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Female Circumcision in The Gambia

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The debate on this issue has come up over the years but took on intense national interest when it was raised during a UNICEF meeting marking The Day of the African Child last June 16. During the discussions, the Minister of Health, Landing Jallow Sonko, stated that he would rather resign than tell his constituents to stop female circumcision, because that would affect his votes on which his daily bread depended.

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As we stepped off the plane in Dakar, it finally hit me – I was in Africa. The exhaustion from almost missing the plane and a sleepless night on Air Afrique was dissolved by the warm coastal wind. I stood in the small crowded airport waiting for my luggage in anticipation of the bus ride that would give us a glimpse of the Senegalese and Gambian countrysides. The hot, bumpy road trip took us twice as long as we expected, as does everything in The Gambia. The village scenery was just what I expected: clusters of small grass huts, women wearing colorful clothing and head ties, lots of barefoot kids playing in the dirt, huge bowls of mangos and peanuts perched on the heads of women with babies on their backs. I began to get a sense of what it is like to be immersed in a culture so completely different from my own.

Introduction

One reason I went to Africa was to have the experience of being a minority. I wanted to understand what it feels like to live among people of a different race with different values and lifestyles. Being a white woman in a predominately white society makes it impossible to experience the feelings of separateness and isolation based on race or culture. I am majoring



St. Mary's students with Gambian friends

in Human Development with a concentration in women's studies; along with interests in minority issues, I am also interested in gender. I wanted to study, specifically, what similarities and differences exist between Gambian and American culture concerning women's issues. Aspects of wealth, education, political and social status seemed to be struggles facing women in both societies. I noticed, as we were being bounced around in the back of the bus, that the women were watching the children, preparing the food, and working in the fields while the men were sitting under trees drinking tea.

Until recently, it was much more difficult for women to get an education in the United States because they were assumed to be less intelligent and were needed in the home. Likewise, women in The Gambia are less likely to be educated than men. This is evident in the fact that all the men that I spoke to knew English while only a small portion of the women could communicate more than a greeting. One primary difference between women's issues in The Gambia and America, however, is circumcision or female genital mutilation (FGM). These two terms are used interchangeably, although 'FGM' is used more often by people who are opposed to this practice.

In this paper, I will mostly refer to this as 'FGM' because that is the term most of the people I interviewed used. I decided to focus my research on this topic partly because it has recently become a source of controversy in American media. It has been used to highlight the cultural differences between First and Third-World Countries and has prompted international discussions on human rights. I was unclear about my position on this debate and wanted accurate information from the women affected by this practice. I was especially interested in the current attitudes about FGM, reasons for continuing the tradition, and what is being done to stop it.

Methods and Concerns

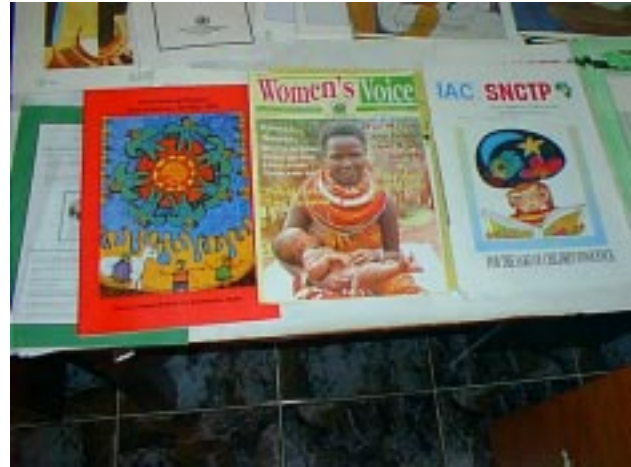
I used two methods of collecting information: interviews, and research materials at the Gambia

Committee on Traditional Practices (GAMCOTRAP) office. It should be noted that the information in this paper was gathered during a limited time frame and with a very small number of people, so it is not necessarily applicable to the rest of the Gambian population. The research was done simply to get more accurate knowledge regarding the attitudes, frequency of the practice, and organizations formed to eradicate it. The interviews I conducted were very informal, primarily because I felt that this sensitive subject would be easier to bring up in casual conversation. I was often uncomfortable asking people about their opinions on FGM. I think I would have felt more uncomfortable if I had approached women as a researcher with a notepad and set of questions, rather than as a friend or acquaintance interested in their feelings and opinions. I had the opportunity to get a sense of who I was talking to and whether or not they would be comfortable sharing their thoughts with me.

The first Gambian woman I talked to was a vendor at the tourist market in Bakau who braided my hair. She was reluctant to talk at first, but since my hair is so long, we had time to become involved in conversation. I told her that I was a student from America studying women's issues in The Gambia. She changed the subject. Later I asked her what she thought were some problems facing women in Africa, and she said she did not understand my question. I felt in that situation it would not have been productive to pursue the issue of FGM because I wasn't sure if she would have been comfortable talking about it. Other women were more willing to share their views; some even brought up the subject themselves. Despite their willingness or unwillingness, I always felt some level of discomfort. I constantly grappled with the feeling that it is not my place to question their traditions, or that the women might see me as a pretentious outsider looking down at their culture.

The women at the GAMCOTRAP office helped me with some of these concerns. They provided me with literature describing details of the circumcision process that I would feel extremely uncomfortable asking about.

They also told me that younger women are more willing to talk about FGM because it has only recently become part of the public dialogue. Older women often feel that circumcision is a private issue not meant for civic discourse. This was not the only thing that limited the age range of the people I interviewed. Until recently, girls were rarely educated, so most older women cannot



Inside the GAMCOTRAP office are many resources for information, including newspaper articles, medical books, religious pamphlets, posters, and children's books.

speak English. I used an interpreter for one interview but found it difficult to communicate because a lot of information was lost in translation. Despite difficulties and feelings of uneasiness, I think that the most valuable information I received was from the Gambian people.

Procedure and Purpose

There are four different types of circumcision performed on girls. Mild *sunna* is the most moderate and closest to male circumcision. It involves removing a small part of the labia minora that covers the clitoris. *Sunna*, the second mildest form, is the removal of the entire clitoris. The third and most common type practiced in the Gambia is excision, which is the removal of the clitoris and labia minora. Infibulation,



Models showing the different degrees of female genital mutilation

the fourth and most extreme procedure, is the removal of the clitoris, labia minora, and part of the labia majora, and the wound is sewn together leaving a small opening for the passage of urine and menstrual blood (Singhateh 1985). This procedure is typically performed during an initiation ceremony that marks the transition into adulthood.

There are some variations among the ethnic groups with regards to age and the percentage of girls who are circumcised. The five major ethnic groups in The Gambia are the Mandinko, Wolof, Fula, Jola, and Serahulie. S. K. Singhateh interviewed 620 women from all over The Gambia in order to determine the percentage of women circumcised in each ethnic group. She found that almost all Mandinko, Fula, and Serahulie women were circumcised, but only a little more than half of the Jola women were circumcised. The Wolofs traditionally do not circumcise their girls. There were fewer circumcised women in urban areas than in rural areas, where there was more emphasis on circumcision as a rite of passage into adulthood. The Serahulies usually perform this operation at an early age because there is less pain and the wound heals more quickly. The Mandinkos and Fulas are circumcised at puberty, traditionally in the context of an initiation ceremony that marks the time when a woman is ready for marriage. This ritual often leads to a sense of unity and solidarity among women and commemorates their ability to handle intense pain (Singhateh 1985). Another purpose for this practice is that it makes sex less pleasurable for women, thus decreasing the likelihood of infidelity.

Health Risks

Singhateh's study was done more than a decade ago, and the number of women circumcised has decreased. Part of the reason for this decline is the expansion of modern medical facilities and increasing access to education. As health care professionals learn more about the health risks involved in FGM, they often discourage their patients from having the procedure done on their daughters.

Many harmful conditions can occur during and after the circumcision. Often the instruments used are inadequate and not properly sanitized. I read many different accounts of this experience in *The Daily Observer*, one of the local Gambian newspapers, where women were cut with rusty razor blades, shards of glass, or sharpened pieces of stone. The healing methods are frequently just as unsanitary. To stop the bleeding, girls sometimes have to stand over a pile of burning cow dung, or the manure is placed directly on the wound. Other traditional methods include applying moist leaves and roots from certain



Anti-FGM poster

plants known to help with pain, prevent infection, and promote skin growth (Singhateh 1985). Despite attempts to avoid health problems, many difficulties are known to occur, such as hemorrhage, shock, acute urinary retention due to painful urination or damage to the urethra, urinary infection, blood poisoning, fever, tetanus, pelvic infection, dysmenorrhoea (painful menstruation), cysts, abscess, hematocolpos (closure of the vaginal opening by scar tissue), and infertility (Koso-Thomas 1991).

Attitudes

Attitudes about FGM vary widely within The Gambia. My interviews consisted mainly of people who are opposed to this practice; however, they often told me about the reasons for preserving it. I visited the Jaw family and spoke mainly to Oumie, a woman in her 30's who worked as a community health nurse and now works at the Medical Research Council. While working at the Serrekunda health clinic she saw many women that had difficulties, especially giving



Anti-FGM T-shirts

birth, because they were circumcised. She said that she would not have her daughters circumcised because of the health risks. She estimated that 80% of Gambian women are circumcised.

I asked why people think this practice should be continued, and she said because of the Islamic faith and for the sake of preserving tradition. Her mother sat quietly on the other side of the room, speaking up only to say that when she was younger, nobody was supposed to talk about it. Her grandmother would not even sit in the room. I felt a little uncomfortable, even though Oumie was willing to share her opinions, because I knew her mother and grandmother were not interested in talking to me about this topic. They were polite and welcoming, however, like all the other Gambian families I met.

I also spoke briefly with Ms. Yaharr Jallow, a primary school teacher in Bakau and activist against FGM. She and her husband did not have their daughters circumcised, but it is within custom for another female family member to take a daughter and have it done without the parents' permission. The Gambia is a community-based society that relies on the extended family for child-care, wealth, and decision-making. There is no legislation or social pressure against people making decisions about another family member's children.

I talked to a woman working in the GAMCOTRAP office about this issue and she believes there should be laws against it. I asked what would happen if someone took her daughter to be circumcised. She said "There is nothing I could do. I would just cry."

I wanted to get a sense of how people felt in rural areas, so I traveled to Basse, a small town in the eastern part of the country. I was going to meet Isatou Sillah, the mother of our friend Denanie who worked for the National Council for Arts and Culture. I lost the mother's address on the trip up-country, so when I arrived I walked around the market looking for someone who might know where she lives. I was approached by a man about my age and we walked around for a while. I asked him if he knew the Sillah family and he said he could take me to their home the next morning. I knew that Isatou did not speak English well, so I was glad to have someone who could interpret.

I met him the next day and we walked to the compound where the Sillahs lived. We opened the door on the metal fence and walked around the back of one of the cement buildings surrounding the open area in the center. There were two young women outside preparing large bowls of rice for lunch. Inside the house was a large bed, a bench and a few chairs. Isatou, her husband, and another young woman were sitting quietly watching a few small children play. I



"Say No to FGM" poster

introduced myself to Isatou, who grabbed my hand and smiled warmly. She introduced me to her husband and children and said they had been expecting me. After talking for a while about Denanie and my thoughts about The Gambia, I asked her how she felt about female circumcision. She told me that she doesn't think it should continue because it is harmful for women. I found it difficult to talk in depth about this topic because I felt that a lot of the ideas we discussed were lost through the translation.

Her husband spoke English well, and I talked with him about why people want to keep this tradition. He told me that the main reason was religion. Although the *Koran* doesn't say anything about circumcising females, the teachings of Muhammad say that if it is done, it should be done in moderation. Some people think that it is necessary while others think it is a matter of choice. Other reasons he pointed out for the practice were cleanliness and that it previously was never talked about. Genitalia are thought to be unclean. This is one of the reasons men are circumcised. It is thought that a circumcised woman is able to keep herself cleaner and therefore, less prone to infection.

The fact that this topic was taboo up until five or ten years ago is also important. It was inappropriate for anyone to talk about it, so people just accepted

that it was necessary. Isatou said it is good for women to talk about it because it will help them to realize that it can be harmful to them and their daughters. This also allows women the ability to talk about their feelings and opinions about what happens to them, and to have a say in these issues.

The Controversy

FGM has recently become a very controversial issue in The Gambia. It has received a lot of media attention, both in The Gambia and internationally. People who are against it say that it creates unnecessary health risks and that it is not obligatory according to Muslim law. They promote public dialogue and health education. Arguments for this practice are mostly religious, citing the prophet Muhammad's writings. Other reasons for continuing the tradition deal with issues of solidarity. It is said to create a bond between women who go through this procedure, especially if done during puberty. The operation is extremely painful and often done for groups of girls who, afterwards, feel a sense of cohesion or unity because they endured this process. It is also a sign of strength, a characteristic valued highly, to withstand severe physical pain. Women who have been circumcised are seen as strong and will be able to endure the pain of hard work and childbirth (Koso-Thomas 1991).

Many people who want to preserve FGM think it should be kept out of the media and public sphere. My view is that although there are still girls being circumcised in The Gambia, the general perceptions and attitudes are shifting. There seems to be a generational difference that has enabled women who are becoming mothers to have the opportunity to talk openly about the practice and decide for themselves whether their daughters will be circumcised.

Organizations: The Movement Toward Eradication

There is a large movement in The Gambia that is actively working for the eradication of FGM. GAMCOTRAP is the largest organization and hopes to see the complete elimination of FGM by the year 2000.

This organization holds workshops in rural communities, educational programs in schools, and national and international seminars. They also advocate legislation against FGM. BAFROW is the Foundation for Research for Women's Health, Productivity, and Environment. I visited the office in Banjul, the capital city, which is mainly a youth center for information and counseling. They work with women on many different issues such as health and



Outside the GAMCOTRAP office, this sign depicts damaging effects of FGM on young girls.

reproductive issues, and educate women and young people about FGM. When these organizations started about ten to fifteen years ago, they faced a lot of opposition. Recently people have become more accepting and willing to talk about women's issues. As more women are educated about FGM, allowed to talk about it, and have a choice whether to circumcise their daughters, I think fewer girls will be circumcised. As these girls get older, even fewer of them will have their daughters circumcised. This is the hope of the women who started and work for these organizations. Through education, public dialogue, and a shift in attitudes for each new generation, FGM will soon be an outdated tradition alive only in the memories of the older generations.

Acknowledgments.

I would like to thank the families that welcomed me into their homes: the Jaws, Jallows, and Sillahs. Thanks also to the women at GAMCOTRAP and BAFROW for talking with me and providing me with lots of valuable information.

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A women's group, or 'kafo' in the Mandinka language, has come to greet us and dance during our visit to Basse, Upper River Division



Fili Manneh, from Mansajang, takes center stage during the dance