

Podcast: FGM – Transcription

Podcast duration: 42 minutes

Hosts: Monica and Kate

Guest: Hibo and Hoda

OAC representative: Hauwa

Kate: Hey everyone,

Kate/ Monica: I'm Kate and I'm Monica and this is the Perspectives podcast by Oxford Against Cutting, also known as OAC. OAC is a rights-based charity working to end harmful practices suffered by girls and women.

Kate: In today's episode, we are going to be talking about FGM and are joined by Hoda Ali and Hibo Wardare, along with our OAC colleague Hauwa

Monica: Before we kick off, please note that this episode covers topics of a sensitive nature including explicit description of FGM. This podcast is age-appropriate for 16+

Monica: Thank you Hibo and Hoda for joining us today. I am going to hand over to you guys and if you could just describe what you do for a living and just a little bit about your campaigning journey that would be much appreciated.

Hoda: Thank you so much Monica and the whole team at Oxford Against Cutting. Thank you so much for having us tonight. I am very excited to have my sister Hibo alongside with me. My name is Hoda Ali, and I am the co-founder of the Vavengers, and I am a nurse. Right now, I work in primary schools in Ealing, leading on FGM work - so that is me.

Monica: Thank you, Hoda.

Hibo: My name is Hibo Wardere. I am an educator, influencer, author, and my work is about educating, training, facilitating, guest speaking and all that.

Monica: Thank you very much. We are also joined by Hauwa today. Hauwa is from the OAC team. Hauwa, do you mind introducing yourself, please?

Hauwa: Hi I am Hauwa, so I work in Oxford Against Cutting as a gender specialist. I work on abuse issues affecting women, who specifically are BAED women, so that's Black, Asian, and Ethnically Diverse women - that is me.

Monica: Perfect, thank you ladies for your introduction. Today's podcast is focused on FGM, so I am really going to kick off the discussion with Hibo and Hoda. How would you in your own words describe the definition of FGM?

Hibo: There are many definitions. For me, my definition, my personal definition would be that I am a mutilated woman. I see it as mutilation, and there are many other definitions to it. Some

people would say I am not mutilated; I am a cut woman; I am a circumcised woman, but for me, I will always see myself as someone who has been mutilated. I hope that is what you are asking?

Monica: Yes, yes, in your own words.

Hoda: So, the definition of FGM for me is many things, and of course you are going to have the psychological effects, but I really think that it is all about knowing the types of FGM. So, what is the definition of FGM, we have type 4, so there is 1 to 4. It is about knowing what has been taken away from women in defibulation. For me, that is what the definition means for me if I am making sense.

Monica: No, no, that makes perfect sense. Just before we go onto Kate and her questions, could you describe the four types of FGM?

Hoda: Yes, and I think that when you say definition as well I straight away put my nursing hat on. In a medical setting, there are four types of FGM. Type 1 is normally a cut or state of the clitoris, so normally no labia minora or the labia minora has been removed; that is type 1.

Type 2 is total removal or partial removal of the clitoris, labia minora and labia majora. Normally, a lot of the time for Type 2 they stitch the women up, so around 3 to 4 stitches. As a nurse, if patients come to me who have Type 2 FGM, I will be able to examine them, maybe do a smear test, and see the urethra. However, Type 2 is different, depending on who is doing it.

Type 3 is the total removal of the labia minora, labia majora and total removal of the clitoris. They pull the skin together and stitch it all the way down so that they leave a little hole which is no bigger than a matchstick. When the girl or woman grows up, normally children are cut as well between the age of 5 and 8. When you have Type 3 FGM, and when you have your period, you are expected to have that little hole for your period to come through, urinate and when you get married to have sexual intercourse.

Type 4 is anything. Again, a certain part of the world stretches the labia. They stretch the labia on a baby girl from when she is born, and they believe that it is beauty for them. When they stretch the labia, they burn the labia around it when they finish stretching it; that is part of the world. However, here in the UK - Type 4, comes down to anybody that had tattoos, labia trimming, vagina designer, because these are the non-medical reasons. I want everybody to know that when you are older, you can make the decision of how you want and what you want your body to look like. However, anything to do with the vagina, labia minora and removing that it means its non-medical reasons; it is all to do with beauty and what people want in that community. Those are the four types; I know I talk long, but those are the four types of FGM.

Monica: No, thank you so much, and I think that it is really crucial in this podcast that there is transparency. So, thank you for going into so much detail - it is much appreciated. Kate, over to you.

Kate: Thank you both, so shall we start with Hibo for this question, although the question will be for both of you. Do you think your experiences of FGM have been different because of your own cultural, compared to women who have come from other cultural backgrounds?

Hibo: Yes, it is. As Hoda explained, there are definitions, and the way it is done is different. The ritual side of it is different. So, there is a very, very, very small percentage of being the same way of being done because each community has their own way and rituals attached to this of how they perform FGM on the girls.

I come from a community where they mainly throw you parties, you know you are celebrated before you are even mutilated and after that, you get mutilated; so, it is different. In some other communities, they mutilate girls in three to four stages before she is completely mutilated. There is a difference. In some communities, men are involved in this, and they are playing the drums to drown out the girl's screams. There are differences in how a girl is mutilated; some cannot even remember they were mutilated - they were babies when this was done to them. The majority of women do remember what happened to them because they were in early childhood or under the age of 10; so, there is a massive difference in how they perform this to girls and how they experience it.

Kate: Thank you, Hibo. Hoda, in terms of the experiences you have seen or had yourself in terms of cultural backgrounds, would you be able to add to Hibo says?

Hoda: Absolutely, I agree with what Hibo said because FGM is performed around the world and every single community that perform FGM, actually perform it in different ways, and they use it for different reasons as well. There are people who say we do this because of our culture, there are people that say we do this because of our religion, and we know that for me there are no books in anywhere which says FGM should be practiced.

Every cultural setting is actually different, and how they practice FGM, however, FGM is the same. The consequences are the same. The feelings taken away from the girls are the same, regardless of where it is happening. Whether it happens in South America or if it happens in Somalia, it is exactly the same. It is still FGM. How they do it, will, of course, be different based on the cultural beliefs of people. However, I do refuse that FGM is part of my culture because my culture is not harmful. My culture is about the food I eat, it is the music I play, it is the language we speak - none of that is harmful. FGM is harmful.

There is a saying, and hopefully, one day, I will find who said this, but there is a saying that cultural acceptance does not mean accepting the unacceptable. FGM is unacceptable. That is why I refuse to say that it is part of my culture.

Kate: I think that is a really useful statement/ phrase when talking about culture and practices that are harmful, practices that are not. Hoda, can you tell me how you think being in the UK

impacts on women and girls in terms of FGM? Are their experiences different, do they have access to different, better, or less resources? How might that impact their experiences?

Hoda: I am guessing that is how life is different for them, right?

Kate: Yes

Hoda: Where they came from? One thing that I will say about the UK and I will say this again, we have a long way to go, but in the UK we really did very well. As a nurse, as a survivor of FGM, somebody who has had a gynaecologist since I was 11 years old is that we have more doors open for us. As a survivor, when you come here, you can get access to the NHS, and that is why I want people to support medical staff and the work they do because we actually have so much choice. For me, I had a gynaecologist since 11 years old, but right now, I can always speak to my doctors straight away. I can talk to them on the phone. Life is a lot easier than it was back home. That does not mean that the experiences of a survivor, when it comes to FGM, that the experience is the same, but here we do have a lot more choice, i.e., you use your voice, become a campaigner, having access to the NHS, which I forever will advocate, and I will always thank the NHS for the work that they do for women like me.

Kate: That is so good to know that there is that support there. Hibo, what would your thoughts be on the differences in the UK for women and girls?

Hibo: What has been going on for the last 5 to 6 years has been great, in terms of the NHS being upfront and helping women and girls; getting them the vital support they need. I for one have been working for the clinics since 2014, it was established with no funding, no nothing and that clinic became so successful that the eight new clinics opened last year were modelled on it. In that clinic, we are seeing women who came through maternity first, and they were the ones that start asking us can we bring girls that were about to be married, so that they can get the defibulation. We said yes, and it has now extended for them to say can we come here for our smear tests? So, the clinic has been very successful.

We are also seeing the downside of what is happening at the moment, which is that the mandatory recording and reporting is causing a lot of pain for the women. For example, when a woman goes to the GP just for minor things, she is immediately profiled. It is like, "are you cut?" She is not there for that, and is there for another reason. Many women are reporting back that they would rather not go back to the GP anymore, which is not what we wanted. The law was not brought in for that campaign to take that turn, but it has. There are women not seeking proper medication because of what is happening. I think that all the work we have been doing is having a setback.

Currently, I am advising one of your colleagues in Oxford on how the GP should tackle this because I think the GP's are the ones that are completely forgetting it. We are equipping them with information on how to talk and how to engage. At the moment because it has become a law for them, they feel like they have to do it. Even if they do not want to and it is interfering with

women's health badly. For me, all the amazing work we have accomplished is being hurt by what is being done by the mandatory report.

Hoda: Can I add something to that?

Kate: Absolutely

Hoda: I totally understand where you are coming from Hibo, but I remember when I was working for Northwest London hospital, I first started publicly becoming a campaigner and talking about FGM. I realised within my clinic, which was infectious diseases clinic which was women coming in for HIV or coming in through sexual health, which happened a lot. The doctors and GP's did not really understand what is wrong with these women and then sent them straight to the sexual health clinic. When you asked these women what was wrong, what are the symptoms - they had symptoms to do with FGM, i.e., thrush and stuff like that because they had Type 3 FGM or they had urine infections. They will actually come to the sexual health clinic and when you ask them when is the last time you had sexual intercourse? They would say ten years ago.

For me, that really bothered me because I thought if the GP knew what to do with women who are survivors of FGM, they did not need to send them to the infectious diseases unit. They did not need to send them to the sexual health clinic in order for us to find out their problem is to do with FGM; thrush, urine infections and all the problems you are having.

For me, I understand what Hibo is saying, but I disagree. If our doctors, if our local GP doctors knew what we needed as a survivor of FGM, we do not need to go through all these different departments in NHS. It is just a one question thing.

To me, it is that medical, every single doctors and nurse know you have a logbook. When you ask the history of your patient, you log that. If I came to the GP and my GP asked me 'Hoda, did you have FGM done?' - yes, I did. 'Do you need a referral?' or things like that. It should be all logged so that when I go back to my GP, I am not supposed to be asked again. It is just one question because every GP and doctors in the NHS have a log. If we diagnose a patient with Gonorrhoea, we have a code, if you have Chlamydia, we have a code, if you have Syphilis, we have a code. With FGM, we did get that code, but nobody is using it. Once you get the history and you ask your patients once if they need anything, you log so you do not need to ask again.

Hibo: That is not how it is happening Hoda. What is happening right now is, people go there for simple things such as cough or chest pains. You walk through that door, and the GP asks you 'Are you cut?'. If you say yes and this is unanimous, there is someone standing at their doorstep in three or four weeks. That is not what we want. This could be a survivor who has never discussed her problems or trauma before, and the GP decided then and there not to offer her anything else and let her go. Three weeks later, there is a social worker knocking on her door. If that were me, I would sue them. That is not how we want women to be helped. That is not how we want them to access services. That is not what we are campaigning to do. If we are honest,

all of us campaigners, there a lot of pain going on with this law and I think everybody needs to back a little bit, look at what we signed up to and be honest that it is causing pain.

Hoda: I completely understand Hibo. Even before I became a nurse, we still had the same confusion, and those other things need to be sorted out.

Kate: It seems that reporting is needed but that it needs to be dealt with in a much more sensitive way and taking advice from the community about how to do that, rather than impose this top down.

Hoda: Can I just say, when we had the mandatory training in the NHS with all the medical health professionals. We said to ask every woman that comes to the clinic, regardless of if you are white, black, yellow, green, whatever you are - you need to be asked the question. What I am actually hearing today, not only from Hibo is that some doctors and GP's are choosing who they are picking and choosing. FGM is violence against women and girls; everybody should be asked. If you only choose to ask the Somalian women or the Kenyan women if they had FGM, there are white women and Asian women who are being cut. We need to make sure we are not racial profiling when it comes to FGM. Anybody can have FGM, and it could be a white woman who is married to a practicing community. So, the GP, it is their job to ask every woman but not to pick on women who come from certain places that may 'look' like they practice FGM - that is what we are doing wrong.

Monica: I was just going to say that for me that really just screams that cultural sensitivity is not there, whether that is lacking in the training or understanding and that is something that needs to be addressed. That brings me onto my next question, I am going to open this up to Hauwa as well, but what are the most common myths about FGM and how do you challenge this? I am going to first hand over to Hibo.

Hibo: There are lots of myths, and the worst one is that it is religious. It is a Muslim thing'. It is Muslims who practice it. They always put it into the Muslim faith. I always say on Twitter, and it is not in my book of belief - the Quran. It is not in Torah, not in the Bible, and it is not in any book of belief. It predates religion and is practised by Muslims, Christians, Jews, and non-believers. It is not exclusive to one.

The other myth is that it is only brown-skinned girls that have been cut, as Hoda said earlier. It is not actually, it is in Russia, Chechnya - they are blonde and blue-eyed girls. Kazakhstan, Iran, and Iraq. All those countries, you would never think those girls are undergoing FGM, but they are undergoing FGM. It is the myth that it is associated with brown skin. Even some people when they deliver training, which I hate the most is that they use brown-skinned girls. They never seem to think that it is bigger than that. It is a universal thing that is going on, and we need to see it.

The biggest myth for me that I come across and I am always fighting back is that it is a religious requirement; specifically, Muslims and that it 'requires' this.

Monica: Hoda, what about you. Obviously, in your profession, you are a nurse as well - are there loads of myths, and how do you tackle them?

Hoda: Like Hibo said there are thousands of them, right? I will let Hauwa discuss the rest, but I am going to talk about the personal ones. It is unbelievable, it is madness. Personal ones are 'Can you have sex?', 'Do you get an orgasm?' and 'How do you feel about having FGM' - you must feel really s**t.

Those personal things are what I want to talk about. When it comes to professional, I am fine, I am a nurse and work in sexual health. I know, I see, and there is nothing new to me. But when people come up to you and say, 'Oh, you've had FGM- can you have sex?'. I want people to actually think twice before you say that question to somebody. For me, it does not bother me, but it might bother somebody else.

Secondly, when it comes to orgasm, I know and have seen women who do not know what FGM is, never been touched but never know what a natural orgasm is. People need to think about that; an orgasm is something that actually comes from the brain. It is all about how you feel and how your partner makes you feel. How much can you talk to your partner, and that is what brings your orgasm. I just want people to stop asking that 'Do you enjoy sex, and do you have an orgasm?' because like I said there are thousands of women who have not had FGM and they do not get orgasm ever.

Yes, the question they are asking. Yes, I do! I leave it there.

Monica: Thank you, Hoda. Hauwa, what about you?

Hauwa: For me, I would have to say the biggest myth that bothers me is that FGM is done for virginity or chastity. The main issue that I have with that is not whether or not it does but why people think it is their authority or place to take a woman's sexuality and have a hold over it. Whether it is men or women that are doing it because of men. My main issue is why we, as women, are not allowed to feed our own sexuality and that it will always be controlled through the eyes of another person. It extends to the whole honour system, where if I am not a virgin, and I am not chaste, it automatically brings shame to my family or my husband does not love me anymore. Why does my value as a human being have to be attached to something like that and why, as women, we are not allowed to make decisions about our body? But others will make decisions about something so private.

Like FGM, I can imagine how Hoda was saying, people, asking something so personal as that. FGM exposes us as women. It is a very private area, but then it becomes a public issue for people to discuss and dissect. Using terminology and decide how it should be. When in the first place, if this does not occur, there is nobody on the street that would stop you and start asking you questions like this. For me, when we are talking about FGM and the myths around it, that is the one it always comes back to - the need to control women's sexuality.

Monica: How do you challenge that mindset? Even that conversation, how do you tackle it?

Hauwa: For me, I always try to explain that a woman and her sexuality, honour, and virginity - whatever you choose to call it, it is hers. It is not anybody's to take from her, so you cannot take it away from her. It is not defined by society or what other people should feel is the pedigree for measuring that. For me, women's sexuality is personal, just like men. Men's sexuality is not objectified as such. I always try to explain to people that the argument of she is a virgin/ not a virgin should not even be heard in the first place because a woman's sexuality is hers alone to define. Not somebody else's.

Hoda: Oh my god, Hauwa, very well put my dear sister. Exactly, the same way men look at sexuality to be pleased it is the same way women have sexuality to be pleased. They need to wake up and think about it. FGM or no FGM, women still have feelings. I do not care what they say, they cut us to keep us away from having sex and all that. It does not work; it is all about the mind and what you want. They need to think about that before they do that to their girls. Future generations think about it; there are different ways to tell your child what is wrong or right without touching their bodies. Well done, Hauwa, I love that.

Monica: Thank you, just to add I think the three topics that you have touched on interlink because as women, we are unfortunately seen as a reproduction system. Why are we labelled? It comes down to this label and invasion of our privacy, so thank you Hauwa, Hoda and Hibo for that contribution.

Hibo: They talk a lot about women, they talk about our body left, right and centre. Our bodies because we appeal for it, our bodies because of it we are controlled. The whole world wants to use it, abuse it, and then want us to produce from it. Everything is about our body, and yet it is one of the most feared and undiscussed - it is crazy.

I promise you, go and do this experiment. I did it with some friends, we sat as a group of us, and I said let us talk about penises, no one flinched but said 'oooo, what about it?'. Then you say let us talk about the vagina, and they say 'oh....' They completely shut the conversation. Why? They all grew up feeling that their body is embarrassing, and those parts of their body should not be discussed. Yet it is the most wanted body part on the planet; the world cannot evolve without it. Why is it so difficult for people to talk about it?

Hoda: Without the vagina, we would not be here. I am sorry, without our mothers, without women, we would not be here. Without the vagina, labia, and the labia minora, we would not be here.

Hibo: What I am saying is that education is a massive part of this. Everything we are doing. That means educating our community, educating men, the young men, young women and the old. The old, they have a bad notion of body parts. You know the whole notion from men of

women are yours to control, abuse and do whatever you want. That narrative has to change. That has to go away, and we have to teach our young. Young men and women, there is something called respect. There is something called choice. All those things that we were never taught growing up. We need to instil that in our young children. Especially our girls, they have to be very confident about their body. I want girls to grow up. Not calling their breasts names or their vagina - nuni flower, no. Call it how it is. When you do that, you have a respect for you and for your body. When a woman has that sort of respect and knowing her body, she will be unstoppable. Nobody can derail her from anything.

Monica: Honestly, I am just sat here with a round of applause and definitely agree.

Kate: All three of you, have described so beautifully the power women's bodies hold and the way it engenders fear and awe, for some a desire to control because women's bodies are and can be so powerful. Thank you so much for your descriptions and how you have picked apart how these myths are perpetuated. Can I just go into our final question - What advice would you give to someone seeking help or support? Or someone who just wanted to know more about FGM?

Hoda: If you wanted to know about FGM there are a lot of organisations who are really real. There are a lot of things going on right now, so make sure you follow the right organisations. Like follow Hibo, follow me, follow Leyla. There is the Dahlia project, we have the Vavengers which I have co-founded. There is a lot of information for somebody who wants to learn about FGM, and I am not talking about survivors, because that is not my job.

If you do need any support, there is a lot. Right now, we do have FGM clinics, so you do not need to go to your GP. If you had FGM and you are worried about your health, if you are having urine infections, thrush problems, anything that you are having that is not a gynaecology problem - you do not have to go to your GP, you can walk into these clinics. There are loads of them, and there is one in Queen Charlotte, we have one in Walthamstow - there are lots of them around in the UK.

If you are a survivor of FGM or any violence against women and girls, speak up. I believe in speaking up, and it helps. It helped me to be where I am today as a survivor of FGM, and I was lost. There is always help out there for you. There is always another human being that is there. Please do not be scared to reach out. Do not be scared to speak up. Remember, there is always someone there for you.

My main thing is that tomorrow is another day.

Hibo: Hoda is right. I get a lot of requests, especially from the young ladies from Instagram. I am very lucky that they know me, and I do get lots of questions, queries, and I am always connecting them to the services they need. Also, if they type FGM, a lot of things come up, and there may be confusion from the internet and unnecessary information. As a first-time survivor trying to address ourselves, it can be too much. I always say if you need information, get in

touch. That applies to my Facebook, Twitter and everywhere. I always try to find about all the clinics in and out of London.

There are lots out there; there are young people, NSPCC Hotline, Childline and they are connected to services. NHS is an amazing place to call.

Kate: Hauwa, do you have anything you would like to add for someone wanting to know more about FGM or seeking support for themselves.

Hauwa: Yes, I would say if you wanted more information on FGM or seeking support, you can always check us out - Oxford Against Cutting. If you are listening today, we are on social media, and we have a website. There is support available all over wherever you are. There is always someone on the other side of the line, ready to listen and ready to help.

There is so much help being done to ensure the service delivery is, when it comes to FGM, is sensitive to the needs of the survivors. They take feedback on how services need to be delivered so that it encourages them and helps them after what they have been through. If you simply want information as a professional or curiosity, you can always check out different organisations, and there are always talks and webinars going on.

If you are worried about someone being in danger of FGM, there are FGM protection orders that can be done quickly and can protect the child, without taking them from the family home which I think is very important.

There are always support and resources available, do reach out to us, reach out to other amazing organisations, and reach out to survivors like Hibo and Hoda who are out there doing the work. Know that you are never ever alone.

Kate: Thank you, Hauwa. Monica, do you have anything to add?

Monica: Nothing from me, just a big thank you to Hibo and Hoda for everything you continue to do, and we are always behind you. Same to you Hauwa, you have embraced this issue and have put everything across so beautifully - so thank you ladies for your contribution.

Hibo: Thank you for involving us, giving us this platform, and doing the work that you all do. Collaboration is the way forward and working together for the greater good is number one for all of us. Let us continue to collaborate and hopefully see the end of this. Of course, there is change happening, amazing things happening and let us keep on building on that. Thank you so much for having me today.

Hoda: All I am going to add to that is please if you are a survivor of FGM, please speak up and get the support that you need. There is so much support out there for all of us. Even if you cannot speak up just one of us survivors/ campaigners, we can support you. If you are not a survivor of FGM, but you want to change the world with us, please be the voice for the ones

without a voice. The louder you are, the more we can end FGM. I thank you all for being part of this conversation.

Please do not think that if you are not a survivor of FGM that you cannot speak up. Our voice is the most powerful thing we can use in this universe.

Monica: Thanks for listening! All the resources discussed in this podcast will be listed in the description.

Kate: If you enjoyed this episode, please share it with others and post about it on social media. Keep an ear out for our other podcasts. Until then stay safe, join the conversation and help us protect women and girls.