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Action Plan for

THE PREVENTION OF CIRCUMCISION OF GIRLS AND WOMEN 2012–2016 (FGM)

MINISTRY OF SOCIAL AFFAIRS AND HEALTH
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SUMMARY

ACTION PLAN FOR THE PREVENTION OF CIRCUMCISION OF GIRLS AND WOMEN 2012–2016 (FGM)

■ Female genital mutilation, i.e., the circumcision of girls, constitutes in all its forms a form of violence that violates the human rights of girls and women. Also in Finland there is a need for clear instructions on how to prevent circumcision of girls, intervene in risk situations and protect children as well as on how to bring persons performing circumcisions to justice.

The purpose of the Action Plan is to create permanent national and regional structures to prevent circumcision of girls and women. Therefore, the aim is to ensure the preservation of the existing expertise and the long-term development of the preventive work. Other goals of the Action Plan include more effective collaboration, clearer division of work and better coordination between different authorities and other actors. At the same time Finland fulfils its international commitments regarding the promotion of the human rights of women and children and the prevention of violence against women.

The main objectives of the national Action Plan are to prevent circumcision of girls in Finland and to improve the welfare and life quality of circumcised women. Key measures include the securing of training, maintenance and development of expertise of professionals, production of material, influencing of attitudes, promotion of research, development of cooperation and coordination as well as distribution of information.

The key target group of the Action Plan is the decision-makers and professionals who encounter in their work girls and women who have been circumcised or who are at risk of circumcision and their families. Other target groups include research and education institutes, NGOs and key persons in communities where circumcision of girls is a part of their cultural traditions. The publication of the Action Plan also serves as a recommendation for municipalities to use and promote the Action Plan in their own work. The Action Plan measures cover the years 2012–2016: during this period, the prevention of circumcision of girls should become established practice within the Action Plan for the promotion of sexual and reproductive health and other immigration-related programmes within various administrative sectors. The Action Plan supports also the Action Plan to reduce violence against women.

Key words:
female genital mutilation, immigrant, sexual health, social welfare and health care, violence against women

TO THE READER

Female genital mutilation, i.e. the circumcision of girls, is in all its forms a practice that violates the human rights of girls and women. It is a form of violence against girls and women that is prohibited in the Penal Code of Finland. Female circumcision is often associated with honour-based violence.

With the *Action Plan for the prevention of female circumcision*, Finland is fulfilling her international commitments in the promoting of the human rights of women and children and in preventing violence against women.

The purpose of the Action Plan is to create permanent national and regional structures to prevent female circumcision. The permanent structures are intended to preserve and further develop the existing expertise in the prevention and treatment of female circumcision and to facilitate long-term development of preventive efforts. A further purpose of the Action Plan is to achieve more effective co-operation, a clearer division of duties and better co-ordination between various authorities and other actors.

The Ministry of Social Affairs and Health initiated preparation of the Action Plan for the prevention of female circumcision by appointing an expert working group in 2009. This expert group included representatives from the Ministry of Social Affairs and Health and also from the National Institute for Health and Welfare, the Ministry of the Interior, the Ministry of Employment and the Economy, the National Police Board and various NGOs. The most active participating NGOs were the Finnish League for Human Rights and the Family Federation. Initially, representatives from African Care Women (Africarewo), Nice Heart and the IOM also participated. The Ministry of Education and Culture was also consulted in the preparation of the Action Plan. The National Institute for Health and Welfare commissioned Filio Degni and Mulki Mölsä to prepare a background report on female circumcision, laying the groundwork for the Action Plan (2011).

The Ministry of Social Affairs and Health would like to extend special thanks to Docent Marja Tiilikainen from the University of Helsinki who was principally responsible for writing the Action Plan. We would also like cordially to thank all other bodies and individuals involved for the fruitful work done.

This national Action Plan for the prevention of female circumcision is principally aimed at decision-makers and professionals who in their work encounter girls and women who have been circumcised and their families; generally, this means girls and women in whose countries of origin (or in whose parents' countries of origin) female circumcision is an established practice. Female

circumcision is a topic that must be discussed with all immigrant families in whose countries of origin the practice exists, even if there is no direct threat of a specific individual facing circumcision. The publishing of this Action Plan is also an encouragement to local authorities to adopt and promote it in their local work.

Helsinki, 30 April 2012

Aino-Inkeri Hansson
Director-General
Ministry of Social Affairs and Health

CONTENTS

1 BACKGROUND[1]

1.1 FEMALE CIRCUMCISION

Female genital mutilation, i.e. the circumcision of girls, is in all its forms a practice that violates the human rights of girls and women. It is a form of violence against girls and women. The World Health Organisation (WHO) gives 'violence' a broad definition and associates it with the deed itself rather than its outcomes. According to the WHO definition, *"violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation"* (Krug et al. eds. 2005.)

Female circumcision is often associated with honour-based violence. Honour-based violence is a form of violence that occurs within a family or clan and has to do with defending the dictates of honour. The roots of honour-based violence are in conceptions of honour and shame. Essentially, honour-based violence is not so much a religious phenomenon as a tool of patriarchal power. The violent actions are governed by the community and the traditions of honour-based violence that it upholds (Karimi 2009).

According to the definition entered in the UN Beijing Platform for Action, honour-based violence is one form of violence against women, the key point being that women are being subjected to violence because of their gender. *The term 'violence against women' is to be understood as "any act of gender-based violence which results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life."* This includes, but is not limited to: violence occurring in the family, rape between spouses or cohabitants, female genital and sexual mutilation, forced marriages and other traditional practices harmful to women, trafficking in women for the purposes of sexual exploitation, and violation of the human rights of women in situations of armed conflict. (Ministry for Foreign Affairs 1996)

Female circumcision only applies to a tiny fraction of the people resident in Finland. Therefore it is easily overlooked, and its prevention is not prioritised as highly as other actions perceived as more urgent. The subject is also

[1] Chapter 1 is based on a booklet published by the Finnish League for Human Rights, Tyttöjen ja naisten ympärileikkaus Suomessa. Asiantuntijaryhmän suositukset sosiaali- ja terveydenhuollon henkilöstölle [Female circumcision in Finland. Recommendations of the expert group for social welfare and health care personnel] (Tiilikainen ed. 2004).

a sensitive one, and professionals may be unable or unwilling to bring it up in their everyday work. Nevertheless, female circumcision is a serious human rights issue, and Finland like all other countries is responsible for addressing it. Finland must have a system and instructions in place regarding what to do to prevent female circumcision, to intervene in threatening situations and protect children, and to bring those who perform these circumcisions to justice. It is for these reasons that a separate Action Plan is needed in Finland. This national Action Plan for the prevention of female circumcision is principally aimed at decision-makers and professionals who in their work encounter girls and women who have been or who are at risk of being circumcised and their families; generally, this means girls and women in whose countries of origin (or in whose parents' countries of origin) female circumcision is an established practice. Female circumcision is a topic that must be discussed with all immigrant families in whose countries of origin the practice exists, even if there is no direct threat of a specific individual facing circumcision. Responsibility for talking about and preventing circumcision rests with all professionals working with families with children, whether in the health care system (e.g. child health clinics), school or student health care, social work or the corresponding private-sector services. The publishing of this Action Plan is also an encouragement to local authorities to adopt and promote it in their local work.

1.1.1 Terminology and types of procedure

Female circumcision is a catch-all term for any procedure performed for cultural or otherwise non-medical reasons involving partial or complete removal of the female external genitalia or damaging them in some other way.

Female circumcision is an ongoing tradition in several African countries but also in certain countries in the Middle East and Asia. It has become a current issue in industrialised countries as a result of global migration. It is estimated that there are some 130 to 140 million circumcised girls and women in the world and that some 3 million girls every year are at risk of being circumcised.

The common term used for these procedures is *female genital mutilation* or FGM, since the word 'mutilation' is considered more illustrative of the nature of the action as a violation of the rights of girls and women and conducive to promoting worldwide political action against it. This term is used by the WHO and also by the UN in a number of documents. Towards the end of the 1990s, the more neutral term *female genital cutting* or FGC emerged, as the use of the word 'mutilation' came to be seen as hindering the desired social change in the communities where the practice was still current. For

instance, UNICEF and UNFPA use the above two terms interchangeably. (WHO 2008)

In Finland, the procedures are referred to both as female circumcision and as female genital mutilation. 'Mutilation' is often used in political contexts, whereas 'female circumcision' is commonly used in everyday work, as it is considered to be the best starting point for preventive efforts in communities where the practice exists: the term 'circumcision' has no strong emotional or political associations, and it is also thought better to cover the most minor forms of circumcision such as piercing or incising.

The term 'female circumcision' is also used in this Action Plan. The purpose of this choice is to signal willingness to co-operate with various parties and to indicate that efforts to prevent female circumcision in Finland are culturally sensitive though decisive.

According to the most recent classification published by the World Health Organisation (WHO 2008), there are four categories of female circumcision:

Type I:	Partial or complete removal of the clitoris and/or the clitoral hood.
Type II:	Partial or complete removal of the clitoris and the inner labia, with or without cutting the outer labia. (This procedure is also known as an *excision*.)
Type III:	Removal of the inner and/or outer labia and rejoining the sides of the vulva so that only a hole is left for the passage of urine and menstrual blood. The clitoris may either be removed or left under the fold of skin covering or restricting the vaginal opening. (This procedure is also known as an *infibulation* or *pharaonic circumcision*.)
Type IV:	All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Reinfibulation means a re-narrowing or re-covering of the vaginal opening, i.e. rejoining the sides of the vulva (often by sewing them together) after childbirth or when a divorced woman remarries. This is regarded as an important procedure in some communities. The communities that practice female circumcision have terms in their own languages for the procedure.

The age at which girls are circumcised differs by region and by ethnic group. Girls may be circumcised at any time from birth to their teens, be-

fore marriage, during their first pregnancy or after childbirth. In most cases, however, it is done before the age of 15.

In countries where the practice exists, the procedure may be performed with specially designed knives, with scissors, with pieces of broken glass or with razor blades. In rural villages, older women or midwives generally perform the procedure, which is traditionally done without anaesthetics or sterilised equipment, though richer families in cities may pay instead for the services of a nurse, midwife, or doctor in a hospital setting.

1.1.2 Incidence

Female circumcision is a principally African tradition which is more than 2,000 years old, predating Christianity and Islam. The historical origins of female circumcision are not known, but it is often claimed to have originated in ancient Egypt and the Sudan. It is estimated that today there are some 91.5 million circumcised girls in Africa aged 10 or older.

The majority of the world's circumcised women live in 28 countries in Africa and the Middle East. These countries are Benin, Burkina Faso, Cameroon, the Central African Republic, Chad, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda and Yemen. The incidence of circumcision varies from one country to another, and also from one region and ethnic group to another within countries. Infibulation or pharaonic circumcision is common particularly in Mali and in the African Horn countries (Somalia, Djibouti, Sudan) and regions bordering them in Egypt, Ethiopia and Eritrea. Nearly half of all the world's circumcised women live in two populous countries, Egypt and Ethiopia.

Individual cases of female circumcision have also been reported in India, Indonesia, Iraq, Malaysia, Thailand and the United Arab Emirates, and in Kurdistan in northern Iraq. Moreover, as a result of global migration there are now girls and women who are circumcised or at risk of circumcision living in Europe, North America, Australia and New Zealand. It is estimated that there are some half a million circumcised girls and women in Europe, and some 180,000 girls at risk of being circumcised.

In Finland, awareness of female circumcision emerged in the early 1990s, when there was a sharp upturn in immigration to Finland. The issue first came to light in connection with Somali asylum seekers and began to be encountered by local authorities between 1993 and 1995 with an increase of Somali women and children among the immigrant population following family reunification. Over the past 20 years, the number of immigrants in

Finland has increased, as has their ethnic diversity. No court cases related to female circumcision have been recorded in Finland. Nevertheless, the probability of girls being subjected to circumcision must be taken into account with regard to all immigrant groups in whose countries of origin the practice exists. For instance, in the Migrant Health and Wellbeing Study (Maamu) conducted by the National Institute for Health and Welfare, immigrants of Kurdish origin also reported complications caused by female circumcision. Even internationally, there is very little information on female circumcision practices among the Kurds (e.g. Wadi 2010), so the matter will require closer attention in Finland too.

Studies indicate that female circumcision is on the wane worldwide (WHO 2011; in Norway, Gele et al. 2012). However, changes in circumcision practices have also been observed: girls are circumcised at an earlier age, and parents increasingly want a trained health care professional to carry out the procedure instead of a traditional circumciser; in other words, the practice is becoming medicalised. However, medicalisation of female circumcision does not make it acceptable: female circumcision is a condemnable action regardless of its form and circumstances and of who performs it. (WHO 2011)

1.1.3 Adverse health effects

More research data are needed on the complications of female circumcision and their incidence (Johansen et al. 2008). Generally, it may be noted that the complications of circumcision depend on the extent of the procedure, the equipment used, the skills of the person performing the procedure, and the circumstances during and after the procedure. Naturally, the risk of adverse health effects is highest when the procedure is performed under unhygienic conditions and by a traditional circumciser. The risk of complications also increases if a woman is reinfibulated after every childbirth.

Infibulation or pharaonic circumcision generally is not a risk for pregnancy or childbirth, assuming that the procedure was appropriately reversed before pregnancy. It should also be noted that the circumstances of a woman subjected to infibulation or pharaonic circumcision who gives birth are considerably better in Finland than for instance in a rural area in Africa, and complications associated with childbirth do not necessarily occur at all in hospital conditions in Finland. However, female circumcision involves several serious health problems and risks, which may be classified into immediate and long-term effects and complications of childbirth.

Common *immediate effects* of female circumcision include pain and psychological trauma, bleeding possibly leading to hypovolemic shock and death,

infections, urinating problems possibly resulting in urinary retention, bone fractures (because of physical restraint), and damage to adjoining tissue.

Female circumcision may also cause *long-term effects* such as pain during menstruation and intercourse, scarring complications (e.g. cysts and abscesses in the external genitalia, neuromas, inflexible tissues, retention of menstrual blood in the vagina, fistulas into the bladder and bowel), urination problems, infertility, sexual problems, chronic virus infections and mental problems.

Complications in childbirth affect women subjected to infibulation or pharaonic circumcision in particular. These include tokophobia (fear of childbirth), extended labour, difficulties in monitoring the progress of the delivery and the condition of the foetus, tearing, unnecessary Caesarean sections, and transmission of chronic infections to the child. (For more on adverse health effects, see e.g. WHO 2012, 2000.)

1.1.4 Explanations for why female circumcision persists

Justifications cited for female circumcision include cultural, religious, moral, social, financial and sexual reasons as well as aesthetics and cleanliness. The reasons for engaging in the practice vary depending on the country, region and cultural background. There are also many superstitions associated with female circumcision.

Female circumcision is related to issues of tradition and cultural continuity. Also, the continuing tradition guarantees a livelihood for circumcisers. Circumcision is an action that reaffirms the cultural and ethnic identity of a community by marking members of the community through signs and significations on the body. Female circumcision is also often about social acceptance. Circumcision is a mark of sexual maturity, of a girl becoming a woman. As such, it may be an important transition rite from the world of girls to the world of women.

In some communities, the point of circumcision is to turn a girl into a woman by removing her body parts that are regarded as masculine. In this case, circumcision is a symbol of womanly identity. A circumcised woman is normal in her society, and circumcised genitalia are considered anatomically normal. Also, circumcision denotes a respectable, decent and marriageable woman; often, indeed, it is a prerequisite for being able to marry at all. It may also be thought that circumcision guarantees a girl's premarital virginity.

The necessity of circumcision has also been justified by convictions that it reduces the oversexuality of the woman or correspondingly increases the sexual pleasure of the husband. In many regions, circumcision is seen as a purification rite to remove the 'unclean' genitalia. Female circumcision may also be seen as a fertility-increasing and hygienic procedure, preventing the trans-

mission of certain diseases. There are also aesthetic values involved. There may be fears that the clitoris will grow too large and begin to hang. Concepts of beauty are very much culture-bound: a circumcised woman in her own community is not only normal but beautiful.

Female circumcision has nothing to do with the fundamental teachings of the 'religions of the book'. Many of the world's circumcised women are Muslims, but there are many Islamic communities where the practice is wholly unknown. In fact, the custom predates Islam and is also practised by Christians, Jews and Animists in regions where the practice is common. In Egypt, for instance, circumcisions are performed among Muslims and Coptic Christians alike. Female circumcision is not prescribed anywhere in the Koran, but religious teachings defending female circumcision, especially its less radical forms, may be found in the Islamic world. There is some confusion as to what the position of Islam on this tradition is, because female circumcision is only mentioned in oral tradition (the hadith), and scholars of Islam disagree on the authenticity and interpretation of these particular hadith. (Akar & Tiilikainen 2009)

Disagreement exists particularly with regard to the less radical forms of circumcision: in recent decades, pronouncements by Muslim scholars that radical female circumcision is contrary to Islam have led to a decrease at least in these procedures among Muslims. By contrast, procedures referred to as 'Sunna operations', for instance among Somalis, are still being justified with religious reasons, even though many Somalis both in Somalia and Europe consider that there is no religious justification for circumcision (Talle 2010).'Sunna operation' is a highly vague term: although usually described as a 'tiny' piercing to shed a few drops of blood from the clitoris, it may just as well be as extensive as an infibulation or pharaonic circumcision. In general, it may be noted that the number of female circumcisions is declining worldwide (WHO 2011). A study conducted by Norwegian anthropologist Aud Talle (2008b) indicates that, according to for instance interviews with circumcisers in Somaliland, the number of girls brought in from abroad to be circumcised is low and further decreasing.

The tradition is being upheld by a variety of beliefs. Infibulation or pharaonic circumcision does not guarantee that the girl remains a virgin, and the moral value of a human being cannot depend on whether they are circumcised. Female circumcision scarcely ever adds to a man's sexual satisfaction; on the contrary, it often complicates intimate relations between husband and wife. Female circumcision also does not improve women's hygiene; instead, it may cause severe health problems. Women and men may be unaware of each other's opinions because of a lack of communication: women may still imagine that men will not marry uncircumcised women, although the attitudes of men may have shifted by now.

1.2 FINNISH LEGISLATION

In Western countries, female circumcision is usually prohibited either by a separate Act or by application of existing legislation such as a criminal code.

Under the Finnish Penal Code, a person who employs physical violence on another or, without such violence, injures the health of another or causes pain to another shall be sentenced for assault to a fine or to imprisonment for at most two years (Penal Code, Chapter 21 section 5). If in the assault grievous bodily injury or serious illness is caused to another or another is placed in mortal danger and the offence is aggravated when assessed as a whole, the offender shall be sentenced for aggravated assault to imprisonment for at least one year and at most ten years (Penal Code, Chapter 21 section 6). The right to instigate criminal proceedings for aggravated assault expires 20 years from the date of the offence.

A person who knows in advance of aggravated endangerment of health or aggravated assault being imminent must, under threat of penalty, report it to the authorities or to the endangered person when there is still time to prevent the offence (Penal Code, Chapter 15, section 10). However, this obligation of notification does not apply to family members or other persons in a close relationship with the offender.

Under section 25d of the Child Welfare Act, the child welfare authorities must, notwithstanding confidentiality regulations, immediately notify the police if there are reasonable grounds to suspect that in the environment within which a child is being brought up, the child has been the subject of an action punishable by law under Chapter 21 of the Penal Code, for which the maximum penalty prescribed is at least two years imprisonment.

Although no jurisprudence exists in Finland as yet concerning female circumcision, it may be agreed that all of the forms of female circumcision referred to above satisfy the elements of aggravated assault. (This also applies to reinfibulation or the rejoining of the labia – often by sewing – to restrict the vaginal opening for instance following childbirth.) Thus, it is considered that a separate Act specifically forbidding female circumcision is not needed in Finland. Three legislative motions for prohibiting female circumcision have been tabled in Finland, most recently in 2003. For the time being, the Ministry of Justice has taken a negative view of enacting a separate Act.

In addition to the person actually performing the procedure, others participating in it may also be culpable of an offence. The instigator or original initiator of the action is equally guilty in law with the perpetrator even if not participating in the actual procedure. A person who commissions another to perform a circumcision may be considered an instigator. Even if the procedure is performed abroad, it may still be an offence under Finnish law if it is performed on a Finnish citizen or a person permanently resident in Finland,

or if the perpetrator is a Finnish citizen. Therefore it is a criminal offence to take a person resident in Finland abroad to be circumcised.

In addition to criminal liability, the perpetrator may be sentenced to pay damages to the complainant, i.e. the circumcised person. In Finland, a physician performing a female circumcision may also be struck off the register, meaning that he or she can no longer practise as a doctor.

Under the Child Welfare Act, a child is entitled to a safe growing environment, balanced and well-rounded development and special protection. Under section 25 of the Act, persons employed by, or in positions of trust for, social and health care services, education services, youth services, the police service or a parish or other religious community, and persons employed by some other social services or health care services provider, education or training provider, or unit engaged in asylum-seeker reception, in emergency centre activities or in morning and evening activities for schoolchildren, and health care professionals, have a duty to notify the municipal body responsible for social services without delay and notwithstanding confidentiality regulations if, in the course of their work, they discover that there is a child for whom it is necessary to investigate the need for child welfare on account of the child's need for care, circumstances endangering the child's development, or the child's behaviour. This obligation also applies to health care and social welfare service providers and professionals in the private sector.

The threshold for filing a child welfare notification is low: such a notification must always be filed when there is a suspicion of a child being in danger and it is necessary to investigate the need for child welfare measures in his/her situation. Because this notification obligation is provided for by law, personal discretion is excluded. Neglecting the notification obligation may constitute a violation of official duty. (Räty 2008) If a public official violates his/her official duty by neglecting to file a child welfare notification, he/she may face criminal charges (violation of official duty or negligent violation of official duty).

Non-institutional child welfare support measures pursuant to the Child Welfare Act must always be initiated if the circumstances in which the children are being brought up are endangering or failing to safeguard their health or development. A child must be taken into care if the child's health or development is seriously endangered and non-institutional support measures would not be possible or have proven insufficient. Taking into care may only be resorted to if substitute care is estimated to be in the child's best interests.

Circumcision clearly seriously endangers a child's health and development, so the first criterion for taking the child into care is in general fulfilled. A comprehensive evaluation of the situation helps determine whether the child actually needs to be taken into care or whether the child's safety

can be ensured through non-institutional support measures. Taking into care is also possible if the circumcision has already been performed and the physical or mental health of the child so requires.

A child welfare notification may concern a female circumcision that is planned, has already been carried out or has been observed. A notification may be filed simply by making a phone call to the local child welfare workers or the social services hot line. If the child's life or health is in immediate danger, the police should be contacted so that they can take appropriate action. Here, too, a child welfare notification must be filed, even if after the fact. Child welfare services can then take the child into care on an urgent placement if necessary for ensuring the safety of the child.

When a child welfare notification is filed by a professional, he/she should notify the child's parents/guardians in advance that he/she intends to file such a notification. However, the parents/guardians do not need to be informed if that is not possible because of the urgency of the matter or some other reason justifying not informing them. It is also possible to consult child welfare services to consider whether there is cause for concern. The threshold for filing a child welfare notification should be low; it is enough to be concerned for the welfare of the child.

The notification obligation provided for in section 25(1) of the Child Welfare Act overrides confidentiality regulations otherwise binding upon officials. For instance, if a young girl tells a public health nurse that she is afraid that her family is planning to have her circumcised, the nurse must notify child welfare services, notwithstanding patient confidentiality regulations. In such a situation, it is recommended for the nurse first to contact the parents and talk to them, informing them that he/she intends to file a child welfare notification. This will make it simpler to discuss the matter further with the family. (Ministry of Social Affairs and Health 2004a) However, it must be assessed whether informing the parents would endanger the child's safety. If there is a suspicion that the parents will violently punish the child for talking about this matter to someone outside the family, informing the parents must be postponed in favour of ensuring the safety of the child together with child welfare services.

Notifications received by child welfare services are entered in official records. Having received a child welfare notification, a social worker with child welfare services must begin to investigate the matter. He/she will evaluate what child welfare measures will be needed to safeguard the interests of the child and whether it is necessary to file a request for criminal investigation with the police. The necessity of reporting a crime should be assessed as with all cases of suspected assault. The child welfare authorities are obliged to notify the police about any serious violent crime against a child. These include assault, aggravated assault and grossly negligent bodily

injury. A lawyer should be consulted if possible. The police will evaluate whether a criminal investigation needs to be launched and will request the examinations and statements required for investigating the crime from the social welfare and health care authorities as necessary. Resolving cases such as this calls for good co-operation between officials.

It should be remembered that informing the parents or guardians is in some cases prohibited. Section 9 of the Act on the Status and Rights of Patients states that if a minor patient because of his/her age or level of development can decide on the treatment given to him/her, the patient has a right to forbid providing his/her guardian or other legal representative with information on his/her state of health and care. Generally, a 12-year-old may be considered to be of a sufficient level of development. This being the case, the parents must not be informed of any reversal procedure planned or performed if the patient forbids it; the patient will then be referred to treatment by co-operation between the various authorities and the patient herself.

If the circumcision was carried out abroad before the girl moved to Finland, child welfare proceedings are generally not initiated in Finland. Prevention, however, is important concerning as yet uncircumcised children, and the matter should be discussed with the family. Sufficient grounds for child welfare measures do not exist by virtue of simply a concern caused by the fact that the oldest girl in a family was circumcised before the family moved to Finland. Such a concern is, however, sufficient grounds for offering the family non-institutional support measures. Similarly, active intervention is justified if necessary to prevent the younger girls from being circumcised.

1.3 PREVENTION OF FEMALE CIRCUMCISION IN THE OTHER NORDIC COUNTRIES

Sweden has had a separate Act prohibiting female circumcision since 1982. The Act was amended in 1998: the punishments were increased and the Act was renamed, the word omskärelse ('circumcision') being replaced with the word stympning ('mutilation'). Moreover, in 1999 it was enacted that a person who had performed a female circumcision abroad could be tried and condemned for it in Sweden. (Socialstyrelsen 2001; Regeringskansliet 2003)

Several campaigns and projects against female circumcision have been undertaken in Sweden. The most significant of these were the pilot project *Hälsofrämjande åtgärder för kvinnor och barn – förebyggande av kvinnling könsstympning* [Health promotion measures for women and children – prevention of female genital mutilation] run by the Immigration Administration in Gothenburg from 1993 to 1996 and the project *Uppdrag att vidareutveckla*

och sprida metoder samt initiera project i syfte att förebygga könsstympning m.m [Initiative to develop and disseminate methods and launch projects for preventing genital mutilation, etc.] run by the National Board of Health and Welfare from 1998 to 2001. The Swedish Government allocated SEK 2.7 million to the development project, the aim of which was to develop good practices for campaigning against female circumcision, to improve medical care for girls and women already circumcised, to train professionals, to build up a network and to produce training material. (Socialstyrelsen 2001; Regeringskansliet 2003)

Drawing on experiences from the 1998–2001 project in particular, the Swedish Government drafted a three-year national Action Plan (2003–2005) for eradicating female circumcision and to support girls and women already circumcised. (Regeringskansliet 2003) After the Action Plan period ended, the Swedish Government tasked the National Board of Health and Welfare with continuing the work to prevent female circumcision (e.g. Socialstyrelsen 2005, 2006). The National Board of Health and Welfare maintains a website on issues of violence and crime, and female circumcision is featured as a separate theme (http://www.socialstyrelsen.se/valdsochbrottsrelateradefragor/kvinnligkonsstympning).

The Swedish police and social workers have been notified of suspected and planned female circumcisions. In most cases, these have been false alarms or could not be verified, since even 'normal anatomy' encompasses a wide range of variations. In some cases, a parent admitted that circumcision had taken place abroad before the legislative amendment of 1999, which meant that it had not been illegal. (Leye & Deblonde 2004) There have been two court cases concerning female circumcision in Sweden. In both cases, the defendant was sentenced to prison for organising the circumcision of a girl resident in Sweden abroad. (NCK 2011) However, researchers have warned that certain ethnic groups can very easily become stigmatised and even feel that they are discriminated against by enforcement of this legislation. (Johnsdotter 2009)

Norway has had an Act prohibiting female genital mutilation since 1995. The first national Action Plan against female genital mutilation was launched in 2000. The Action Plan was mostly implemented in the national OK project, *Omsorg og Kunnskap mot Kvinnelig Omskjæring* [Care and knowledge against female circumcision] between 2001 and 2004. In the evaluation of the OK project and other discussions it was felt that more investment and continuing preventive efforts were needed. The next Action Plan was outlined for the period 2008–2011, and it was co-ordinated by the Ministry of Children and Equality. The main points of the Action Plan were effective implementation of legislation, increased expertise and publicity, preventive work and attitude forming, availability of health care services, and a strong

focus on holiday periods, international lobbying and information exchange. Implementation of the Action Plan was evaluated on an annual basis. (Barne- og likestillingsdepartementet 2008)

In *Denmark*, female circumcision is prohibited in the Criminal Code. The Criminal Code was amended on 1 June 2003 to specifically include female circumcision. It also applies to female circumcision performed abroad. (Essén & Johnsdotter 2004; Danske Regioner 2011; Foreningen mod Pigeomskæring 2012) Information campaigns against female circumcision were run by the National Board of Health under the Ministry of Health in Denmark in the late 1990s. The campaign resulted for instance in a manual, *Prevention of Female Circumcision* (2000). The Association against Female Circumcision (*Foreningen mod Pigeomskæring*) was founded in 2002 to continue the preventive work begun by the National Board of Health. In the 2000s, a volunteer-based steering group (*styregruppe*) was set up, consisting of private individuals, representatives of (mainly women's) NGOs and the Association against Female Circumcision, to prepare an Action Plan against female circumcision. This was considered necessary, because awareness of female circumcision among ethnic groups and professionals alike was poor. Another task for the steering group was to lobby Parliament and Government for the support needed for the Action Plan. The Action Plan for 2009–2013 (*Den danske handlingsplan imod omskæring af kvinder*) was adopted at the national seminar against female circumcision on 25 November 2008 (Foreningen mod Pigeomskæring 2012), but its implementation has largely been left to the civic society.

Academic research concerning female circumcision has been conducted particularly in Sweden and Norway. (E.g. Essén 2001; Johnsdotter 2002; Johansen 2002, 2006; Essén & Johnsdotter 2004; Talle 2008a, 2008b, 2010.) Researchers in this field have set up a Nordic multi-discipline researcher network known as FOKO from *Forskning om Kvindelig Omskæring* [Research on female circumcision]. The network has been organising meetings and seminars in the Nordic countries since 2000. (Essén & Wilken-Jensen 2003) The fourth FOKO seminar was held in Finland in 2007.

1.4 PRINCIPAL INTERNATIONAL TREATIES, COMMITMENTS AND RECOMMENDATIONS

Female circumcision has been acknowledged worldwide as a practice which violates human rights and which, like all violence, is an assault on the dignity, equality and integrity of girls and women. The tradition of female circumcision violates the right to life and physical integrity, the right to a life

free from violence, the right to health, the right to a life without discrimination and a number of the rights of children. Although the majority of international human rights treaties do not specifically mention harmful traditional practices, they may be considered to have effectively prohibited female circumcision. In addition to legally binding international human rights treaties, there are also declarations and statements which have the status of recommendations. (For more on the principal human rights treaties pertaining to female circumcision, see e.g. WHO 2008.) Human rights treaties also obligate states parties to ensure that violators are brought to criminal justice for their actions and that victims can get compensation.

The principal human rights treaties concerning female circumcision are the Council of Europe Convention on preventing and combating violence against women and domestic violence, the United Nations Convention on the Rights of the Child, the United Nations Convention on the Elimination of All Forms of Discrimination against Women, the United Nations Covenant on Civil and Political Rights, and the United Nations Convention against Torture. Key regional treaties include the European Convention on Human Rights and the African Charter on Human and Peoples' Rights and the African Charter on the Rights and Welfare of the Child, the latter two created within the Organisation of African Unity (OAU). International human rights treaties form a framework that should be taken as a foundation for national justice systems and Action Plans in diverse areas, including female circumcision. For instance, the Beijing Platform for Action (1995) specifically urges States Parties to take action to stop female genital mutilation.

In the *Council of Europe Convention on preventing and combating violence against women and domestic violence* (2011), female genital mutilation is addressed in Article 38: Parties are required to criminalise all forms of female genital mutilation and also the coercing or procuring of a girl or woman to undergo the procedure. Finland was one of the first member states to sign the convention, and its ratification is in progress.

The *United Nations Convention on the Rights of the Child* (1989), in Article 24, provides for the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. It is further noted that States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children. Moreover, Article 19 lays down that States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. Therefore all the countries that are signatories to the convention, Finland in-

cluded, are committed to eradicating female circumcision and to protecting girls against this procedure. It is the duty of the Finnish authorities to take action to prevent female circumcision.

The *United Nations Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW, 1979) is also a significant document with regard to circumcision. It is stated in Article 5 of the Convention that States Parties shall take all appropriate measures "to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women".

According to the *Convention Relating to the Status of Refugees* (1951, also known as the Geneva Convention), a refugee is a person who has a "well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion". Recently, special attention has focused on the specific problems faced by women refugees, with the acknowledgement that sexual violence against women is a form of persecution. Finnish legislation essentially recognises the need for protection because of gender-based persecution and hence the threat of female circumcision.

The UN *Resolution adopted by the General Assembly, 62/140, The Girl Child* (2008) addresses the issue of the rights of underage girls. In paragraphs 13 and 14, States Parties are urged for instance to enact and enforce legislation to protect girls from female genital mutilation and to formulate national plans to eliminate all forms of violence against women and girls. Women and religion in Europe, a Council of Europe report (2005), condemns discrimination against women based on religion, and female genital mutilation is specifically mentioned as a human rights violation against women.

Female genital mutilation is also listed as a specific form of violence against women in paragraph 113a of the *Beijing Declaration and Platform for Action of the Fourth World Conference on Women* (1995). The Platform for Action further states that States Parties must "enact and enforce legislation against the perpetrators of practices and acts of violence against women, such as female genital mutilation [...] and give vigorous support to the efforts of non-governmental and community organizations to eliminate such practices" (124i).

Female circumcision is also a violation of sexual rights. Sexual rights emerged as a development issue as far back as the UN International Conference on Population and Development in Cairo (1994), where 180 countries approved its Program of Action. In 1995, the International Planned Parenthood Federation (IPPF) drafted a Charter on Sexual and Reproductive Rights, followed by a Declaration of Sexual Rights (IPPF 2008). The WHO

prepared a draft definition of sexual rights in 2002 (WHO 2006). Female circumcision from the perspective of sexual rights is discussed in more detail in Finnish in *Seksuaalioikeudet kuuluvat kaikille* [Sexual rights belong to all] (Korhonen et al. 2009).

1.5 ACTION AGAINST FEMALE GENITAL MUTILATION IN FINLAND

Prevention of and guidance regarding female circumcision have been undertaken in Finland for nearly 20 years, and experiences are good. The aim has been to mainstream female circumcision in programmes and teaching materials that have a bearing on the topic; it is mentioned in *Kätilötyön oppikirja* [Manual for midwives] (Paananen et al. eds. 2006), as a special immigrant family issue in Lastenneuvolaopas [Child health clinic handbook] (Ministry of Social Affairs and Health 2004a, Chapter 16.11) and in a note in *Promotion of sexual and reproductive health action programme* (Ministry of Social Affairs and Health 2007). There is a chapter on female circumcision in *Seksuaalisuus eri kulttuureissa* [Sexuality in various cultures] edited by Pirkko Brusila (Mölsä 2008). Female circumcision will also be covered in an online child health clinic manual to be published by the National Institute for Health and Welfare in May 2012. Moreover, the online child welfare manual likewise maintained by the National Institute for Health and Welfare will be amended to include instructions on child welfare measures and co-operation in situations involving female circumcision. Female circumcision is discussed in connection with sexual and reproductive health issues in several publications in the *Väestötieto* [Population information] series of the Family Federation (e.g. Kekäläinen & Roos 2006; Akar & Tiilikainen 2009; Hakkarainen 2009; Korhonen et al. 2009). The Ministry of Social Affairs and Health has published a brochure, *Female genital mutilation*, available online in Finnish, Swedish, English and Somali at http://www.stm.fi/en/publications/immigrants.

The longest-running project related to this topic is KokoNainen [Whole woman], which has been managed by the Finnish League for Human Rights on funding from the Slot Machine Association since 2002. The project employs two experts who have been doing grass-roots work in immigrant communities while training professionals. Material for nationwide use has also been produced in this project. One of the booklets published by the Finnish League for Human Rights, *Tyttöjen ja naisten ympärileikkaus Suomessa. Asiantuntijaryhmän suositukset sosiaali- ja terveydenhuollon henkilöstölle* [Female circumcision in Finland. Recommendations of the expert group for

social welfare and health care personnel] (Tiilikainen ed. 2004), was used as background material for the present Action Plan. At the Girls' House in Helsinki there have been several discussions about female circumcision with girls from immigrant families. The Girls' House and partners have published a booklet entitled *Tytöstä naiseksi* [From girl to woman], whose topics include female circumcision (Karla et al. 2009). This booklet is also available online. The Family Federation has prepared an Action Plan on the promotion of sexual and reproductive health among immigrants in Finland, commissioned by the National Institute for Health and Welfare (Apter et al. 2009). The survey on which the Action Plan was based was circulated among health care service providers, people working with immigrants and immigrants' associations.

Standards for Sexuality Education in Europe, a guide prepared by WHO/Europe and the Federal Centre for Health Education in Germany, to which Finnish experts contributed and which was translated into Finnish by the National Institute for Health and Welfare in 2010, suggests that female circumcision be discussed in sex education in schools. Pupils should be informed about female genital mutilation / circumcision between the ages of 12 and 15, under the theme of the human body, and the topic should be revisited at age 15 (National Institute for Health and Welfare 2010).

The Finnish government has also been active within the Nordic FOKO researcher network, participating in Nordic meetings and organising the fourth FOKO seminar in Finland in September 2007 together with the Hanasaari Cultural Centre and the Swedish Kvinnoforum organisation. The seminar had more than 120 participants from all over the world, and more than 30 presentations were given over two days. The seminar proceedings were published in a special issue of the *Finnish Journal of Ethnicity and Migration* in 2008, entitled 'Female Genital Cutting in the Past and Today'.

2 THE ACTION PLAN AND ITS IMPLEMENTATION

2.1 BACKGROUND AND PURPOSE OF THE ACTION PLAN

The Ministry of Social Affairs and Health initiated preparation of the Action Plan for the prevention of female circumcision by appointing an expert working group in spring 2009. This preparation was prompted by the implementation of the *Internal Security Programme 2008–2011* (Ministry of the Interior 2008). The group has met several times in the past years. The National Institute for Health and Welfare commissioned Filio Degni and Mulki Mölsä to prepare a background report on female circumcision, laying the groundwork for the Action Plan (2011).

The Action Plan is a document with national application, recommending how the prevention of female circumcision should be organised in Finland. It is recommended in the Action Plan that municipalities with substantial populations of immigrant origin prepare detailed plans for local preventive efforts. The Action Plan is thus related to the *Government Integration Programme* in preparation at the Ministry of Employment and the Economy, but it should be included not only in integration plans but also in other local government programmes and plans.

The purpose of the Action Plan is to create permanent national and regional structures to prevent female circumcision. The permanent structures are intended to preserve and further develop the existing expertise in the prevention and treatment of female circumcision and to facilitate long-term development of preventive efforts. A further purpose of the Action Plan is to achieve more effective co-operation, a clearer division of duties and better co-ordination between various authorities and other actors.

With the Action Plan for the prevention of female circumcision, Finland is fulfilling her international commitments in the promoting of the human rights of women and children and in preventing violence against women.

The Action Plan to prevent female circumcision brings together the measures intended to be undertaken to prevent female circumcision. In the future, the Action Plan should be combined with other existing or forthcoming Action Plans and best practices. The Action Plan will be incorporated in the *Promotion of sexual and reproductive health* action programme and updated together with it. The Action Plan further supports the *Action Plan to Reduce Violence against Women 2010–2015* (Ministry of Social Affairs and Health 2010) and the proposal *Viranomaisten koulutuksen kehittäminen kunniaan liittyvän väkivallan tunnistamiseksi ja ennalta ehkäisemiseksi* [Develop-

ing training for officials for the recognition and prevention of honour-based violence] (Ministry of the Interior 2011).

2.2 OBJECTIVES AND TIMETABLE

The principal objectives of the Action Plan to prevent female circumcision are to prevent female circumcision in Finland and to improve the wellbeing and quality of life of women already circumcised.

Component objectives include the following:

1. Immigrants resident in Finland in whose countries of origin female circumcision is practised will be aware of the health hazards of circumcision, issues of sexual and reproductive health, the human rights aspects of the practice, legislation prohibiting female circumcision and other matters that may encourage them to abandon the practice.
2. Professionals, particularly those in social welfare and health care services, in services for children of school age and under, and in the police and at reception centres, and students in these fields, will be aware of the basic facts related to the practice, prevention and treatment of female circumcision relevant for their field of work and/or will know where to find support and further information on this topic.
3. Permanent provision will be made for efforts to prevent female circumcision in Finland.
4. Co-operation, division of duties and co-ordination in the prevention of female circumcision at the national level will be clarified.
5. The subject will be studied further, and national and international research findings on female circumcision will be collated, updated and distributed.

The measures under the Action Plan have been timetabled for the years 2012–2016, during which time action against female circumcision should become established as part of the *Promotion of sexual and reproductive health* action programme and immigrant-related programmes in other administrative branches.

2.3 TARGET GROUPS

This Action Plan has several target groups, each of which has a role to play in its implementation. Co-operation between actors and administrative branches is vital for the objectives to be attained.
The target groups of the Action Plan are:

1. Leading civil servants and elected officials whose duties include defending human rights and promoting sexual health, to ensure adequate operating circumstances and resources for the implementation of the Action Plan and to lead to the establishment of permanent structures.
2. Professionals who in their work encounter people from immigrant backgrounds in whose countries of origin female circumcision is practised. Key fields in this respect include social welfare and health care services, daycare, child welfare services, education and cultural authorities, youth work and reception centres. Individual relevant professions include physicians, nurses, public health nurses, midwives, social workers, other social services professionals, and teachers at daycare centres and schools. These professionals should know how in the course of their duties they can prevent female circumcision and, if necessary, refer their client to treatment or a reversal procedure. Also, they are responsible for maintaining and improving their personal competence and good practices in this area at their respective workplaces for instance through induction training for new employees. The police are responsible for the criminal investigation side of the issue. Co-operation between authorities is important for instance in a situation where there is a suspicion of female circumcision having been performed.
3. Training and research organisations that provide training and materials for professionals concerning this matter and produce up-to-date research data to support development measures and training.
4. NGOs working at the grass-roots level, either with immigrants in Finland or in countries where female circumcision is a common practice. NGOs working with immigrants in Finland are expected to contribute, within their means, to the prevention of female circumcision for instance by explaining Finnish legislation to their clients. Finnish NGOs which work abroad in projects related to sexual and reproductive health and which have experience in the prevention and treatment of female circumcision outside Finland should share their experiences and expertise with actors and officials in Finland.

5. Key contact persons in the communities whose cultural heritage includes female circumcision. They are expected to distribute appropriate information on female circumcision in their respective communities and to contribute to discouraging the continuation of the practice in Finland.

2.4 ACTIONS AND ACTORS

2.4.1 Ensuring training

Training concerning female circumcision forms part of the expertise required in the areas of reproductive health, intimate partner violence and domestic violence. The facts, prevention and treatment of female circumcision will be highlighted at national training events such as seminars for nurses, midwives, public health nurses and physicians, teacher training events, child welfare services seminars, social work research seminars and the TERVESOS training and trade fair event. In addition to profession-specific training, female circumcision will be featured at multi-discipline events pertaining for instance to immigration or to sexual and reproductive health.

Bulletins and articles on materials intended for training and practical application concerning female circumcision and its prevention will be published in professional periodicals and expert networks.

- Key actors in implementation: academic universities, universities of applied sciences, vocational education institutions and other bodies offering training in the area of social welfare and health care

Municipal decision-makers will be informed of the Action Plan through bulletins and at local government seminars. The basic knowledge and competence in the prevention and treatment of female circumcision among the professionals who are a target group of the Action Plan will be maintained and augmented. Female circumcision will be added as a topic to the basic, further and continuing education of various professional groups, and suitable training modules will be designed at academic universities and universities of applied sciences. The sexual and reproductive health unit of the National Institute for Health and Welfare and the National Board of Education will provide a continuing education course or information package on this topic for comprehensive school teachers and kindergarten teachers who work with immigrant children. Super-

visors and leading civil servants must enable participation in and organising of further and/or continuing education on this topic (cf. Ministry of Social Affairs and Health 2003, Decree of the Ministry of Social Affairs and Health on Continuing Education in Health Care, and Ministry of Social Affairs and Health 2004b, Recommendation on Continuing Education in Health Care).

- Key actors in implementation: National Institute for Health and Welfare, National Board of Education, managers and supervisors in organisations

2.4.2 Maintaining and improving the expertise of professionals

It must be ensured locally and regionally that national guidelines are being applied, and there must be a standard procedure to follow in a situation where a threat or suspicion of female circumcision is noted. Instructions on the prevention of female circumcision should be included in regional crisis and action schemes (e.g. health promotion model, welfare plan for children and adolescents, Action Plan for the prevention of intimate partner and domestic violence). In municipalities with a substantial immigrant population, local and regional structures addressing the health and wellbeing of immigrants should be created: the aforementioned models and plans should include female circumcision as a topic. It should be noted for instance that education authorities must plan ahead and school management must be aware of how to respond to an eventual crisis caused by a threat or suspicion of female circumcision and where to find instructions and support. (See also Ministry of Social Affairs and Health 2008.)

Responsibility for talking about and preventing circumcision rests with all professionals working with families with children, whether in the health care system (e.g. child health clinics), school or student health care, social work or the corresponding private-sector services. In social welfare services and child welfare services, female circumcision should be discussed with reference to Finnish legislation at least once in meetings with clients coming from regions where female circumcision is traditionally practised. Whether a girl or woman has been circumcised may be established through discussion and/or examination by a public health nurse, midwife and/or physician at the immigration inspection, a child health clinic, school health care, a maternity clinic, a hospital or a health centre. A natural context in which to discuss the subject and inform parents is at visits to maternity and child health clinics.

It is extremely important to employ a culturally sensitive approach and to safeguard the dignity and privacy of circumcised women in treatment and

examination contexts. Specifically, paediatricians and gynaecologists must be able to identify whether a girl or woman has been circumcised and to what extent. Health care professionals must know how to treat pregnant circumcised women and to offer a reversal procedure to all girls and women who have undergone infibulation or pharaonic circumcision. Psychological support should form part of further treatment as necessary. Reception centres should include female circumcision as a topic in the initial information provided to arriving clients, and employees should be familiar with the recommendations of the Female circumcision in Finland brochure. A reversal procedure should only be recommended to girls and women who have been granted a residence permit: if a reversal procedure is performed and a residence permit is not granted, and the girl or woman returns to her home country, she may encounter problems in her native community.

In case of a suspicion of a female circumcision being planned, the threshold for filing a child welfare notification must be low. A child welfare notification must also be filed if there is a suspicion that a circumcision has been performed while the girl was resident in Finland. Child welfare authorities may request official assistance from the police for instance to prevent the relevant persons from leaving the country in a case where a girl is being taken abroad to be circumcised. The online child welfare manual maintained by the National Institute for Health and Welfare will be amended to include instructions on child welfare measures and co-operation in such situations.

- Key actors in implementation: Professionals in social welfare and health care services (including maternity and child health clinics, school and student health care, hospitals, daycare and child welfare services), in schools, in education authorities and youth work, and at reception centres; and managers, supervisors and training organisers in local government.

2.4.3 Producing and collecting material

Improving the service system requires up-do-date material based on research data. There must be material available for national, regional and local needs. Material on female circumcision and how to prevent it will be produced in the course of the Action Plan period, and existing material will be updated. The National Institute for Health and Welfare is bringing together existing material on female circumcision produced in Finland, including reports and studies, and maintains a compilation on its website (the *Kasvun kumppanit* [Growth partners] online service). Also, the National Institute for Health

and Welfare is assuming responsibility for organising the updating of the material as required. Universities make active use of the material in their teaching and can offer support, research findings and development ideas to improve the material.

Material aimed at immigrants themselves is being compiled, produced and updated in various languages and publicised through a variety of channels.

Links to the material on the National Institute for Health and Welfare website will be posted in as many places as possible so that it will be easy to find at the national level (e.g. the websites of ministries, the Association of Finnish Local and Regional Authorities, NGOs and educational institutions).

- Key actors in implementation: National Institute for Health and Welfare, universities of applied science with degree programmes in social welfare and health care, faculties of medicine and health at academic universities, social work training, teacher training

2.4.4 Influencing community attitudes

Grass-roots level work among the immigrant groups whose cultural heritage includes female circumcision – men and women of various generations – is extremely important for influencing attitudes. Persons who are themselves of immigrant origin can make the most valuable contributions, because they can discuss the difficult issues related to female circumcision in their native language. They can also reach out to people otherwise not encountered by public services. Channels for influencing communities include immigrants' associations and other NGOs engaged in immigrant integration projects. Actions include providing information and leading discussions in the immigrants' native languages. Leading figures in immigrant communities and religious communities also play an important role in influencing attitudes.

The KokoNainen [Whole woman] project of the Finnish League for Human Rights will continue disseminating information among immigrants at least until the end of 2014. Other NGOs operating in Finland and internationally will continue to feature the topic in their projects that have to do with areas such as sexual and reproductive health, honour-based violence and integration. They will add links to their websites leading to material on the topic in various languages.

- Key actors in implementation: NGOs and leading figures in immigrant communities and religious communities

2.4.5 Promoting research

It is important to obtain and monitor the most recent national and international research findings on female circumcision so that preventive measures can be appropriately targeted. Research findings are also needed as a basis for training material and other materials.

Compared to Sweden and Norway, there has been very little research in Finland on female circumcision (e.g. Mölsä 1994, 2004; Matsuuke 2011). It is hoped that academic universities and universities of applied sciences will encourage students in various fields (e.g. social sciences, anthropology, medicine, nursing) to write theses and undertake research on and related to female circumcision. Examples of points on which research is needed include the functioning of the service system and the incidence in Finland of female circumcision. Issues related to female circumcision have been addressed in the currently ongoing Migrant Health and Wellbeing Study (Maamu) conducted by the National Institute for Health and Welfare. These will be analysed, and further action and studies decided upon.

Finnish researchers in the field should follow international research and participate in Nordic and international networks. Research funding may be sought from a variety of sources, such as the Academy of Finland, the appropriations for health promotion, SOLID funds, EU funding, Nordic funding sources and private foundations.

- Key actors in implementation: academic universities and universities of applied sciences

2.4.6 Improving co-operation and co-ordination

Division of duties and co-operation between the various actors must be improved in order to enhance prevention of female circumcision, to eliminate duplication and to disseminate best practices.

Co-operation and information exchange between actors will be developed at the national level. The Ministry of Social Affairs and Health, together with the National Institute for Health and Welfare, will convene an annual meeting of key contact persons from a variety of bodies (Ministry of Social Affairs and Health, Ministry of the Interior, Ministry of Employment and the Economy, Ministry of Education and Culture, Ministry for Foreign Affairs, National Institute for Health and Welfare, National Board of Education, social welfare and health care authorities, education and youth work authorities, reception centres, the police, academic universities and universities of applied sciences, NGOs, immigrant communities and religious com-

munities) for the purpose of distributing information. The National Institute for Health and Welfare will appoint a liaison officer to manage the network.

At the local and regional levels, local authorities are responsible for information guidance and self-monitoring under the Action Plan and for providing their employees with sufficient training in the prevention of female circumcision. In regions and municipalities with a substantial immigrant population, local and regional operating models and networks should be drawn up in connection with other local government programmes. Reception centres have uniform directives as a result of the training programme undertaken in the KokoNainen [Whole woman] project run by the Finnish League for Human Rights in 2011–2012, but they may need annual refresher training because of a high personnel turnover.

It is recommended that Finland participate in international co-operation to prevent female circumcision in the official, scientific and NGO contexts.

- Key actors in implementation: Ministry of Social Affairs and Health, National Institute for Health and Welfare, Ministry of the Interior, Association of Finnish Local and Regional Authorities, local authorities

2.4.7 Publicity and launching the implementation

The Ministry of Social Affairs and Health, together with the National Institute for Health and Welfare, is responsible for national publicity for the Action Plan. The Ministry will publish information on the Action Plan at various events in 2012, and the National Institute for Health and Welfare will do so together with publicity on the Maamu project. The Action Plan is available at the websites of the Ministry of Social Affairs and Health, the National Institute for Health and Welfare and key NGOs. The Ministry of Social Affairs and Health will send the Action Plan to other ministries, agencies in the Ministry's administrative branch, the Association of Finnish Local and Regional Authorities, Regional State Administrative Agencies, hospital districts, social welfare and health care authorities in local government, educational institutions, key NGOs, and immigrants' associations and religious communities.

Bulletins and articles on the Action Plan and available material will be published in trade journals. The National Institute for Health and Welfare will also publicise the Action Plan through its electronic bulletins and network letters.

There will be no separate appropriation for implementing the Action Plan; it will be incorporated into normal operations by local authorities. Research funding, on the other hand, is available from a variety of sources.

- Key actors in implementation: Ministry of Social Affairs and Health and National Institute for Health and Welfare

2.5 MONITORING AND EVALUATION

The Action Plan will be monitored and evaluated together with the *Promotion of sexual and reproductive health* action programme. The evaluation will be performed by the National Institute for Health and Welfare. Interim evaluations of the Action Plan to prevent female circumcision will be performed in 2014 and 2016, the outcomes of the Action Plan being evaluated at working seminars. The seminars will be organised by the Ministry of Social Affairs and Health and the National Institute for Health and Welfare.

- Key actors in implementation: Ministry of Social Affairs and Health and National Institute for Health and Welfare

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