



Rites of Passage: Responses to Female Genital Cutting in the Gambia

The Foundation for Research on Women's Health, Productivity and the Environment (BAFROW)

The practice of Female Genital Cutting (FGC) generates heated debates in the international development arena.¹ As an issue linked to women's rights and gender inequality, it evokes strong emotions, political opinions, theoretical discourse, and practical strategies. It also raises complex questions related to appropriate development and empowerment approaches, as well as the relevance and legitimacy of Western-led interventions.

FGC is highly ritualized and deeply entrenched in practicing societies, and is best understood as a range of procedures that are linked to communal identity, cultural beliefs, and social norms. The procedure is often viewed as empowering young girls during their transition to womanhood, as well as preserving chastity and fulfilling religious obligations. Mothers and other adult women may experience the ritual as a social time and a celebration of womanhood, while the initiates themselves receive gifts and special recognition. For the circumciser, FGC grants community status and generates income.

Opponents of FGC assert that the practice is a human rights violation with severe health consequences, but recognize that a successful eradication process must incorporate representatives of various sectors, be culturally sensitive, and involve entire communities (Toubia 1995).² Numerous African and international nongovernmental organizations (NGOs) are involved in research and eradication campaigns, while the Inter-African Committee on Traditional Practices has launched an extensive educational effort aimed at eliminating FGC.

In the Gambia, it is estimated that six out of eight ethnic groups practice FGC and that more than 70 percent of the country's girls and women have undergone either clitoridectomy or excision. From 1996-98, the Foundation for Research on Women's Health, Productivity and the Environment (BAFROW), a Gambian NGO, undertook a project to address the practice of FGC. This brief details BAFROW's efforts to restructure rite of passage ceremonies for girls in the Gambia in order to exclude the physical act of genital cutting. This process was guided by BAFROW's work in related areas; since 1991, the organization has been instrumental in the design and implementation of programs to improve gender-equitable development practices, including the provision of quality reproductive health information and services.

Objectives

The project goal was to eradicate FGC in the Western and Central River Divisions of the Gambia within five years. Specific objectives were to:

- ▶ Conduct research to evaluate the prevalence of FGC and community attitudes toward the practice;
- ▶ Provide information and training on restructuring existing rites of passage ceremonies to

¹ Often referred to as Female Genital Mutilation (FGM), there are three main categories of FGC. *Clitoridectomy* involves the partial or entire amputation of the clitoris. *Excision* refers to the removal of the clitoris and the labia minora. *Infibulation* amputates the clitoris and labia minora and cuts the labia majora; raw surfaces are either stitched together or sealed, with a small opening preserved for the flow of menstrual blood and urine.

² Primary consequences include pain and shock, excessive bleeding, recurring infection, tears of the vulva during labor, scarring, absence of sexual gratification, and emotional and psychological trauma.

- ◀ policymakers, circumcisers, and religious and traditional leaders;
- ▶ Design, produce, and translate a curriculum for a new rite of passage ceremony that excludes FGC;
- ▶ Provide training to former circumcisers in the application of the new curriculum;
- ▶ Conduct awareness campaigns targeting the parents of girls of initiation age who are at risk of FGC.

The Intervention

BAFROW began its program by conducting research on the nature and prevalence of FGC in the target region. The information gleaned was then used to design the subsequent intervention and to establish baseline data against which to measure impact. To support participatory processes, BAFROW formed a technical advisory committee comprised of community members, circumcisers, local and religious

leaders, and government officials. The committee openly debated the content of the proposed curriculum to restructure the rite of passage ceremony and was instrumental in its design.

Once the curriculum was published, BAFROW trained circumcisers and their assistants to use it in conducting the new ceremony. Information campaigns to educate parents and

community members about the new rite of passage were simultaneously implemented to ensure that parents would send their girls to participate in the new ceremony, rather than travel to another village for traditional genital cutting. At the end of the project, BAFROW conducted a participatory evaluation with community residents and former circumcisers to determine project impact.

Results

The considerable success of the project was possible because of the high level of community support and trust that BAFROW had garnered over time through its other projects. During implementation of the alternative passage rite project, BAFROW conducted diverse education programs for women, men, and youth. Sessions focused on religion-based myths of sexuality, women and girls' health, the linkages between reproductive health problems and FGC, alternative income generation for circumcisers, and community development. Significant results were achieved in several areas, as described below.

Research

Baseline studies were conducted in the Western and Central River regions to gather quantitative and qualitative data on FGC.³ A total of 229 women and 227 men (including 11 circumcisers) were interviewed on FGC prevalence and community

attitudes toward and the economic implications of the practice. In addition, Community Health Nurses administered questionnaires to 48 circumcisers in various locales regarding the decline in the number of genital cuttings following implementation of the alternative ceremony curriculum. It was found that, in Niamina District, 92 girls were cut as part of their initiation ceremonies in 1996, compared with only 12 girls in 1997. In Fulladu District, surveys showed that 412 girls were cut in 1996, but only 190 in 1997.

In addition, 78 percent of women surveyed after the project were in favor of abolishing FGC, compared to 30-40 percent in 1996, while the percentage of circumcisers practicing FGC dropped from 100 to 12. Further, 70 percent of local leaders reported that their attitudes toward FGC had changed and that they had participated in at least one activity to

mobilize their communities in support of BAFROW activities.

The Alternative Rite of Passage

The new curriculum that girls and circumcisers follow not only aims to eliminate the physical act of female genital cutting, but to retain positive aspects of Gambian culture. It emphasizes three aspects for girls to focus on during the alternative rite of passage ceremony: religious rights and responsibilities, health (including messages on the negative health consequences of FGC), and community obligations and good citizenship.⁴

Under the rubric "Initiation without Mutilation," the new ceremony remains a time of festivity and gift-giving. A *Kuulong Sansango*, or "passage rite camp," has been built so that young initiates, former circumcisers, and selected community members can have a permanent site for their activities. Young girls are now preregistered to participate

³ BAFROW conducted a final evaluation of FGC in the Western and Central River Divisions, compiled in a report titled *Evaluation of the Women's Health Programme with Focus on the Elimination of Female Genital Mutilation*.

⁴ The curriculum is available in three local languages: Mandinka, Fula, and Jola.



Young girl registered for the alternative passage rite at the newly constructed ceremonial camp

in the new passage rite ceremony at the camp; by April 1999, parents and former circumcisers had registered 296 girls.

Training and Education

BAFROW conducted information and training workshops and community meetings to raise awareness on the negative health consequences of FGC. As a result:

- ▶ Village groups held monthly health information meetings, with 30 villages ultimately forming health support groups.
- ▶ Thirty-five former circumcisers and their assistants attended a week-long workshop on conducting the alternative rite of passage ceremony; participants also learned communication and participatory teaching methods in order to be able to extend the curriculum to counterparts in other areas. In addition to leading the new initiation ceremonies, many former circumcisers were trained by BAFROW to serve as health

promoters in their villages. With these new responsibilities and roles, the former circumcisers have been able to maintain their community status and income.

- ▶ More than 150 Community Health Nurses, state-employed nurses, and extension workers were educated on the health consequences of FGC and data gathering techniques. They then undertook public awareness activities and surveys in their circuit areas, effectively expanding the scope of BAFROW's research efforts.
- ▶ Part of the public awareness campaign involved the production of 1,000 cotton bags displaying the message "Initiation without Mutilation." These, as well as 200 copies of the curriculum, were distributed to communities, schools, and circumcisers. In addition, a poetry competition was held to gather poems and testimonies on FGC, which were published in booklet form. An audio cassette of these stories has been recorded and a short video drama on the effects of FGC has been produced.⁵ Posters and traditional carvings depicting FGC-prevention messages were also created and distributed throughout communities.
- ▶ Interior responsible for religious affairs delivered the keynote address. Following the event, a committee of religious leaders was established to support BAFROW's FGC-related efforts.
- ▶ Thirty-five heads of administrative districts, 50 village leaders, and numerous local government officials attended a workshop to plan the implementation of the new curriculum. As a result, three district chiefs of Central River Division now regularly update their colleagues on passage rite activities during district authority meetings.
- ▶ The new "Association of Former Circumcisers for Better Life" combines its efforts and small loans to help circumcisers earn a living in the absence of FGC and to provide improved health services in their communities. BAFROW supports the association by training members in strategic planning and fundraising.
- ▶ New hospital mechanisms for monitoring the health complications associated with FGC emerged from BAFROW's collaboration with the Ministry of Health. For example, for the first time, the Gambia's national midwifery examination currently includes a question about FGC as a health concern.

Advocacy

Throughout the project, BAFROW proved adept at garnering political support and facilitating partnerships and networks:

- ▶ Two hundred religious scholars from around the Gambia attended a two-day workshop to debate the issue of FGC as a religious obligation under Islam, at which the Minister of the

Conclusions

BAFROW began its project with the ambitious agenda of eradicating FGC in the target regions. The combination of an alternative rite of passage ceremony and increased health information and community development campaigns—carried out using sensitive and participatory approaches—has been enthusiastically

⁵ Both of these products await distribution pending the availability of funds.

cally accepted by community members, circumcisers, local leaders, and local and national policymakers.

BAFROW has tested a credible and replicable model, effectively establishing a solid foundation to achieve

its ultimate goal of completely ending FGC in the Gambia.

Recommendations and Lessons Learned

Based on experiences during the FGC project, BAFROW's recommendations to development donors and practitioners are as follows:

► **Encourage participation at all levels.** Programs to combat FGC should ensure that parents, youth, circumcisers, local and religious leaders, and government officials all play roles in program design, implementation, and follow-up. While time-consuming, ensuring participation from the outset encourages a sense of involvement and investment in project outcomes at the community level, which can in turn result in needed political support at the district and national levels.

► **Build the capacity of partner organizations.** No matter how innovative or successful a program is in the design stage, implementation

will be compromised and impact limited if target groups cannot be reached. Many countries lack adequate transportation and other aspects of infrastructure to facilitate the delivery of quality information and services to rural communities. International donors must recognize and respond to the need for vehicles and communication tools, as well as basic educational materials, among project organizers.

Lessons were learned that can be applied to similar projects in other parts of the Gambia and the world:

► **Comprehensive approaches work.** FGC is a complex tradition that cannot be successfully addressed in isolation from its cultural, economic, and political implications. Integrated strategies must be designed in collaboration with

communities in order to incorporate reproductive health information, community-based strategies to generate income, links to policymakers, and women's equity and human rights.

► **Sustainable programs and processes are needed.** Changing attitudes and beliefs on FGC is a resource-intensive, long-term process that relies on adequate staff time and financial resources. Although FGC has received international attention from the media and policymakers, funding to guarantee the continuation of education and awareness programs is crucial. At the same time, uninterrupted contact with communities involved in projects to eradicate FGC is necessary to ensure community trust and continued success.

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Information for this brief was taken from:

The Foundation for Research on Women's Health, Productivity and the Environment (BAFROW). 1999. "Program for the Restructuring of Passage Rites in Western Division and Central River Division to Eradicate Female Genital Mutilation." Final end-of-project report for PROWID to the Centre for Development and Population Activities.

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The publication of this report is made possible through the Promoting Women in Development (PROWID) program, funded by the Office of Women in Development at the United States Agency for International Development (USAID) under the terms of Cooperative Agreement No. FAO-A-00-95-00030-00. The opinions expressed herein do not necessarily reflect the views of USAID, ICRW, or CEDPA.

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