KS3 FGM lesson

SRE Covered:
all you need to teach about sex and relationships in secondary schools
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Lesson plan</td>
<td>4</td>
</tr>
<tr>
<td>Learning outcomes</td>
<td>4</td>
</tr>
<tr>
<td>Lesson outline</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Main activities</td>
<td>7</td>
</tr>
<tr>
<td>Alternative version of FGM main activity</td>
<td>8</td>
</tr>
<tr>
<td>Plenary</td>
<td>9</td>
</tr>
<tr>
<td>Box: Talk about FGM</td>
<td>11</td>
</tr>
<tr>
<td>Box: Talk about circumcision</td>
<td>13</td>
</tr>
<tr>
<td>Box: Talk about the shape of external body parts</td>
<td>13</td>
</tr>
<tr>
<td>Resources</td>
<td>15</td>
</tr>
<tr>
<td>A: Suggested letter to parents Version 1</td>
<td>15</td>
</tr>
<tr>
<td>A: Suggested letter to parents Version 2</td>
<td>16</td>
</tr>
<tr>
<td>B: Before and after questionnaire</td>
<td>17</td>
</tr>
<tr>
<td>C: “Becoming a woman, part 1”</td>
<td>20</td>
</tr>
<tr>
<td>D: Group tasks</td>
<td>21</td>
</tr>
<tr>
<td>E: Scenario snapshot</td>
<td>23</td>
</tr>
<tr>
<td>F: Information sheet</td>
<td>24</td>
</tr>
<tr>
<td>G: Help and support</td>
<td>25</td>
</tr>
<tr>
<td>H: “Becoming a woman, part 2”</td>
<td>26</td>
</tr>
<tr>
<td>Slideshow</td>
<td>27</td>
</tr>
<tr>
<td>Appendix</td>
<td>43</td>
</tr>
<tr>
<td>Agreeing a safe way of working</td>
<td>43</td>
</tr>
<tr>
<td>Female external and internal sexual body parts</td>
<td>44</td>
</tr>
<tr>
<td>Street language for body parts and sexual activities</td>
<td>44</td>
</tr>
<tr>
<td>Box: Talk about the importance of learning the correct terminology</td>
<td>45</td>
</tr>
<tr>
<td>The Great Wall of Vagina</td>
<td>45</td>
</tr>
<tr>
<td>Resource I: Female external sexual organs</td>
<td>46</td>
</tr>
<tr>
<td>Resource J: Female external sexual organs – labelled</td>
<td>47</td>
</tr>
<tr>
<td>Resource K: Internal female sexual organs</td>
<td>48</td>
</tr>
<tr>
<td>Resource L: Internal female sexual organs – labelled</td>
<td>49</td>
</tr>
</tbody>
</table>
Introduction

This lesson has been written to raise awareness of the practice of FGM and to inform young people of the facts and issues, and how and where to get help if they need to. In order to inform and facilitate the exploration of attitudes around FGM, it is important for young men as well as young women to take part in these lessons.

Teachers may feel that this is a difficult subject to discuss because of the shocking nature of FGM. However, if this abuse is to be stopped, it is vital that awareness is raised to change attitudes and correct misinformation. We suggest it is taught in Year 7, because although the procedure is performed at a variety of ages, it can be carried out on adolescent girls. For further background information, please see Talk about FGM (female genital mutilation) (pp 11, 12).

The lesson is taken from SRE Covered: all you need to teach about sex and relationships in secondary schools, a new and comprehensive resource pack with a wealth of activities and resources to address the breadth of sex and relationship education topics.

For further information, or to order a copy, please contact helen.cameron@islington.gov.uk
020 7527 5591

The lesson plan was written and developed by Janice Slough and Janine Killough.

Thanks to the following for their invaluable contributions to it:
Forward, a national charity which works to eliminate the practice of FGM and support women affected by it
Heather Vaccianna, HomeSafe Domestic Violence Prevention, Islington
Highbury Fields School, Islington

Preparation

Before teaching this lesson, it is essential to establish or recap ground rules – see Agreeing a safe way of working (p 43) for a suggested list. It is also essential for pupils to have a good knowledge of the female sex organs and their functions. Activity Female external and internal sexual body parts (p 44) is an ideal way to teach or check pupils’ knowledge and understanding, and/or activity Street language for body parts and sexual activities (p 44) will ensure they feel comfortable to use the agreed language.

These additional activities are included as an appendix.

A suggested letter to send to parents is included Resource A: FGM lesson - suggested letters to parents (Version 1 or Version 2) (pp 15, 16).

In addition, you may wish to use (or adapt) Resource B: FGM lesson - before and after questionnaire (pp 17,18,19) to assess in detail pupils’ knowledge and their responses to the lesson, and give them an opportunity to reflect individually on the lesson. This could be useful for schools piloting the lessons to understand pupils’ responses and particular issues for their school population.

A slideshow to accompany the lesson is included (pp 27-41).
Lesson plan

Learning outcomes:

- Pupils know the female parts of the body and recognise that every person’s body is unique
- Pupils feel comfortable to use agreed and appropriate language for sexual body parts
- Pupils know what FGM is and that it is illegal in the UK (and that it is also a criminal offence to take a UK citizen abroad for the purpose of FGM (whether or not it is lawful in the country the girl is taken to))
- Pupils know where and how to get help and support

FGM lesson outline

1. Listen to excerpt from Desert Flower book (5 mins)
2. Description and explanation of FGM; discussion (5 mins) – with reference to PowerPoint
3. Watch Think Again film and discussion (15 mins) – pupils identify reasons that may be given for and against FGM from the film
4. Follow-up group activity (10 mins) – advice for a girl in this situation
5. Closing excerpt from Desert Flower (5 mins)
Introduction
Tell the class that you are going to read an extract from a true story about a young woman called Waris. The chapter is called ‘Becoming a woman’. (The extract is also included as Resource C: FGM lesson – “Becoming a woman, part 1” (p 20) if you would like to give copies to pupils.)

Waris Dirie grew up in the desert area of Somalia. You may want to omit this information so as to avoid creating or confirming stereotyped ideas about people from Somalia, or putting Somali pupils at risk of bullying. The practice of FGM was and is common in a number of countries across the world.

The time had come for my oldest sister Aman, to be circumcised. Like all younger siblings, I was envious, jealous that she was entering this grown-up world that was still closed to me. Aman was a teenager, much older than the normal age for circumcision, but so far, the timing had never been right. As my family travelled Africa in an endless cycle, we had somehow missed the gypsy woman who performed this ancient ritual. My father was growing concerned, because Aman was reaching marriageable age, but no marriage could take place unless she had been properly ‘fixed’. The prevailing wisdom in my country is that there are bad things between a girl’s legs, parts of our bodies that we are born with but yet are ‘unclean’.

These things must be removed – the clitoris, labia minora, and most of the labia majora are cut off, then the wound stitched shut, leaving only a scar where the genitals had been. But the actual details of the ritual cutting are left a mystery – it’s never explained to the girls. You just know that something special is going to happen to you when your time comes.

As a result, all young girls in my country anxiously await the ceremony that will make their transformation from being a little girl to becoming a woman. Originally the process occurred when the girls reach puberty, and the ritual had some meaning, as the girl became fertile and capable of bearing her own children. But through time, female circumcision has been performed on younger and younger girls, partially due to the pressure from the girls themselves, since they eagerly await their ‘special time’ as a child in the West might await her birthday party.

When I heard that the old gypsy was coming to circumcise Aman, I wanted to be circumcised too. The day before the event, I begged my mother, tugging at her arm, ‘Mama, do us both together. Come on Mama, do both of us tomorrow.’

From Desert Flower by Waris Dirie

Ask the class:
- What was Waris going to have done?
- What is female circumcision?
- Why do you think Waris was so keen to be circumcised?
Using the PowerPoint presentation, show one or more of the slides ‘**What is female genital mutilation?**’ (pp 32, 33) and talk through the issues it raises.

Explain that female circumcision is often called Female Genital Mutilation (or FGM) because there are no medical reasons why this takes place and it is very harmful to girls and women who have it done to them.

**Female genital mutilation comprises all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways.**

*Statement from the World Health Organization, 2011*

Referring back to the diagram and the purpose of the female sex organs, ask pupils:

- **What effects / problems do you think FGM might cause?**

Use the slide ‘**What are the health risks of FGM?**’ (p 33) Explain that it takes a long time for a woman who has been sewn up to urinate, and her periods last longer as the blood backs up in the vagina, unable to flow freely. This in turn can cause infections. Say that not all girls or women who have undergone FGM experience health problems. Others may not be aware of these problems, or may not perceive them to be unusual or related to FGM, especially if they occur several years after the procedure.

Add that FGM is illegal in this country but in other countries it is performed legally, or people turn a blind eye to what is going on. The procedures can be unhygienic and dangerous, as for Aman in the desert, who was circumcised by an old woman with a rusty razor blade. Girls with more affluent families can be circumcised in a more hygienic medical setting, which reduces the risk of infection but still creates problems with the normal functioning of urination, having periods and having a baby. It is performed in 28 African countries and in parts of the Middle East and Asia. Every year about three million girls are at risk of FGM in Africa alone. It can take place when the girl is a baby, during childhood, at puberty or at the time of a girl’s marriage.

You may wish to show and talk through the next three slides ‘**What is the origin of FGM?**’, ‘**What’s religion got to do with it?**’ and the quote from Dr Yunes Tainaz from the Islamic Cultural Centre: ‘**FGM is a harmful practice**’ (p 34, 35). Say that Islamic scholars and clerics have stressed that Islam forbids people from inflicting harm on others and that those putting their daughters through FGM are going against the teachings of Islam.
Main activities

Say that you are going to show them a film about a young girl in this country who knows that her family want to take her back to their country of origin to be circumcised. From YouTube show Think Again: The film (6.45 mins) www.youtube.com/watch?v=kzBNTtR7toE or search for Think Again FGM. The film can also be viewed through Forward’s website www.forwarduk.org.uk. DVDs of the film can be ordered from the Youth Team at Forward – email youth@forwarduk.org.uk.

Ask the class to jot down on a piece of paper any arguments they pick up for or against FGM as they watch the film.

Divide into groups and give each group a large sheet of paper which they should divide in half and head one column, Reasons given by people for performing FGM and the other column, Reasons against FGM.

Reasons given by people for performing FGM

Tradition; removing something ‘dirty’; stop women ‘sleeping around’; becoming a woman; bringing shame on the family if they don’t have it done; no one would want to marry you; won’t go to heaven; preservation of virginity; family honour; sense of belonging to a community; increased sexual pleasure for men; enhanced fertility; the clitoris will harm the husband during intercourse; a woman will become infertile without circumcision; her genitals will smell; the clitoris will continue to grow if not cut off.

Reasons against FGM

Illegal in the UK (and many countries); a human violation and loss of human rights for a young person; people can die from this procedure – severe loss of blood/severe pain and shock/infections/gangrene etc; complications when giving birth; very painful whilst being done, afterwards and in the future; increased risk of HIV; problems during sex; painful to urinate; difficulties passing urine; difficulties with periods; infections; trauma; removes natural body parts; the woman cannot experience sexual pleasure; FGM could cause infertility; not linked to religious faith, for example, not mentioned in the Koran or Bible; mutilation of the body.

Come back to whole group, share work and discuss the myths about FGM, referring to the slide ‘Myths and facts about FGM’ (p 36). Show ‘The law and FGM’ (p 37) and talk through what it says.

Divide the class into groups again and name each group A or B.

Using Resource D: FGM lesson – group tasks (pp 21, 22), give the groups the following tasks.
Group A task:
In the film, the young woman said that she was “scared” and that she “didn’t have a choice”.
If your friend came to you and said this:
- What would you say?
- What could you do?

Group B task:
At the end of the film, the young woman was seen going back home and shutting the front door.
- What do you think she might say to her family?
- Make a list of what her options are and what the consequences might be.

Come back into the whole group and ask each group to report back on their discussions.

Alternative version of FGM main activity (if you don’t have access to view the film):
Give pupils the cartoon drawing Resource E: FGM lesson – scenario snapshot (p 23). Ask them to explain what is happening.
- What might Zainab’s friends feel when she says this? 
  Upset, shocked, worried, angry
- What might they say?

They should use this to think of three things that Zainab’s friends could say in this situation. Try to give:
- One piece of factual information
- One opinion about FGM
- One thing to make her feel better, or to show that you support her.

This situation happens in the film Think Again. In it the girls have a range of responses, which you could use to prompt pupils if helpful:
- Say you don’t want to go or something – make up an excuse!
- Oh no, FGM, female genital mutilation.
- You do have a choice! Say you don’t want to go or something – make up an excuse!
- It’s not a good thing to go through.
- It’s illegal in the UK – your mum could get into a lot of trouble – even just by taking you back home.
- What if you get caught?
- We can’t let you go through this.
It’s dangerous – so many people die from it, so many complications when giving birth – it’s so not worth it!

All of it is tradition, for so many years, so many generations, our women have had to go through this – it has to stop.

I’ve heard FGM’s so painful, it stays with you forever. We don’t want to see you hurt or in pain.

We’ll talk about this later – we’ll get through this somehow.

To feed back, pupils could read out their responses, or role-play the situation.

Ask: what could Zainab do next? What might she say to her family?

**Plenary**

From the PowerPoint, show ‘*What can you do if you are worried that someone is at risk of FGM?*’ (p 38).

You may also wish to show ‘*What will happen when you report FGM to professionals?*’ (p 38).

Distribute *Resource G: FGM – help and support* (p 25), which lists contacts that offer help to anyone who is concerned about FGM.

Say that you are going to end the lesson by reading the end of the story that you started with: Waris had FGM carried out at the age of five, by the removal of her clitoris and vulva, and then having the outer lips sewn together, leaving a small hole for urine and menstrual flow. She was then left alone to recover with her legs bound. She suffered horrific pain and infection and eventually ran away from home when her father wanted to marry her off to an old man. She finally arrived in England and became a successful model. She was able to have an operation to undo the stitches and she talked about how wonderful it was to be able to urinate and not have trouble with her periods. However, she can never experience the sexual pleasure of a clitoris. She is now a UN special ambassador for women’s rights and has started her own foundation to raise awareness against female genital mutilation.
Show images of Waris (google **Waris Dirie**) whilst reading the following from her book (also included as **Resource H: FGM lesson – “Becoming a woman, part 2”** (p 26)):

**Lesson plan**

In spite of my anger over what has been done to me, I don’t blame my parents. I love my mother and father. My mother had no say-so in my circumcision, because as a woman she is powerless to make decisions. She was simply doing to me what had been done to her, and what had been done to her mother and her mother’s mother. And my father was completely ignorant of the suffering he was inflicting on me. He knew that in our society, if he wanted his daughter to marry, she must be circumcised or no man would have her. My parents were both victims of their upbringing and cultural practices that have continued unchanged for thousands of years. But just as we know today that we can avoid disease and death by vaccinations, we know that women are not animals in heat, and their loyalty has to be earned with trust and affection rather than barbaric rituals. The time has come to leave the old ways and suffering behind.

I feel that God made my body perfect the way I was born. Then man robbed me, took away my power and left me a cripple. My womanhood was stolen. If God had wanted those body parts missing, why did he create them?

I just pray that one day no woman will have to experience this pain. It will become a thing of the past and the world will be safe for all women. What a happy day that will be, and that’s what I’m working towards. In’shallah, if God is willing, it will happen.

From *Desert Flower: The Extraordinary Life of a Desert Nomad* by Waris Dirie

To assess pupils’ learning and allow them to reflect on the lesson, they could complete the ‘after’ questionnaire in **Resource B: FGM lesson – before and after questionnaire** (pp 18, 19).

To finish the lesson on a lighter note, you may wish to do activity *The Great Wall of Vagina* (p 45).
Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organization as being “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reason.”

Female genital mutilation is a cultural and sometimes personal issue for some pupils in our schools. Although it is illegal in this country, it is still being practised on young girls, mainly by parents taking their daughters back to their country of origin for the procedure. **It is a criminal offence in this country to practise FGM or to take a UK citizen abroad for the purpose of FGM, whether or not it is lawful in the country the girl is taken to.**

Teachers are encouraged to use the lesson plan in this pack.

Be aware that young people may not recognise the term FGM but may understand female circumcision or sunna (type 1), or other local terminology and languages. Explain that it is called FGM by those who do not practise it.

When talking about women’s external sexual parts, use the term ‘natural’ rather than ‘normal’, to avoid implying that women (or possibly girls in your class) who may have had FGM performed on them are ‘abnormal’.

FGM has no medical benefits but does carry medical risks.

There are various customs, including:
- removal of the tip of the clitoris
- total removal of the clitoris and the surrounding labia
- removal of the clitoris and labia, and sewing up of the vagina, leaving only a small opening for urine and menstrual blood.

The procedure is performed at a variety of ages, but it can be carried out during infancy, on girls under 10 years old or on adolescent girls.

FGM can lead to medical problems such as pain, shock, bleeding and infection, and long-term problems such as bladder and urinary infections, cysts, infertility, and increased risk of childbirth complications and newborn deaths. Surgery may be needed to allow intercourse and childbirth. The opening up and closing of the vagina may be repeated many times, which increases the likelihood of infections and multiple problems. A girl or woman who has had FGM can get help from her GP or health clinic.

Teachers should be aware of the possibility of FGM being planned for one of their pupils if a family which belongs to a community in which FGM is practised plan to take their daughter abroad for a holiday. Girls are particularly at risk of FGM during school summer holidays, when families may take their children abroad for the procedure. Many girls may not be aware that they are at risk of undergoing FGM.

(continued over)
The family may begin to organise vaccinations, talk of absence from school and the child may talk of a special ceremony to take place. If you think this is a possibility, it should be reported like any other case of suspected child abuse.

Indicators that FGM may have occurred include prolonged absence from school, a noticeable change of behaviour on return from abroad, girls finding it difficult to sit still, looking uncomfortable or complaining of pain between the legs and saying that they are not allowed to talk about it.

Discussion of FGM may encourage pupils to disclose their own experience or fears of going through the procedure. If this is the case, it is almost certainly a child protection issue and the school must follow the child protection procedures in dealing with it.

The handout *Resource G: FGM – help and support* (p 25) contains a list of specialist places to refer young people to who are concerned about FGM.

These websites also give information about FGM: [www.rainbo.org](http://www.rainbo.org) and [www.bwhafs.com](http://www.bwhafs.com)

Help can also be obtained from FORWARD, a foundation for women’s health, research and development, [www.forwarduk.org.uk](http://www.forwarduk.org.uk) or phone 020 8960 4000 (Monday to Friday 9.30am - 6pm).
Talk about circumcision

Circumcision is the surgical removal of some or all of the foreskin which covers the end of the penis. It may be done for medical reasons or for religious and cultural reasons, particularly in boys of the Jewish and Muslim faiths. It may be performed shortly after birth, during childhood, or around puberty as a rite of passage. World Health Organization data suggests that about 30% of males worldwide are circumcised. Circumcision makes no difference to a man’s ability to urinate, ejaculate or enjoy sex.

Talk about the shape of external body parts

It is important to explain and emphasise that sexual body parts are as varied and unique as other body parts – such as noses. The media, and in particular sexualised media including pornography, can create and reinforce distorted or exaggerated body images. Some natural and normal variations you might want to emphasise are:

- Vaginas and penises come in different shapes and sizes.
- A penis should hang slightly to one side.
- One testicle is usually higher than the other.
- One breast is often bigger than the other.

In addition, when talking about women’s external sexual parts, do not use the term ‘normal’ but ‘natural’, to avoid implying that women (or even girls in your class) who may have had FGM performed on them are ‘abnormal’.
Dear parent,

As part of their personal, social, health and economic (PSHE) education lessons, Year 7 take part in a series of sex and relationship education (SRE) lessons. These focus mainly on explaining and preparing pupils for the physical and emotional changes associated with puberty. They also consider the changing nature of a range of relationships, including friendship, family relationships and intimate relationships.

The purpose of SRE at [name of school] is: to prepare pupils for the physical and emotional changes of growing up; to give them the knowledge and skills to make informed and healthy choices; to build their confidence and skills to deal with situations they may encounter; to help them to stay safe and know where and how to ask for help if needed. At times, carefully chosen external visitors and speakers may contribute to the programme. In these cases, lesson content will be agreed in advance and visitors will always be supervised by a member of school staff.

As part of this year’s SRE, pupils will have a lesson which teaches about female genital mutilation (FGM). They will be taught that FGM is illegal in the UK and that it is also a criminal offence to take a UK citizen abroad for the purpose of FGM (whether or not it is lawful in the country the girl is taken to). This will be taught in an age-appropriate way in the context of knowing about bodily changes during puberty, being able to use the correct language, keeping safe and feeling confident to ask questions and discuss in a mature and appropriate way.

We believe that this will be an important addition to the Year 7 SRE programme. If you have concerns or would like to discuss the matter further, please make an appointment to meet with the Head [or other appropriate senior member of staff] ….
Dear parent,

As part of their personal, social, health and economic (PSHE) education lessons, Year 7 take part in a series of sex and relationship education (SRE) lessons. These focus mainly on explaining and preparing pupils for the physical and emotional changes associated with puberty.

Topics which will be covered include: the changing nature of friendship throughout puberty; relationships with parents and other adults and how the emotional changes during puberty may impact on these; the physical changes during puberty; as a background to this, the natural appearance of, and the appropriate terminology for the sexual parts of the body (including teaching about female genital mutilation (FGM)); … [insert whatever else you teach in Y7 SRE here]

The purpose of SRE at [name of school] is: to prepare pupils for the physical and emotional changes of growing up; to give them the knowledge and skills to make informed and healthy choices; to build their confidence and skills to deal with situations they may encounter; to help them to stay safe and know where and how to ask for help if needed. At times, carefully chosen external visitors and speakers may contribute to the programme. In these cases, lesson content will be agreed in advance and visitors will always be supervised by a member of school staff.

We believe that the Year 7 SRE programme helps us to achieve these aims. If you have concerns or would like to discuss the matter further, please make an appointment to meet with the Head [or other appropriate senior member of staff] ….
BEFORE

Some of the words for sexual body parts I know are:

Do all women’s sex organs look alike?

Have you heard of FGM?       Yes ☐       No ☐

If so, what is FGM?

Other terms are sometimes used for FGM, for example, female circumcision or female genital cutting, or sunna… Have you heard of any of these?

Do you think it is important for young people to learn about it?

Why do you think it is important for young people to learn about sex and relationships?
### FGM lesson – before and after questionnaire

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<th>Name:</th>
<th>Class:</th>
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**AFTER**

Some of the words for sexual body parts I know are:

- Do all women’s sex organs look alike?

What is FGM?

- Do you think it is important for young people to learn about it?

How did the lesson make you feel?

- What are the most important things you know about FGM?
Why do you think it is important for young people to learn about sex and relationships?

I would like to learn more about ..........

Is there any help or support you would like following today’s lesson?

Any further comments?
The time had come for my oldest sister Aman, to be circumcised. Like all younger siblings, I was envious, jealous that she was entering this grown-up world that was still closed to me. Aman was a teenager, much older than the normal age for circumcision, but so far, the timing had never been right. As my family travelled Africa in an endless cycle, we had somehow missed the gypsy woman who performed this ancient ritual. My father was growing concerned, because Aman was reaching marriageable age, but no marriage could take place unless she had been properly ‘fixed’. The prevailing wisdom in my country is that there are bad things between a girl’s legs, parts of our bodies that we are born with but yet are ‘unclean’.

These things must be removed – the clitoris, labia minora, and most of the labia majora are cut off, then the wound stitched shut, leaving only a scar where the genitals had been. But the actual details of the ritual cutting are left a mystery – it’s never explained to the girls. You just know that something special is going to happen to you when your time comes.

As a result, all young girls in my country anxiously await the ceremony that will make their transformation from being a little girl to becoming a woman. Originally the process occurred when the girls reach puberty, and the ritual had some meaning, as the girl became fertile and capable of bearing her own children. But through time, female circumcision has been performed on younger and younger girls, partially due to the pressure from the girls themselves, since they eagerly await their ‘special time’ as a child in the West might await her birthday party.

When I heard that the old gypsy was coming to circumcise Aman, I wanted to be circumcised too. The day before the event, I begged my mother, tugging at her arm, ‘Mama, do us both together. Come on Mama, do both of us tomorrow.’

From Desert Flower by Waris Dirie
Group A task:

In the film, Think Again, the young woman said that she was “scared”, and that she “didn’t have a choice”.

Discuss:
If your friend came to you and said this:

- What would you say?
- What could you do?
Group B task:

At the end of the film, Think Again, the young woman was seen going back home and shutting the front door.

Discuss:

- What do you think she might say to her family?

- Make a list of what her options are and what the consequences might be.
What might Zainab’s friends say? Use the information sheet to help you. Try to include:
- One piece of factual information
- One opinion about FGM
- One thing to make her feel better, or to show that you support her.

I’m scared. My family want to take me back to our country to be circumcised. My mum says it’s a good thing for girls to go through, and my Grandma wants me to go too. I don’t have a choice.
What is Female Genital Mutilation?

Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways.

Statement from the World Health Organization, 2011

What are the health effects of FGM?

- loss of blood
- pain or shock
- difficulties in passing urine
- difficulties during menstruation
- infections
- increased risk of HIV infection
- complications in pregnancy and childbirth
- problems during sex

What's religion got to do with it?

- Nothing!

Although FGM is practised by some Muslims and Christians in some parts of the world, it is not required by Islam, Christianity or Judaism and is not in the Bible or Koran.

Although Judaism considers circumcision essential to males, it does not require it for females.

Myths and facts about FGM

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The law and FGM

- Practising FGM is a criminal act in the UK.
- It is illegal to help, support or arrange for FGM to be performed on a girl in this country. It is also illegal to take a girl outside the UK to have FGM carried out.
- The offence can result in 14 years in prison or a fine – or both.
FGM - help and support

School
Talk to a teacher, school nurse or other member of staff you trust about the situation. Remember though, that if they think what you say indicates that you, or someone you know, is at risk, then they will have to pass the information on to the school’s Child Protection Coordinator.

Police
If you think that the situation involves immediate risk, then call the police on 999.

Project Azure
Project Azure is the Police Child Abuse Investigation Command’s response to FGM. They can be contacted on: 020 7161 2888

FORWARD
Provides support, counselling and a safe space for girls and women to talk about their experiences. It can provide access and support for girls and women needing specialist health services who are affected by FGM. www.forward.org.uk
Open Monday to Friday from 9.30am to 6pm
020 8960 4000

NSPCC
National charity working in child protection and the prevention of cruelty to children. www.nspcc.org.uk

ChildLine
Children and young people can contact ChildLine about any problem, big or small, whether they are feeling worried, scared, stressed or just want to talk to someone, they offer information and support. www.childline.org.uk
Free 24-hour helpline which doesn’t show up on your bill: 0800 1111

Women’s Aid
Works to end violence against women and children. www.womensaid.org.uk
24-hour free helpline: 0800 2000 247

Rights of women
National charity working to attain justice and equality by informing, educating and empowering women about their legal rights. www.rightofwomen.org.uk
Legal advice line: 020 7251 6577
Sexual violence legal advice line: 020 7251 8887
In spite of my anger over what has been done to me, I don’t blame my parents. I love my mother and father. My mother had no say-so in my circumcision, because as a woman she is powerless to make decisions. She was simply doing to me what had been done to her, and what had been done to her mother and her mother’s mother. And my father was completely ignorant of the suffering he was inflicting on me. He knew that in our society, if he wanted his daughter to marry, she must be circumcised or no man would have her. My parents were both victims of their upbringing and cultural practices that have continued unchanged for thousands of years. But just as we know today that we can avoid disease and death by vaccinations, we know that women are not animals in heat, and their loyalty has to be earned with trust and affection rather than barbaric rituals. The time has come to leave the old ways and suffering behind.

I feel that God made my body perfect the way I was born. Then man robbed me, took away my power and left me a cripple. My womanhood was stolen. If God had wanted those body parts missing, why did he create them?

I just pray that one day no woman will have to experience this pain. It will become a thing of the past and the world will be safe for all women. What a happy day that will be, and that’s what I’m working towards. In’shallah, if God is willing, it will happen.

From Desert Flower: The Extraordinary Life of a Desert Nomad by Waris Dirie
Female genital mutilation

Learning outcomes:

- To revise the different parts of the female reproductive organs (genitalia)
- To understand what female genital mutilation (FGM) is
- To know that FGM is illegal and where someone at risk can get help
Female genital mutilation

Ground rules:
- Respect people for who they are and what they say
- Listen when anyone is talking
- Try to use the correct words for naming body parts and sexual activities
- No personal questions
- Don’t name names: if you want to ask about or share a personal story or experience, you can speak in the third person about 'someone I know', 'a friend', 'a situation I've heard about/read about'
- Everyone has the 'right to pass', or not say anything if they don’t want to
- Confidentiality: 'what is said in the room, stays in the room' except if anyone mentions something which could be harmful or put them at risk – then will have to pass the information on to help keep them safe

Terms to know and use:

Girls
- ovaries
- fallopian tubes
- uterus (womb)
- cervix
- vulva
- vagina
- clitoris
- labia

Boys
- testicles
- epididymis (or sperm store)
- vas deferens (or sperm duct)
- penis
- foreskin
Label the internal and external organs:

**External**
- Vagina
- Clitoris
- Urethra
- Labia (inner and outer)
- Vulva
- Anus
- Pubic hair

**Internal**
- Uterus (womb)
- Ovary
- Vagina
- Fallopian tube
- Cervix
- Vulva
Female internal organs - labelled

- uterus (womb)
- Fallopian tube
- cervix
- ovary
- vulva
- vagina

Female genital mutilation

Listen to, or read, the extract from *Desert Flower* by Waris Dirie
Female genital mutilation

Parts

Diagram showing what is natural between a girl or woman’s legs.

In FGM, the clitoris may be removed including the ‘hood’ - the fold of skin over it.

Part of the vulva may also be included and the most extreme kind of FGM includes the closing up of part of the urethra and vagina.

What is female genital mutilation?

Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

It has no health benefits and harms girls and women in many ways.

Statement from the World Health Organization, 2011
Female genital mutilation

What is female genital mutilation?
There are four different types depending on the community's traditions:

- ‘Sunna circumcision’ – the cutting away of the clitoris
- Cutting away of the clitoris and the inner lips
- Cutting away of all of the external genitals with the remaining parts sewn together leaving a small hole for urine and menstrual flow
- All other harmful procedures such as pricking, piercing, scraping and burning

What are the health risks of FGM?

- loss of blood
- pain or shock
- difficulties in passing urine
- difficulties during menstruation
- infections
- increased risk of HIV infection
- complications in pregnancy and childbirth
- problems during sex
What is the origin of FGM?

- Nobody knows the real origin of FGM.
- It pre-dates Christianity and Islam. It may have begun in the time of the Pharaohs in Egypt and it was performed on some women in England before the 19th century as a way of stopping them having sex outside marriage.
- It is a form of male domination over women to prevent them from being unfaithful and/or enjoying sex.

What’s religion got to do with it?

- Nothing!
- Although FGM is practised by some Muslims and Christians in some parts of the world, it is not required by Islam, Christianity or Judaism and is not in the Bible or Koran.
- Although Judaism considers circumcision essential to males, it does not require it for females.
What is female genital mutilation?

“FGM is a harmful practice and a clear case of child abuse. It is a form of reverse racism not to protect these girls from barbaric practices that take from them for a lifetime their God-given right to an intact natural body.”

Quote from Dr Yunes Teinaz from the Islamic Cultural Centre

Think again!

Watch the film and then complete

Reasons given by people for performing FGM: 

Arguments against performing FGM:

www.youtube.com/watch?v=kzBNTK7hoE
Female genital mutilation

What might Zainab’s friends say?

Myths and facts about FGM

- If not cut, the clitoris will continue to grow. **Myth**
- The clitoris stops growing after puberty. **Fact**
- The clitoris will harm the baby during delivery. **Myth**
- FGM may cause serious complications at childbirth. **Fact**
- Without FGM the woman will be infertile. **Myth**
- FGM can cause infertility. **Fact**
- Without FGM, the woman will smell. **Myth**
- FGM will not make the vagina more hygienic, in fact it can make it less hygienic. **Fact**
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Group tasks

Group A
In the film, the girl said that she was ‘scared’, and that she ‘didn’t have a choice’.

If your friend came to you and said this:
- What would you say?
- What could you do?

Group B
At the end of the film, the girl was seen going back home and shutting the front door.

- What do you think she might say to her family?
- Make a list of what her options are and what the consequences might be.
What can you do if you are worried that someone is at risk?

If you are worried, it is very important that you do something to stop FGM from taking place. Do not stay silent.

- Talk to a trusted adult about the situation – a teacher or school nurse or close relative who you know can intervene.
- The teacher who is taking this lesson has a list of organisations that can help.
- If the girl is at immediate risk, call the police on 999.
- If you are abroad you can still contact the nearest British Consulate, Embassy or High Commission for help.

What will happen when you report FGM to professionals?

- If you tell a member of school staff that someone is at risk from FGM then this will be treated confidentially and will be seen as a child protection issue.
- The Children’s Service will treat this as a serious concern and parents will be part of the meeting to discuss this concern.
- The girl will not automatically be taken away from home. This would happen in rare cases if the parents won’t guarantee that they will not have their daughter cut.

Information taken from Forward, the foundation for women’s health, research and development
Listen to, or read, the second extract from *Desert Flower* by Waris Dirie.
Female genital mutilation

desert dawn

Female genital mutilation
To sum up:
- What do you know now?
- How do you feel?

For help about any of the issues in today’s lesson, talk to:
- A teacher, or member of school staff
- The police (call 999 if someone is in immediate danger)
- Childline 0800 11 11
- Contact any of the Islington support services
Agreeing a safe way of working  

Explain that it is important that the class feel comfortable when talking about sex and relationships. Ask the class how they think people might feel when they talk about sex and relationships:

Embarrassed, uncomfortable, afraid, shy, excited

Discuss what kinds of things would put people off in the class when they are talking about sex and relationships:

People giggling, showing off, jokes, boasting, making insinuations

Work with the class to establish and agree ground rules for sex and relationships education, which should include:

- Have respect for who people are and what they say.
- Listen when anyone is talking.
- Try to use the correct words for naming body parts and sexual activities.
- No personal questions.
- Don’t name names: if you want to ask about or share a personal story or experience, you can speak in the third person about ‘someone I know’, ‘a friend’, ‘a situation I’ve heard about/read about’.
- The ‘right to pass’, or not say anything if someone doesn’t want to.
- Confidentiality: suggest that ‘what is said in the room, stays in the room’ and is not for discussion outside the lesson. Explain, however, that if someone discloses something about themselves which could be harmful to them or put them at risk, you would have to pass the information on in order to keep them safe.
Female external and internal sexual body parts 15 mins


Discuss and explain the functions of all parts with reference to the glossary.

Street language for body parts and sexual activities 20 mins

Explain that the class is going to explore the language that people use when talking about body parts and sexual activities. It is important that the pupils feel confident when talking about sex and relationships in class, and understand that the exercise is designed to reduce any embarrassment and awkwardness they feel. Say that you hope it will be interesting and fun to think about both the words themselves and the reasons why they are used.

Either divide the class into three groups or stay in one large group and brainstorm:

- names that are used for male parts of the body
- names that are used for female parts of the body
- names for sexual activities.

When they have done that, look at the results of their brainstorming and discuss:

- Are some of the names more positive or negative than others? Which ones are they?
- Are there any words that you don’t like or which make you upset or angry? Why?
- Why do you think parents often use ‘family’ names for their children’s sexual parts?
- Why do people often not use the correct terms when they are talking amongst themselves?
- Why is it important to know the correct terminology?

Check that pupils know the meaning of words such as ‘masturbation’ and ‘intercourse’, and the meaning of the slang names. Explain that, for medical purposes, it is important to use the correct words. Say that, in class, they will also be using the correct words so that they become confident about using them, will be understood by everyone and will not offend anyone.
There are many reasons why it is important that pupils learn and practise using the ‘correct’, commonly understood language for genitals. It ensures that they will be able to understand later learning in SRE, including changes at puberty, menstruation, conception, contraception and STIs, and that they can discuss these without causing offence. It also builds their confidence to be able to talk to a professional about medical issues concerning their genitals. Furthermore, from a child protection point of view, knowledge of the ‘right words’ can be very important in clarifying situations in cases of suspected abuse.

You could say:

“It is important to use words that are understood by everyone and that won’t offend people. Some people may still use pet or slang terms at times but knowing the right terminology and feeling comfortable about using it makes it easier to talk to a doctor or nurse about a medical issue involving sexual body parts. Imagine how embarrassing it would be to have to say you had a rash on your X or a sore Y! [using slang words pupils have suggested]. Using the right language makes it easier for you and for the person you are talking to”.

The Great Wall of Vagina

Although we seldom look at them, vulvas and labia are as different as faces. Go to www.greatwallofvagina.co.uk/home to look at an exhibition of plaster casts of 400 vulvas. The artist says that “For many women their genital appearance is a source of anxiety”, and he hopes this sculpture will help to combat the rise, in recent years, of cosmetic labial surgery.

Discuss with the class whether they are surprised by the variety of shapes.

Why might it help women to know that such a range exists?
Female external sexual organs

Please label the following drawing
Female external sexual organs – labelled

- Pubic hair
- Vulva
  - Outer labia
  - Inner labia
  - Clitoris
- Vagina
- Urethra
- Anus
Internal female sexual organs

Please label the following drawing
Internal female sexual organs – labelled

- Womb (uterus)
- Fallopian Tube
- Cervix
- Ovary
- Vagina
- Vulva
For further information, or to order a copy, please contact
helen.cameron@islington.gov.uk
020 7527 5591