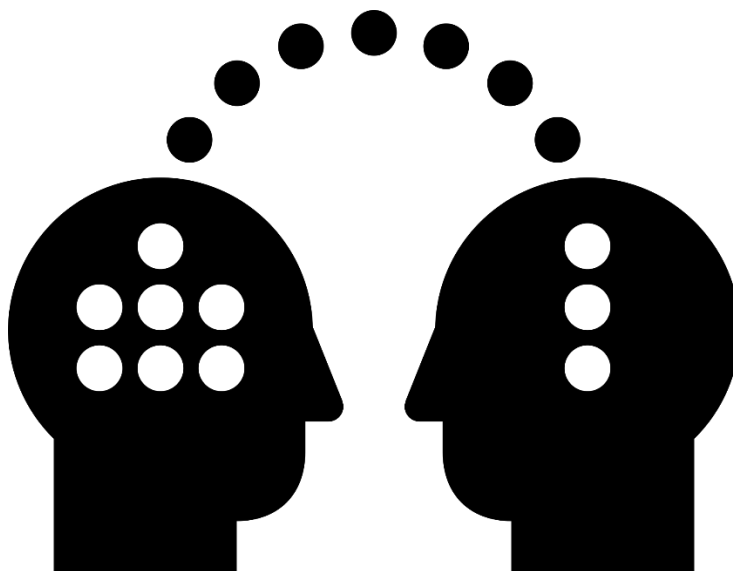


Facilitator's Guide

Somali Women's Health Workshop Series



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"Ragna waa shaah, dumarna waa sheeko."
 "Men for tea, women for talk."
 ~ Somali proverb

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Why is a facilitator needed?

For most (if not all) the sessions of the Somali Women's Health Workshop Series, the main objective is to relay relevant information to participants, regarding health, culture, FGC/M, and the law. Therefore, group discussion will include answering posed questions, asking questions of their own, and sharing relevant personal stories and opinions.

Given the sensitivity of many topics that will be covered, it is paramount that the facilitator establishes a safe learning environment, in which all participants feel like their opinion matters, their voice is heard, and they will not be judged. Also, it is important that everyone from the group participants throughout the series (not just the especially vocal participants).

In this manual, you will find general information on how to be an effective facilitator, as well as strategies on how to cultivate a safe learning environment, promote candid discussion, and negotiate any challenges that might arise during group discussion.



What is a facilitator?^{4, 5}

The definition of facilitate is “**ease a process**” or “**to make easy**”. More specifically,

“The facilitator’s job is to support everyone to do their best thinking. To do this, the facilitator encourages full participation, promotes mutual understanding, and cultivates shared responsibility. By supporting everyone to do their best thinking, a facilitator enables group members to search for inclusive solutions and build sustainable agreements.”

As a facilitator, you will help participants **learn**, **explore**, and **change**, as well as **guide** and **manage** the group discussion to ensure the objectives of the session are met.

“Tell me and I forget.
Teach me and I
remember. Involve me
and I learn.”
~ Benjamin Franklin

Principles to follow as a facilitator³

As a participant-centered training, most in-class time will be discussions and conversations. For discussion to be effective, the instructor will follow the following principles:

➤ **RESPECT**

All participants are equal and respected, regardless of their opinions and attitudes. All opinions and questions are treated equally and given sufficient time to be considered.

➤ **PATIENCE**

Conversations are conducted at a pace that suits the participants. If one topic is of particular interest to the participants, the instructor should cover that topic in depth, rather than rushing through it in order to cover all the possible questions or topics.

➤ **CONFIDENTIALITY**

All discussions are confidential. All parties, including instructors, participants, and speakers, will sign the Agreement of Confidentiality.

➤ **EMPATHY**

All participants will be treated with empathy and an understanding of different cultures, and cannot and should not be expected to quickly change their beliefs to accommodate the new society.

➤ **LISTENING**

The instructor will give each participant sufficient time to express their opinions and will summarize, as needed, the participant's statement to ensure they understood it.

➤ **AFFIRMATIONS**

The instructor will focus on the positive contributions of each participant to the discussion and thank them for their contributions.

Traits of an effective facilitator^{3, 5}

- **Be objective and open-minded.** It is fine to have a personal opinion about the topics discussed, however as a facilitator, you must take a neutral stance.
- **Achieve learning objectives.** Be sure to keep the group on task and focused to ensure that the key learning objectives of each module are satisfied.
- **Be empathic.** Empathy is having the ability to step into someone else's shoes and understanding their feelings and perspectives. Being able to show the participants that you understand and share their feelings will help build trust within the group.

“Empathy is about standing in someone else's shoes, feeling with his or her heart, seeing with his or her eyes. Not only is empathy hard to outsource and automate, but it makes the world a better place.”
~ Daniel H. Pink
- **Be an active listener.** The difference between being a “listener” and an “active listener,” is the difference between “listening to *hear*” versus “listening to *understand*”. Effective active listeners focus their full attention on the speaker and then rephrases what the speaker said, to ensure what they heard was the intended message. By paraphrasing or ‘reflecting back’ what a participant said, you are able to ensure their message has been adequately heard and received.



As illustrated in the Chinese symbol for “listen,” an active listener listens with their **whole body**; their ears, eyes, heart, and focus.

Other key principles in being an effective facilitator include:³

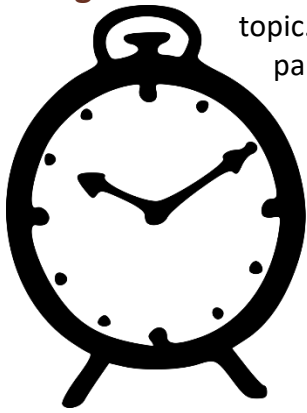
- Is compassionate.
 - Is observant and aware of others in the group with regard to verbal and non-verbal communication, including vocal intonations, facial expressions, and body language.
 - Trusts the group and does not give advice.
 - Is respectful of the group and each member.
 - Is adaptable.
 - Seeks consensus.
 - Manages conflict.
 - Protects the safety of the group.
 - Monitors the energy of the group.
 - Has the ability to look for the positive in people instead of the negative.
 - Welcomes feedback.
- “To speak and to speak well, are two things. A fool may talk, but a wise man speaks.”
~ Ben Jonson

Facilitation strategies^{4, 6}

- **Paraphrasing.** This active listening technique is “the tool of choice for supporting people to think out loud.” When paraphrasing a comment, you can begin with,
 - “It sounds like what you’re saying is...”
 - This is what I’m hearing you say...”
 - “Let me see if I’m understanding you...”
- **Gathering ideas.** In light of time, it is not always feasible to discuss every topic that arises throughout the training. For some questions, you may specify to participants that you are gathering ideas, not discussing them (at this time).
- **Stacking.** When everyone in a group wants to talk at the same time, this strategy can be especially helpful. To reassure participants that they can all participate and their voice/story will be heard, first ask the participants to raise their hand if they want to share. Next, count off each person (e.g. “Amaal is first, Falis is second, etc.). Last, start with the first person and go around the group until everyone has shared.
- **Encouraging and making space.** At times, some participants may remain quiet and unwilling to participate. In these situations, the participant may not be feeling engaged with the discussion or hesitate to share their conflicting point view. In these cases, you can use various questions and phrases to encourage quiet participants to share:
 - “Who else has an idea?”
 - “Is there another perspective on the issue?”
 - “Does anyone have a different story to share?”
 - “Is this discussion raising questions for anyone?”
 - “Let’s hear from someone we haven’t heard from yet.”
 - “If you don’t wish to talk now, that’s fine. But if you *would* like to speak, here’s an opportunity.”
- **Intentional silence.** Not only does the facilitator get some “quiet time” to relax and reflect, participants can use intentional silence as a way to gather their thoughts and prepare what they want to say. However, it can be uncomfortable and difficult to sit in silence. Becoming comfortable with silence can offer participants a safe space where they can reflect on their thoughts. This can be especially helpful if the group seems confused, agitated, or are having trouble focusing. In this case, the facilitator might say,
 - “Let’s take a minute of silence to think what this means to each of us.”



- **Using the clock.** This can be helpful to keep the group on task and ensure the discussions stay on topic. By referring to how much time is left in the session (or activity/discussion), participants are encouraged to refocus their attention back to the learning objectives. Facilitators can use some of the following phrases:
- “We have 10 minutes left. I want to make sure we have heard from everyone, especially those who haven’t had a chance to talk yet. Does anyone else want to speak?”
 - “We only have time for one or two more stories or comments.”
- **Structured go-arounds.** Having all participants go around and share something about themselves, or answer a question, can be used for many purposes. These include: drawing out quiet participants, gathering diverse perspectives, addressing a complex topic, and creating a friendly atmosphere.



The Standard Structured Go-Around

Go clockwise – or
counterclockwise – from
whoever speaks first

Toss the Beanbag

When the speaker is done, she
tosses an object (an eraser, or
whatever) to someone else,
who speaks next.

Seven Words or Less

Everyone evaluates the
meeting in seven words or
less. Incomplete sentences
are fine.

Go-Around Variations

Two or Three Feeling Words

Each person uses two or three
feeling words to describe her
mood. (E.g. “satisfied and tired”
or “confused, worried, cranky.”)



Talking Stick

To speak, a group member
picks up the *talking stick*. No
one else may speak until the
stick has been set down.

Popcorn

Everyone takes their turn when
they choose, not in any particular
order- but only after the preceding
speaker has said ‘pass.’

Icebreakers^{1, 6}

- ❖ **The Little Known Fact:** Have all participants share something about themselves that others might not be aware of. This “little known fact” can be something silly or serious. For instance, participants might share what they are most scared of, what their dream job/career is, or the greatest joy they have experienced.
- ❖ **Two Truths and a Lie:** Each participant shares three things about themselves, two statements being true and one statement being false. The rest of the group has to guess which statements are true and which statement is false.
- ❖ **The Human Pretzel:** Have participants stand in a circle facing one another (groups of 5-7 are ideal). Each person extends their right hand and the hand of someone across from them. Next, everyone puts their left into the circle and grabs a different person's hand. The group then tries to untangle themselves by stepping over/under linked arms. This is a fun that gets everyone up and moving. holds hand activity
- ❖ **One-Up, One-Down:** Participants share one thing that happened to them that day (or week) that was good and one thing that was difficult. This activity can be adjusted to sharing one positive feeling they have and a feeling that is difficult for them.
- ❖ **The Mixing Bowl:** Have all participants stand (or you can use chairs) in a circle facing one another. One participant stands in the middle of the circle and says something about themselves (e.g. “My name is Hani and I am the oldest child in my family”). Everyone in the group who shares that characteristic must stand up and quickly switch seats with someone else (not the person right next to them). The person left without a chair is the next person to be in the middle to introduce herself and share something. Continue “mixing” until everyone has had a chance to be in the middle.

5 Stages of group development⁷

Stage 1: Forming

In the *Forming* stage, personal relations are characterized by dependence. Group members rely on safe, patterned behavior and look to the facilitator for guidance and direction. Group members have a desire for acceptance by the group and a need to know that the group is safe. They set about gathering impressions and data about the similarities and differences among them and forming preferences for future subgrouping. Rules of behavior seem to be to keep things simple and to avoid controversy. Serious topics and feelings are avoided. Members attempt to become oriented to the tasks as well as to one another. Discussion centers around defining the scope of the task, how to approach it, and similar concerns. To grow from this stage to the next, each member must relinquish the comfort of non-threatening topics and risk the possibility of conflict.

Stage 2: Storming

The next stage, *Storming*, is characterized by competition and conflict in the personal relations dimension and organization in the task-functions dimension. Individuals have to bend and mold their feelings, ideas, attitudes, and beliefs to suit the group organization. Because of "fear of failure," there will be an increased desire for structural clarification and commitment. Although conflicts may or may not surface as group issues, they do exist. Questions will arise about who is going to be responsible for what, what the rules are, and what criteria for evaluation are. These reflect conflicts over leadership, structure, power, and authority. There may be wide swings in members' behavior based on emerging issues of competition and hostilities. Because of the discomfort generated during this stage, some members may remain completely silent while others attempt to dominate. In order to progress to the next stage, group members must move from a "testing and proving" mentality to a problem-solving mentality. The most important trait in helping groups to move on to the next stage seems to be the ability to listen.

Stage 3: Norming

In the *Norming* stage, interpersonal relations are characterized by cohesion. Group members are engaged in active acknowledgment of all members' contributions, community building and maintenance, and solving of group issues. Members are willing to change their preconceived ideas or opinions on the basis of facts presented by other members, and they actively ask questions of one another. Leadership is shared, and cliques dissolve. When members begin to know-and identify with-one another, the level of trust in their personal relations contributes to the development of group cohesion. It is during this stage of development (assuming the group gets this far) that people begin to experience a sense of group belonging and a feeling of relief as a result of resolving interpersonal conflicts. The major task function of stage three is the data flow between group members: They share feelings and ideas, solicit and give feedback to one another, and explore actions related to the task. Creativity is high. If this stage of data flow and cohesion is attained by the group members, their interactions are characterized by openness and sharing of information on both a personal and task level. They feel good about being part of an effective group.

Stage 4: Performing

The Performing stage is not reached by all groups. If group members are able to evolve to stage four, their capacity, range, and depth of personal relations expand to true interdependence. In this stage, people can work independently, in subgroups, or as a total unit with equal facility. Their roles and authorities dynamically adjust to the changing needs of the group and individuals. Stage four is marked by interdependence in personal relations and problem solving in the realm of task functions. By now, the group should be most productive. Individual members have become self-assuring, and the need for group approval is past. Members are both highly task oriented and highly people oriented. There is unity: group identity is complete, group morale is high, and group loyalty is intense. The task function becomes genuine problem solving, leading toward optimal solutions and optimum group development. There is support for experimentation in solving problems and an emphasis on achievement. The overall goal is productivity through problem solving and work.

Stage 5: Adjourning

The final stage, *Adjourning*, involves the termination of task behaviors and disengagement from relationships. A planned conclusion usually includes recognition for participation and achievement and an opportunity for members to say personal goodbyes. Concluding a group can create some apprehension - in effect, a minor crisis. The most effective interventions in this stage are those that facilitate task termination and the disengagement process.

For a group to develop properly through the stages of group development, it needs to do the following.

1. The purpose/mission of the group must be clear to all members and the purpose/mission should be periodically revisited.
2. Ground rules should be established and monitored.
3. Help group understand that “conflict” (conflict in a positive way) is a normal and perhaps necessary part of group development.
4. Group must be reminded to “listen” to each other.
5. Wrap-up at the end of each session should be comprised of meaningful and constructive comments relative to group process.
6. Everyone must contribute and work to make the group a “learning team.”



Qualities of an effective group⁸

1. **Universality:** Members recognize that other members share similar feelings, thoughts and problems.
2. **Altruism:** Members gain a boost to self-concept through extending help to other group members.
3. **Instillation of hope:** Member recognizes that other members' success can be helpful and they develop optimism for their own improvement.
4. **Imparting information:** Education or advice provided by the facilitator or group members
5. **Corrective recapitulation:** Opportunity to reenact family dynamics with group members in a corrective manner.
6. **Development of socializing techniques:** The group provides members with an environment that fosters adaptive and effective communication.
7. **Imitative behavior:** Members expand their personal knowledge and skills through the observation of group members' self-exploration and personal development.
8. **Cohesiveness:** Feelings of trust, belonging and togetherness experienced by the group members.
9. **Existential factors:** Members accept responsibility for life decisions.
10. **Catharsis:** Members release of strong feelings about past or present experiences.
11. **Interpersonal learning input:** Members gain personal insight about their interpersonal impact through feedback provided from other members.
12. **Interpersonal learning output:** Members provide an environment that allows members to interact in a more adaptive manner.
13. **Self-understanding:** Members gain insight into their behavior, beliefs, and emotional reactions.

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Pretest**One Community Project****Circle the best answer.**

1. Female genital circumcision (FGC) is beneficial for women and girls.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. FGC is harmful to women and girls.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. FGC has health benefits.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. FGC can increase the risk for physical health complications and death.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. FGC has no long-lasting effects on the mental health and well-being of women and girls.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. FGC is illegal in the United States.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. It is legal in the United States to help someone undergo FGC.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. I understand the legal consequences of those participating in FGC in the United States.	Strongly Agree	Agree	Disagree	Strongly Disagree
9. FGC is an important cultural practice.	Strongly Agree	Agree	Disagree	Strongly Disagree
10. FGC is mandated by my religion.	Strongly Agree	Agree	Disagree	Strongly Disagree
11. FGC is a good practice.	Strongly Agree	Agree	Disagree	Strongly Disagree
12. FGC is a violation of human rights.	Strongly Agree	Agree	Disagree	Strongly Disagree
13. I feel women and girls who have not had FGC should be punished.	Strongly Agree	Agree	Disagree	Strongly Disagree
14. Women and girls who have not had FGC will be outcast.	Strongly Agree	Agree	Disagree	Strongly Disagree
15. I feel comfortable openly discussing FGC with my family.	Strongly Agree	Agree	Disagree	Strongly Disagree
16. I feel comfortable openly discussing FGC with my family doctor.	Strongly Agree	Agree	Disagree	Strongly Disagree

Pretest		One Community Project		
17. I go to my doctor when I am sick or hurt.	Strongly Agree	Agree	Disagree	Strongly Disagree
18. I go to my doctor for preventive care.	Strongly Agree	Agree	Disagree	Strongly Disagree
19. I feel that my doctors do not understand my culture.	Strongly Agree	Agree	Disagree	Strongly Disagree
20. Women and girls have the right to control what happens to their bodies, including decisions regarding FGC.	Strongly Agree	Agree	Disagree	Strongly Disagree
21. I have the power to ensure my family accesses health care and community resources to address FGC issues.	Strongly Agree	Agree	Disagree	Strongly Disagree
22. I have the responsibility to ensure my family accesses health care and community resources to address FGC issues.	Strongly Agree	Agree	Disagree	Strongly Disagree
23. Somali women have the skills and power to be advocates and leaders.	Strongly Agree	Agree	Disagree	Strongly Disagree
24. FGC is a topic that must be addressed.	Strongly Agree	Agree	Disagree	Strongly Disagree
25. I feel women and girls who have not undergone FGC should be discriminated against.	Strongly Agree	Agree	Disagree	Strongly Disagree

Circle the best answer.

1. Female genital circumcision (FGC) is beneficial for women and girls.	Strongly Agree	Agree	Disagree	Strongly Disagree
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14. Women and girls who have not had FGC will be outcast.	Strongly Agree	Agree	Disagree	Strongly Disagree
15. I feel comfortable openly discussing FGC with my family.	Strongly Agree	Agree	Disagree	Strongly Disagree
16. I feel comfortable openly discussing FGC with my family doctor.	Strongly Agree	Agree	Disagree	Strongly Disagree

Posttest		One Community Project		
17. I go to my doctor when I am sick or hurt.	Strongly Agree	Agree	Disagree	Strongly Disagree
18. I go to my doctor for preventive care.	Strongly Agree	Agree	Disagree	Strongly Disagree
19. I feel that my doctors do not understand my culture.	Strongly Agree	Agree	Disagree	Strongly Disagree
20. Women and girls have the right to control what happens to their bodies, including decisions regarding FGC.	Strongly Agree	Agree	Disagree	Strongly Disagree
21. I have the power to ensure my family accesses health care and community resources to address FGC issues.	Strongly Agree	Agree	Disagree	Strongly Disagree
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24. FGC is a topic that must be addressed.	Strongly Agree	Agree	Disagree	Strongly Disagree
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Introduction to the One Community Program



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Learning Objectives

- Introduce the One Community Project
- Review format and expectations of the workshop
- Compare and contrast cultural traditions of Somalia and America with a specific focus on health-related differences
- Create a safe space for learning and discussion

Suggested Agenda

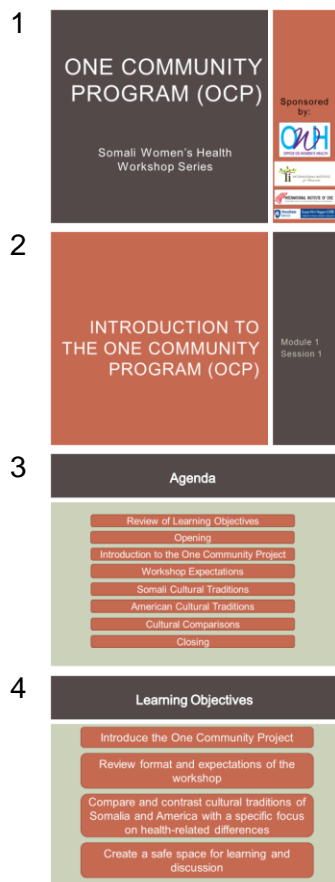
	Time
1. Review of Learning Objectives	5 minutes
2. Opening	5 minutes
3. Introduction to the One Community Project	5 minutes
4. Workshop Expectations	5 minutes
5. Somali Cultural Traditions	10 minutes
6. American Cultural Traditions	15 minutes
7. Cultural Comparisons	10 minutes
8. Closing and Workshop Feedback	5 minutes

Materials Needed

- ☐ Agenda
- ☐ Attendance Record
- ☐ Pencils and Pens
- ☐ Name Tags or Tents
- ☐ PowerPoint
- ☐ Chart Paper or White Board and Markers
- ☐ Projector
- ☐ Laptop
- ☐ Extension Cord
- ☐ Refreshments and Snacks
- ☐ **Video Clips** (Available on CD or Imbedded in PowerPoint)
 - 25 Things That Visitors Will Find Most Surprising about America (List 25)
 - Cultural Differences (National Geographic)
 - The Gods Must Be Crazy: Modern Society Clip (20th Century Fox)
- ☐ **Handouts**
 - Copies of PowerPoint Slides
 - Handout 1.1.1: Workshop Expectations
 - Handout 1.1.2: Somali and American Cultural Traditions
 - Handout 1.1.3: 25 Things Visitors Find Surprising about the United States
 - Workshop Evaluation

I. Introduction

(5 minutes)



II. Opening

(5 minutes)



I. Introduction (5 minutes)

1. Describe the One Community Program (**Slide 1**).
2. Introduce the module (**Slide 2**).
3. Show **Slide 3** and go over the agenda with the participants.
 - Review of Learning Objectives
 - Opening
 - Introduction to the One Community Project
 - Workshop Expectations
 - Somali Cultural Traditions
 - American Cultural Traditions
 - Cultural Comparisons
 - Closing and Workshop Feedback
4. Review the learning objectives, shown on **Slide 4**, with the participants.
 - Introduce the One Community Project
 - Review format and expectations of the workshop
 - Compare and contrast cultural traditions of Somalia and America with a specific focus on health-related differences
 - Create a safe space for learning and discussion

II. Opening (5 minutes)

1. **Slide 5** is an opening icebreaker activity. The goal of this icebreaker activity is to warm up the conversation among the participants. The activity should provide an opportunity for participants to learn something about each other and the facilitator. The facilitator should be prepared to also have an answer to these questions. If possible, having answers related to preventative health would be preferable.
 - The facilitator should ask participants to introduce themselves and then ask the questions, *When did you come to America? Tell us about your family*
 - Pause to allow participants to consider their answers.
 - Ask participants if they would like to share the information. Allow those that volunteer to share the opportunity to do so.
 - Ask any remaining participants if they would like to share their stories, making sure to ask everyone.
 - Once everyone has shared, reflect back to the group any themes that came out.

III. Introduction to the One Community Project (5 minutes)

6

"Aqoon la'aani waa iftiin la'aan."

"The absence of knowledge is the absence of light."

-Somali Proverb

7

One Community Program

U.S. Committee for Refugees and Immigrants (USCRI)

International Institute of Erie (IIE)

International Institute of Minnesota (IIM)

Female Genital Cutting (FGC)

Somali community

Other refugee and immigrant groups

8

OCP Objectives

- Increase awareness and knowledge among women with FGC
- Improve self-care
- Assist with informed decision-making for new generations of Somali girls at risk of FGC

IV. Workshop Expectations (5 minutes)

9

Workshop Expectations

Facilitator

- Will attend all sessions
- Facilitate an active learning environment
- Provide accurate information to participants
- Participate in discussions and activities
- Be patient and listen to participants
- Show respect and empathy to all participants
- Be open to feedback from participants

III. Introduction to the One Community Program (5 minutes)

1. Show **Slide 6**, which shows a Somali proverb
"Aqoon la'aani waa iftiin la'aan"
"The absence of knowledge is the absence of light"
 Tell the participants that over the next eight sessions the goal of the workshop is to increase their knowledge.
2. Show **Slide 7**. Describe the program:
The One Community Program is a workshop developed collaboratively by the U.S. Committee for Refugees and Immigrants (USCRI), the International Institute of Erie (IIE), and the International Institute of Minnesota. It is funded by the U.S. Office of Women's Health. The goals of the program are to provide education to the Somali community and other refugee and immigrant groups about health-related cultural issues, especially regarding Female Genital Cutting (FGC).
3. Show **Slide 8**. Introduce the participants to the objectives of the One Community Program
 - Increase awareness and knowledge among women with FGC
 - To improve self-care
 - To assist with informed-decision making for new generations of Somali girls at the risk of FGC.

IV. Workshop Expectations (5 minutes)

1. Distribute handout **1.1.1: WORKSHOP EXPECTATIONS**
2. Show **Slide 9**. List the workshop expectations for yourself, the facilitator:
 - *Will attend all sessions*
 - *Facilitate an active learning environment*
 - *Provide accurate information to participants*
 - *Participate in discussions and activities*
 - *Be patient and listen to participants*
 - *Show respect and empathy to all participants*
 - *Be open to feedback from participants*
 - Ask the participants if they have any other expectations of you. Write those down on a white board or newsprint.

IV. Workshop Expectations (cont.)

10



V. Somali Cultural Traditions (10 minutes)

11



12



IV. Workshop Expectations (cont.)

3. Show **Slide 10**. List the workshop expectations for the participants:

- *Will attend 1-1.5 hours per week for 8 sessions*
- *Attend all sessions*
- *Make up any missed sessions*
- *Notify the instructor of absences*
- *Participate in discussions and activities*
- *Keep an open mind*
- *Certificate of completion*

4. Ask the participants if they have any expectations of each other. These may include confidentiality or honesty. Write those down on a white board or newsprint.

V. Somali Cultural Traditions (10 minutes)

1. Distribute handout **1.1.2: SOMALI AND AMERICAN CULTURAL TRADITIONS**

2. Introduce the **Think-Pair-Share**. Instruct the participants that they will be shown some questions and that they are to take one minute alone (being quiet) to think of the questions on the slide and their answers to those questions. After a minute, the participants will pair up and share their answers. After sharing with a partner, they will share their answers with the group. The participants can use the handout to write their answers or take notes if they wish.

3. Show **Slide 11** regarding Somali cultural traditions. Remind participants of the Think-Pair-Share directions. Write all responses on the white board or newsprint.

- *What are some Somali cultural traditions that you practice?*

4. Show **Slide 12**. Show each topic and write answers on the white board or newsprint. Ask, "*Why do you practice this? What happens if you don't practice this? How is this done?*"

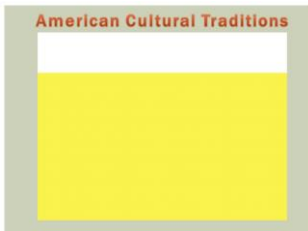
- *Food*
- *Names and naming*
- *Marriage and weddings*
- *Post-partum practices*
- *Male and female circumcision*

VI. American Cultural Traditions (15 minutes)

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14



15



16



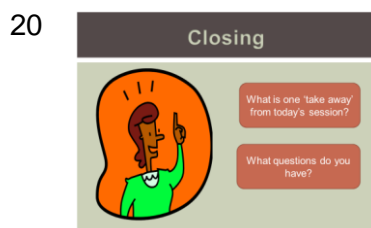
VI. American Cultural Traditions (15 minutes)

1. Show **Slide 13** regarding American cultural traditions. Remind participants of the Think-Pair-Share directions. Write all responses on the white board or newsprint.
 - a. *What are some Somali cultural traditions that you practice?*
2. Distribute handout **1.1.3: 25 THINGS VISITORS FIND SURPRISING ABOUT THE UNITED STATES**
3. Show **Slide 14**. Press play to show the video (*25 Things That Visitors Will Find Most Surprising about America*; 7:20). Then facilitate a discussion. Ask the participants what themes they noticed and write these down on the white board or newsprint. Some potential themes from the video include
 - a. Minimal regulation from the federal government
 - b. States are run independently
 - c. Capitalism and the "Wild West" mentality
 - d. Individualism and everything is earned.
4. Show **Slide 15**. Continue to facilitate a discussion about specific cultural traditions of America and how they are similar or different from cultural traditions of Somalia. Write responses on the white board or newsprint. For this slide, topics of conversation can include
 - a. *Food*
 - b. *Holidays*
 - c. *Pets/Wearing the flag*
 - d. *Education*
 - e. *Names and naming*
 - f. *Marriage and weddings*
5. Show **Slide 16**. Continue to facilitate a discussion comparing and contrasting American and Somali cultural traditions. Write responses on the white board or newsprint. For this slide, topics of conversation can include
 - a. *Braces*
 - b. *Dieting*
 - c. *Medicine*
 - d. *Ear piercing for babies*
 - e. *Child care practices*
 - f. *Technology*

VII. Cultural Comparisons (10 inutes)



VIII. Closing (5 minutes)



VII. Cultural Comparisons (10 minutes)

1. Show **Slide 17**. Press play to show the video (*Cultural Differences*; 4:58). Then facilitate a discussion. Write down responses on the white board or newsprint. Ask some of the following questions:
 - *Was your experience of adapting to American cultural similar or different than the people in the film?*
 - *Were there any other things you thought were strange when you first came here?*
2. Show **Slide 18**. Facilitate a discussion about cultural adaptation to America. Ask participants to provide answers to the following questions. Write responses on the white board or newsprint.
 - *What are some things that have been challenging to adapt to here in America?*
 - *What has helped you to adapt?*
 - *What are some cultural similarities between Somali and American culture?*
3. Show **Slide 19**. Acknowledge that Western Society has its share of odd expectations. Tell the participants that to begin to close they will watch a short clip that exposes some of the odd expectations of Western society. Press play to show the video (*The Gods Must Be Crazy – Modern Civilized Society*, 2:33). Then facilitate a discussion using the following questions:
 - *Do you see any truth to the video?*
 - *What was funny about the video?*

VII. Closing (5 minutes)

1. Show **Slide 20**. Thank everyone for coming and participating, as well as thank all the participants for coming. Ask the following questions and allow a few minutes for answers.
 - *What is one 'take away' from today's session?*
 - *What questions do you have?*
2. Distribute the **WORKSHOP EVALUATION FORM**. Ask participants to complete and return it to the facilitator.
3. The facilitator should complete the **FIDELITY CHECKLIST AND FACILITATOR FEEDBACK FORM** after the completion of the module.

Handout 1.1.1: WORKSHOP EXPECTATIONS**FACILITATOR EXPECTATIONS**

- Will attend all sessions
- Facilitate an active learning environment
- Provide accurate information to participants
- Participate in discussions and activities
- Be patient and listen to participants
- Show respect and empathy to all participants
- Be open to feedback from participants

PARTICIPANT EXPECTATIONS

- Attend 1-1.5 hours/week for eight sessions
- Attend all sessions
- Make up all missed sessions
- Notify instructor of absences
- Participate in discussions and activities
- Keep an open mind
- Certificate of completion

Handout 1.1.2: SOMALI AND AMERICAN CULTURAL TRADITIONS

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. What are some Somali cultural traditions that you practice?
 - a. Why do you practice this?
 - b. What happens if you don't practice this?
2. What are some American cultural traditions that are confusing or surprising to you?
3. What are some things that have been challenging to adapt to here in America?
4. What has helped you to adapt?
5. What are some cultural similarities between Somali and American culture?

Handout 1.1.3: 25 THINGS VISITORS FIND SURPRISING ABOUT THE UNITED STATES

1. People do not carry money; credit cards only.
2. Parents can be arrested for physically punishing their children.
3. Your credit score is very important for everything (jobs).
4. Tipping is everywhere.
5. Prices do not include taxes.
6. People drive in their lanes.
7. Country is huge and there is little to no public transportation.
8. Poorer people are more overweight than wealthy people.
9. Cities and suburbs look the same.
10. You will need a car to get around most of the time.
11. Portion sizes are huge.
12. Government has less say in your life and there is little regulation.
13. Guns are everywhere.
14. Drive-throughs are everywhere.
15. No public health care.
16. Everything is big.
17. There is no free higher education.
18. Each state has its own militia.
19. Philanthropy is highly valued.
20. Children are expected to leave home at 18.
21. Americans are friendly to everyone, even strangers.
22. High degree of conveniences (buffets, 24-hour stores, free refills).
23. Customer is always right.
24. Diversity is huge.
25. Everything is earned by the individual by hard work (much opportunity, but much risk).

Module 1.1 WORKSHOP EVALUATION

Circle the best answer.

1. I understand what the One Community project is.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I understand the format of the workshop and what is expected of me.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I understand similarities and differences between cultural traditions of Somalia and America.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I felt that I will be able to learn new things as part of this workshop.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. The information was interesting to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. The information was useful to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I felt comfortable sharing my experiences and beliefs.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. The information I learned will influence my future health decisions for me and my family.	Strongly Agree	Agree	Disagree	Strongly Disagree

Module 1.1 FIDELITY CHECKLIST & FACILITATOR FEEDBACK

Facilitator Name: _____ DATE: _____

How many total modules did you deliver today? 1 2 3 4 5 6 7 8

How many participants attended this module today? _____

How many participants were expected to attend today? _____

Where did you facilitate today? _____

For each module component, indicate whether the component was completed or not completed.

Module Component	Comments	Completed
Review of Learning Objectives		<input type="checkbox"/> Yes <input type="checkbox"/> No
Opening		<input type="checkbox"/> Yes <input type="checkbox"/> No
Introduction to the One Community Project		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workshop Expectations		<input type="checkbox"/> Yes <input type="checkbox"/> No
Somali Cultural Traditions		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Discussion: 25 Surprising Things		<input type="checkbox"/> Yes <input type="checkbox"/> No
American Cultural Traditions		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Discussion: Cultural Adaptation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cultural Comparisons		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Discussion: Modern Civilized Society		<input type="checkbox"/> Yes <input type="checkbox"/> No
Closing and Workshop Feedback		<input type="checkbox"/> Yes <input type="checkbox"/> No

Learning Objective	Achieved
Introduce the One Community Project	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review format and expectations of the workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compare and contrast cultural traditions of Somalia and America with a specific focus on health-related differences	<input type="checkbox"/> Yes <input type="checkbox"/> No
Create a safe space for learning and discussion	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer these questions to the best of your ability.

Participants were engaged in the session.	Not at all	A little	Somewhat	A lot
Participants felt comfortable sharing thoughts and ideas.	Not at all	A little	Somewhat	A lot
Participants thoughtfully considered the information presented.	Not at all	A little	Somewhat	A lot
I was able to establish a genuine connection.	Not at all	A little	Somewhat	A lot
I was able to apply my skills effectively to deliver the module.	Not at all	A little	Somewhat	A lot
I was able to generate an atmosphere of mutual respect.	Not at all	A little	Somewhat	A lot

Did you make any additions or changes to the module or to the activities in the module?

☐ Yes ☐ No

If yes, please describe what you added or changed and why.

Please describe the effectiveness of any addition/change.

Please describe any peak moments you had today. An example of a peak moment would be a success, breakthrough, or “aha-moment.”

Please describe anything that stumped you or took you off guard today.

Preventive Healthcare



Nicole Rosen, Ph.D. & Melanie D. Hetzel-Riggin, Ph.D.
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COMMUNITY OUTREACH • RESEARCH • EVALUATION



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Learning Objectives

- Compare traditional vs. modern medicine
- Develop a better understanding of the US health system
- Compare and contrast the US healthcare to the Somali health system
- Identify and explain difference between the health systems and attitudes towards health

Suggested Agenda

	Time
1. Review of Learning Objectives	5 minutes
2. Opening	5 minutes
3. Understanding the U.S. Health System	10 minutes
4. Cultural Comparisons of the U.S. and Somali Health Systems	15 minutes
5. Cultural Traditions and the Reproductive Health of Somali Refugees and Immigrants	10 minutes
6. Khadija's Story	10 minutes
7. Closing and Workshop Feedback	5 minutes

Materials Needed

- ☐ Agenda
- ☐ Attendance Record
- ☐ Pencils and Pens
- ☐ Name Tags or Tents
- ☐ PowerPoint
- ☐ Chart Paper or White Board and Markers
- ☐ Projector
- ☐ Laptop
- ☐ Extension Cord
- ☐ Refreshments and Snacks
- ☐ **Video Clips** (Available on CD or Imbedded in PowerPoint)
 - Why Mothers are Dying in Somaliland (Independent Lens, PBS)
 - Maternity Ward, Burco Hospital (Part 2; Doctors Without Borders, MSF-USA)
- ☐ **Handouts**
 - Copies of PowerPoint Slides
 - Handout 2.1.1: Understanding the U.S. Health System
 - Handout 2.1.2: Khadija's Story
 - Workshop Evaluation

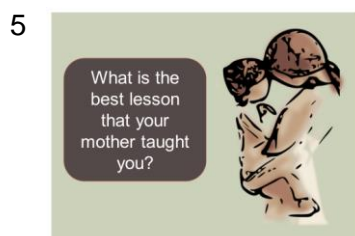
I. Introduction

(5 minutes)



II. Opening

(5 minutes)



I. Introduction (5 minutes)

1. Describe the One Community Program (**Slide 1**).
2. Introduce the module (**Slide 2**).
3. Show **Slide 3** and go over the agenda with the participants.
 - Review of Learning Objectives
 - Opening
 - Understanding the U.S. Health System
 - Cultural Comparisons of the U.S. and Somali Health Systems
 - Cultural Traditions and the Reproductive Health of Somali Refugees and Immigrants
 - Khadija's Story
 - Closing and Workshop Evaluation
4. Review the learning objectives, shown on **Slide 4**, with the participants.
 - Compare traditional vs. modern medicine
 - Develop a better understanding of the US health system
 - Compare and contrast the US healthcare to the Somali health system
 - Identify and explain difference between the health systems and attitudes towards health

II. Opening (5 minutes)

1. **Slide 5** is an opening icebreaker activity. The goal of this icebreaker activity is to warm up the conversation among the participants. The activity should provide an opportunity for participants to learn something about each other and the facilitator. The facilitator should be prepared to also have an answer to these questions. If possible, having answers related to preventative health would be preferable.
 - The facilitator should ask the question, *What is the best lesson that your mother taught you?*
 - Pause to allow participants to consider their answers.
 - Ask participants if they would like to share the lessons. Allow those that volunteer to share the opportunity to do so.
 - Ask any remaining participants if they would like to share their examples, making sure to ask everyone.
 - Once everyone has shared, reflect back to the group any themes that came out.
 - If any lessons regarding preventative health are shared, finish this section by restating these lessons.

III. Understanding the U.S. Health System (10 minutes)

6

What were your perceptions of the healthcare back home or in the refugee camp?

What are your perceptions of healthcare here in the United States?

7

When do you see a doctor?

Are there things you do not understand regarding your healthcare?

Do you feel doctors and nurses understand you and your needs?

8

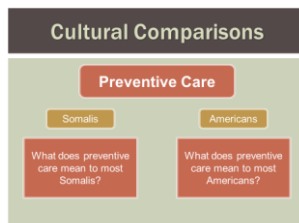
Why Mothers are Dying in Somaliland

III. Understanding the U.S. Health System (10 minutes)

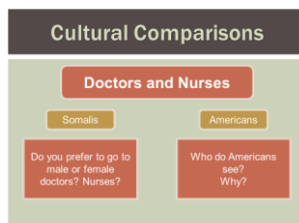
1. Distribute handout **2.1.1: UNDERSTANDING U.S. HEALTH SYSTEM.**
2. Introduce the **Think-Pair-Share**. Instruct the participants that they will be shown some questions and that they are to take one minute alone (being quiet) to think of the questions on the slide and their answers to those questions. After a minute, the participants will pair up and share their answers. After sharing with a partner, they will share their answers with the group. The participants can use the handout to write their answers or take notes if they wish.
3. Show **Slide 6** regarding health care perceptions. Remind participants of the Think-Pair-Share directions. Show each question in turn.
 - a. *What were your perceptions of the healthcare back home or in the refugee camp?*
 - b. *What are your perceptions of healthcare here in the United States?*
4. Show **Slide 7**. Remind the participants of the directions for the Think-Pair-Share activity. Show each question in turn.
 - a. *When do you see a doctor?*
 - b. *Are there things you do not understand regarding your healthcare?*
 - c. *Do you feel doctors and nurses understand your needs?*
5. Show **Slide 8**. Press play to show the video (*Why Mothers are Dying in Somaliland*; 3:40). Then facilitate a discussion using the following questions:
 - a. *Do you see any truth to this story?*
 - b. *Have you heard similar stories?*
 - c. *When the father/husband explained that it was in God's hands, what was your reaction?*
 - d. *How might this differ from a person from the United States explanation of a woman's death during childbirth?*

IV. Cultural Comparisons of the U.S. and Somali Health Systems (15 minutes)

9



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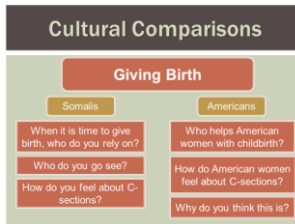


IV. Cultural Comparisons of the U.S. and Somali Health Systems (15 minutes)

- To introduce this section, acknowledge outlined differences and lead the participants through the slide show. State the following:
 - The differences between the health systems and experiences within healthcare in Somalia vs. the U.S.A. are enormous. Somali's health system that existed before the war was totally destroyed in the war years. Additionally, many Somalis come from refugee camps where they spent many years with very limited healthcare. These differences are well presented by the facts that the average lifespan of a Somali person in Somalia is 51 years and in the U.S. it is 79 years. Regarding the number of doctors, Somalia has about 200 doctors total, while the U.S. has an average of 294 doctors per 100,000 citizens.*
- Show **Slide 9**: Cultural Comparisons: Preventative Care. Present each side of the question and allow participants to respond before providing feedback.
 - Somalis: *What does preventive care mean to most Somalis?*
 - Preventive care is often an unfamiliar concept for the Somali community, which follows a curative medical model
 - Americans: *What does preventive care mean to most Americans?*
 - Follows a preventive model of care, which involves screening, assessment, and management of a woman's health.
- Show **Slide 10**: Cultural Comparisons: Doctors and Nurses.
 - Somalis: *Do you prefer to go to male or female doctors? Nurses?*
 - Somali women do not want male healthcare providers
 - Americans: *Who do Americans see? Why?*
 - Women can have either male or female doctors.
 - Present the following discussion question: *Why do you think American women see male and female doctors and nurses?*

IV. Cultural Comparisons of the U.S. and Somali Health Systems (cont.)

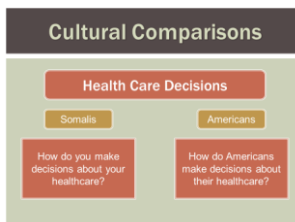
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12



13



IV. Cultural Comparisons of the U.S. and Somali Health Systems (cont.)

4. Show **Slide 11**: Cultural Comparisons: Giving Birth.

- Somalis: *When it is time to give birth, who do you rely on? Who do you go see? How do you feel about C-sections?*
 - Women prefer to have midwives instead of doctors and prefer not to undergo C-sections
- Americans: *Who helps American women with childbirth? How do American women feel about C-sections? Why do you think this is?*
 - Some women use midwives, but the majority have ob-gyn doctors and will agree to a C-section if necessary

5. Show **Slide 12**: Cultural Comparisons: Personal relationship with health care staff.

- Somalis: *How familiar should you be with your health provider?*
 - Somalis need to have a personal relationship and trust
- Americans: *Do Americans have a personal or professional relationship with their health care providers?*
 - Most people have professional, not personal relationships, with their health care staff

6. Show **Slide 13**: Cultural Comparisons: Health Care Decisions.

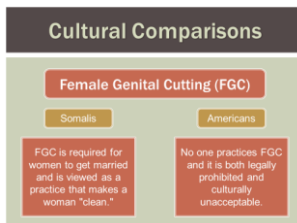
- Somalis: *How do you make decisions about your healthcare?*
 - Somalis believe that their health is in Allah's hands. Women do not like (or are not used to) making decisions. Often, the family or traditions dictate their course of treatments.
- Americans: *How do Americans make decisions about their healthcare?*
 - Doctors expect the patient to make ultimate decisions regarding her health. Patients mostly trust doctors and their recommendations, but are involved in making their own care decisions

IV. Cultural Comparisons of the U.S. and Somali Health Systems (cont.)

14



15



IV. Cultural Comparisons of the U.S. and Somali Health Systems (cont.)

7. Show **Slide 14**: Cultural Comparisons: How many children will you have? Present each side of the question and allow participants to respond before providing feedback.
 - a. Somalis: *How many children do Somali women tend to have?*
 - i. Large families are encouraged and there is little or no family planning
 - b. Americans: *How many children to American women tend to have?*
 - i. Americans decide how many children they want to have
 - c. Ask the question, *Why do you think American women have less children?*
 - i. Potential answers include access to birth control, resources to raise children, less close relatives, cost of raising children in the U.S., cost of education.

8. Show **Slide 15**: Cultural Comparisons: Female Genital Cutting (FGC). This information should be presented to the participants. Further discussion can continue in the next section as well in future modules.
 - a. Somalis: *FGC is required for women to get married and is viewed as a practice that makes a woman "clean."*
 - b. Americans: *No one practices FGC and it is both legally prohibited and culturally unacceptable.*

V. Cultural Traditions and the Reproductive Health of Somali Refugees and Immigrants (10 minutes)

16



17

Description	Western Medicine	Somali Cultural Tradition
Medical Model	Preventative	Curative
Preferred Caregiver	Physician	Traditional Healer/Midwife
Finding Physicians	Complex Referral System	Community Stories/WOM
Antenatal Care	Every 2 weeks	Little to None
Childbirth	Hospital	Home
Gestation Period	38-40 Weeks	42+ Weeks
Post-Date	Induce Labor	No Interventions
Labor	Lying Down with Fetal Monitor	Walking Around
Pain Management	Epidural	Prayer
Cesarean Section	Myriad Reasons	Life-Saving Only
Female Circumcision	Illegal	Infibulation
Episiotomy	Midline	Medio-lateral
Delivery	Mother Pushes Out	Midwife Pushes Up and Out
Modesty	Male or Female Physician	Female Physician/Midwife
Husband Participation	Husband in Delivery Room	Women in Delivery Room
Postpartum	2 Days in the Hospital	40 Days at Home
Support System	Nuclear Family	Extended Family/Neighbors
Family Size	Couple Decides	Allah Decides/Peer Pressure
Child Spacing	Modern Birth Control	Breastfeeding Only (2 Years)
Marriage	Monogamy	Polygamy Accepted
Language	English or Somali Interpreter	Somali

V. Cultural Traditions and the Reproductive Health of Somali Refugees and Immigrants (10 minutes)

- Show **Slide 16**. Introduce the next section as an opportunity for participants to discuss other differences between cultural traditions and Western medicine regarding reproductive health. Highlight a couple of the differences identified in the previous section and state that there are many more differences.
- Show **Slide 17**: Table of Comparisons between Western Medicine and Somali Cultural Traditions.
 - Ask the participants to identify any of the items listed they would like to discuss in more detail. Select few to discuss and compare.
 - Provide the participants an opportunity to ask questions and give feedback on what other health related topics they would like to discuss.
 - Make sure point out the benefits and drawbacks of both Western Medicine and Somali Cultural Traditions.
 - For example, while an epidural can be great for pain management, it also can slow the birthing process occasionally lead to complications. Prayer may not be as effective during complicated pregnancies but it also has been shown to lessen the experience of pain across cultures.

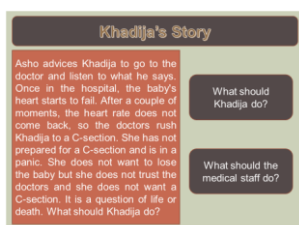
Description	Western Medicine	Somali Cultural Tradition
Medical Model	Preventative	Curative
Preferred Caregiver	Physician	Traditional Healer/Midwife
Finding Physicians	Complex Referral System	Community Stories/WOM
Antenatal Care	Every 2 weeks	Little to None
Childbirth	Hospital	Home
Gestation Period	38-40 Weeks	42+ Weeks
Post-Date	Induce Labor	No Interventions
Labor	Lying Down with Fetal Monitor	Walking Around
Pain Management	Epidural	Prayer
Cesarean Section	Myriad Reasons	Life-Saving Only
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Delivery	Mother Pushes Out	Midwife Pushes Up and Out
Modesty	Male or Female Physician	Female Physician/Midwife
Husband Participation	Husband in Delivery Room	Women in Delivery Room
Postpartum	2 Days in the Hospital	40 Days at Home
Support System	Nuclear Family	Extended Family/Neighbors
Family Size	Couple Decides	Allah Decides/Peer Pressure
Child Spacing	Modern Birth Control	Breastfeeding Only (2 Years)
Marriage	Monogamy	Polygamy Accepted
Language	English or Somali Interpreter	Somali

VI. Khadija's Story (10 minutes)

18



19



VI. Khadija's Story (10 minutes)

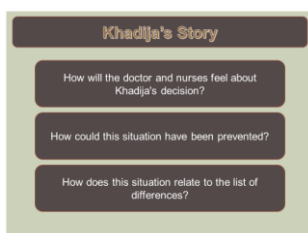
1. Distribute **Handout 2.1.2: KHADIJA's STORY**.
2. Show **Slide 18**: Khadija's Story. Read the story slowly, and ask participants to listen carefully as they will be in charge of giving advice to Khadija.
 - a. *Doctor Anderson says to Khadija during her prenatal visit, "Khadija, you are overdue and need to go to the hospital right away." This is a new doctor whom she has never seen before. Khadija doesn't know if she should listen to the doctor and follow her recommendation, so she decides to call her friend, Asho, who knows more about health.*
3. Show **Slide 19**: Khadija's Story. Continue to read the story slowly.
 - a. *Asho advises Khadija to go to the doctor and listen to what he says. Once in the hospital, the baby's heart starts to fail. After a couple of moments, the heart rate does not come back, so the doctors rush Khadija to a C-section. She has not prepared for a C-section and is in a panic. She does not want to lose the baby but she does not trust the doctors and she does not want a C-section. It is a question of life or death.*
 - b. Ask the participants the question, *What should Khadija do?* Remind them that they may use the handout to record their answers if they choose.
 - c. Pause to allow participants to consider their answers.
 - d. Allow participants to share their answers.
 - e. Ask the participants the question, *What should the medical staff do?* Pause and allow for participants to answer.
 - f. Other questions to ask if time allows:
 - a. *What do you know about C-sections?*
 - b. *Do you know anyone who has had one?*
 - c. *What was their experience?*

VI. Khadija's Story (cont.)

20



21

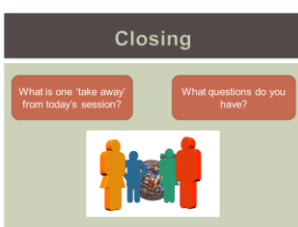


22



VII. Closing (5 minutes)

23



VI. Khadija's Story (cont.)

4. Show **Slide 20**: Khadija's Story. Show the question, *What should Khadija do?* and the possible answers:
 - a. *Refuse the C-Section.*
 - b. *Try to push the baby out against the doctor's recommendation.*
 - c. *Ask for a more detailed explanation of the recommended surgery.*
 - d. *Ask her family to decide.*
5. Ask the participants to circle the response on the handout that best fits what they would do in this situation. Facilitate a discussion about the merits of each question.
6. Show **Slide 21**: Khadija's Story. Facilitate a discussion for each of the questions. Remind the participants that they can write down their answers on **Handout 2.1.2**.
 - a. *How will the doctor and nurses feel about Khadija's decision?*
 - b. *How could this situation have been prevented?*
 - c. *How does this situation relate to the list of differences?*
7. Show **Slide 22**. Press play to show the video (*Maternity Ward, Burco Hospital*, 5:18). Then facilitate a discussion using the following questions:
 - a. *What did you learn from the video?*
 - b. *Why would a woman have a C-section?*

VII. Closing (5 minutes)

1. Show **Slide 23**. Thank everyone for coming and participating. Ask the following questions and allow a few minutes for answers.
 - a. *What is one 'take away' from today's session?*
 - b. *What questions do you have?*
2. Distribute the **WORKSHOP EVALUATION FORM**. Ask participants to complete and return it to the facilitator.
3. The facilitator should complete the **FIDELITY CHECKLIST AND FACILITATOR FEEDBACK FORM** after the completion of the module.

Handout 2.1.1: UNDERSTANDING U.S. HEALTH SYSTEM

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. What were your perceptions of the healthcare back home or in the refugee camp?

2. What are your perceptions of health care here in the United States?

3. When do you see a doctor?

4. Are there things you do not understand regarding healthcare?

5. Do you feel doctors and nurses understand you and your needs?

Handout 2.1.2: KHADIJA'S STORY

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. What should Khadija do?
2. What should the medical staff do?
3. Of the following, what should Khadija do?
 - a. Refuse the C Section.
 - b. Try to push the baby out against the doctor's recommendation
 - c. Ask for a more detailed explanation of the recommended surgery
 - d. Ask her family to decide
4. How will the doctor and nurses feel about Khadija's decision?
5. How could this situation have been prevented?
6. How does this situation relate to the list of differences?

Module 2.1 WORKSHOP EVALUATION

Circle the best answer.

1. I understand how traditional and modern medicine are similar and different.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I have a better understanding of the U.S. health system.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I understand how the U.S. healthcare system and the Somali health system are similar and different.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I understand U.S. and Somali attitudes towards health	Strongly Agree	Agree	Disagree	Strongly Disagree
5. The information was interesting to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. The information was useful to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I felt comfortable sharing my experiences and beliefs.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. The information I learned will influence my future health decisions for me and my family.	Strongly Agree	Agree	Disagree	Strongly Disagree

Module 2.1 FIDELITY CHECKLIST & FACILITATOR FEEDBACK

Facilitator Name: _____ DATE: _____

How many total modules did you deliver today? 1 2 3 4 5 6 7 8

How many participants attended this module today? _____

How many participants were expected to attend today? _____

Where did you facilitate today? _____

For each module component, indicate whether the component was completed or not completed.

Module Component	Comments	Completed
Review of Learning Objectives		<input type="checkbox"/> Yes <input type="checkbox"/> No
Opening		<input type="checkbox"/> Yes <input type="checkbox"/> No
Understanding the U.S. Health System		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Discussion: Why Mothers are Dying		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cultural Comparisons of the U.S. and Somali Health Systems		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cultural Traditions and the Reproductive Health of Somali Refugees and Immigrants		<input type="checkbox"/> Yes <input type="checkbox"/> No
Khadija's Story		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Discussion: Maternity Ward		<input type="checkbox"/> Yes <input type="checkbox"/> No
Closing		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workshop Evaluation		<input type="checkbox"/> Yes <input type="checkbox"/> No

Learning Objective	Achieved
Compare traditional vs. modern medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Develop a better understanding of the US health system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compare and contrast the US healthcare to the Somali health system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify and explain difference between the health systems and attitudes towards health	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer these questions to the best of your ability.

Participants were engaged in the session.	Not at all	A little	Somewhat	A lot
Participants felt comfortable sharing thoughts and ideas.	Not at all	A little	Somewhat	A lot
Participants thoughtfully considered the information presented.	Not at all	A little	Somewhat	A lot
I was able to establish a genuine connection.	Not at all	A little	Somewhat	A lot
I was able to apply my skills effectively to deliver the module.	Not at all	A little	Somewhat	A lot
I was able to generate an atmosphere of mutual respect.	Not at all	A little	Somewhat	A lot

Did you make any additions or changes to the module or to the activities in the module? ☐ Yes ☐ No

If yes, please describe what you added or changed and why.

Please describe the effectiveness of any addition/change.

Please describe any peak moments you had today. An example of a peak moment would be a success, breakthrough, or “aha-moment.”

Please describe anything that stumped you or took you off guard today.

Preventive Healthcare



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Learning Objectives

- Describe preventive healthcare
- Summarize what happens at an annual physical exam
- Review common health conditions and preventive tests
- Explain the importance of taking prescribed medications

Suggested Agenda

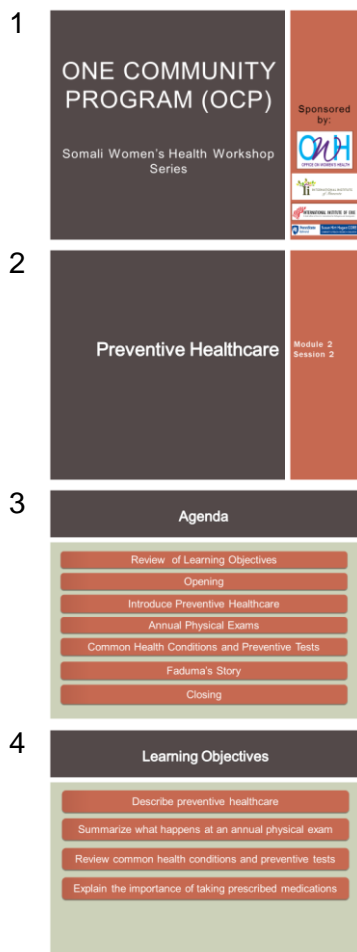
	Time
1. Review of Learning Objectives	5 minutes
2. Opening	5 minutes
3. Introduce Preventive Healthcare	5 minutes
4. Annual Physical Exams	10 minutes
5. Common Health Conditions and Preventive Tests	20 minutes
6. Faduma's Story	10 minutes
7. Closing and Workshop Feedback	5 minutes

Materials Needed

- ☐ Agenda
- ☐ Attendance Record
- ☐ Pencils and Pens
- ☐ Name Tags or Tents
- ☐ PowerPoint
- ☐ Chart Paper or White Board and Markers
- ☐ Projector
- ☐ Laptop
- ☐ Extension Cord
- ☐ Refreshments and Snacks
- ☐ **Video Clips** (Available on CD or Imbedded in PowerPoint)
 - Preparing for Your First Doctor's Visit (Hill Physicians)
- ☐ **Handouts**
 - Copies of PowerPoint Slides
 - Handout 2.2.1: Healthcare History and Preventive Care
 - Handout 2.2.2: Preventive Care and Recommended Tests
 - Handout 2.2.3: Faduma's Story
 - Workshop Evaluation

I. Introduction

(5 minutes)

**II. Opening**

(5 minutes)

**I. Introduction** (5 minutes)

1. Remind the participants about what the One Community Program is (**Slide 1**).

2. Introduce the module (**Slide 2**).

3. Show **Slide 3** and go over the agenda with the participants.

- Review of Learning Objectives
- Opening
- Introduce Preventive Healthcare
- Annual Physical Exams
- Common Health Conditions and Preventive Tests
- Faduma's Story
- Closing and Workshop Feedback

4. Review the learning objectives, shown on **Slide 4**, with the participants.

- Describe preventive healthcare
- Summarize what happens at an annual exam
- Review common health conditions and preventive tests
- Explain the importance of taking prescribed medications

II. Opening (5 minutes)

1. **Slide 5** is an opening icebreaker activity. The goal of this icebreaker activity is to warm up the conversation among the participants. The activity should provide an opportunity for participants to learn something about each other and the facilitator. The facilitator should be prepared to also have an answer to these questions. If possible, having answers related to preventative health would be preferable.

- The facilitator should ask the questions: *What is one GOOD thing that happened today? What is one BAD thing that happened today?*
- Pause to allow participants to consider their answers.
- Ask participants if they would like to share the information. Allow those that volunteer to share the opportunity to do so. Ask any remaining participants if they would like to share their stories, making sure to ask everyone.
- Reflect back to the group any themes that came out.

III. Introduce Preventive Healthcare

(5 minutes)

6

7

IV. Annual Physical Exams

(10 minutes)

8

III. Introduce Preventive Healthcare (5 minutes)

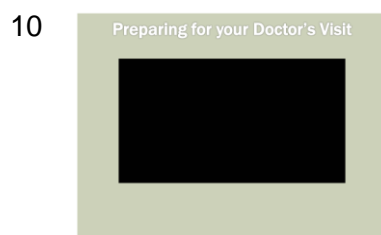
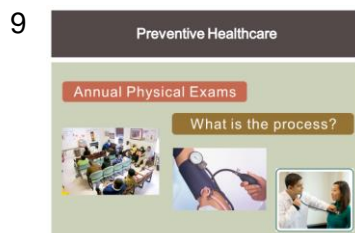
1. Distribute handout **2.2.1: HEALTHCARE HISTORY AND PREVENTIVE CARE**
2. Introduce the **Think-Pair-Share**. Instruct the participants that they will be shown some questions and that they are to take one minute alone (being quiet) to think of the questions on the slide and their answers to those questions. After a minute, the participants will pair up and share their answers. After sharing with a partner, they will share their answers with the group. The participants can use the handout to write their answers or take notes if they wish.
3. Show **Slide 6** regarding diseases participants have had and the outcomes. Remind participants of the Think-Pair-Share directions. Show each question in turn.
 - a. *What diseases do you know of or have had to deal with?*
 - b. *What was the treatment and what was the outcome?*
4. Show **Slide 7** regarding the average age of death. Show the average age of death for people who are living in Somalia (around 50). Then show that the average age of death for people living in America is between 89 and 90 years old. Ask participants
 - a. *Why do you think people live longer in America?*
 - b. When participants are answering this question, probe and ask about lifestyle differences (proximity to health care facilities and pharmacies, access to healthcare, etc.)

IV. Annual Physical Exams (10 minutes)

1. Show **Slide 8**. Remind the participants of the directions for the Think-Pair-Share activity. Show each question in turn.
 - a. *Do you go for your annual physical exam?*
 - b. *Why do you go?*
 - c. *What are the reasons you don't go for these exams?*

Follow up the Think-Pair-Share activity by discussing the importance of annual exams in determining one's health and early detection of any illnesses or diseases.

IV. Annual Physical Exams (cont.)



IV. Annual Physical Exams (cont.)

2. Show **Slide 9**. Ask participants:

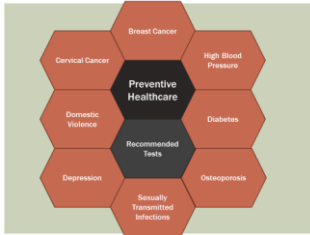
- a. *What do you expect to happen when you go for an annual physical exam?* Write down these expectations on the white board and newsprint.
- b. Once they share what they know, describe the process of going to a medical professional for an annual physical exam.
 - *You walk into the office check in with the receptionist.*
 - *When it is your turn, a nurse will call your name. You will follow her (or him) and they weigh you. (Why do they weight you? Weight affects diabetes and heart disease.)*
 - *Then they take your blood pressure (heart disease)*
 - *Draw blood for a blood test (measures cholesterol or fat in blood which indicates heart disease, measures sugar level for diabetes, etc.)*
 - *You have an ob-gyn exam (to detect cervical cancer)*
 - *Breast exam (breast cancer)*
 - *Listen to your heart (heart disease)*
 - *Listen to your lungs (lung health, asthma)*
 - *Check your mouth and teeth (bad teeth can cause infections)*
 - *Based on your health and age the doctor may tell you that you need additional exams.*

3. Show **Slide 10**. Press play to show the video (*Preparing for Your First Doctor's Visit*, 4:07). Then facilitate a discussion using the following questions:


- a. *What did you learn from the video?*
- b. *Was anything surprising to you?*
- c. *How is this similar or different from what you have experienced in the past?*
- d. *Is anything shown in the video confusing or difficult to understand?*

V. Common Health Conditions and Preventive Tests (20 minutes)

11



12

Cervical Cancer	
What is cervical cancer?	
What is a pap test?	Age 21-29: Every 3 years
Have you ever had a pap test?	
How often should you get a pap test?	Age 30-64: Every 5 years with an HPV test, or every 3 years
	Age 65+: Ask your doctor

V. Common Health Conditions and Preventive Tests (20 minutes)

1. Distribute handout **2.2.2: COMMON HEALTH CONDITIONS AND PREVENTIVE TESTS**

2. Show **Slide 11**. Tell the participants:

- In this section, we will focus on some common health conditions, what the most recommended preventive tests are, and how they help. U.S. medicine recommends that women should be screened regularly for the following serious health conditions.*
- Click to show all the health conditions. Tell the participants that we will go through each condition in more detail.

3. Show **Slide 12** on Cervical Cancer.

- Ask participants: *What is cervical cancer?*
 - The cervix is the lower part of the uterus (womb) that opens into the vagina. Cervical cancer occurs when abnormal cells on the cervix grow out of control.*
 - Most cervical cancer is caused by a virus called human papillomavirus, or HPV.*
 - Symptoms of cervical cancer may include:*
 - Bleeding from the vagina that is not normal, such as bleeding between menstrual periods, after sex, or after menopause.*
 - Pain in the lower belly or pelvis.*
 - Pain during sex.*
 - Vaginal discharge that isn't normal.*
- What is a pap test?*
 - A Pap test checks the cervix for abnormal cell changes. Cervical cancer can almost always be prevented, and having regular Pap tests is the key.*
- Have you ever had a pap test?* Get feedback from participants about what their experience was like.
- How often should you have a pap test?*
 - If between ages 21 and 29, get a Pap test every 3 years.*
 - If between ages 30 and 64, get a Pap test and human papillomavirus (HPV) test together every 5 years, or a Pap test alone every 3 years.*
 - If 65 or older, have a doctor assess the medical necessity of Pap tests.*

V. Common Health Conditions and Preventive Tests (cont.)

13

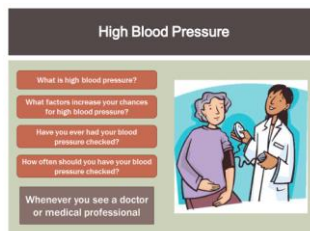


V. Common Health Conditions and Preventive Tests (cont.)

4. Show **Slide 13** regarding Breast Cancer. Ask participants:

- a. *What is breast cancer?*
 - i. *Breast cancer starts when cells in the breast begin to grow out of control. These cells usually form a tumor that can often be seen on an x-ray or felt as a lump. The tumor is cancerous if the cells can grow into (invade) surrounding tissues or spread (metastasize) to distant areas of the body..*
- b. *What is a mammogram?*
 - i. *A mammogram is a low-dose x-ray exam of the breasts to look for abnormalities. A mammogram allows the doctor a closer look at breast tissue than can be felt during a physical breast exam alone.*
- c. *Have you ever had a mammogram?*
 - i. Allow participants to answer. Get feedback from participants about what their experience was like.
- d. *How often should you have a mammogram?*
 - i. *It is recommended that women younger than age 50 should talk to a doctor about when to start and how often to have a mammogram.*
 - ii. *If you are 50 years old or older, every two years.*
- e. *Why are mammograms important?*
 - i. *Mammograms are the best breast cancer screening tests we have at this time.*
- f. *Do mammograms work?*
 - i. *Yes! Early detection of breast cancer saves about 200,000 lives annually!*

14

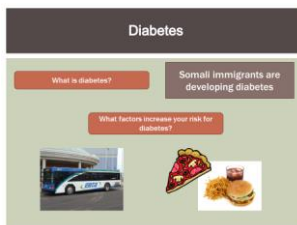


5. Show **Slide 14** regarding High Blood Pressure. Ask the following questions:

- a. *What is high blood pressure?*
 - i. *"Blood pressure" is the force of blood pushing against the walls of the arteries as the heart pumps out blood. If this pressure rises and stays high over time, it's called high blood pressure. With high blood pressure, or hypertension, the blood can't flow easily through blood vessels to organs, and heart attack, stroke, eye problems or kidney problems can ensue.*

V. Common Health Conditions and Preventive Tests (cont.)

15



V. Common Health Conditions and Preventive Tests (cont.)

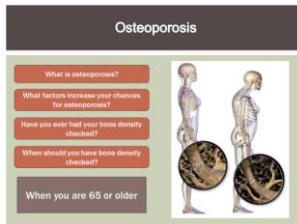
- b. *What factors increase your chances for high blood pressure?*
 - i. *Some things increase chances of having high blood pressure, including increasing age (middle aged or older); diabetes; obesity (or being overweight); eating too much salt; family history of high blood pressure; and lack of exercise.*
- c. *Have you ever had your blood pressure checked?*
 - i. *Allow participants to answer. Get feedback from participants about what their experience was like.*
- d. *How often should you have your blood pressure checked?*
 - i. *All women should have their blood pressure levels checked regularly, whenever they see a doctor or other medical professional.*

6. Show **Slide 15** regarding diabetes. Ask the following questions:

- e. *What is diabetes?*
 - i. *Diabetes is a disease caused by high levels of blood sugar (glucose) in the body. This can happen when the body fails to produce insulin to properly regulate blood sugar levels. If the body does not make enough insulin, or fails to use the insulin correctly, glucose builds up in the blood. Over time, this extra glucose can lead to prediabetes or diabetes. Diabetes puts you at risk for other serious and life-threatening health problems, such as heart disease, stroke, blindness, and kidney damage. A blood test will assess a person's risk for diabetes.*
- f. *Dr. Mehmood Khan, a consultant in the Mayo Clinic's Division of Endocrinology reports that: "a growing number of Somali immigrants are developing [Type 2 diabetes] within five years, and some as quickly as six months, after their arrival in this country." Why do you think this is happening?*
 - i. *This can prompt a brief discussion on the food differences/choices and lifestyle differences.*
- g. *What factors increase your risk for diabetes?*
 - i. *Dr. Khan attributed the phenomenon to a lack of exercise and a dramatic increase in fat and calorie intake experienced by Somali immigrant.*
 - ii. *Other risk factors for diabetes include: being overweight, being sedentary, and genetic predispositions.*

V. Common Health Conditions and Preventive Tests (cont.)

16



V. Common Health Conditions and Preventive Tests (cont.)

7. Show **Slide 16** regarding osteoporosis. Ask the following questions?

h. What is osteoporosis?

i. Osteoporosis is a disease of the bones. People with osteoporosis have bones that are weak and break easily.

i. What factors increase your chances for osteoporosis?

i. Risk factors for osteoporosis include older age, being a woman, family history of osteoporosis, smaller bone structure and body weight, previous broken bones, being of Caucasian or Asian descent, arthritis and other joint and bone diseases, some medications, smoking, and alcohol use.

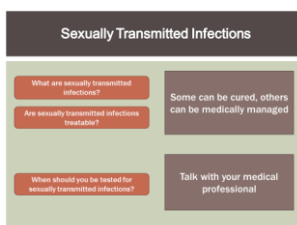
j. Have you ever had your bone density checked?

i. Allow participants to answer. Get feedback from participants about what their experience was like.

k. When should you have bone density checked?

i. Diagnostic testing can assess bone density, an indicator of bone strength or weakness. If 65 or older, a bone density test to screen for osteoporosis is recommended. If younger than 65 but risk factors for osteoporosis exist, a medical professional should be consulted to determine the necessity of testing.

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8. Show **Slide 17** regarding sexually transmitted infections. Ask the following questions:

a. What are sexually transmitted infections?

i. An STI is an infection passed from one person to another through sexual contact. An infection occurs when bacteria, viruses, or parasites enter the body and grow.

ii. To reduce your risk: abstinence, mutual monogamy, vaccination, and condom use.

b. Are sexually transmitted infections treatable?

i. Some STIs can be cured while others cannot. STIs that cannot be cured are often able to be medically managed.

c. When should you be tested for sexually transmitted infections?

i. A medical professional should be consulted to determine necessity and frequency of testing.

V. Common Health Conditions and Preventive Tests (cont.)

18



V. Common Health Conditions and Preventive Tests (cont.)

9. Show **Slide 18** regarding depression. Ask the following questions:

a. What is depression?

a. *Depression (major depressive disorder or clinical depression) is a common but serious medical condition. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. Depression can happen at any age, but often begins in adulthood.*

b. What are the symptoms of depression?

- a. *Persistent sad, anxious, or "empty" feelings*
- b. *Feelings of hopelessness and/or pessimism*
- c. *Feelings of guilt, worthlessness, and/or helplessness*
- d. *Irritability, restlessness*
- e. *Loss of interest in activities or hobbies once pleasurable, including sex*
- f. *Fatigue and decreased energy*
- g. *Difficulty concentrating, remembering details and making decisions*
- h. *Insomnia, early-morning wakefulness, or excessive sleeping*
- i. *Overeating, or appetite loss*
- j. *Thoughts of suicide, suicide attempts*
- k. *Persistent aches or pains, headaches, cramps or digestive problems that do not get better, even with treatment*

c. What are the risk factors for depression?

- a. *Personal or family history of depression*
- b. *Major life changes, trauma, or stress*
- c. *Certain physical illnesses and medications*

d. How is depression treated?

- a. *Depression, even the most severe cases, can be treated. The earlier that treatment can begin, the more effective it is. Depression is usually treated with medications, psychotherapy, or a combination of the two.*

V. Common Health Conditions and Preventive Tests (cont.)

19



V. Common Health Conditions and Preventive Tests (cont.)

10. Show **Slide 19** regarding domestic violence. Ask the following questions:

a. What is domestic violence?

a. Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner's consistent efforts to maintain power and control over the other.

b. Signs of domestic violence can include:

- i. Intimidation
- ii. Emotional abuse
- iii. Isolation
- iv. Minimizing, denying, and blaming
- v. Using children and pets
- vi. Using privilege or power (male, citizenship)
- vii. Economic abuse
- viii. Coercion and control
- ix. Certain physical illnesses and medications

b. Who is a victim of domestic violence?

a. Domestic violence is an epidemic affecting individuals in every community, regardless of age, economic status, sexual orientation, gender, race, religion, or nationality.

c. What are the effects of domestic violence?

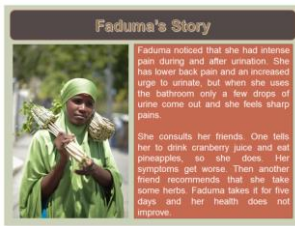
a. Domestic violence can lead to depression, anxiety, alcohol and drug misuse, STIs, reproductive health issues (such as miscarriage, and stillbirth), nutritional deficiencies, gastrointestinal problems, neurological disorders, chronic pain, disability, hypertension, cancer, and heart disease.

d. Who can you contact to get help?

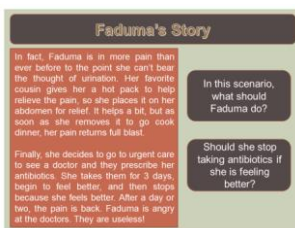
- a. Local domestic violence shelters (give information)
- b. The National Domestic Violence Hotline: 1-800-799-7233

VI. Faduma's Story (10 minutes)

20



21

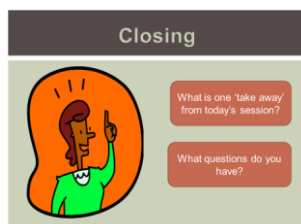


VI. Faduma's Story (10 minutes)

1. Distribute **Handout 2.2.3: FADUMA's STORY**
2. Show **Slide 20: Faduma's Story**. Read the story slowly, and ask participants to listen carefully as they will be in charge of giving advice to Faduma.
 - Faduma noticed that she had intense pain during and after urination. She has lower back pain and an increased urge to urinate, but when she uses the bathroom only a few drops of urine come out and she feels sharp pains. She consults her friends. One tells her to drink cranberry juice and eat pineapples, so she does. Her symptoms get worse. Then another friend recommends that she take some herbs. Faduma takes it for five days and her health does not improve.*
3. Show **Slide 21: Faduma's Story**. Continue to read the story slowly.
 - In fact, Faduma is in more pain than ever before to the point she can't bear the thought of urination. Her favorite cousin gives her a hot pack to help relieve the pain, so she places it on her abdomen for relief. It helps a bit, but as soon as she removes it to go cook dinner, her pain returns full blast. Finally, she decides to go to urgent care to see a doctor and they prescribe her antibiotics. She takes them for 3 days, begin to feel better, and then stops because she feels better. After a day or two, the pain is back. Faduma is angry at the doctors. They are useless!*
 - In this scenario, what should Faduma do?*
 - Facilitate a discussion.
 - Should she stop taking antibiotics if she is feeling better?*
 - Antibiotics are medications that kill bacteria and prevent it from multiplying. If treatment is not completed in entirety, antibiotics will be insufficient enough to kill all bacteria and it will multiply and the illness will return.*
 - Why should you never give medications prescribed for one person to another person?*
 - Each medicine can be different because of height, weight, and other health issues. Taking or giving individually prescribed medicine to other people is not a good idea and can be potentially harmful.*

VII. Closing (5 minutes)

22



VII. Closing (5 minutes)

1. Show **Slide 22**. Thank everyone for coming and participating. Ask the following questions and allow a few minutes for answers.
 - a. *What is one 'take away' from today's session?*
 - b. *What questions do you have?*
2. Distribute the **WORKSHOP EVALUATION FORM**. Ask participants to complete and return it to the facilitator.
3. The facilitator should complete the **FIDELITY CHECKLIST AND FACILITATOR FEEDBACK FORM** after the completion of the module.

Handout 2.2.1: HEALTHCARE HISTORY AND PREVENTIVE CARE

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

What diseases do you know of or have had to deal with?

What was the treatment and what was the outcome?

Do you go for your annual physical exam?

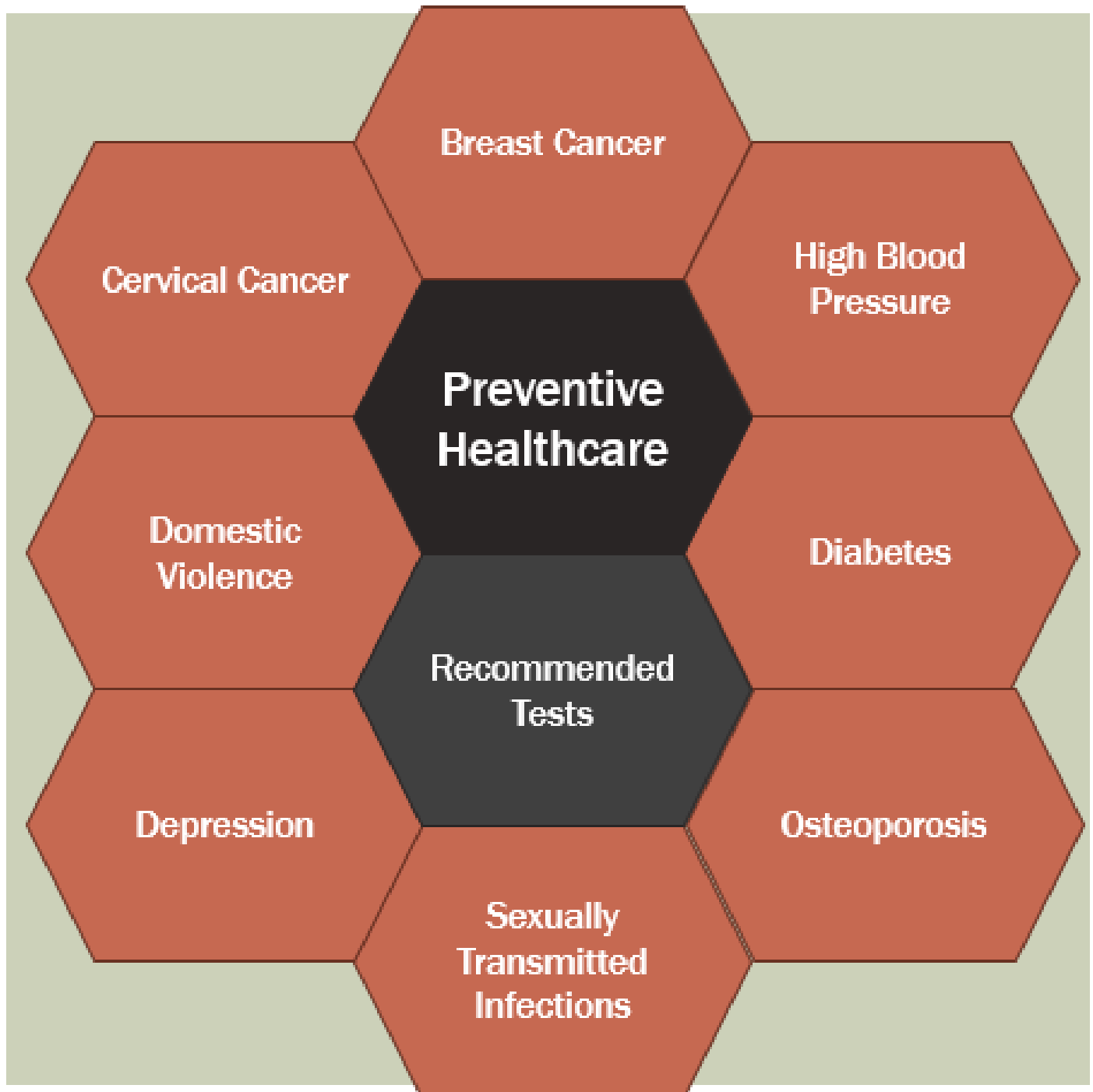
Why do you go?

What are the reasons you don't go for these exams?

Handout 2.2.2: PREVENTIVE CARE AND RECOMMENDED TESTS

NAME: _____

DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

Handout 2.2.2: PREVENTIVE CARE AND RECOMMENDED TESTS (cont.)

Disease	Symptoms	Tests
Cervical Cancer		
Breast Cancer		
High Blood Pressure		
Diabetes		
Osteoporosis		
Sexually Transmitted Infections		
Depression		
Domestic Violence		

Handout 2.2.3: FADUMA'S STORY

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. What should Faduma do?

2. Should she stop taking antibiotics if she is feeling better?

3. Why should you never give medications prescribed for one person to another person?

Module 2.2 WORKSHOP EVALUATION

Circle the best answer.

1. I can describe what preventive healthcare is.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I can summarize what happens at an annual physical exam.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I understand common health conditions and preventive tests.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I can explain the importance of taking prescribed medications.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. The information was interesting to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. The information was useful to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I felt comfortable sharing my experiences and beliefs.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. The information I learned will influence my future health decisions for me and my family.	Strongly Agree	Agree	Disagree	Strongly Disagree

Module 2.2 FIDELITY CHECKLIST & FACILITATOR FEEDBACK

Facilitator Name: _____ DATE: _____

How many total modules did you deliver today? 1 2 3 4 5 6 7 8

How many participants attended this module today? _____

How many participants were expected to attend today? _____

Where did you facilitate today? _____

For each module component, indicate whether the component was completed or not completed.

Module Component	Comments	Completed
Review of Learning Objectives		<input type="checkbox"/> Yes <input type="checkbox"/> No
Opening		<input type="checkbox"/> Yes <input type="checkbox"/> No
Introduce Preventive Healthcare		<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Physical Exams		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Discussion: Preparing for Your First Doctor's Visit		<input type="checkbox"/> Yes <input type="checkbox"/> No
Common Health Conditions and Preventive Tests		<input type="checkbox"/> Yes <input type="checkbox"/> No
Faduma's Story		<input type="checkbox"/> Yes <input type="checkbox"/> No
Closing and Workshop Feedback		<input type="checkbox"/> Yes <input type="checkbox"/> No

Learning Objective	Achieved
Describe preventive health care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summarize what happens at an annual physical exam	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review common health conditions and preventive tests	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain the importance of taking prescribed medications	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer these questions to the best of your ability.

Participants were engaged in the session.	Not at all	A little	Somewhat	A lot
Participants felt comfortable sharing thoughts and ideas.	Not at all	A little	Somewhat	A lot
Participants thoughtfully considered the information presented.	Not at all	A little	Somewhat	A lot
I was able to establish a genuine connection.	Not at all	A little	Somewhat	A lot
I was able to apply my skills effectively to deliver the module.	Not at all	A little	Somewhat	A lot
I was able to generate an atmosphere of mutual respect.	Not at all	A little	Somewhat	A lot

Did you make any additions or changes to the module or to the activities in the module?

☐ Yes ☐ No

If yes, please describe what you added or changed and why.

Please describe the effectiveness of any addition/change.

Please describe any peak moments you had today. An example of a peak moment would be a success, breakthrough, or “aha-moment.”

Please describe anything that stumped you or took you off guard today.

Introduction to Female Genital Cutting (FGC)



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Learning Objectives

- Describe what FGC is
- Explain why FGC is practiced
- Identify where FGC is practiced
- Understand cultural attitudes towards the practice of FGC in Somalia and the United States

Suggested Agenda

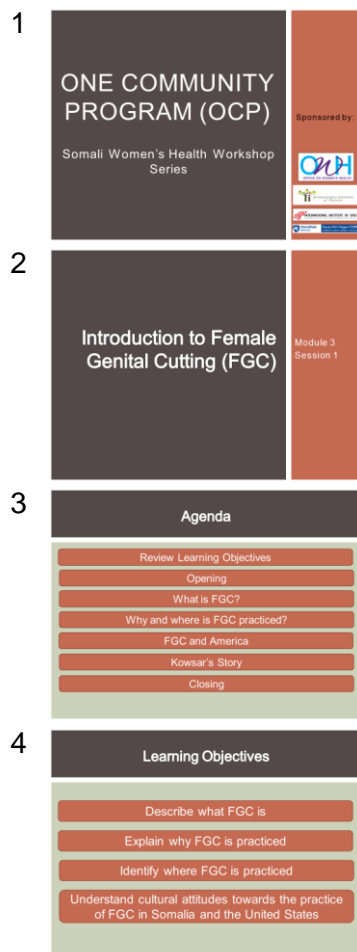
	Time
1. Review of Learning Objectives	5 minutes
2. Opening	5 minutes
3. What is FGC?	15 minutes
4. Why and where is FGC practiced?	10 minutes
5. FGC and America	5 minutes
6. Kowsar's Story	15 minutes
7. Closing and Workshop Feedback	5 minutes

Materials Needed

- ☐ Agenda
- ☐ Attendance Record
- ☐ Pencils and Pens
- ☐ Name Tags or Tents
- ☐ PowerPoint
- ☐ Chart Paper or White Board and Markers
- ☐ Projector
- ☐ Laptop
- ☐ Extension Cord
- ☐ Refreshments and Snacks
- ☐ **Video Clips** (Available on CD or Imbedded in PowerPoint)
 - FGC – The Facts (NHS Choices)
 - Sahra's Story (Halo Project)
- ☐ **Handouts**
 - Copies of PowerPoint Slides
 - Handout 3.1.1: Beliefs about FGC
 - Handout 3.1.2: Facts about FGC
 - Handout 3.1.3: Kowsar's Story
 - Workshop Evaluation

I. Introduction

(5 minutes)



II. Opening

(5 minutes)



I. Introduction (5 minutes)

1. Remind the participants about what the One Community Program is (**Slide 1**).

2. Introduce the module (**Slide 2**).

3. Show **Slide 3** and go over the agenda with the participants.

- Review of Learning Objectives
- Opening
- What is FGC?
- Why and where is FGC practiced?
- FGC and America
- Kowsar's Story
- Closing and Workshop Feedback

4. Review the learning objectives, shown on **Slide 4**, with the participants.

- Describe what FGC is
- Explain why FGC is practiced
- Identify where FGC is practiced
- Understand cultural attitudes towards the practice of FGC in Somalia and the United States

II. Opening (5 minutes)

1. **Slide 5**, Sentence Starters, is an opening icebreaker activity. The goal of this icebreaker activity is to warm up the conversation among the participants. The activity should provide an opportunity for participants to learn something about each other and the facilitator. The facilitator should be prepared to also have an answer to these questions. Have the adults sit in a circle.

- The facilitator should read each sentence starter. Then allow each of the participants to complete the sentence starter in turn:
 - *I love it when...*
 - *I have never...*
 - *The best way for me to relax is...*
 - *The think that makes me laugh is...*
- Reflect back to the group any themes that came out.

II. Opening (cont.)

II. Opening (cont.)

- **Variation:** Before the adults get together, write sentence starters on slips of paper. Have each person pull a slip from a bowl and write their name, read the sentence starter, and then complete it. They should also provide several additional sentences of information that coincides with their sentence starter. Read the completed slips when everyone has arrived to help everyone get to know each other. It is suggested that the sentence starter is written in English and Somali
- **Alternative sentence starters:**
 - *Although most people don't find...*
 - *I am...*
 - *I think I have the best...*
 - *I would never...*
 - *My idea of beauty is...*
 - *The best thing I ever did for my child is...*
 - *The biggest and best...*
 - *The funniest thing that ever happened to me was...*
 - *The greatest thing my child ever did was...*
 - *The most important decision I ever made in my life was...*
 - *The most unbelievable thing...*
 - *There is nothing I enjoy more than...*

III. What is FGC?

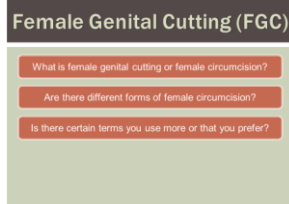
(15 minutes)

III. What is FGC? (15 minutes)

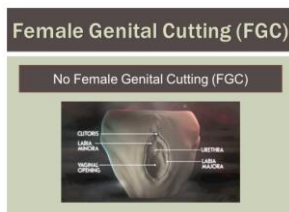
1. **Facilitator Note.** This module opens a complex discussion about feelings, beliefs, and behaviors surrounding FGC. For Somalis, FGC is a prevalent social norm, and for most women, FGC is a desirable symbol of pride and cleanliness. Almost all Somali women accept and support FGC in their families. Upon coming to the United States, cultural notions of FGC are challenged. In the United States, people who practice FGC are seen as barbarians who abuse their children and commit illegal activities. ***It is crucial*** for the facilitator to approach the topic with deep empathy and to validate everyone's right to their own beliefs and feelings, while presenting the facts about FGC, including that it is an unacceptable and illegal activity in the United States.

III. What is FGC? (cont.)

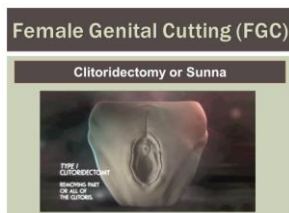
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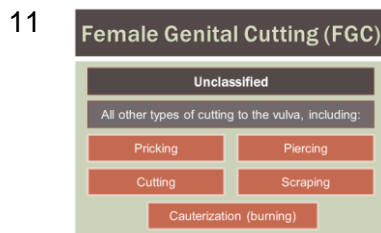
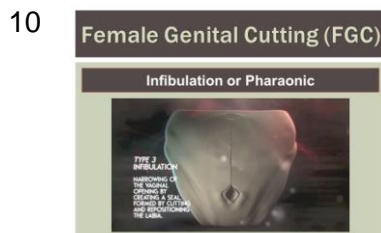
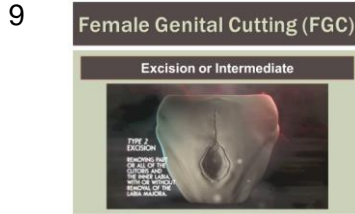
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II. What is FGC? (cont.)

2. Show **Slide 6** regarding female genital cutting/female circumcision. Remind participants of the Think-Pair-Share directions. Show each question in turn.
 - a. *What is female genital cutting or female circumcision?*
 - i. Start by asking the participants to explain, in their own words, what female circumcision is.
 - b. *Are there different forms of female circumcision?*
 - i. Probe to see if they can explain the different types of female circumcision.
 - c. *Is there certain terms you use more or that you prefer?*
 - i. Have a conversation about terminology and discuss what term the women prefer
 - If possible, it is highly recommended that the facilitator have a prop with them of a vulva, so they can show the participants the different parts that are removed for each type of female circumcision.
3. Show **Slide 7**: No FGC. The external female genitalia (vulva) include:
 - a. The opening of the vagina (also called the birth canal). The vagina is part of the reproductive tract and extends from the womb (uterus) to outside the body.
 - b. The hymen is a piece of tissue that lines the vaginal opening.
 - c. The fleshy lips (labia majora and labia minora) around the vagina. They protect the external genitalia.
 - i. Posterior fourchet: where the labia majora meet.
 - d. A small bump of tissue (clitoris) covered with a thin flap of tissue (prepuce). The glans forms the pointed tip of the clitoris extending beyond the prepuce. The clitoris is the main source of sensations during sexual activity.
 - e. The urethra, an opening that leads to the bladder,
 - f. The anus, the opening that leads to the colon.
 - i. The perineum is the area between the anus and the vulva.
4. Show **Slide 8**: Clitoridectomy (klit-er-i-DEK-tuh-mee) or Sunna
 - a. Type A (circumcision) involves removal of the clitoral hood only
 - b. The more common procedure is Type B (clitoridectomy), the complete or partial removal of the clitoral glans (the visible tip of the clitoris) and prepuce. The circumciser pulls the clitoral glans with her thumb and index finger and cuts it off.

III. What is FGC? (cont.)



III. What is FGC? (cont.)

5. Show **Slide 9: Excision or Intermediate.**
 - a. Type II (excision) is the complete or partial removal of the labia minor, with or without removal of the clitoral glans and labia majora.
 - b. Type IIa is removal of the labia minora
 - c. Type IIb is the removal of the clitoral glans and labia minora
 - d. Type IIc is the removal of the clitoral glans, labia minora, and labia majora.
6. Show **Slide 10: Infibulation or Pharaonic**
 - a. Type III (infibulation or pharaonic circumcision), the "sewn closed" category, involves the removal of the external genitalia and fusion of the wound.
 - b. The labia minora and majora are cut away, with or without removal of the clitoral glans.
 - c. Type IIIa is the removal and closure of the labia minora
 - d. Type IIIb the removal and closure of the labia majora
7. Show **Slide 11: Unclassified.** The World Health Organization defines Type IV as "all other harmful procedures to the female genitalia for non-medical purposes", including pricking, piercing, incising, scraping and cauterization. It includes nicking of the clitoris (symbolic circumcision), burning or scarring the genitals, and introducing substances into the vagina to tighten it. Labia stretching is also categorized as Type IV.
8. Distribute **Handout 3.3.1: BELIEFS ABOUT FGC**
9. Remind participants about the **Think-Pair-Share**. Instruct the participants that they will be shown some questions and that they are to take one minute alone (being quiet) to think of the questions on the slide and their answers to those questions. After a minute, the participants will pair up and share their answers. After sharing with a partner, they will share their answers with the group. The participants can use the handout to write their answers or take notes if they wish.

III. What is FGC? (cont.)

12

Female Genital Cutting (FGC)

Why is the cut needed?

What does being cut mean for Somali women?

How do you feel about women who are not cut?

What happens if a girl is not cut?

III. What is FGC? (cont.)

10. Show **Slide 12** on Female Genital Cutting (FGC). Ask the participants the following questions. Encourage all groups to provide responses to the questions. Record key findings, as well as if the group came to a consensus on any of these questions.

- a. *Why is the cut needed?*
- b. *What does being cut mean for Somali women?*
- c. *How do you feel about women who are not cut?*
- d. *What happens if a girl is not cut?*

Provide the participants other examples of answers from previous discussions with cultural groups that practice FGC. Here are examples of answers from surveys of African women. Read the myth out loud, and challenge the myth.

- a. *"FGM/FGC is our tradition and stopping it will unleash the anger of God on us."*
 - i. *This statement contradicts the fact that FGC started before the Prophet.*
- b. *"The uncircumcised are dirty and foul smelling."*
 - ii. *This statement is contradicted by research. The countries that do not practice FGC (including the U.S.) has some of the best hygiene in the world, such as frequent showering and use a myriad of female hygiene products.*
- c. *"They are not spiritually clean as they cannot pray"*
 - iii. *This statement contradicts the fact that Islam does not support FGC and there are few records of FGC in the Koran.*
- d. *"Their genitals can grow to unseemly proportions dangling between the legs"*
 - iv. *This statement is contradicted by medical science.*
- e. *"FGM/FGC makes them look smooth and beautiful."*
 - i. *This statement calls into question whether the perception of beauty is worth the lifelong pain and health complications associate with FGC.*
- e. *"They can become oversexed and can rape men – therefore, they cannot be trusted by either husband or family. They will engage in premarital and extramarital sex, bringing illegitimate children to the family."*
 - ii. *This statement highlights issues of equality and control over women via the cutting of their bodies.*

IV. Why and Where is FGC practiced? (10 minutes)

13



14



IV. Why and Where is FGC practiced? (10 minutes)

1. Distribute **Handout 3.3.2: FACTS ABOUT FGC**
2. Show **Slide 13**. Press play to show the video (*FGC – The Facts, 5:00*). Then facilitate a discussion using the following questions. The participants can use the handout to write their answers or take notes if they wish.
 - a. *What are some of the negative outcomes of FGC?*
 - i. Infertility, trouble and pain during urination, urinary tract infections, and difficulty during childbirth.
 - b. *Are there any health benefits to FGC?*
 - i. No. More on the physical and emotional health consequences will be discussed during the next session.
 - c. *What can men do to help end FGC practice?*
 - i. Men can stop requiring potential wives to be “clean and smooth”; they can commit to marrying women who have not been circumcised.
 - d. *Is FGC sanctioned by Islam?*
 - i. No
 - e. *How can we support people who want to challenge FGC practice?*
 - i. Education on the health consequences
 - ii. Education on the legal ramifications
 - iii. Support women who have undergone FGC to get medical and mental health support.
3. Show **Slide 14** regarding Why FGC is practiced. Ask each question, let the group answer, then provide the following information:
 - a. *Is FGC a Muslim Tradition?*
 - i. No, FGC is not a Muslim tradition –Historical records show that FGC was practiced 2,000 years before Mohammed. This means it is not a Muslim practice and was not originally prescribed by Islam. It is also practiced by some Christians. For example, Christians in Egypt (Copts) practice FGC. It is not a Muslim tradition and it did not start from the Prophet's words.
 - b. *Is FGC required by Islam?*
 - i. Islam does not require women to be cut. The Prophet was exemplary in his kindness and gentleness towards all members of his family and is known to have said, “Whoever becomes the father of a girl, he should neither hurt her nor treat her with contempt.”

IV. Why and Where is FGC practiced? (cont.)

IV. Why and Where is FGC practiced? (cont.)

- ii. *Speaking of one of his daughters, the Prophet noted, "[she] is a part of my body, and I hate what she hates to see, and what hurts her, hurts me."*
- iii. *There is one mention of the Prophet approving of light cutting. That quote is considered "weak" by serious scholars as it is not sufficiently documented.*
- c. *What are some common reasons why female circumcision is practiced?* Probe and ask participants to share all the reasons why FGC might be practiced (in their culture and other cultures).
 - i. *Part of your cultural norms and practice*
 - ii. *To be beautiful, to be "clean and smooth"*
 - iii. *Rite of passage to being a woman*
 - iv. *To ensure marriageability*
 - v. *Tradition in my culture*
 - vi. *Mark of identity*
- d. Note: the six reasons included on this slide are common reasons regardless of culture/country. Mark of identity refers to different ethnic groups/tribes who continue the tradition to distinguish themselves from neighboring ethnic groups/tribes.

15



4. Show **Slide 15** regarding Where FGC is practiced. Ask each question, let the group answer, then provide the following information:

- a. *Is FGC practiced in most of the world?*
 - i. *No, FGC is not practiced in most of the world.*
- b. *Where is FGC practiced?*
 - i. *In 2016, UNICEF estimated that 200 million women had undergone the procedures in 27 African countries, as well as Indonesia, Iraqi Kurdistan and Yemen, with a rate of 80-98 percent within the 15-49 age group in Djibouti, Egypt, Eritrea, Guinea, Mali, Sierra Leone, Somalia and Sudan. The practice is also found elsewhere in Asia and the Middle East.*

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5. Show **Slide 16** regarding Where FGC is practiced. State the following:

- a. *FGC is not practiced in most of the world. The map shows that FGC is isolated to a small part of the world, and that millions and millions of people live without cutting.*

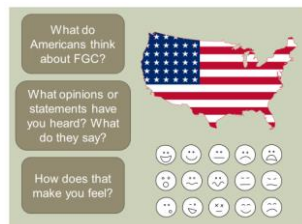
IV. Why and Where is FGC practiced? (cont.)

17



V. FGC and America? (5 minutes)

18



VI. Kowsar's Story (15 minutes)

19



IV. Why and Where is FGC practiced? (cont.)

6. Show **Slide 17** regarding Where FGC is practiced. State the following:

- FGC is practiced in some countries in Africa, but not all or even most countries. In the Middle East, including countries within Sheriah's governing counties, it is not practiced. The countries painted in brown, red, and orange have higher numbers of FGC. For example, in Somalia, 98 women out of 100 are cut. In Kenya, 21 women out of 100 are cut.*

V. FGC and America? (5 minutes)

- Show **Slide 18** regarding beliefs about FGC and America. Remind participants about the directions for the **Think-Pair-Share** activity. State the following:
 - The reality is that FGC is not acceptable or legal in the U.S.*
 - Ask the following questions of the position of the FGC tradition in their new culture. Facilitate a discussion, emphasizing themes across participants.
 - What do Americans think about FGC?*
 - What opinions or statements have you heard? What do they say?*
 - How does that make you feel?*

VI. Kowsar's Story (15 minutes)

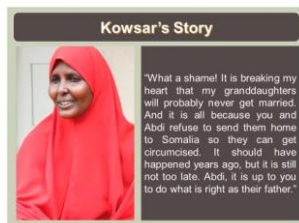
- Distribute **Handout 3.1.3: KOWSAR'S STORY**
- Show **Slide 19: Kowsar's Story**. Tell the participants that the story is meant to illustrate contemporary cultural conflicts confronting Somali families in the U.S.A. Read the story slowly, and ask participants to listen carefully.
 - Kowsar is a 36-year-old mother of four children. She and her husband, Abdi, have two daughters ages 11 and 9, and two sons ages 16 and 14. Her elderly mother-in-law, Maryam, lives with the family, and helps care for her grandchildren while Kowsar works each day as a clothing store owner at the mall. Abdi works as a Child Support Collections worker at the County Government Center. They live in the United States.*

VI. Kowsar's Story
(cont.)

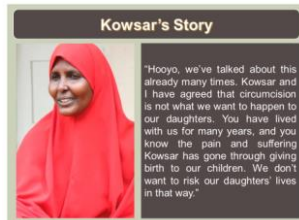
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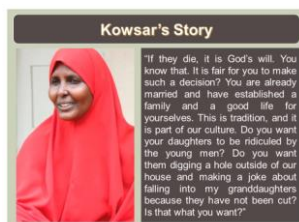
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22



23



VI. Kowsar's Story (cont.)

3. Show **Slide 20**: Kowsar's Story. Continue to read the story slowly.
 - a. *It is evening time, and the family is gathered at the dining room table finishing their supper. Kowsar asks her daughters to help her clear the table and then to get started washing the dishes. The sons, Mohamed and Abdimalik, ask to go to the nearby community center to play basketball. Abdi gives them permission to go. His mother, Maryam, watches her granddaughters as they disappear into the kitchen and shakes her head sadly.*
4. Show **Slide 21**: Kowsar's Story. Continue to read the story slowly.
 - a. *"What a shame! It is breaking my heart that my granddaughters will probably never get married. And it is all because you and Abdi refuse to send them home to Somalia so they can get circumcised. It should have happened years ago, but it is still not too late. Abdi, it is up to you to do what is right as their father."*
5. Show **Slide 22**: Kowsar's Story. Continue to read the story slowly.
 - a. *"Hooyo, we've talked about this already many times. Kowsar and I have agreed that circumcision is not what we want to happen to our daughters. You have lived with us for many years, and you know the pain and suffering Kowsar has gone through giving birth to our children. We don't want to risk our daughters' lives in that way."*
6. Show **Slide 23**: Kowsar's Story. Continue to read the story slowly.
 - a. *"If they die, it is God's will. You know that. It is fair for you to make such a decision? You are already married and have established a family and a good life for yourselves. This is tradition, and it is part of our culture. Do you want your daughters to be ridiculed by the young men? Do you want them digging a hole outside of our house and making a joke about falling into my granddaughters because they have not been cut? Is that what you want?"*

VI. Kowsar's Story (cont.)

24

Kowsar's Story

Maryam is beside herself with grief. Abdi does not know what to say to comfort her, and he is unwilling to change his mind, so he leaves the house to go to the nearby coffee shop to have a cup of coffee with his men friends.

Who do you think is right in this story? Why?

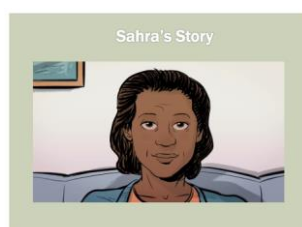
What should Kowsar do?

What should Abdi do?

Do you think what Maryam is saying is true?

What do think will happen with this family? Why?

25



VII. Closing (5 minutes)

26

Closing

What did you learn from today's session?

How did you feel about the information?

What questions do you have?

VI. Kowsar's Story (cont.)

7. Show **Slide 24: Kowsar's Story**. Continue to read the story slowly.

- Maryam is beside herself with grief. Abdi does not know what to say to comfort her, and he is unwilling to change his mind, so he leaves the house to go to the nearby coffee shop to have a cup of coffee with his men friends.*
- Ask the participants the following questions. Remind them that they may use the handout to record their answers if they choose. Make sure to pause to allow participants to consider their answers and provide opportunities for all participants to share their answers.
 - Who do you think is right in this story? Why?*
 - What should Kowsar do?*
 - What should Abdi do?*
 - Do you think what Maryam is saying is true?*
 - What do think will happen with this family? Why?*

8. Show **Slide 25: Sahra's Story**. Press play to show the video (*Sahra's Story, 6:01*). Then facilitate a discussion for the participants by asking the following questions:

- What did you learn from the video?*
- Can you relate to Sahra's story?*

VII. Closing (5 minutes)

1. Show **Slide 26**. Thank everyone for coming and participating. Thank the participants for sharing their stories and talking and explain that you understand this is a sensitive topic. Ask the following questions and allow a few minutes for answers.

- What did you learn from today's session?*
- How did you feel about the information?*
- What questions do you have?*

2. Distribute the **WORKSHOP EVALUATION FORM**. Ask participants to complete and return it to the facilitator.

3. The facilitator should complete the **FIDELITY CHECKLIST AND FACILITATOR FEEDBACK FORM** after the completion of the module.

Handout 3.1.1: BELIEFS ABOUT FGC

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

Why is the cut needed?

What does being cut mean for Somali women?

How do you feel about women who are not cut?

What happens if a girl is not cut?

Handout 3.1.2: FACTS ABOUT FGC

NAME: _____

DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. What are some common reasons why female circumcision is practiced?

2. Where is FGC practiced?

a. Is FGC practiced in most of the world?

3. What are some of the negative outcomes of FGC?

4. Are there any health benefits to FGC?

5. What can men do to help end FGC practice?

6. Is FGC sanctioned by Islam?

a. Is FGC a Muslim Tradition?

b. Is FGC required by Islam?

7. How can we support people who want to challenge FGC practice?

Handout 3.2.3: KOWSAR'S STORY

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. Who do you think is right in this story? Why?

2. What should Kowsar do?

3. What should Abdi do?

4. Do you think what Maryam is saying is true?

5. What do think will happen with this family? Why?

Module 3.1 WORKSHOP EVALUATION**Circle the best answer.**

1. I can describe what female genital cutting (FGC) is.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I can explain why FGC is practiced.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I can identify where FGC is practiced.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I understand cultural attitudes towards the practice of FGC in Somalia and the United States.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. The information was interesting to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. The information was useful to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I felt comfortable sharing my experiences and beliefs.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. The information I learned will influence my future health decisions for me and my family.	Strongly Agree	Agree	Disagree	Strongly Disagree

Module 3.1 FIDELITY CHECKLIST & FACILITATOR FEEDBACK

Facilitator Name: _____ DATE: _____

How many total modules did you deliver today? 1 2 3 4 5 6 7 8

How many participants attended this module today? _____

How many participants were expected to attend today? _____

Where did you facilitate today? _____

For each module component, indicate whether the component was completed or not completed.

Module Component	Comments	Completed
Review of Learning Objectives		<input type="checkbox"/> Yes <input type="checkbox"/> No
Opening		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is FGC?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Discussion: FGC – The Facts		<input type="checkbox"/> Yes <input type="checkbox"/> No
Why and where is FGC practiced?		<input type="checkbox"/> Yes <input type="checkbox"/> No
FGC and America		<input type="checkbox"/> Yes <input type="checkbox"/> No
Kowsar's Story		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Discussion: Sahra's Story		<input type="checkbox"/> Yes <input type="checkbox"/> No
Closing and Workshop Feedback		<input type="checkbox"/> Yes <input type="checkbox"/> No

Learning Objective	Achieved
Describe what FGC is	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain why FGC is practiced	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify where FGC is practiced	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understand cultural attitudes towards the practice of FGC in Somalia and the United States	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer these questions to the best of your ability.

Participants were engaged in the session.	Not at all	A little	Somewhat	A lot
Participants felt comfortable sharing thoughts and ideas.	Not at all	A little	Somewhat	A lot
Participants thoughtfully considered the information presented.	Not at all	A little	Somewhat	A lot
I was able to establish a genuine connection.	Not at all	A little	Somewhat	A lot
I was able to apply my skills effectively to deliver the module.	Not at all	A little	Somewhat	A lot
I was able to generate an atmosphere of mutual respect.	Not at all	A little	Somewhat	A lot

Did you make any additions or changes to the module or to the activities in the module?

☐ Yes ☐ No

If yes, please describe what you added or changed and why.

Please describe the effectiveness of any addition/change.

Please describe any peak moments you had today. An example of a peak moment would be a success, breakthrough, or “aha-moment.”

Please describe anything that stumped you or took you off guard today.

Female Genital Cutting (FGC) and Health



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Learning Objectives

- Describe the health consequences of FGC
- Describe the emotional consequences of FGC
- Practice asking questions of a health care provider regarding women's health and FGC
- Discuss what you can do to manage any health consequences of FGC

Suggested Agenda

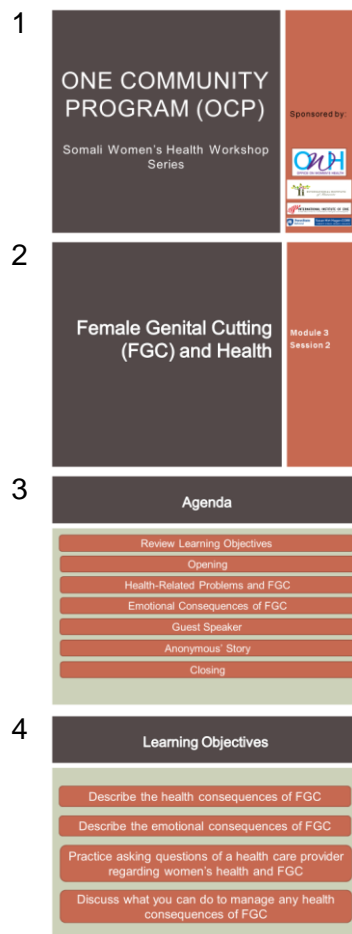
	Time
1. Review of Learning Objectives	5 minutes
2. Opening	5 minutes
3. Health-Related Problems and FGC	10 minutes
4. Emotional Consequences of FGC	10 minutes
5. Guest Speaker	20 minutes
6. Anonymous' Story	5 minutes
7. Closing and Workshop Feedback	5 minutes

Materials Needed

- ☐ Agenda
- ☐ Attendance Record
- ☐ Pencils and Pens
- ☐ Name Tags or Tents
- ☐ PowerPoint
- ☐ Chart Paper or White Board and Markers
- ☐ Projector
- ☐ Laptop
- ☐ Extension Cord
- ☐ Refreshments and Snacks
- ☐ **Video Clips** (Available on CD or Imbedded in PowerPoint)
 - Gabayga Dardaaran dhibta dumarka haysata (Marxuumad Saado Cali Warsame)
 - Poem – The Day I Will Never Forget (Sundance Now)
 - Video – The Day I Will Never Forget (Sundance Now)
- ☐ **Handouts**
 - Copies of PowerPoint Slides
 - Handout 3.2.1: FGC and Health Problems
 - Handout 3.2.2: How Female Genital Cutting Affects Girls and Women Throughout Their Lives
 - Handout 3.2.3: Emotional Consequences of FGC
 - Handout 3.2.4: Anonymous' Story
 - Workshop Evaluation

I. Introduction

(5 minutes)

**II. Opening**

(5 minutes)

**I. Introduction** (5 minutes)

1. Remind the participants about what the One Community Program is (**Slide 1**).

2. Introduce the module (**Slide 2**).

3. Show **Slide 3** and go over the agenda with the participants.

- Review of Learning Objectives
- Opening
- Health-Related Problems and FGC
- Emotional Consequences of FGC
- Guest Speaker
- Anonymous' Story
- Closing and Workshop Feedback

4. Review the learning objectives, shown on **Slide 4**, with the participants.

- Describe the health consequences of FGC
- Describe the emotional consequences of FGC
- Practice asking questions of a health care provider regarding women's health and FGC
- Discuss what you can do to manage any health consequences of FGC

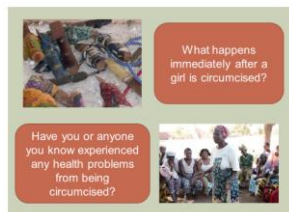
II. Opening (5 minutes)

1. **Slide 5**, Where on the Spectrum?, is an opening icebreaker activity. The goal of this icebreaker activity is to warm up the conversation among the participants. The activity should provide an opportunity for participants to learn something about each other and the facilitator. The facilitator should be prepared to also have an answer to these questions.

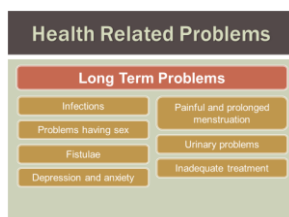
- The goal of this game is for players to reorder themselves as quickly as possible:
 - *Shortest to tallest*
 - *Least to most letters in your name*
 - *Least to most children*
 - *Least to most siblings*
- Talk with the group about how they determined the orders – did they talk to each other, measure each other, etc. Ask if this would have been as easy earlier in the workshop.

III. FGC and Health-Related Problems (10 minutes)

6



7



8

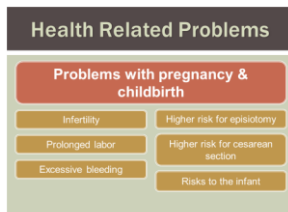


III. FGC and Health-Related Problems (10 minutes)

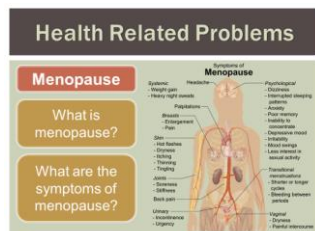
1. Distribute **Handout 3.2.1: FGC AND HEALTH-RELATED PROBLEMS**
2. Show **Slide 6** regarding FGC and health-related problems. Remind participants of the Think-Pair-Share directions. Show each question in turn. Let the women share stories and write some of the key concerns/problems on the white board or newsprint. Question and probe if necessary.
 - a. *What happens immediately after a girl is circumcised?*
 - b. *Have you or anyone you know experienced any health problems from being circumcised?*
3. Show **Slide 7: Health related problems: Long term problems.** Ask the participants:
 - a. *Based on your own experiences, what do you think are some long-term health related problems associated with FGC?*
 - i. Make connections between what the women shared (and is written on the board) with information on this slide.
 - b. *Based on health reports and women's stories themselves, we know that FGC often results in health complications. These include:*
 - i. *Infections*
 - ii. *Problems having sex*
 - iii. *Fistulae*
 - iv. *Depression and anxiety*
 - v. *Painful and prolonged menstruation*
 - vi. *Urinary problems*
 - vii. *Inadequate treatment*
4. Distribute **Handout 3.2.2: HOW GENITAL CUTTING AFFECTS GIRLS AND WOMEN THROUGHOUT THEIR LIVES**
5. Show **Slide 8: How Genital Cutting Affects Girls and Women Throughout Their Lives.** Review the material on the slide, making sure to discuss the long-term effects of FGC throughout the life span.
 - a. Childhood
 - b. Girlhood
 - c. Marriage and Intercourse
 - d. Pregnancy and Childbirth
 - e. Later Life

III. FGC and Health-Related Problems (cont.)

Health Related Problems



Health Related Problems



6. Show **Slide 9:** Health Related Problems: Problems with pregnancy and childbirth. Ask the participants:
 - a. *What problems associated with pregnancy and childbirth are common in women with FGC?*
 - i. Allow the participants to answer based on their own experiences and what they have learned so far. Write answers on the white board or newsprint.
 - b. Show the most common problems associated with pregnancy and childbirth.
 - i. *Infertility*
 - ii. *Prolonged labor*
 - iii. *Excessive bleeding*
 - iv. *Higher risk for episiotomy*
 - v. *Higher risk for a cesarean section*
 - vi. *Risks to the infant*
7. Show **Slide 10:** Health Related Problems: Menopause. Ask the following questions and write the responses of the participants on the white board or newsprint.
 - a. *What is menopause?*
 - b. *What are the symptoms of menopause?*
 - i. The first sign is an irregular menstrual cycle. Once a cycle becomes off-schedule, it should stop completely within about 4 years.
 - ii. Symptoms include mood swings, lower sex drive, hot flashes, sweating, racing heart, headaches, vaginal dryness and soreness, painful sex, and trouble sleeping.
 - iii. Vaginal atrophy is a thinning, drying, and inflammation of the vaginal walls due to having less estrogen.
 - iv. Menopause causes the vagina to become smaller, shorter, and lose the typical folds (rugae); the vaginal skin is more brittle and prone to friction, causing bleeding. Intercourse is more painful, and women are more prone to infection.
 - v. Vagina shrinking symptoms include: vaginal dryness, itching or burning, painful intercourse, urinating more often, painful urination (dysuria), and passing urine unintentionally during the night.
 - c. *How does FGC affect menopause?*
 - i. Discuss with the women how these symptoms can interact with FGC complications.

IV. Emotional Consequences of FGC (10 minutes)

11



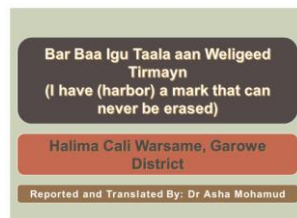
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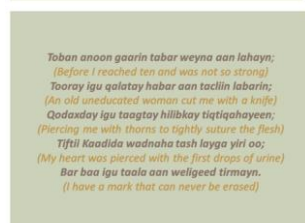
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14



15



IV. Emotional Consequences of FGC (10 minutes)

1. Show **Slide 11**. Tell the participants, *We are going to discuss the emotional consequences of FGC. To begin, we are going to listen to the words of women who have experienced FGC through song and poems.* Ask the women to listen to the song and pay attention to how it might fit with their own experience. Introduce the song by saying that it is a song asking Somali men to rethink their mother's rights. Press play to show the video (*Gabayga Dardaaran dhibta dumarka haysata Marxuumad Saado Cali Warsame – 5:18*).
2. Show **Slide 12**. Tell the participants that this poem is recited by a young Somali girl, describing the day she was cut. Ask them to listen to the poem and pay attention to how it might fit with their own experience. Press play to show the video (*The Day I Will Never Forget – 4:00*).
3. Show **Slide 13**. Tell the participants that this video is a segment from a documentary, "The Day I Will Never Forget." It is a featured documentary by filmmaker Kim Longinotto that examines the practice of FGC. Women speak candidly about the practice and explain its cultural significance within society. This video shows an older woman describing, in Somali, how she cut girls. Ask them to listen to the poem and pay attention to how it might fit with their own experience. Press play to show the video (*The Day I Will Never Forget – 3:15*).
4. Show **Slide 14**. Tell the participants that you will read a poem entitled, *Bar Baa Igu Taala aan Weligeed Tirmayn (I have (harbor) a mark that can never be erased)*. It tells of the FGC experience of Halima Cali Warsame.
5. Show **Slide 15**. Read the poem.
*Toban anoon gaarin tabar weyna aan lahayn;
 (Before I reached ten and was not so strong)
 Tooray igu qalatay habar aan tacliin labarin;
 (An old uneducated woman cut me with a knife)
 Qodaxday igu taagtay hilibkay tiqiqahayeen;
 (Piercing me with thorns to tightly suture the flesh)
 Tiftii kaadida wadnaha tash layga yiri oo;
 (My heart was pierced with the first drops of urine)
 Bar baa igu taala aan weligeed tirmayn.
 (I have a mark that can never be erased)*

IV. Emotional Consequences of FGC (cont.)

16

Markaan taaba qaaday oon taladiisa guur u kacay;
(When I grew up and prepared for marriage)
Salaanta utaagay toolmanahaan jeclaa;
(When I raised my hand to greet my handsome love)
Tacab qaadashiyo gurigii mar laysla tegay;
(When we collected our house hold goods and entered our home)
Taabashaddii horeba wadnaha tash layga yiri;
(My heart was pierced with the first touch)
Bar baa igu taala aan weligeed tirmayn.
(I have a mark that can never be erased)

17

Tiftii igu gorordhay tarantii Ilaah alkumay;
(When God created a life out of the few drops that managed to get in)
Talalka cudurka tiiraanyadii walaca;
(When I suffered with the morning sickness)
Markay taarikhdi dhamatay ee fooshii timi;
(when the time finished and labor came)
Tooray looqaaday hilibkii marhore la tolay;
(A knife was taken for the already sutured flesh)
Tararacidd jiirka wadnaha tash layga yiri;
(My heart was pierced with the tearing skin)
Barbaa igu taala aan weligeed tirmayn
(I have a mark that can never be erased)

18

Towsda cudurkaasana iilkaan la tagahayaa; ee
(I will take its (FGM/FGC) consequences to the grave)
Taa nawada qaaday gabdhihiina uga tura.
(Save your girls from this that engulfed us all!)

IV. Emotional Consequences of FGC (cont.)

*Tiftii Kaadida wadnaha tash layga yiri oo;
(My heart was pierced with the first drops of urine)
Bar baa igu taala aan weligeed tirmayn.
(I have a mark that can never be erased)*

6. Show **Slide 16**. Continue to read the poem.

*Markaan taaba qaaday oon taladiisa guur u kacay;
(When I grew up and prepared for marriage)
Salaanta utaagay toolmanahaan jeclaa;
(When I raised my hand to greet my handsome love)
Tacab qaadashiyo gurigii mar laysla tegay;
(When we collected our house hold goods and entered our home)
Taabashaddii horeba wadnaha tash layga yiri;
(My heart was pierced with the first touch)
Bar baa igu taala aan weligeed tirmayn.
(I have a mark that can never be erased)*

7. Show **Slide 17**. Continue to read the poem.

*Tiftii igu gorordhay tarantii Ilaah alkumay;
(When God created a life out of the few drops that managed to get in)
Talalka cudurka tiiraanyadii walaca;
(When I suffered with the morning sickness)
Markay taarikhdi dhamatay ee fooshii timi;
(when the time finished and labor came)
Tooray looqaaday hilibkii marhore la tolay;
(A knife was taken for the already sutured flesh)
Tararacidd jiirka wadnaha tash layga yiri;
(My heart was pierced with the tearing skin)
Barbaa igu taala aan weligeed tirmayn
(I have a mark that can never be erased)*

8. Show **Slide 18**. Finish the poem.

*Towsda cudurkaasana iilkaan la tagahayaa; ee
(I will take its (FGM/FGC) consequences to the grave)
Taa nawada qaaday gabdhihiina uga tura.
(Save your girls from this that engulfed us all!)*

IV. Emotional Consequences of FGC (cont.)

19



V. Guest Speaker (20 minutes)

20



VI. Anonymous' Story (10 minutes)

21



IV. Emotional Consequences of FGC (cont.)

9. Distribute **Handout 3.2.3: EMOTIONAL CONSEQUENCES OF FGC**

10. Show **Slide 19**. Ask the participants the following questions. Encourage all groups to provide responses to the questions. Record key findings, as well as if the group came to a consensus on any of these questions.

- What do you think about the song, poems, and video?*
- What do you think are the emotional consequences of FGC?*
- What are some emotional consequences to FGC that you or other women you know experienced?*
- What would you tell a girl or young woman about the emotional consequences of FGC if she was being pressured to undergo FGC?*

V. Guest Speaker (20 minutes)

- Show **Slide 20** introducing the guest speaker.
 - Introduce the guest speaker, who is a trained medical professional (a nurse or OB-GYN preferably).
 - The guest speaker will share her medical training and experience with FGC, comment on the presentation, and talk about the health issues she most often encounters related to FGC.
 - The guest speaker will then invite questions and provide answers.

VI. Anonymous' Story (10 minutes)

1. Distribute **Handout 3.2.4: ANONYMOUS' STORY**

2. Show **Slide 21: Anonymous' Story**. Tell the participants that this is a real story of a 14 year old girl from Somalia currently living in the UK. Read the story slowly, and ask participants to listen carefully.

- I was six years old when it happened to me. I knew what was going to happen, I knew they were going to cut me because a lot of my friends had had it done and I'd had a look – it was quite normal for girls to have a look at each other. My friends had told me that it was really painful, that it was horrible, so I was terrified. It happened when my mother was away and relatives were looking after me and my sister.*

VI. Anonymous' Story (cont.)

22



23



24



VI. Anonymous' Story (cont.)

3. Show **Slide 22:** Anonymous' Story. Continue to read the story slowly.

- a. *In the morning, when I was at school, they told me it was 'my time'. My uncle and aunt came to take me from the school. It was my sister's time too - she was eight years old. The woman who cut us was my grandmother's sister - and she was going to cut us in a tent near a huge tree. They used ropes to tie our legs apart and there were lots and lots of girls there. I could hear screaming, lots of horrible screaming and there was so much blood. Girls were crying.*

4. Show **Slide 23:** Anonymous' Story. Continue to read the story slowly.

- a. *My sister went first, they cut her then they took her somewhere. I heard she fainted. My grandmother's sister was cutting so many girls and when my sister had been done, she told her to stand just outside, and the blood was running down her legs, then she fainted. My grandmother was screaming at her sister - asking her how she could do this to her grandchildren. She was terrified that my sister would die. But my great aunt insisted, and they said it was my turn - he helped carry me back to the cutter.*

5. Show **Slide 24:** Anonymous' Story. Continue to read the story slowly.

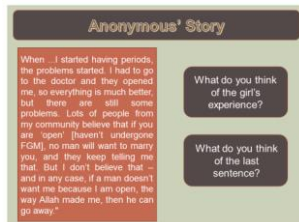
- a. *I ran away - I ran as fast as I could but they sent boys after me and they caught me. They took me legs and my arms and carried me back. One of them was my older brother. They tied me down, I was fighting as hard as I could, but they were stronger. I was screaming. The old woman, my great aunt, used a razor blade - it was clean and new, but there was no anesthetic when she cut me. I have no memory at all of her cutting me - it's blank. But then another woman came, she was from a different city, and she gave me an injection before they stitched me up.*

VI. Anonymous' Story (cont.)

25



26



VI. Anonymous' Story (cont.)

6. Show **Slide 25: Anonymous' Story**. Continue to read the story slowly.

- a. *They tied my legs together the whole way down so I couldn't open my legs, I was like that for three or four weeks.*

I remember my grandmother taking me home and telling me I had to pee, I was terrified. Because my legs were tied I couldn't sit to pee, so I leaned over on one side and the pain was unbearable. I jumped, and some of the stitches opened. My neighbor, she was in her 30s, said I would have to be sewn up again but my grandmother refused.

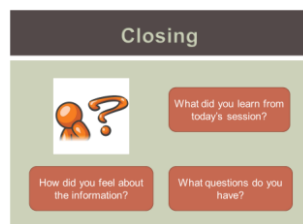
7. Show **Slide 26: Anonymous' Story**. Continue to read the story slowly.

- a. *When ...I started having periods, the problems started. I had to go to the doctor and they opened me, so everything is much better, but there are still some problems. Lots of people from my community believe that if you are 'open' [haven't undergone FGM], no man will want to marry you, and they keep telling me that. But I don't believe that – and in any case, if a man doesn't want me because I am open, the way Allah made me, then he can go away.*

- b. Ask the participants the following questions. Remind them that they may use the handout to record their answers if they choose. Make sure to pause to allow participants to consider their answers and provide opportunities for all participants to share their answers.
- What do you think of the girl's experience?*
 - What do you think of the last sentence?*

VII. Closing (5 minutes)

27



VII. Closing (5 minutes)

1. Show **Slide 27**. Thank everyone for coming and participating. Thank the participants for sharing their stories and talking and explain that you understand this is a sensitive topic. Ask the following questions and allow a few minutes for answers.
 - a. *What did you learn from today's session?*
 - b. *How did you feel about the information?*
 - c. *What questions do you have?*
2. Distribute the **WORKSHOP EVALUATION FORM**. Ask participants to complete and return it to the facilitator.
3. The facilitator should complete the **FIDELITY CHECKLIST AND FACILITATOR FEEDBACK FORM** after the completion of the module.

Handout 3.2.1: FGC AND HEALTH PROBLEMS

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

What happens immediately after a girl is circumcised?

Have you or anyone you know experienced any health problems from being circumcised?

What are some long term health problems of FGC?

What problems associated with pregnancy and childbirth are common in women with FGC?

What is menopause?

What are the symptoms of menopause?

How does FGC affect going through menopause?

Handout 3.2.2: HOW GENITAL CUTTING AFFECTS GIRLS AND WOMEN THROUGHOUT THEIR LIVES



Handout 3.2.3: EMOTIONAL CONSEQUENCES OF FGC

NAME: _____

DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. What did you think about the song, poems, and video?

2. What do you think is the emotional consequence of FGC?

3. What are some emotional consequences to FGC that you or other women you know experienced?

4. What would you tell a girl or young woman about the emotional consequences of FGC if she was being pressured to undergo FGC?

Handout 3.2.4: ANONYMOUS' STORY

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. What do you think of the girl's experience?
2. What do you think of the last sentence (But I don't believe that – and in any case, if a man doesn't want me because I am open, the way Allah made me, then he can go away.)?

Module 3.2 WORKSHOP EVALUATION

Circle the best answer.

1. I can describe the health consequences of FGC.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I can describe the emotional consequences of FGC.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I feel comfortable asking questions of a health care provider regarding women's health and FGC.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I know what I can do to manage any health consequences of FGC	Strongly Agree	Agree	Disagree	Strongly Disagree
5. The information was interesting to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. The information was useful to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I felt comfortable sharing my experiences and beliefs.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. The information I learned will influence my future health decisions for me and my family.	Strongly Agree	Agree	Disagree	Strongly Disagree

Module 3.2 FIDELITY CHECKLIST & FACILITATOR FEEDBACK

Facilitator Name: _____ DATE: _____

How many total modules did you deliver today? 1 2 3 4 5 6 7 8

How many participants attended this module today? _____

How many participants were expected to attend today? _____

Where did you facilitate today? _____

For each module component, indicate whether the component was completed or not completed.

Module Component	Comments	Completed
Review of Learning Objectives		<input type="checkbox"/> Yes <input type="checkbox"/> No
Opening		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health-Related Problems and FGC		<input type="checkbox"/> Yes <input type="checkbox"/> No
Emotional Consequences of FGC		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video – Gabayga Dardaaran		<input type="checkbox"/> Yes <input type="checkbox"/> No
Poem – The Day I Will Never Forget		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video – The Day I Will Never Forget		<input type="checkbox"/> Yes <input type="checkbox"/> No
Guest Speaker		<input type="checkbox"/> Yes <input type="checkbox"/> No
Anonymous' Story		<input type="checkbox"/> Yes <input type="checkbox"/> No
Closing and Workshop Feedback		<input type="checkbox"/> Yes <input type="checkbox"/> No

Learning Objective	Achieved
Describe the health consequences of FGC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the emotional consequences of FGC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practice asking questions of a health care provider regarding women's health and FGC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discuss what you can do to manage any health consequences of FGC	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer these questions to the best of your ability.

Participants were engaged in the session.	Not at all	A little	Somewhat	A lot
Participants felt comfortable sharing thoughts and ideas.	Not at all	A little	Somewhat	A lot
Participants thoughtfully considered the information presented.	Not at all	A little	Somewhat	A lot
I was able to establish a genuine connection.	Not at all	A little	Somewhat	A lot
I was able to apply my skills effectively to deliver the module.	Not at all	A little	Somewhat	A lot
I was able to generate an atmosphere of mutual respect.	Not at all	A little	Somewhat	A lot

Did you make any additions or changes to the module or to the activities in the module?

☐ Yes ☐ No

If yes, please describe what you added or changed and why.

Please describe the effectiveness of any addition/change.

Please describe any peak moments you had today. An example of a peak moment would be a success, breakthrough, or “aha-moment.”

Please describe anything that stumped you or took you off guard today.

Female Genital Cutting (FGC) and the Law



Nicole Rosen, Ph.D. & Melanie D. Hetzel-Riggin, Ph.D.
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Penn State Behrend



This material was developed by the Susan Hirt Hagen Center for Community Outreach, Research, and Evaluation (CORE) with federal funds from the Office of Women's Health, U.S. Department of Health and Human Services (Number XX). The contents of this publication do not necessarily reflect the views or policies of the U.S. Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. You may reproduce this material for training and information purposes. We would like to thank Isuroon for their contributions to this project.

Learning Objectives

- Describe the U.S. court system
- Explain why FGC is considered illegal in the U.S.
- Describe the legal consequences of performing FGC in the U.S. and abroad
- Apply your knowledge about FGC and U.S. law

Suggested Agenda

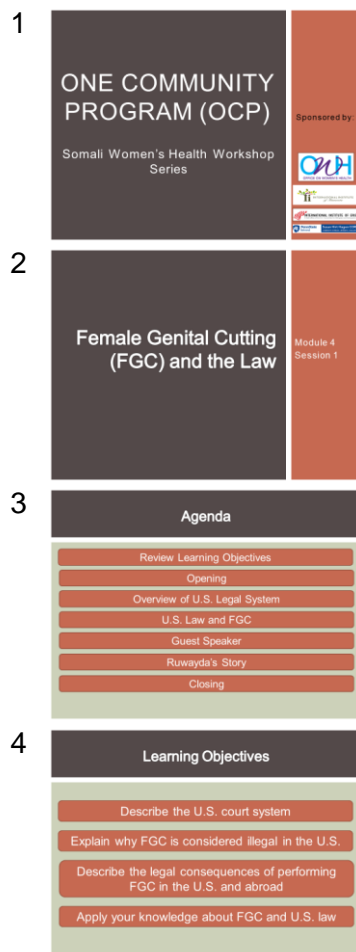
	Time
1. Review of Learning Objectives	5 minutes
2. Opening	5 minutes
3. Overview of U.S. Legal System	10 minutes
4. U.S. Law and FGC	10 minutes
5. Guest Speaker	15 minutes
6. Ruwayda's Story	10 minutes
7. Closing and Workshop Feedback	5 minutes

Materials Needed

- ☐ Agenda
- ☐ Attendance Record
- ☐ Pencils and Pens
- ☐ Name Tags or Tents
- ☐ PowerPoint
- ☐ Chart Paper or White Board and Markers
- ☐ Projector
- ☐ Laptop
- ☐ Extension Cord
- ☐ Refreshments and Snacks
- ☐ **Video Clips** (Available on CD or Imbedded in PowerPoint)
 - Introduction-Going to Court in Minnesota-Somali (Minnesota Judicial Branch/ECHO)
- ☐ **Handouts**
 - Copies of PowerPoint Slides
 - Handout 4.1.1: Understanding the U.S. Legal System
 - Handout 4.1.2: U.S. Government Fact Sheet on Female Genital Mutilation or Cutting (FGM/C)
 - Handout 4.1.3: Ruwayda's Story
 - Workshop Evaluation

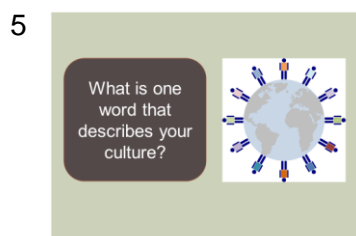
I. Introduction

(5 minutes)



II. Opening

(5 minutes)



I. Introduction (5 minutes)

1. Remind the participants about what the One Community Program is (**Slide 1**).
2. Introduce the module (**Slide 2**).
3. Show **Slide 3** and go over the agenda with the participants.
 - Review of Learning Objectives
 - Opening
 - Overview of the U.S. court system
 - U.S. Law and FGC
 - Guest Speaker
 - Ruwayda's Story
 - Closing and Workshop Evaluation
4. Review the learning objectives, shown on **Slide 4**.
 - Describe the U.S. court system
 - Explain why FGC is considered illegal in the U.S.
 - Describe the legal consequences of performing FGC in the U.S. and abroad
 - Apply your knowledge about FGC and U.S. law

II. Opening (5 minutes)

1. **Slide 5** is an opening icebreaker activity. The goal of this icebreaker activity is to warm up the conversation among the participants. The activity should provide an opportunity for participants to learn something about each other and the facilitator.
 - Divide the meeting participants into groups of four or five people.
 - The facilitator should ask the question, *Please think about your culture and come up with one word to describe it.*
 - Ask participants to share with their group. Have members of the groups question each other about the meaning of their one word.
 - Ask the participants to share their one word with the larger group. Ask for a volunteer to start and then ask each participant to share their one word that described their culture. Write the words on a white board or newsprint.
 - Once everyone has shared, reflect back to the group any themes that are present
 - Ask participants, *Is this culture consistent across everyone?*
 - If any lessons regarding FGC are shared, finish this section by restating these lessons.

III. Overview of the U.S. Legal System (10 minutes)

6

7

IV. U.S. Law and FGC (10 minutes)

8

III. Overview of the U.S. Legal System (10 minutes)

1. **Note to the instructor:** This session deals with serious legal issues. FGC is considered a crime and is illegal under U.S. law. The U.S. system does not aim to “criminalize” the practice of FGC and destroy families by sending parents to prison and taking the children away, but without a doubt, the U.S. legal system will not tolerate FGC performed in the states or abroad by legal residents or citizens.
2. Distribute handout **2.1.1: UNDERSTANDING U.S. LEGAL SYSTEM.**
3. Show **Slide 6** regarding legal system perceptions. Remind participants of the Think-Pair-Share directions. Show each question in turn.
 - a. *What do you know about the U.S. legal system?*
 - b. *What is surprising or confusing about the U.S. legal system?*
4. Show **Slide 7**. Press play to show the video (*Introduction-Going to Court in Minnesota*; 7:30). Then facilitate a discussion using the following questions:
 - a. *What is one thing you learned from the video?*
 - b. *How is the legal or court system different in the U.S. from the system in Somalia?*
 - c. *What is one question you still have about the U.S. legal system?*

IV. U.S. Law and FGC (10 minutes)

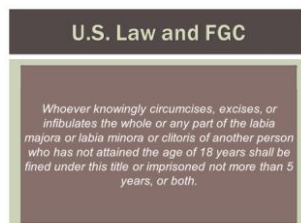
1. Show **Slide 8**. Ask the participants:
 - a. *What American laws are you aware of?*

Write down participant responses on a white board or newsprint. Some examples of laws they may be aware of include laws about children missing school and driving laws. Discuss some similar laws between Somali and American. Then ask the participants:

 - b. *In America, is FGC legal?*
 - i. *NO -- FGC is against the law in America.*

IV. U.S. Law and FGC
(cont.)

9

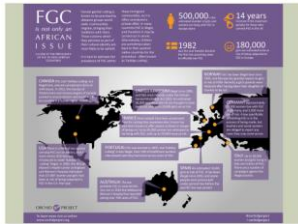


IV. U.S. Law and FGC (cont.)

- c. *FGC is against the law in the U.S.A. The United States and many other countries consider FGC a violation of women's rights and a form of child abuse. Federal law makes it a crime to perform FGC on a girl younger than 18, or to take, or attempt to take, a girl out of the U.S. for FGC. Yet, girls and women who have experienced FGC, are not at fault and have not broken any U.S. laws*
2. Distribute handout **4.1.2: U.S. GOVERNMENT FACT SHEET ON FEMALE GENITAL MUTILATION OR CUTTING (FGM/C)**
 3. Show **Slide 9**. Recap with participants that FGC may be recognized as a tradition for those who practice it, but in other parts of the world, it is viewed very differently. Ask participants the questions on the slide and engage them in a conversation.
 - a. *What laws protect girls from FGM in the U.S.?*
 - i. *The federal law addressing FGM in the U.S.: 18 U.S. Code § 116 'Female Genital Mutilation' makes it illegal to Perform FGM in the U.S. or knowingly transport a girl out of the U.S. for the purpose of inflicting FGM.*
 - ii. *Whoever knowingly circumcises, excises, or infibulates the whole or any part of the labia majora or labia minora or clitoris of another person who has not attained the age of 18 years shall be fined under this title or imprisoned not more than 5 years, or both.*
 - b. *24 states in the U.S. also have laws against FGM*
 - i. *The states of Arizona, Florida, Georgia, Kansas, Louisiana, Nevada, and New Jersey currently have a "vacation provision" as part of their state laws prohibiting FGM.*
 - c. *Section 1088 'Transport for Female Genital Mutilation'*
 - i. *Whoever knowingly transports from the United States and its territories a person in foreign commerce for the purpose of [female genital mutilation] with regard to that person that would be a violation of subsection (a) if the conduct occurred within the United States, or attempts to do so, shall be fined under this title or imprisoned not more than 5 years, or both.*

IV. U.S. Law and FGC (cont.)

10



11

U.S. Law and FGC

Why is FGC considered a crime?

Who will be prosecuted?

What are the legal consequences?

12

U.S. Law and FGC

How does the law affect green card holders and refugees?

If you are a green cardholder or Legal Permanent Resident (LPR)?

If you are a refugee without LPR status?

IV. U.S. Law and FGC (cont.)

4. Show **Slide 10**. Review the material on the slide, making sure to discuss legal consequences of FGC throughout the world. Read the consequences of practicing FGC in multiple different countries, stressing the themes across the world including:
 - a. That most industrialized countries view FGC as illegal;
 - b. 'Vacation cutting' is also banned in most industrialized countries.
5. Show **Slide 11**: U.S. Law and FGC. For each question, allow participants to answer first, then discuss key points below.
 - a. *Why is FGC considered a crime?*
 - ii. *In the U.S., FGC is considered "child abuse" and the legal ramifications are equivalent. Just as it is illegal abuse a woman or child, "the United States considers FGC to be a serious human rights abuse and a form of gender-based violence and child abuse.⁷ FGC is therefore considered an aggravated felony and "a violation of women's rights."*
 - d. *Who will be prosecuted?*
 - i. *All people who helped, organized, transported, assisted, and/or performed FGC. The only person who will not be persecuted is the girl or woman who the procedure was performed on.*
 - e. *What are the legal consequences?*
 - i. *Prison time, family separation, and potential deportation for green card holders and refugees.*
6. Show **Slide 12**: U.S. Law and FGC. For each question, allow participants to answer first, then discuss key points below
 - a. *How does the law affect green card holders and refugees?*
 - a. *Regarding laws, non- citizens (green card holders) are in a more precarious position. If they commit a felony (more serious crime) they can be deported and barred from ever entering the country again.*

IV. U.S. Law and FGC (cont.)

13



V. Guest Speaker (15 minutes)

14



IV. U.S. Law and FGC (cont.)

- b. If you are a green cardholder or Legal Permanent Resident (LPR):*
 - a. Subject to deportation; may be detained during removal proceedings; subject to up to 20 years in prison if LPR re-enters the U.S. without permission after removal; permanently barred from future immigration to the U.S.; if not removed, LPR may be barred from becoming a naturalized citizen.*
- c. If you are a refugee without LPR status:*
 - a. May be deported after a criminal conviction, even if they would be in grave danger in their home country; some felonies, subject to judicial discretion, may result in the inability to obtain LPR status.*

7. Show **Slide 13**: Ask the participants the following questions. Encourage all groups to provide responses to the questions. Record key findings, as well as if the group came to a consensus on any of these questions.

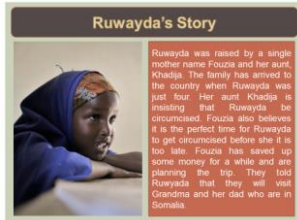
- a. How do you feel about these regulations?*
- b. Do you see FGC as a child abuse?*
- c. Do you see FGC as women's right violation?*

V. Guest Speaker (15 minutes)

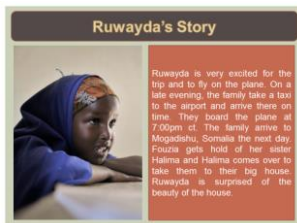
1. Show **Slide 14** introducing the guest speaker.
 - a. Introduce the guest speaker, a lawyer or a knowledgeable professional specializing in legal consequences of performing or assisting with FGC.
 - b. The guest speaker will share his or her legal experience with FGC, comment on the presentation, and talk about the legal issues she most often encounters related to FGC.
 - c. The guest speaker will then invite questions and provide answers.
 - d. If a guest speaker is unavailable, then review the U.S. code in more detail. Review state codes as well.

VI. Ruwayda's Story (10 minutes)

15



16



17

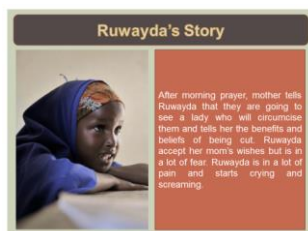


VI. Ruwayda's Story (10 minutes)

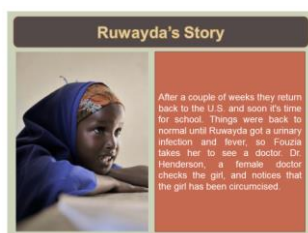
1. Distribute **Handout 4.1.3: RUWAYDA'S STORY.**
2. Show **Slide 15:** Ruwayda's Story. Read the story slowly, and ask participants to listen carefully. Mention to the participants that this story introduces a recently arrived Somali family. They have been in the U.S. for less than three years and having hard time adopting to the strange country.
 - a. *Ruwayda was raised by a single mother name Fouzia and her aunt, Khadija. The family has arrived to the country when Ruwayda was just four. Her aunt Khadija is insisting that Ruwayda be circumcised. Fouzia also believes it is the perfect time for Ruwayda to get circumcised before she it is too late. Fouzia has saved up some money for a while and are planning the trip. They told Ruwayda that they will visit Grandma and her dad who are in Somalia.*
3. Show **Slide 16:** Ruwayda's Story. Continue to read the story slowly.
 - a. *Ruwayda is very excited for the trip and to fly on the plane. On a late evening, the family take a taxi to the airport and arrive there on time. They board the plane at 7:00pm ct. The family arrive to Mogadishu, Somalia the next day. Fouzia gets hold of her sister Halima and Halima comes over to take them to their big house. Ruwayda is surprised of the beauty of the house.*
4. Show **Slide 17:** Ruwayda's Story. Continue to read the story slowly.
 - a. *The next night Halima says "I have the best person in town who performed a lot of circumcisions and her name is Faduma". They all go to visit Faduma and Halima tell her "I have my niece who traveled all the way from America to meet you and help them get circumcised". Faduma is excited and says it will be \$100 for the girl knowing that they can afford this money since they came from U.S.A.*

VI. Ruwayda's Story (cont.)

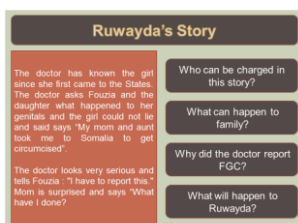
18



19



20



VI. Ruwayda's Story (cont.)

5. Show **Slide 18**: Ruwayda's Story. Continue to read the story slowly.
 - a. *After morning prayer, mother tells Ruwayda that they are going to see a lady who will circumcise them and tells her the benefits and beliefs of being cut. Ruwayda accept her mom's wishes but is in a lot of fear. Ruwayda is in a lot of pain and starts crying and screaming.*
6. Show **Slide 19**: Ruwayda's Story. Continue to read the story slowly.
 - a. *After a couple of weeks they return back to the U.S. and soon it's time for school. Things were back to normal until Ruwayda got a urinary infection and fever, so Fouzia takes her to see a doctor. Dr. Henderson, a female doctor checks the girl, and notices that the girl has been circumcised.*
7. Show **Slide 20**: Ruwayda's Story. Continue to read the story slowly.
 - a. *The doctor has known the girl since she first came to the States. The doctor asks Fouzia and the daughter what happened to her genitals and the girl could not lie and said says "My mom and aunt took me to Somalia to get circumcised". The doctor looks very serious and tells Fouzia: "I have to report this." Mom is surprised and says "What have I done?"*

Facilitate a discussion for each of the questions. Remind the participants that they can write down their answers on **Handout 4.1.3**.

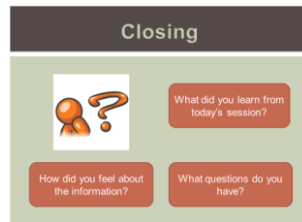
- a. *Who can be charged in this story?*
- b. *What can happen to family?*
- c. *Why did the doctor report FGC?*

In the U.S., certain professionals are required to report child abuse. If they see abuse and do not report it, they will be legally liable. This includes social workers; teachers, principals, physicians, nurses; counselors, therapists; child care providers; medical examiners or coroners; and law enforcement officers. Other people who can report are neighbors, family, and friends. The reporting is anonymous, so if a person reports child abuse, they will be protected.

- d. *What will happen to Ruwayda?*

VII. Closing (5 minutes)

21



VII. Closing (5 minutes)

1. Show **Slide 21**. Thank everyone for coming and participating. Ask the following questions and allow a few minutes for answers.
 - a. *What did you learn from today's session?*
 - b. *How did you feel about the information?*
 - c. *What questions do you have?*
2. Distribute the **WORKSHOP EVALUATION FORM**. Ask participants to complete and return it to the facilitator.
3. The facilitator should complete the **FIDELITY CHECKLIST AND FACILITATOR FEEDBACK FORM** after the completion of the module.

Handout 4.1.1: UNDERSTANDING THE U.S. LEGAL SYSTEM

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. What do you know about the U.S. legal system?

2. What is surprising or confusing about the U.S. legal system?

After watching the Going to Court in Minnesota video, answer the following:

3. What is one thing you learned from the video?

4. How is the legal or court system different in the U.S. from the system in Somalia?

5. What is one question you still have about the U.S. legal system?

Handout 4.1.2: U.S. GOVERNMENT FACT SHEET ON FEMALE GENITAL MUTILATION OR CUTTING (FGM/C)

The United States is committed to ending female genital mutilation or cutting (FGM/C). If you believe you are at risk of FGM/C, know of someone at risk of FGM/C, have questions about FGM/C, or have undergone FGM/C and need help or further information, please contact the number below.

What Is FGM/C?

FGM/C refers to cutting and other procedures that injure the female genital organs for non-medical reasons. It may be called “female circumcision” in certain parts of the world. The practice has no health benefits and can lead to a range of physical and mental health problems.

What Are the Health Effects of FGM/C?

Immediate effects may include blood loss, severe pain, and sometimes death. Long-term health problems can include urinary infections, fistula, infertility, painful menstruation or sexual intercourse, and a potential increase in the risk of HIV/AIDS infection. In addition, women who have had FGM/C are significantly more likely to experience difficulties during childbirth and their babies are more likely to die as a result of the practice. Finally, the practice often leaves girls and women feeling scared, psychologically scarred, embarrassed, and distressed.

What Is the U.S. Government’s View on FGM/C?

The U.S. Government opposes FGM/C, no matter the type, degree, or severity, and no matter what the motivation for performing it. The U.S. Government understands that FGM/C may be carried out in accordance with traditional beliefs and as part of adulthood initiation rites. Nevertheless, the U.S. Government considers FGM/C to be a serious human rights abuse, and a form of gender-based violence and child abuse.

Why Is the United States Providing This FGM/C Notice?

The United States is committed to ending FGM/C to protect the health and well-being of, and advance the rights of, women and girls globally. The United States is working at home and in other countries to help educate people about the serious, damaging effects of FGM/C on women and girls.

What Are the Criminal Consequences of Performing or Assisting in FGM/C?

It is against U.S. law to perform FGM/C on a girl under the age of 18, or to send or attempt to send her outside the United States so FGM/C can be performed. Violation of the law is punishable by up to 5 years in prison, fines, or both. There is no exception for performing FGM/C because of tradition or culture. Cutting and other procedures that injure the female genital organs of a girl under 18 are prohibited under U.S. law.

What Are the Immigration Consequences of Violating the Laws Against FGM/C?

Violating the laws against FGM/C – even without a criminal conviction – may have significant immigration consequences, including making one inadmissible to or removable from the United States, as well as ineligible for some immigration benefits.

Have Women Who Have Undergone FGM/C Broken Any Laws?

A girl or woman who has undergone FGM/C is not at fault. She has not violated any U.S. laws by undergoing the procedure. Eligibility for travel to or for immigration benefits from the United States is not negatively affected by the fact that a person has undergone FGM/C.

Where Can One Find Additional Resources?

If you believe you are at risk of FGM/C or have undergone FGM/C, have questions about FGM/C, have information about someone who is performing FGM/C in the United States, or know of someone who may be at risk of having the procedure done here or outside the United States, please contact this number for additional information about available resources: 1-800-994-9662

Handout 4.1.3: RUWAYDA'S STORY

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. Who can be charged in this story?

2. What can happen to family?

3. Why did the doctor report FGC?

4. What will happen to Ruwayda?

Module 4.1 WORKSHOP EVALUATION

Circle the best answer.				
1. I can describe the U.S. court system.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I can explain why FGC is considered illegal in the U.S.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I can describe the legal consequences of performing FGC in the U.S. and abroad.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I know how to apply my knowledge about FGC and U.S. law.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. The information was interesting to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. The information was useful to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I felt comfortable sharing my experiences and beliefs.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. The information I learned will influence my future health decisions for me and my family.	Strongly Agree	Agree	Disagree	Strongly Disagree

Module 4.1 FIDELITY CHECKLIST & FACILITATOR FEEDBACK

Facilitator Name: _____ DATE: _____

How many total modules did you deliver today? 1 2 3 4 5 6 7 8

How many participants attended this module today? _____

How many participants were expected to attend today? _____

Where did you facilitate today? _____

For each module component, indicate whether the component was completed or not completed.

Module Component	Comments	Completed
Review of Learning Objectives		<input type="checkbox"/> Yes <input type="checkbox"/> No
Opening		<input type="checkbox"/> Yes <input type="checkbox"/> No
Overview of U.S. Legal System		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Discussion: Introduction-Going to Court in Minnesota		<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Law and FGC		<input type="checkbox"/> Yes <input type="checkbox"/> No
Guest Speaker		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ruwayda's Story		<input type="checkbox"/> Yes <input type="checkbox"/> No
Closing		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workshop Evaluation		<input type="checkbox"/> Yes <input type="checkbox"/> No

Learning Objective	Achieved
Describe the U.S. court system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain why FGC is considered illegal in the U.S.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the legal consequences of performing FGC in the U.S. and abroad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apply your knowledge about FGC and U.S. law	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer these questions to the best of your ability.

Participants were engaged in the session.	Not at all	A little	Somewhat	A lot
Participants felt comfortable sharing thoughts and ideas.	Not at all	A little	Somewhat	A lot
Participants thoughtfully considered the information presented.	Not at all	A little	Somewhat	A lot
I was able to establish a genuine connection.	Not at all	A little	Somewhat	A lot
I was able to apply my skills effectively to deliver the module.	Not at all	A little	Somewhat	A lot
I was able to generate an atmosphere of mutual respect.	Not at all	A little	Somewhat	A lot

Did you make any additions or changes to the module or to the activities in the module?

☐ Yes ☐ No

If yes, please describe what you added or changed and why.

Please describe the effectiveness of any addition/change.

Please describe any peak moments you had today. An example of a peak moment would be a success, breakthrough, or “aha-moment.”

Please describe anything that stumped you or took you off guard today.

Embracing Change



Nicole Rosen, Ph.D. & Melanie D. Hetzel-Riggin, Ph.D.
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Penn State Behrend



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Learning Objectives

- Summarize what you have learned from the One Community program
- Explain your current attitudes toward FGC
- Describe ways to embrace change about FGC
- Identify an acceptable alternative rite of passage

Suggested Agenda

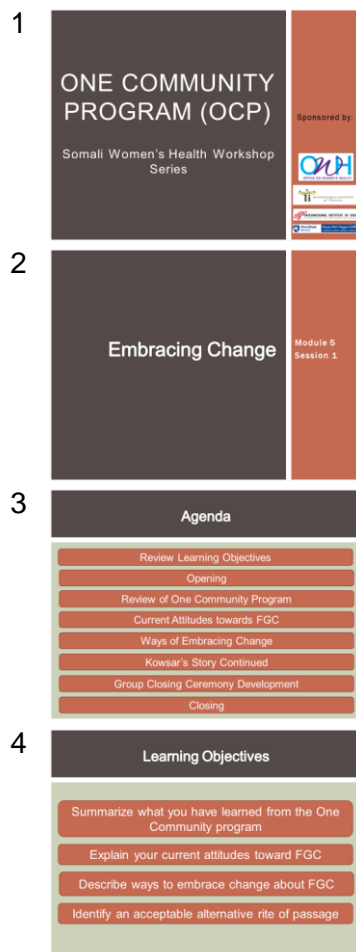
	Time
1. Review of Learning Objectives	5 minutes
2. Opening	5 minutes
3. Review of One Community Program	5 minutes
4. Current Attitudes towards FGC	10 minutes
5. Ways of Embracing Change	10 minutes
6. Kowsar's Story Continued	10 minutes
7. Group Closing Ceremony Development	10 minutes
8. Closing and Workshop Feedback	5 minutes

Materials Needed

- ☐ Agenda
- ☐ Attendance Record
- ☐ Pencils and Pens
- ☐ Name Tags or Tents
- ☐ PowerPoint
- ☐ Chart Paper or White Board and Markers
- ☐ Projector
- ☐ Laptop
- ☐ Extension Cord
- ☐ Refreshments and Snacks
- ☐ **Video Clips** (Available on CD or Imbedded in PowerPoint)
 - Public Declaration of FGM Abandonment (Plan International West Africa)
 - Malika (Safe Hands for Mothers)
 - Hawa and Mohammad (Safe Hands for Mothers)
 - Alternative Rites of Passage take root in Kenya (VOA News)
- ☐ **Handouts**
 - Copies of PowerPoint Slides
 - Handout 5.1.1: Reflection on One Community Program
 - Handout 5.1.2: Public Declarations/Rites of Passage
 - Handout 5.1.3: Kowsar's Story Continued
 - Workshop Evaluation

I. Introduction

(5 minutes)



II. Opening

(5 minutes)



I. Introduction (5 minutes)

1. Remind the participants about what the One Community Program is (**Slide 1**).
2. Introduce the module (**Slide 2**).
3. Show **Slide 3** and go over the agenda with the participants.
 - Review of Learning Objectives
 - Opening
 - Review of One Community Program
 - Current Attitudes towards FGC
 - Ways of Embracing Change
 - Kowsar's Story Continued
 - Group Closing Ceremony Development
 - Closing and Workshop Evaluation
4. Review the learning objectives, shown on **Slide 4**.
 - Summarize what you have learned from the One Community program
 - Explain your current attitudes toward FGC
 - Describe ways to embrace change about FGC
 - Identify an acceptable alternative rite of passage

II. Opening (5 minutes)

1. **Slide 5** is an opening icebreaker activity. The goal of this icebreaker activity is to warm up the conversation among the participants. The activity should provide an opportunity for participants to learn something about each other and the facilitator.
 - The facilitator should ask the question, *What is one part of your culture you want to continue?*
 - Ask participants to share with their group. Write down answers on a white board or newsprint.
 - Once everyone has shared, reflect back to the group any themes that are present
 - Ask participants, *What is one part of American culture you want to embrace?*
 - Ask participants to share with their group. Write down answers on a white board or newsprint.
 - Once everyone has shared, reflect back to the group any themes that are present
 - If any lessons regarding FGC are shared, finish this section by restating these lessons.

III. Review of One Community Program (5 minutes)

6

What did you learn about:

- Healthcare in America
- Preventive Healthcare
- Physical Health Consequences of FGC
- Emotional Health Consequences of FGC
- The Law and FGC

IV. Current Attitudes Toward FGC (10 minutes)

7

Group Discussion

- What questions do you still have?
- What are your current attitudes about FGC?
- How has the One Community Program affected what you think about FGC?
- Will you have your daughters cut?
- How will you talk to your sons about FGC?

V. Ways of Embracing Change (10 minutes)

8

Embracing Change

- National level
- Media
- Laws and policies
- Community/Individual Level
- Public Declarations/Public Pledge
- Alternative Rite of Passage



III. Review of One Community Program (5 minutes)

1. Distribute handout 5.1.1: **REFLECTION ON ONE COMMUNITY PROGRAM**
2. Show **Slide 6**: What did you learn about? Show each topic in turn and facilitate a discussion about what the participants learned. Remind participants that they can use the handout provided to record their answers if they wish.
 - a. *Healthcare in America*
 - b. *Preventive Healthcare*
 - c. *Physical Health Consequences of FGC*
 - d. *Emotional Health Consequences of FGC*
 - e. *The Law and FGC*

IV. Current Attitudes Toward FGC (10 minutes)

1. Show **Slide 7**. Remind participants of the Think-Pair-Share directions and that they can use the handout provided to record their answers if they wish. Show each question in turn. Then facilitate a discussion using the following questions:
 - a. *What questions do you still have?*
 - b. *What are your current attitudes about FGC?*
 - c. *How has the One Community Program affected what you think about FGC?*
 - d. *Will you have your daughters cut?*
 - e. *How will you talk to your sons about FGC?*

V. Ways of Embracing Change (10 minutes)

1. Show **Slide 8**: Embracing Change. Share the following with the participants.
 - a. *Promoting the decision to abandon female genital mutilation includes **national activities** that bring the practice into the public discussion and debate.*
 - b. *The **media** can play a crucial role both in bringing correct information to households and in informing people about positive social change that may be taking place in communities. This is particularly important when discussion of FGC is considered taboo. Information activities should target local needs and concerns as well as provide information on a wide range of issues, such as human rights including child and women's rights, facts on*

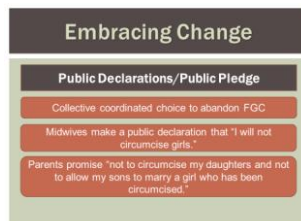
V. Ways of Embracing Change (cont.)

V. Ways of Embracing Change (cont.)

female sexual organs and functions and consequences of FGC, as well as the ways in which individuals and communities can combat the practice.

- c. *Activities must include the **review and reform of laws and policies** as well as sectoral measures especially within the health, education, social and legal protection systems. The effectiveness of any law depends, however, on the extent to which it is linked to the broader process of social change. Legal measures are important to make explicit the government's disapproval of FGC, to support those who have abandoned the practice or wish to do so, and to act as a deterrent. However, imposing sanctions alone runs the risk of driving the practice underground and having a very limited impact on behavior (UNICEF, 2005b). Legal measures should be accompanied by information and other measures that promote increased public support for ending the practice.*
- d. *On the **community or individual level**, there are two ways that we can embrace change about FGC*
 - i. *Public pledges and public declarations*
 - ii. *Identifying alternative rites of passage for women and girls.*

9



2. Show **Slide 9**. Describe what a public declaration or public pledge is to the participants. Read this quote from Karin Weber (June 2012) from her speech, "Good Practice: Public Declarations on Female Genital Mutilation/Cutting Abandonment" (United Nations Uganda). Show the items as you read the quote.

- a. *Public declarations are a collective and coordinated choice by a community. This method often involve the entire community, in which midwives make a public declaration that "I will not circumcise girls." Parents promise "not to circumcise my daughters and not to allow my sons to marry a girl who has been circumcised." This process creates confidence that individuals are not alone in their decision, therefore their daughters will not be stigmatized if they are not cut.*

Ask the participants if either they or anyone in their families or community have made a public declaration or pledge against FGC. Discuss what that would mean for them to do.

V. Ways of Embracing Change (cont.)



V. Ways of Embracing Change (cont.)

3. Distribute **Handout 5.1.2: PUBLIC DECLARATIONS/RITES OF PASSAGE**

4. Show **Slide 10**, which is an example of a public declaration against FGC. Read it slowly, and ask participants what they think about the statement.
 - a. *"I say no to FGM/C because of the negative implications for girls in the community. Others who are still pro FGM/C discriminate us and say we are cowards. I tell my friends that I will stay this way and won't get cut!"*
 - i. Pokot girl who publicly declared FGC abandonment
5. Show **Slide 11**: Press play to show the video (*Public Declaration of FGM abandonment*, 2:30). Ask the participants to listen carefully.
6. Show **Slide 12**: Press play to show the video (*Malika*, 1:18). Ask the participants to listen carefully.
7. Show **Slide 13**: Press play to show the video (*Hawa and Mohammad*, 1:43). Ask the participants to listen carefully. After the video is over, solicit reactions from the poem and videos from the participants. Write any themes or important points on a white board or newsprint.
8. Show **Slide 14**. Show each question in turn. Let the women share their answers and write some of the key ideas on the white board or newsprint. Question and probe if necessary.
 - a. *What public declaration about FGC are you willing to do after finishing the One Community Program?*
 - b. *What can you do to influence those in your family and community to make a public declaration against FGC?*

V. Ways of Embracing Change (cont.)

15



16



V. Ways of Embracing Change (cont.)

9. Show **Slide 15**. Say the following to the participants:

- a. *Alternative rites of passage have been embraced by some communities that have previously practiced FGC. As a community embraced ceremony, this ritual involves the entire community (girls, mothers, fathers, sons/brothers, midwives, and religious leaders). Leading up to the actual ceremony, girls learn about their culture. Many areas have included education on human rights, women's reproductive health, and women's sexual health.*

Press play to show the video (*Alternative Rites of Passage*, 3:00). Ask the participants to listen carefully.

10. Show **Slide 16**. Say the following to the participants. When you ask the question about alternative rites of passage, remind them that they may use the handout to record their answers if they choose. Make sure to pause to allow participants to consider their answers and provide opportunities for all participants to share their answers.

- a. *Creating ritual or rite of passage signals a shift in a girl's development, when she takes her first step into adulthood by sharing a personal oath that puts her on her path and acknowledges her womanhood for herself. These ceremonies help validate her existence at a fundamental level and help define who she is. They celebrate the sacredness and power of her female body and identity as she evolves from girl to woman. They offer counsel and advice from older, wiser women. They make her feel loved, cherished, important and deeply connected.*
- b. *The ceremony marks the transition from girlhood to womanhood and often involves a "public declaration" from parents, who state "I will not circumcise my daughters and I will not allow my sons to marry a girl who has been circumcised."*
- c. *What are possible alternative rites of passage?*
 - i. Some examples of alternative rites of passage include water ceremonies, parties or festivals, eating certain foods, displaying flowers, or demonstrations of skills in front of female elders.

VI. Kowsar's Story Continued (10 minutes)

17

18

19

20

VI. Kowsar's Story Continued (10 minutes)

1. Distribute **Handout 5.1.3: KOWSAR'S STORY CONTINUED.**
2. Show **Slide 17:** Kowsar's Story Continued. Read the story slowly, and ask participants to listen carefully as they will be in charge of giving advice to Kowsar.
 - a. *Every night after Kowsar comes from work, her mother Maryam continues to convince her that she is not a good mother and that her daughters will never get married. Maryam says to Kowsar, "getting the pharaonic circumcision is best for these girls, as it will help them control their sex drive and prohibit fornication. You know, where we are living, everyone is committing fornication and there is no longer fear of God.*
3. Show **Slide 18:** Kowsar's Story Continued. Continue to read the story slowly.
 - a. *These girls are young, and a man can trick them into having sex by telling her he will marry her after. If they are circumcised, it will be difficult for them to have sex." Kowsar always replies: "There is no money." In February, the tax return has arrived and everyone has his or her own ideas on how the money should be spent. Abdi, their father, thinks they should use the money to buy a house.*
4. Show **Slide 19:** Kowsar's Story Continued. Continue to read the story slowly.
 - a. *One son wants to buy a car to get a part time job. Kowsar thinks they should save some of the money in case Abdi loses his job, and use the rest to support her family back home. Everyone is disagreeing with one another and Maryam tells Kowsar to come with her. They go to Maryam's room. Maryam cries and tells Kowsar "Why am I the only person worrying about these girl's future".*
5. Show **Slide 19:** Kowsar's Story Continued. Continue to read the story slowly.
 - a. *Maryam comes to Kowsar and says "What do you want for your girls?" Kowsar feels like her heart is breaking, but she feels she has to stop Maryam: "I am not going to let my girls go through the pain and struggle that I have been through! I will not have them scream and suffer their whole lives! I cannot fight with my husband because of you! I respect you and I respect our traditions, but we cannot do it".*

VI. Kowsar's Story Continued (cont).

VI. Kowsar's Story Continued (cont).

- b. Ask the participants the following questions. Facilitate a discussion about the answers, especially if there is disagreement. Write themes from the answers on the white board or newsprint.
 - a. *Why did Kowsar decide not to follow her mothers' wishes?*
 - b. *Was it the right decision?*
 - c. *What would you have done if you were in Kowsar's place?*
 - d. *What alternative rite of passage would you suggest?*

VII. Group Closing Ceremony Development (10 minutes)

VII. Group Closing Ceremony Development (10 minutes)

21

Closing Ceremony
Examples of Closing Ceremonies
New Season Celebration
Closing with Intention
Sand Ceremony
Gift Exchange
Power Sticks
Other?

1. Show **Slide 21**. Say to the participants that you would like for the group to develop a closing ceremony for the next session. Share the following with the group:
 - a. *We have discussed a lot of difficult material during this program. What I would like for us to do as a group is to develop a closing ceremony that we will do during the next session. Closing ceremonies are very important in groups like this, as they allow the participants to celebrate their new beginnings and help them to embrace change.*
 - b. *Closing ceremonies often include some of the following components: summarizing main points of the program, reinforcing commitments, checking for unanswered questions, assessing members' growth and change, applying changes to everyday life, and saying goodbye to each other.*
 - c. *Closing ceremonies can take many forms. Here are a few examples of common closing ceremonies:*
 - i. *New season ceremony*: Celebrate with a New Year's type celebration. Find fun hats, noise makers, and share a delicious meal. Have members reflect on how far they've come during your time together. Challenge them to share a resolution for the new season and encourage them to continue incorporating the information they have gained from your group so that they can achieve their resolutions.

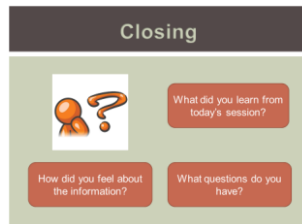
VII. Group Closing Ceremony Development (cont).

VII. Group Closing Ceremony Development (cont).

- i. Closing with intention: Ask participants to think about one way they can put what they've learned to work in their community. Their intention should be something specific and doable. Ask participants to share their intention with the group. The facilitator will write these on a large piece of paper; this will be kept on the wall of the agency.
- ii. Sand ceremony: Have the participants take some sand from a sand tray and place it in a plastic container to make their own beach. Instruct the participants to go around in a circle and select a pebble or seashell for each one of their group members. Have them say something they appreciated or liked about them that reminds them of their time together in group, placing the pebble or seashell they chose for them into the member's cup or container.
- iii. Gift exchange: Have each member think of a gift that they have received from each member (including the leader[s]). These can be things like hope, courage, laughter, an understanding of another's particular perspective, etc. Then, think of a gift you would like to give each member. These are usually metaphoric or symbolic. Each person gives their gift to the individual member who has volunteered to receive feedback. And, then each member talks about the gift they received from the member receiving the feedback.
- iv. Power sticks: Each person chooses a stick. Use paint and other materials to decorate the stick (i.e ribbon, beads) as a celebration of their own power and their declaration against FGC. Have the participants share how they decorated their sticks with each other.
- v. Others? Ask the participants to decide on a closing ceremony as a group, using one of the examples provided or developing their own. Write the details of the closing ceremony on the white board or newsprint.

VII. Closing (5 minutes)

22



VII. Closing (5 minutes)

2. Show **Slide 22**. Thank everyone for coming and participating. Ask the following questions and allow a few minutes for answers.
 - a. *What did you learn from today's session?*
 - b. *How did you feel about the information?*
 - c. *What questions do you have?*
3. Distribute the **WORKSHOP EVALUATION FORM**. Ask participants to complete and return it to the facilitator.
4. The facilitator should complete the **FIDELITY CHECKLIST AND FACILITATOR FEEDBACK FORM** after the completion of the module.

Handout 5.1.1: REFLECTION ON ONE COMMUNITY PROGRAM

NAME: _____

DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. What did you learn about:
 - a. Healthcare in America?
 - b. Preventative healthcare?
 - c. Physical consequences of FGC?
 - d. Emotional consequences of FGC?
 - e. The Law and FGC?

2. What questions do you still have?

3. What are your current attitudes about FGC?

4. How has the One Community Program affected what you think about FGC?

5. Will you have your daughters cut?

6. How will you talk to your sons about FGC?

Handout 5.1.2: PUBLIC DECLARATIONS/RITES OF PASSAGE

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. What public declaration about FGC are you willing to do after finishing the One Community Program?
2. What can you do to influence those in your family and community to make a public declaration against FGC?
3. What is an alternative rite of passage that you could promote for the girls and women in your family or community?

Handout 5.1.3: KOWSAR'S STORY CONTINUED

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. Why did Kowsar decide not to follow her mothers' wishes?

2. Was it the right decision?

3. What would you have done if you were in Kowsar's place?

4. What alternative rite of passage would you suggest?

Module 5.1 WORKSHOP EVALUATION

Circle the best answer.

1. I can summarize what I have learned from the One Community program.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I can explain my current attitudes toward FGC.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I can describe ways to embrace change about FGC.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I can identify an acceptable alternative rite of passage for girls and women in my life.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. The information was interesting to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. The information was useful to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I felt comfortable sharing my experiences and beliefs.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. The information I learned will influence my future health decisions for me and my family.	Strongly Agree	Agree	Disagree	Strongly Disagree

Module 5.1 FIDELITY CHECKLIST & FACILITATOR FEEDBACK

Facilitator Name: _____ DATE: _____

How many total modules did you deliver today? 1 2 3 4 5 6 7 8

How many participants attended this module today? _____

How many participants were expected to attend today? _____

Where did you facilitate today? _____

For each module component, indicate whether the component was completed or not completed.

Module Component	Comments	Completed
Review of Learning Objectives		<input type="checkbox"/> Yes <input type="checkbox"/> No
Opening		<input type="checkbox"/> Yes <input type="checkbox"/> No
Review of One Community Program		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Attitudes towards FGC		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ways of Embracing Change		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video: Public Declaration of FGM abandonment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video: Malika		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video: Hawa and Mohammad		<input type="checkbox"/> Yes <input type="checkbox"/> No
Alternative Rites of Passage		<input type="checkbox"/> Yes <input type="checkbox"/> No
Video: Alternative Rites of Passage for Girls		<input type="checkbox"/> Yes <input type="checkbox"/> No
Take Root		
Kowsar's Story Continued		<input type="checkbox"/> Yes <input type="checkbox"/> No
Group Closing Ceremony Development		<input type="checkbox"/> Yes <input type="checkbox"/> No
Closing		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workshop Evaluation		<input type="checkbox"/> Yes <input type="checkbox"/> No

Learning Objective	Achieved
Summarize what you have learned from the One Community program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain your current attitudes toward FGC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe ways to embrace change about FGC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify an acceptable alternative rite of passage	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer these questions to the best of your ability.

Participants were engaged in the session.	Not at all	A little	Somewhat	A lot
Participants felt comfortable sharing thoughts and ideas.	Not at all	A little	Somewhat	A lot
Participants thoughtfully considered the information presented.	Not at all	A little	Somewhat	A lot
I was able to establish a genuine connection.	Not at all	A little	Somewhat	A lot
I was able to apply my skills effectively to deliver the module.	Not at all	A little	Somewhat	A lot
I was able to generate an atmosphere of mutual respect.	Not at all	A little	Somewhat	A lot

Did you make any additions or changes to the module or to the activities in the module? ☐ Yes ☐ No

If yes, please describe what you added or changed and why.

Please describe the effectiveness of any addition/change.

Please describe any peak moments you had today. An example of a peak moment would be a success, breakthrough, or “aha-moment.”

Please describe anything that stumped you or took you off guard today.

Women as Advocates & Leaders



Nicole Rosen, Ph.D. & Melanie D. Hetzel-Riggin, Ph.D.
Susan Hirt Hagen Center for Community Outreach, Research, and Evaluation (CORE)
Penn State Behrend



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Learning Objectives

- Identify your leadership skills
- Review examples of female Somali leaders
- Practice leadership skills
- Conclude the group

Suggested Agenda

	Time
1. Review of Learning Objectives	5 minutes
2. Opening	5 minutes
3. Positive Traits for Overcoming Challenges	10 minutes
4. Somali Women Leaders	10 minutes
5. Leadership Skills	10 minutes
6. Group Closing Ceremony	15 minutes
7. Closing and Workshop Feedback	5 minutes

Materials Needed

- ☐ Agenda
- ☐ Attendance Record
- ☐ Pencils and Pens
- ☐ Name Tags or Tents
- ☐ PowerPoint
- ☐ Chart Paper or White Board and Markers
- ☐ Projector
- ☐ Laptop
- ☐ Extension Cord
- ☐ Refreshments and Snacks
- ☐ **Handouts**
 - Copies of PowerPoint Slides
 - Handout 5.2.1: Leaders in Somalia and America
 - Workshop Evaluation

I. Introduction

(5 minutes)



II. Opening

(5 minutes)



I. Introduction (5 minutes)

1. Remind the participants about what the One Community Program is (**Slide 1**).

2. Introduce the module (**Slide 2**). This session is the start of the advocacy and leadership part of the training. The session is focused on positive qualities, capabilities, and strengths of Somali women. It also highlights new generations and what they are achieving in the U.S.

3. Show **Slide 3** and go over the agenda with the participants.

- Review of Learning Objectives
- Opening
- Positive Traits for Overcoming Challenges
- Somali Women Leaders
- Leadership Skills
- Group Closing Ceremony
- Closing and Workshop Evaluation

4. Review the learning objectives, shown on **Slide 4**.

- Identify your leadership skills
- Review examples of female Somali leaders
- Practice leadership skills
- Conclude the group

II. Opening (5 minutes)

1. **Slide 5** is an opening icebreaker activity. The goal of this icebreaker activity is to warm up the conversation among the participants. The activity should provide an opportunity for participants to learn something about each other and the facilitator. The facilitator should be prepared to also have an answer to these questions.

- The facilitator should ask the questions: *What is one GOOD thing that happened today? What is one BAD thing that happened today?*
- Pause to allow participants to consider their answers.
- Ask participants if they would like to share the information. Allow those that volunteer to share the opportunity to do so. Ask any remaining participants if they would like to share their stories, making sure to ask everyone.
- Reflect back to the group any themes that came out.

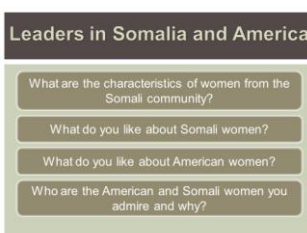
III. Positive Traits for Overcoming Challenges (10 minutes)

6



IV. Somali Women Leaders (10 minutes)

7



III. Positive Traits for Overcoming Challenges (10 minutes)

1. Show **Slide 6**. This activity lets participants learn what others see as their strengths. These traits can be cultivated to increase their advocacy and leadership roles within their community. Have the women pair off. Say the following to the women
 - *You spend the next few minutes sharing with your partner a challenge that you have overcome. It could be a small challenge, such as learning some English phrases, or a big challenge, such as dealing with a loss of a loved one. Both partners should briefly share a challenge they have overcome.*
 - *After each person has talked, then each person should share two to four positive or strong qualities of their partner based on how they overcame their challenge.*
 - *We will then switch partners and repeat the task.*
 - Once everyone has been in 2-3 pairs (depending on allotted time), have each participant say aloud the traits people said about themselves. Start a discussion asking them if anything surprised them. Use a white board or newsprint to write themes that are uncovered.

IV. Somali Women Leaders (10 minutes)

1. Distribute **Handout 5.2.1: LEADERS IN SOMALIA AND AMERICA**
2. Show **Slide 7**. Remind participants of the Think-Pair-Share directions and that they can use the handout provided to record their answers if they wish. Show each question in turn. Then facilitate a discussion using the following questions:
 - *What are the characteristics of women from the Somali community?*
 - *What do you like about Somali women?*
 - *What do you like about American women?*
 - *Who are the American and Somali women you admire and why?*
 - After the discussion, summarize their answers, describing qualities of Somali women. Then emphasize that Somali women are recognized as leaders, business owners, and successful professionals throughout the world.

IV. Somali Women Leaders (cont.)

8

Profiles Of Women Leaders in
Somalia and Young Somali Women
in The U.S



9

Edna Adan



IV. Somali Women Leaders (cont.)

3. Show **Slide 8**: Profiles of women leaders in Somalia and young Somali women in the U.S. Share the following with the participants.
 - *There are many strong and passionate Somali women in the world. Some of them are leaders, and some are the first in their community to try new careers. Over the next few slides we will show you some examples of strong female Somali leaders.*
4. Show **Slide 9**. Introduce Edna Adan. Share the following with the participants:
 - *Edna Adan (also known as Edna Adan Ismail) is the daughter of a prominent Somali medical doctor. She was trained as a nurse and midwife in the United Kingdom and married Muhammad Haji Ibrahim Egal, a Somali politician who was elected Prime Minister of Somalia in 1967.*
 - *In the mid-1980s she began building a hospital in Mogadishu, but the Somali Civil War began and she fled the country. She worked for, and with, the World Health Organization for around a decade before returning to Somalia in the late 1990s. In 2002, she founded the non-profit Edna Adan University Hospital through which she has trained many healthcare professionals and made notable strides in the fight against maternal mortality.*
 - *Edna Adan was the only female minister in the Somaliland government until July 2006. She holds an Honorary Doctoral Degree from Clark University in Massachusetts in the U.S.A. and is an Honorary Fellow of Cardiff University's School of Nursing in Wales, in the United Kingdom. Edna Adan also has been featured in the book and accompanying documentary Half the Sky: Turning Oppression into Opportunity for Women Worldwide and was named among the 100 most influential Africans. She is recognized internationally as a pioneer of women's health and education.*

IV. Somali Women Leaders (cont.)

10



IV. Somali Women Leaders (cont.)

5. Show **Slide 10**. Introduce Hawa Adhi. Share the following with the participants:

- *As a 12-year-old, Hawa Abdi lost her mother to complications related to childbirth. Determined to understand why her mother had died, young Ms. Abdi studied medicine and, in 1971, obtained a medical degree. The following year, her grandmother died and Dr. Abdi learned that Somali laws prevented female relatives from inheriting land or other possessions. She immediately took up legal studies and, working as a physician during the day and studying law at night, obtaining a law degree from Mogadishu's Somali National University in 1979.*
- *After working in Mogadishu for several years Dr. Abdi opened a small clinic on her farm. Within a few years she was providing healthcare to approximately 800 internally displaced families, and over 4,000 people who were living in makeshift homes neighboring her clinic and a nearby Red Cross feeding station. That number quickly grew. By 2009, around 90,000 people were being assisted by Dr. Abdi and people outside of Somalia were increasingly aware of her amazing work. Swiss associates, inspired by Dr. Abdi, established the Association Suisse Hawa Abdi that enabled Dr. Abdi to open a Women's Education Center at her clinic. What began as a small clinic has grown into a 400-bed hospital, an accompanying school, and a nutrition center. Approximately two million people have been assisted by Dr. Abdi's facilities since 1983.*

11



6. Show **Slide 11**. Introduce Kadra Mohamed. Share the following with the participants:

- *"It's nerve-wracking in a way," Mohamed, 21, said of being the first woman of Somali descent in the department. "I want to be a good role model for others, especially Somali women. In Somali culture, women don't strive to become police officers," Kadra Mohamed said. Mohamed was recognized as the first Somali-American woman to join the St. Paul Police Department, a move made possible by the department's announcement that it*

IV. Somali Women Leaders (cont.)

IV. Somali Women Leaders (cont.)

has approved an option for employees to wear a police-issued hijab.

- A criminal justice senior at St. Cloud State University and a St. Paul Central High School graduate, Mohamed said she contacted St. Paul police a few months ago to learn about becoming an officer. She said she expressed concerns over not being able to wear a hijab on duty. In Islam, females may wear the hijab as a form of modesty and cultural identity, and Mohamed wears it as part of her daily dress.*
- Mohamed was born in a refugee camp in Kenya in 1991, not long after her parents fled Mogadishu, Somalia's capital, and its nearly daily bombings and strife. Her father, Hassan, was Ethiopian, and he and her Somali mother, Zamzam, were joined by an arranged marriage. The family eventually relocated to the Twin Cities, an area with more than 60,000 Hmong residents and a reputation for welcoming immigrants. The couple had four more children — two boys and two girls.*
- Mohamed said she is planning to enroll in a police academy to receive officer training after she graduates from St. Cloud State in May. After that, she said, she will apply to become an officer. Some of her tasks as a liaison officer include assisting officers in criminal investigations and extending outreach within the Somali community to bridge cultural gaps, she said.*

12



7. Show **Slide 12:** Introduce Fatuma Noor. Share the following with the participants:

- Fatima Noor worked as a special assistant in the Office of the Director for U.S. Citizenship and Immigration Services (USCIS) in the Department of Homeland Security. Fatuma Noor worked for the White House. "Today, I am honored to serve on a White House team advancing the President's efforts to fix our broken immigration system. I want to show my appreciation to this country, and I can't think of a better way to do it than by being there for others who want to earn the privilege to celebrate their Day One."*

IV. Somali Women Leaders (cont.)

IV. Somali Women Leaders (cont.)

- *She was born in Somalia, but was sent to Denmark for kindergarten for her safety. In the early 2000s, her father left Somalia, alone. He came to the United States as a refugee. He eventually settled in Memphis, Tennessee where he started the paperwork to her and her mother and brothers to the U.S. She attended high school in Memphis and eventually graduated from the University of Memphis. Noor majored in psychology with minors in Spanish and international relations. She completed a month-long research fellowship in psychology hosted by Carnegie-Mellon and the University of Pittsburgh. Noor was a leader in many honor societies at the U of M. She has done volunteer work with World Relief Memphis and the Tennessee Immigrant and Refugee Rights Coalition.*
- *On the morning of April 29, 2013, she became a U.S. citizen in the same auditorium in which she graduated high school. On July 28, 2014, she was sworn in as special assistant to the Director of U.S. Citizenship and Immigration Services (USCIS). USCIS naturalizes more than 700,000 new U.S. citizens each year, along with processing millions of other immigration-related requests. USCIS is the very agency that made it possible for her family to immigrate, and for all of us to become citizens. In her position, she coordinated special naturalization ceremonies. These commemorate national holidays or other special events and feature prominent speakers, guests, and locations.*

13

Profiles of Somali Women Leaders

What do you think of these women?

What did they do differently from other Somali women?

What characteristics of Somali women do you see in these women leaders?

What characteristics of these women do you see in yourself?

8. Show **Slide 13**: Ask the participants the following questions. Encourage all groups to provide responses to the questions. Remind participants that they can use the handout provided to record their answers if they wish. Record key findings on a white board or newsprint, as well as if the group came to a consensus on any of these questions.
- *What do you think of these women?*
 - *What did they do differently from other Somali women?*
 - *What characteristics of Somali women do you see in these women leaders?*
 - *What characteristics of these women do you see in yourself?*

V. Leadership Skills (10 minutes)

14

Role Play

You have had a difficult morning. Your sister was going to take care of your children while you went to your OB-GYN appointment, but she called you at the last minute to tell you she was sick and could not babysit. You made a few calls to other family members, but no one was available. You decided to get your children ready and bring them with you to the appointment, which caused you to be late. When you arrived at the clinic, the front desk receptionist frowned and rolled her eyes at you, made loud sighing noises, and informed you in a rude tone of voice: "You are late and the doctor cannot see you". You noticed a sign on the desk that states your appointment will be cancelled if you are over 15 min late, but you are only 10 min late.

What should you do?

15

Role Play

You are a single mother. Your children are in high school planning to go to college. You are struggling for every dollar. Your children offer to help, but they need money for school. You heard that another woman got a part time job as a Certified Nurse Assistant; you wonder if you could do that too. Your aunt, cousins, and mother-in-law, gather in your house and you tell them, "I am thinking of becoming a CNA, so I can work part time and make some money." Your aunt laughs aloud and says: "You a nurse? You do not know any English! Stay at home and look after your mother-in-law." Your mother-in-law joins in the laughing and says, "Your place is in the house. If your husband were alive he wouldn't let you think about it." Your cousin makes a face and says, "A CNA? You will make no money! I would never do THAT."

What do you say?

What should you do?

Who is right here?

V. Leadership Skills (10 minutes)

1. Show **Slide 14**. State the following: *Some of the keys to advocacy and leadership – particularly in the US – are to be brave, to stand up for yourself, to communicate well, and to not give up easily.* Read the following story. After the story, ask what the participants would do. Write down themes on a white board or newsprint.

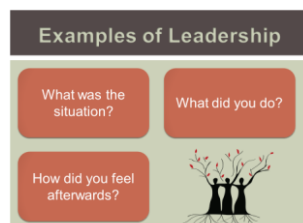
- *You have had a difficult morning. Your sister was going to take care of your children while you went to your OB-GYN appointment, but she called you at the last minute to tell you she was sick and could not babysit. You made a few calls to other family members, but no one was available. You decided to get your children ready and bring them with you to the appointment, which caused you to be late. When you arrived at the clinic, the front desk receptionist frowned and rolled her eyes at you, made loud sighing noises, and informed you in a rude tone of voice: "You are late and the doctor cannot see you". You noticed a sign on the desk that states your appointment will be cancelled if you are over 15 min late, but you are only 10 min late.*
- *What should you do?*

2. Show **Slide 15**. Read the following story. After the story, ask what the participants would do. Write down themes on a white board or newsprint.

- *You are a single mother. Your children are in high school planning to go to college. You are tired of struggling for every dollar. Your children offer to help, but they need money for school. You heard that another woman got a part time job as a Certified Nurse Assistant; you wonder if you could do that too. Your aunt, cousins, and mother-in-law, gather in your house and you tell them, "I am thinking of becoming a CNA, so I can work part time and make some money." Your aunt laughs aloud and says: "You a nurse? You do not not know any English! Stay at home and look after your mother-in-law." Your mother-in-law joins in the laughing and says, "Your place is in the house. If your husband were alive he wouldn't let you think about it." Your cousin makes a face and says, "A CNA? You will make no money! I would never do THAT."*
- *What do you say?*
- *What should you do?*
- *Who is right here?*

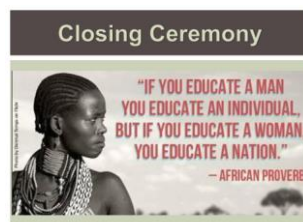
V. Leadership Skills (cont.)

16



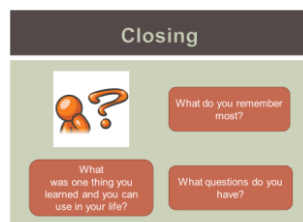
VI. Group Closing Ceremony (15 minutes)

17



VII. Closing (5 minutes)

18



V. Leadership Skills (cont.)

3. Show **Slide 16**. Ask participants for examples when they felt and behaved like a leader or an advocate for themselves. Facilitate a discussion for each of the questions. Make sure to pause to allow participants to consider their answers and provide opportunities for all participants to share their answers.

- *What was the situation?*
- *What did you do?*
- *How did you feel about it afterward?*

VI. Group Closing Ceremony (15 minutes)

1. Show **Slide 17**. Say to the participants that you are happy to tell them that they have completed the One Community Program. Spend the next 15 minutes engaging in whatever closing ceremony that the group has decided to perform. Make sure to handout all certificates of completion and get a group picture.

VII. Closing (5 minutes)

1. Show **Slide 18**. Thank everyone for coming and participating. Ask the following questions and allow a few minutes for answers.
 - *What do you remember most?*
 - *What was one thing you learned and you can use in your life?*
 - *What questions do you have?*
2. Distribute the **WORKSHOP EVALUATION FORM**. Ask participants to complete and return it to the facilitator.
3. The facilitator should complete the **FIDELITY CHECKLIST AND FACILITATOR FEEDBACK FORM** after the completion of the module.

Handout 5.2.1: LEADERS IN SOMALIA AND AMERICA

NAME: _____ DATE: _____

☐ Check here if completed by a facilitator during a group discussion.

1. What are the characteristics of women from the Somali community?
2. What do you like about Somali women?
3. What do you like about American women?
4. Who are the American and Somali women you admire and why?
5. What do you think of these women?
6. What did they do differently from other Somali women?
7. What characteristics of Somali women do you see in these women leaders?
8. What characteristics of these women do you see in yourself?

Module 5.2 WORKSHOP EVALUATION**Circle the best answer.**

1. I can identify my leadership skills.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I can describe examples of female Somali leaders.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I can apply my leadership skills to real world examples.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I feel comfortable ending the group.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. The information was interesting to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. The information was useful to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I felt comfortable sharing my experiences and beliefs.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. The information I learned will influence my future health decisions for me and my family.	Strongly Agree	Agree	Disagree	Strongly Disagree

Module 5.2 FIDELITY CHECKLIST & FACILITATOR FEEDBACK

Facilitator Name: _____ DATE: _____

How many total modules did you deliver today? 1 2 3 4 5 6 7 8

How many participants attended this module today? _____

How many participants were expected to attend today? _____

Where did you facilitate today? _____

For each module component, indicate whether the component was completed or not completed.

Module Component	Comments	Completed
Review of Learning Objectives		<input type="checkbox"/> Yes <input type="checkbox"/> No
Opening		<input type="checkbox"/> Yes <input type="checkbox"/> No
Positive Traits for Overcoming Challenges		<input type="checkbox"/> Yes <input type="checkbox"/> No
Somali Women Leaders		<input type="checkbox"/> Yes <input type="checkbox"/> No
Leadership Skills		<input type="checkbox"/> Yes <input type="checkbox"/> No
Group Closing Ceremony		<input type="checkbox"/> Yes <input type="checkbox"/> No
Closing		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workshop Evaluation		<input type="checkbox"/> Yes <input type="checkbox"/> No

Learning Objective	Achieved
Identify your leadership skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review examples of female Somali leaders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practice leadership skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conclude the group	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer these questions to the best of your ability.

Participants were engaged in the session.	Not at all	A little	Somewhat	A lot
Participants felt comfortable sharing thoughts and ideas.	Not at all	A little	Somewhat	A lot
Participants thoughtfully considered the information presented.	Not at all	A little	Somewhat	A lot
I was able to establish a genuine connection.	Not at all	A little	Somewhat	A lot
I was able to apply my skills effectively to deliver the module.	Not at all	A little	Somewhat	A lot
I was able to generate an atmosphere of mutual respect.	Not at all	A little	Somewhat	A lot

Did you make any additions or changes to the module or to the activities in the module? ☐ Yes ☐ No

If yes, please describe what you added or changed and why.

Please describe the effectiveness of any addition/change.

Please describe any peak moments you had today. An example of a peak moment would be a success, breakthrough, or “aha-moment.”

Please describe anything that stumped you or took you off guard today.