

Background and Relevance

Female genital mutilation/cutting (FGM/C) is the partial or total removal of a girl's external genitalia for non-medical reasons. The age of cutting varies but is usually between a few months to fourteen years of age (WHO). FGM/C affects about 200 million girls worldwide in Africa, Asia, Middle East, and immigrant communities in the west (UNICEF). A variety of reasons motivate FGM/C practice in different regions. Common reasons for cutting include hygiene purposes as some communities regard the external female genitals that are cut as unclean while some believe that FGM/C increases sexual pleasure for the husbands. FGM/C also serves as a rite of passage from girlhood to womanhood (Office on Women's Health). The majority of FGM/C supporters argue that this procedure ensures girls' virginity and purity which makes her more marriageable compared to her uncut counterparts.

At the request of family members, a traditional circumciser carries out the cutting using a blade. The practice can be unsterile as razors, knives, and blades are used on up to 30 girls at once, as writer Wairagala Wakabi reports (The Lancet). The short-term health complications include intensive pain, swelling/infections of the wound, excessive bleeding, and urinary retention. Healing periods can take many days or even weeks forcing girls to miss school leading them to fall behind in their studies (Swizz Medical Weekly). The impact of FGM/C on girls' and women's health is lifelong as the damage is irreversible.

The fight against FGM/C has come a long way as countless NGOs and governmental programs are working to end this practice, yet this tradition continues despite their efforts to pass laws that protect girls. While laws are helpful in criminalizing FGM/C, the practice has become such an integral part of society that parents continue to find people willing to carry out the ritual illegally. Community education about the harms of this practice, in addition to laws, is vital in the fight against FGM/C.

I believe that culturally sensitive community education has the potential to decrease and hopefully eradicate FGM/C in the future. To carry out this education project in Maine among the immigrant community, I will partner with the Maine Access Immigrant Network (MAIN), a community center that helps immigrants with access to information, resources, and services. Recently, MAIN proposed a one-of-a-kind comprehensive report on the prevalence of FGM/C in Maine immigrant communities. MAIN will support this project by referring me to resources and available professionals to come in and serve as experts on different topics that will be covered during the workshops. In partnering with MAIN, I will gain access to community advocates to develop engaging and meaningful dialogue over the course of the summer.

Project Objectives

The goal of this project is to provide the younger generation (18- to 30-year-olds) of FGM/C survivors with workshops that help them make sense of the practice and learn to cope with their experiences. Through weekly workshops focusing on different aspects of FGM/C, I am hoping to provide guidance and support for this young population on how to have honest conversations and learn from experts and each other about what it means to be an FGM/C survivor. I will focus on this age group because they are the next generation of mothers. The tentative date for this project is from June 1 to August 27, 2022.

Another objective of this project is to help survivors initiate healing from this practice. Together with other survivors, I hope to begin the process of self-love and healing. In a one day retreat we will build community so that survivors develop trust with each other and engage in conversations that they would be embarrassed to have with their mothers or elder women of the family.

Project Plan

Phase 1: For the first two weeks (June 1-15) of the project, I will promote the workshops and organize a retreat for young women (age 18-30) in the greater Portland area. Using my personal connections, I will carefully select six facilitators (also ages 18-30) who are leaders and trusted members of their communities to facilitate discussions during the retreat. I will recruit facilitators who are themselves FGM/C survivors because this will allow participants to connect with them through similar experiences

Towards a Safer Future: Ending FGM/C with Our Mothers
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and feel comfortable sharing their stories.

Phase 2: Before engaging in group facilitations, I plan to hold a weeklong focus group for facilitators. This time will be dedicated for facilitators to build community, talk about their experiences, and start their own healing process before they listen to the stories of others. I will invite professionals through MAIN to lead these focus groups. I will also provide contact information to counseling services if facilitators wish to continue receiving help. After the facilitator focus groups, I will hold weeklong workshops dedicated to training facilitators on how to lead discussions. Training will cover basic facilitation skills using resources I gather with guidance from MAIN.

Phase 3: Over the course of five weeks, I plan to hold 90-minute workshops covering different aspects of FGM/C. The following topics will be used as guidelines and subject to change. I will invite mental health workers experienced in working with immigrant populations to be available during workshops in case participants need to talk to a professional. Participants will be given journals to document their thoughts.

1. Beginning conversations
2. Controversies surrounding FGM/C
3. How can FGM/C survivors maintain a healthy and safe sexual relationship?
4. Pregnancy and birthing, what you need to know
5. What solution would you propose to combat FGM/C prevalence in our communities

Phase 4: After the workshops I plan to organize a one-day retreat. I will book a retreat site, invite workshop participants to give them the time to reflect on what they learned during the workshops and encourage them to journal their reflections and thoughts. We will use this time to strengthen the connections made over the workshop period and build a lasting community that they can come back to when needed. We will end the retreat with writing letters to our future daughters.

Sustainability and Future Impacts

Mothers and daughters do not talk about the FGM/C ritual and the girls are left on their own to make sense about what happened to their bodies, why, and how to deal with it after the fact. The workshops and retreat will help answer these questions and other questions they felt they could not ask their family members. The long-term goal of the workshops and retreat is that survivors will have the knowledge to make informed decisions for their future daughters and not perpetuate this practice based upon what their families or societies have taught them.

Through the summer I will also be working on pamphlets that contain FAQs about FGM/C, provide helplines for mental health, and agencies to contact if in fear of FGM/C for loved ones. I will have these pamphlets translated into Somali, Arabic, Swahili, and French and share them with the community to further raise awareness of FGM/C.

About the Project Director

As a Somali native, a country with 98% FGM/C prevalence among the female population of age, I am very familiar with this practice. Based on my experiences, I believe FGM/C is the biggest threat to women's progress, self-image, health, and ultimately, their lives. Through this project, I will be working towards helping FGM/C survivors gain proper education about the harms this practice poses to their health, initiate open conversations on self-love as FGM/C survivors, and gain knowledge to question society's pressures that to be 'pure' and respectable means that they must be forced to alter their bodies forever. I want to promote a culture that openly talks about FGM/C, moving away from the false promises that FGM/C has perpetuated through many generations of females.