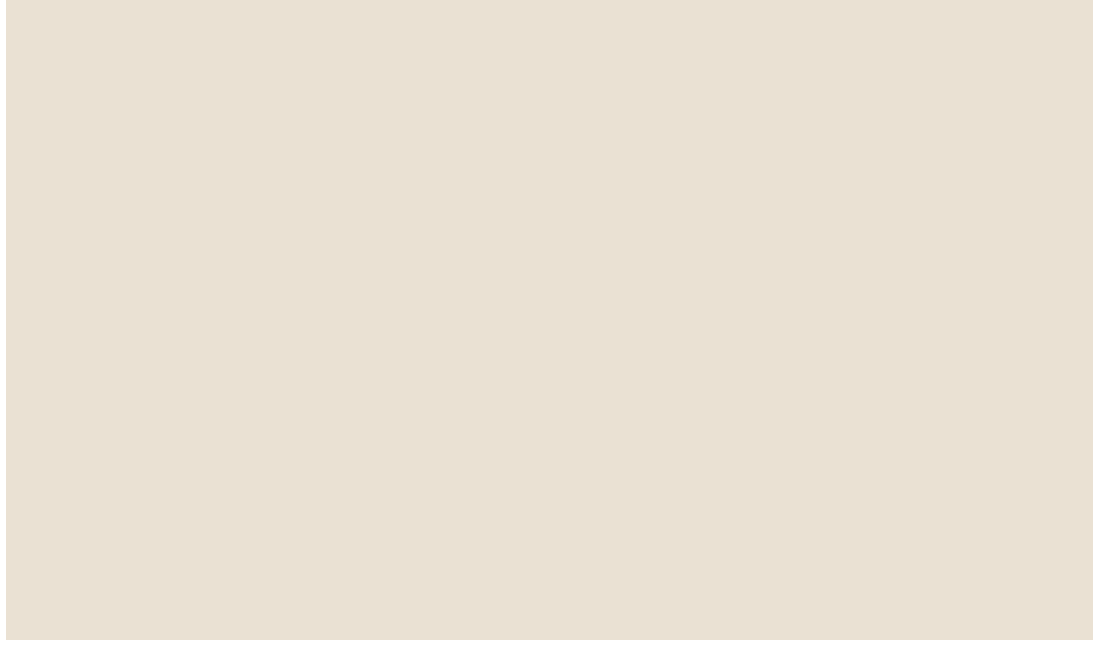
This illustration should be used to show how the baby develops in the womb and how the mother's body changes. Note that pregnancy affects the womb, breasts, bladder, spine and innards.

C2. Befruktning og fødsel

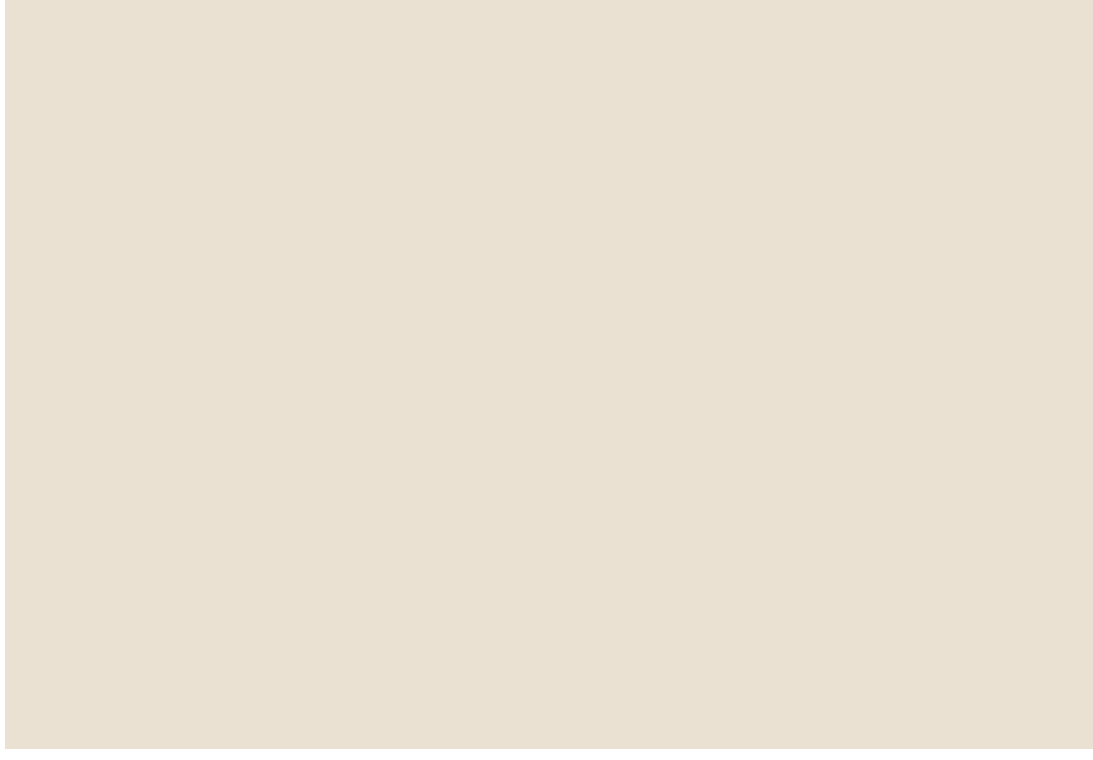
Svangerskapet i tre faser



Livmoren er klar for det befruktede egget.



Fosteret i 20.uke er ca. 25 cm langt.



Fullbåret foster.

C3. Impregnation and childbirth

Childbirth

We can see how the mother's body prepares for delivery. The pelvis expands, allowing the baby to sink down. The illustrations show how the vaginal opening becomes wider and then contracts after delivery.

Explain that episiotomies (lateral incisions) are often performed during delivery. A local anaesthetic is given and the skin is cut in a controlled manner at the side of the vaginal opening in order to make it easier for the baby to come out. This prevents uncontrolled splitting or tearing of the mother's skin.

If the members of the group come from societies which practise infibulation, you will have to take up this aspect and explain how the infibulation is cut to make room for the baby to come out and sewn to each side afterwards. The infibulation will not be closed again after delivery.

Explain and show the difference between defibulation and episiotomies. Explain the different incisions (cuts) and how they are stitched afterwards. The infibulation will not be stitched together again, but will be stitched to each side. Episiotomies are stitched or grow together again naturally.

C3. Befruktning og fødsel

Fødselen

Kroppen er klar for fødselen.

Hodet er på vei ut.
Bekkenet utvider seg.

Hodet er nå ute og fosteret dreier seg.

Fødselen er over og livmoren trekkes sammen.

KURSBEVIS

Det bekreftes med dette at

født: _____

har deltatt på kurset "Kvinnens liv og helse i eksil".
Kurset er utviklet av OK-prosjektet.

Kurset har bestått av 8 samlinger á to timer.
Deltakeren var til stede på _____ samlinger

Hensikten med kurset er å gi kvinnene økt innsikt om integrering og andre sider ved livet i eksil. Metode og tema tar sikte på å gjøre kvinnene til aktive deltakere og gi dem trening i å diskutere og si sin mening høyt. På denne måten kan deltakerne få økt selvfølelse og bevissthet om egne tradisjoner, holdninger og valg når det gjelder deres liv og helse i eksil.

Kurset omfattet bl.a. følgende tema:
integrasjon, gode og dårlige tradisjoner, kvinners helse og anatomi, befruktning og fødsel, forestillinger om hverandre og sosial kontroll.

Sted _____ Dato _____

Veileder for kurset

Gruppeleder for kurset

Other information materials available from the OK Project that can be used for educational purposes

When ordering please add the Q-number to the title of the material.

Public institutions can order free copies via e-mail: publikasjonsbestilling@ft.dep.no
or via fax: +47 22 24 27 86.

Private institutions can purchase copies by contacting: Akademika PO Box 8134 Dep. NO-0033 Oslo

Most of the OK Project's printed material is available in at least three languages: Norwegian, English and Somali. For further information on ordering numbers, languages available and language codes, see the OK Project's home page: www.okprosjekt.no under publications and ordering.


OK Project Description Q 1048

The objectives and approach, background for and organisation of the OK Project. Norwegian, English, Somali



Primarily for the group leader's own enlightenment


We are OK Q-1044

 Information brochure directed towards young girls. Information on types, prevalence and consequences of female genital cutting, changing attitudes, and respect for women. Norwegian, English, Somali



For distribution to the participants in the group

Circumcision of Girls – This Concerns You Q-1049


 Mini-brochure with the most important arguments against female genital cutting. Norwegian, English, Somali, French, Sorani

Film and Videos

Kvinner kamp mot omskjæring Q-0030

Documentary of efforts to combat female genital cutting in Burkina Faso. Suitable for relevant healthcare and social services institutions and other relevant groups. French and Norwegian speaking, Norwegian subtitles.

Why Q-1058

 – questions and answers about common problems for girls and women who have been circumcised
A health information brochure. Discusses typical complications of female genital cutting, and describes the types of treatment available. To be used during discussions between health providers and the women who are affected. Norwegian, English, Somali


Retten til et fullverdig liv Q-1055

Video film from a theatre project with young people whose lives have been affected by female genital cutting. A teacher's manual is included. For use in lower and upper secondary schools. In Norwegian.


Comic strip about female genital cutting Q-0303

Comic strip in Somali. Produced by the Finnish Red Cross.

Brutt taushet Q-1057

 Conversations with female African resource persons on the psycho-social consequences of female genital cutting on women in exile. Designed to enhance competence within the relevant healthcare and social services institutions. Available in VHS and DVD formats. English speaking, Norwegian subtitles.

Fra kunnskap til handling Q- 1082 B

 Handbook for health providers, social workers and teachers
An introduction to central aspects of female genital cutting for use in a Norwegian context. Legislation and guidelines, what can and should be done in a variety of situations. Includes general information as well as chapters devoted to relevant groups of workers. Norwegian

Nå snakker vi sammen

Interviews with Somalis in Scandinavia who are working to combat female genital cutting. Target group: Somalis Somali spoken, Norwegian subtitles.

Recommended literature on female genital cutting

Talle, Aud:

Om kvinnelig omskjæring. Debatt og erfaring.
Samlaget 2003

Dirie, Waris og Miller, Cathleen:

Ørkenblomsten, Egmont bøker 1998 (norsk)

Desert flower, Virago press 2001 (English)

Boddy, Janice og Barnes, Virginia Lee:

Aman – en kvinne fra Somalia forteller.

Hjemmets bokforlag 1994 (norsk)

Aman - The story of a somalian girl

Pantheon books 1994 (English)

Norwegian legislation

I-1053

Act No. 74 of 15 December 1995 relating to the prohibition of female genital mutilation

Loven mot kvinnelig kjønnslemlestelse med forklaring.

Finnes på mange språk.

Bestilles fra Sosial - og Helsedirektoratet

Abandoning Female Genital Cutting.

Prevalence, Attitudes, and Efforts to End the Practice.

(En oppsummering og evaluering av tiltak som virker og ikke virker mot omskjæring, med basis fra erfaring i ulike afrikanske land.)

Population Reference Bureau, (English)

www.measurecommunication.org

Public Documents

Regjeringens handlingsplan mot kjønnslemlestelse

The Norwegian Government's Action Plan for Combating Female Genital Mutilation (2000)

Q-1012

Plan for Regjeringens internasjonale arbeid mot kjønnslemlestelse

The Norwegian Government's International Plan of Action to Combat Female Genital Mutilation

E-758

Veilederen for helsepersonell i Norge om kvinnelig omskjæring.

Statens helsetilsyn; 5-2000.IK-2723

Praktisering av ny bestemmelse om avvergelsesplikt i lov om forbud mot kjønnslemlestelse av 15. desember 1995 nr. 74.

Sosial- og helsedirektoratet. IS-1193 Veileder

Other recommended literature

Bang, Susanne og Heap, Ken:

Skjulte ressurser : supervisionsgruppen og dens arbeidsmåder

Kjøbenhavn: Gyldendal Uddannelse 2000 (dansk)

Bjerck, Birgit; Bjørge; Danielsen; Gulli;

Ingebrigtsen; Karl; Malterud; Storbråten:

Kvinnens seksualitet. Den norske kvinneundersøkelsen, Pax forlag a/s. Oslo, 1983

Langfeldt, Thore:

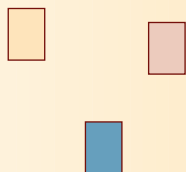
Sexologi.

Oslo, Ad Notam 1993

Tveiten, Sidsel:

Veiledning – mer enn ord

Bergen : Fagbokforl., 2002(2 opplag)



Chava Savosnick and
R. Elise B. Johansen

The Lives and Health of Women in Exile

A handbook for conducting discussion groups
with women from countries where female genital
cutting is practised

Order no; Q-1059-B

Published in norwegian and English

OK-prosjektet 2004 www.okprosjekt.no

