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The Practice of Female Genital Mutilation in the Gambia, a Survey on the Perspectives of Victims

Alieu B. Sanneh*

Department of Political Science, University of Missouri-St. Louis, 2963 Moniteau Dr. Saint Louis, MO 63121, United States

Abstract

Female circumcision is a controversial socio-cultural practice that continues to attract the attention of humanitarian organizations. Although many African countries have enacted legislation aimed at criminalizing this practice, successfully eradicating FGM has been a challenging process. This is primarily due to the resistance by people who are not only well-organized but also united in upholding common socio-cultural beliefs that sanction the conduct of FGM. While several studies that have examined this issue approached FGM based on the perspectives of the perpetrators, this study branches away from this general wisdom to examine perceptions of FGM from the victims' points of view. This research focuses on exploring the opinion of Gambian high school students on the practice of FGM. The results indicate that the opinion of female students on the practice of FGM has not changed, in that they support FGM. Male students on another hand do not support FGM and this study concludes that male students are less likely to support FGM than female students.

Keywords: Female circumcision • Practices

Introduction

Female circumcision has recently been facing criticism as a practice that is not only dangerous to the health and social well-being of women, but is also perceived as conduct that violates the sexual and reproductive rights of women. The World Health Organization (WHO) defines "female genital mutilation (sometimes called female genital cutting) as all procedures involving partial or total removal of the external female genitalia or injury to the female organs for non-medical reasons" [1]. Female circumcision is a widespread socio-cultural practice that is carried out in many countries around the world, primarily in Africa and some parts of the Middle East. It is estimated that "more than 200 million girls and women alive today have undergone FGM and the procedure is mostly carried out on young girls between infancy and the age of 15 years. In Africa, studies have shown that 92 million girls aged 10 years and older have undergone FGM" [2]. The WHO has classified female circumcision into two main types, which is dependent on the extent of the anatomical procedure being performed. Type one is Clitoridectomy or excision, which constitutes 90% of cases of FGM around the world, while type two, infibulation, is estimated at 10% and is regarded as a procedure that is more severe and carries long-term health risks to the reproductive health of women [2].

There are numerous international conventions and declarations aimed at protecting and promoting the rights of women. Legal instruments, such as the Universal Declaration of Human Rights (UN,1948), International Covenant on Civil and Political Rights (UN,1996), the International Covenant on Economic, Social and Cultural Rights (OHCHR,1976), have been outstanding in their global support for the protection and promotion of human rights. Similar international organizations such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1992), the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (UN,1985) and the Convention on the Rights of the Child (CRC,1989), are being credited for their strong condemnation of FGM as a practice that violates the fundamental rights of the girl child. These international instruments have called on nation-states to take proactive measures in their respective domestic jurisdictions to protect and safeguard fundamental human rights [3-8].

A United Nations Conference on Women held in Beijing in 1995 brought increased awareness through feminists' efforts in pressuring member states to enact laws banning the practice of female circumcision (UN,1995) [9]. Stakeholders in this conference reached a consensus in taking decisive measures to eradicate female circumcision. This included instituting legal recourse which will not only protect the rights of women but also punish individuals who commit these acts of violence against women. A similar resolution adopted by the UN General Assembly has not only reinforced the commitment of the international community in eliminating the practice of FGM, but also took concrete steps to address similar harmful socio-cultural practices such as early childhood marriages (UN, 2012) [10].

On a legal front, many African countries have championed these initiatives by instituting laws that criminalized the practice of FGM. Criminalization of FGM does not only involve the risk of a person going to jail but could also attract heavy fines if a person is found guilty by the court. The ban on FGM was put in place in several African countries "such as Ghana (1994), Burkina Faso (1996), Ivory Coast (1998), Senegal (1999), Djibouti (1995), and Togo (1998)" [11]. These African countries led by example and instituted national legislation aimed at engineering social change through the force of the law to compel compliance in eradicating the practice of FGM.

While this effort has been celebrated by both domestic and international organizations as an example of nation-states taking concrete steps in addressing human rights violations, it is not clear how effective and successful the use of legal punishment is in stamping out the practice of FGM. However, the ongoing effort to eradicate FGM through legislation has produced mixed results. While criminalizing FGM has been successful in some countries such as Cote d'Ivoire, Nigeria, Ethiopia, and Kenya, other countries like Chad, Sierra Leone, Mali, and The Gambia continue to register a high rate in the prevalence of female circumcision [12].

Even though The Gambia was a signatory to many international conventions aimed at promoting and protecting the rights of women, its government has not taken concrete steps in banning FGM. This changed on November 4th, 2015, when through an act of parliament, for the first time a law was passed making it a criminal offense for anyone to perform female circumcision in the country. Before the passing of the law, many non-profit organizations such as Gambia

***Address for Correspondence:** Alieu B. Sanneh, Department of Political Science, University of Missouri-St. Louis, 2963 Moniteau Dr. Saint Louis, MO 63121, United States, E-mail: sannehalieub@gmail.com/absdz6@mail.umsl.edu*

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Community on Traditional Practice (GAMCOTRAP), Think Young Women, Girls Agenda, and UNICEF and Action Aid have been instrumental in their grassroots 'campaigns to sensitize Gambians on the dangers associated with female circumcision. These groups have engaged local Gambian communities in villages and towns across the country to educate women and girls about the health implications associated with the practice of FGM.

While these efforts have registered some success in convincing a portion of locals to rethink this practice, it has been a challenging process in changing the minds of the people towards eliminating FGM. In a study that was conducted on 1157 women in the country, the result showed that 58% of the participants have undergone the practice of FGM [13]. Similar research also revealed that "78.8% of women aged 15 to 49 years had shown signs of undergoing female circumcision" [14]. It is also important to indicate that the practice of FGM in The Gambia is mostly linked to ethnicity, and according to, the Wolof ethnic group, which makes up 16% of the population, mostly does not practice FGM, whereas the Mandinka ethnic group who constitutes 42% of the population in The Gambia supports the practice of FGM [15].

To criminalize FGM, the Gambian government, through parliament, promulgated the Women's Act 2015 legislation and included a provision that made the practice of FGM punishable by law in the country, signaling an effort by the state to take tangible steps to eradicate the practice. Section (32A 2) spells out the punishment for anyone found to be engaging in FGM, and if found guilty would attract imprisonment for up to 3 years or would be subjected to pay a fine of D 50,000. Section (32B1) of the women's act notes that "where the conduct of FGM leads to the death of a person, a suspect would attract life imprisonment", and similar punishment will also be extended to any individual who is an accomplice to the perpetration of this crime. The law further requires any person with knowledge of the practice to report to law enforcement or public officials, with failure to do so creating a liability to pay a fine of D1000 under section (32B2) (Women's Amendment Act, 2015).

While many activists have welcomed the law making FGM illegal in the country, others have raised concerns that criminalizing the practice without engaging the community to educate them about the harmful effects of FGM would risk driving the practice underground for fear of punishment. This will not only hamper the efforts in the fight against FGM but could further endanger the lives of the victims.

Many strategies that were explored as an intervention for the abandonment of FGM have noted that community involvement is key in attaining sustainable change. Community-led interventions to abandon FGM would not only place people practicing FGM at the center of the fight to eradicate this practice, but would also serve as empowerment for women and girls in their communities. "A community-led initiative would enable the people to critically examine their traditions and take a leading role to abandon FGM for the benefit of their society" [16]. Empowering girls, women, and their communities to have a voice is one way of strengthening their power to stand against abuses and gain control over their own lives by rejecting socially sanctioned norms of FGM acceptability. As many analysts have argued, forcing social change through legislation alone may be a necessary consideration but it is not sufficient in the fight to eradicate FGM.

This study does not examine the law being enacted; rather the focus of this research is on the perceptions of high school students on the conduct of FGM in The Gambia. The question this study investigates is "Do high school students support the practice of FGM and if so, why would they support this practice? What were the reasons advanced as justifications for the practice of FGM in The Gambia?" Before addressing these issues, the study will first lay out the medical implications associated with the practice of FGM.

Aside from the fact that it is perceived as a human right violation, FGM is also associated with health complications for women that have undergone the practice. Medical experts have categorized the health care complications relating to FGM into two categories, which are long-term and short-term medical complications depending on the procedures being performed. The short-term effects of FGM are "severe pain, shock, hemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue". The long-term consequences can include "recurrent bladder and urinary tract infections, cysts, infertility, and increased risk of childbirth complications and newborn deaths" [17].

Several international organizations, such as the United Nations and World Health Organization, have not only condemned the practice of FGM by medical professionals but have also taken more aggressive steps to engage with governments of nation-states around the world in ensuring that hospitals and other health care establishments are not used by trained medical personnel to perform FGM [18]. Similarly, the International Federation of Gynecology and Obstetrics (FIGO) has condemned the practice and argued that FGM is against the medical ethic of "no harm," an established medical code of ethics that guides obstetricians and gynecologists to oppose performing non-medical procedures that are against acceptable standards governing the practice of medicine [19]. While measures are being taken by countries to criminalize FGM, and the efforts to discourage medical practitioners from conducting FGM are commendable, these approaches are not sufficient to eradicate female circumcision. But before addressing the shortcomings of using the law alone to push for social changes, this study will first explore FGM in The Gambia, examining student's support of the practice, and reasons used as justification for the practice of FGM in the country.

Reasons why female circumcision is practiced in the Gambia

Several explanations have been provided as reasons why female circumcision is practiced in The Gambia. Some of these include: FGM is a religious obligation that is sanctioned by Islam, undergoing this practice will increase a woman's prospect of marriageability, and FGM protects the virginity of a girl by preventing her from premarital sexual relationships.

Those who support FGM often argue that it is a religious obligation supported by Islam. Most of the Gambian population is Muslim and according to the latest estimates from the national census, 95 percent of the population practices Islamic beliefs. However, not everyone agrees that the practice of FGM is sanctioned by Islam, and some religious scholars have argued that Islamic beliefs do not support female circumcision. FGM is a cultural practice that predates Islam and according to Damanhoury, the origin of female genital mutilation can be traced back to Egypt as early as 500 B.C before the coming of Islam [20]. Damanhoury, argues that female circumcision is a cultural practice that predates both Islam and Christianity. At a conference held in Cairo/Egypt in 2006, Islamic scholars have unanimously agreed that FGM is against Islamic beliefs and called on Muslim countries to institute proactive measures to prevent their women from being subjected to the practice of FGM. Exposing the health implications on the effect of FGM is not only a way to effectively counter support of FGM based on religious consideration, but also signify an appeal to the moral conscience of the public and educate them about the health implications of having to subject their girls to FGM. According to traditional and religious leaders in some African countries have plaid a crucial role in banning FGM and have used their influential voices in communities to issue Fatwas (authoritative legal opinions) condemning the practice of FGM in countries such as Egypt, Mauritania, and Senegal [11]. It is worth noting that not only Muslim's practice FGM, and a report issued by the U.S. Department of Health and Human Services indicates that some Christian and Jewish groups also practice FGM on their girls. This agency concluded that the cases of FGM are even greater among Christians than the Muslim population in countries such as Nigeria and Tanzania, respectively.

Conversely, aside from the perception that FGM is a religious obligation supported by Islam, there is also the issue of marriageability that could explain why FGM is practiced in The Gambia. There is a strong belief that FGM increases a woman's prospect for marriage. Many Gambian women have the belief that men prefer marrying women that are circumcised and that those who have undergone this practice have a greater chance of attracting a potential suitor. The idea that men prefer a woman who underwent FGM has proven difficult to substantiate and many studies on this topic appear to be consistent in showing that FGM is a practice supported by women rather than men [21].

A study in The Gambia that examines the impact of female circumcision on

a woman's marriageability has concluded that "it is not because men refused to marry uncircumcised women, but because an uncircumcised woman marrying into a circumcising family would face difficulty building relationships with other women in her marital home" [21]. There is strong social pressure for women to not only get married in The Gambia but also to conform to socially acceptable standards that are consistent with the beliefs and practices of the host family. Proponents of FGM have linked this procedure to marriage as a clever way to secure conformity having understood the importance Gambian society attaches to a marital relationship.

Additionally, one of the most controversial explanations in support of FGM is that it protects girls from having premarital sexual relationships. Sex is not only a taboo subject in Gambian society but having sex outside of marriage is strongly condemned. This does not mean that there is no sex before marriage, but those who support FGM are of the view that undergoing the practice will reduce women's temptations to engage in sexual relationships and protect their virginities before marriage. A woman being virtuous is also linked to family pride and honor during the marriage, and it is expected for a girl to remain a virgin to uphold her reputation and that of her family. Due to social pressures and the need for conformity, many families in the Gambia resort to taking extraordinary measures not only by circumcising their girls but also performing the most severe procedures of FGM, the type 2 that involves closing the opening of the vagina to prevent the girl from having sexual intercourse before marriage. The girl is left to grow with this procedure, and it is removed only at the time of marriage.

Given these perspectives of FGM in The Gambia, one of the most difficult aspects of the fight to eradicate this practice is changing beliefs associated with the conduct of female circumcision. While few studies examine the social impact of FGM, it is important to note that FGM involves a whole section of collaborators in a group who are united with a common belief system that is difficult to change. "Female circumcision is carried out in response to a convention supported by fundamental social norms and failure to conform often results in individual harassment by the group." There are also two opposing sites on the FGM debates whose differences are unsettling. While some regard the practice as violations of the rights of women, to others FGM is perceived as a form of women's empowerment, based on the belief that "one becomes a respected person and an integrated female only after implementing the socially designated course to dignity and status" [22]. FGM in the Gambia is practiced through a network of social relationships, and there are socially sanctioned consequences for families, girls, and women who refrain from practicing FGM. The unwillingness to cooperate could also result in individuals being excluded from important communal events and support networks they depend on, leading to social exclusion.

One of the challenges faced by grassroots organizations is that their efforts to ban FGM has been tailored towards an individual approach, which is likely to fail without a broader commitment by larger groups of Gambian society who continue to support this practice. FGM is conducted by a network of like-minded individuals, who are strongly united in upholding a tradition they consider best for their children. In some communities in The Gambia, FGM is performed as a rite of passage ceremony signifying a girl formally entering puberty. Hence, "a girl who does not undergo the ceremony is often viewed as an 'outcast,' 'unsuitable for marriage' or impure" [11]. The shame and stigma often associated with a girl who has not undergone FGM by her community is usually unbearable and many parents understandably want to avoid social pressure for their children. Regardless of the danger, individuals and families are more likely to consider the social consequences of not participating in FGM to be greater than the physical and mentally traumatizing experience they will face when it leads to being isolated and stigmatized from the rest of the larger community.

Finally, aside from the challenges arising from the network of social relationships which support the practice of FGM in The Gambia, there are also common taboos associated with FGM. Some believe that FGM purifies the woman's body as the clitoris is not only considered as a dirty organ in a woman's body but also that it needs to be removed to protect girls from sickness. Another taboo is sexual urges in women. It is thought that women who have not undergone FGM have a stronger urge for sex, instead, FGM is performed to control their desires for sex and prevent them from being promiscuous. Finally, women who have not undergone FGM face constant stereotypes and discrimination in Gambian society. Words such as (Solima) in Mandinka language, or (Atabrow) in Jola, meaning the uncircumcised, are derogatory terms, which are used to call on those who have not undergone FGM, and could lead to exclusion from participating alongside other women in important community functions.

FGM, as it is practiced in The Gambia, is not regarded as an exercise involving the circumcising of girls alone. Female circumcision is also perceived as a rite of passage for women where cultures and traditions are handed down from one generation to the other. The procedure of FGM is mostly conducted in secluded areas where a group of women isolate themselves from the rest of society in their effort to transform these young girls into what they consider as a passage to womanhood. This includes teaching them about gender roles, family responsibilities, and other taboo subjects such as sexual intercourse, pregnancy, and menstruation, which are topics not openly discussed within the context of a family.

It is also important to note that not all ethnic groups in the Gambia practice female circumcision. While FGM is widespread among four out of eight major ethnic groups, namely, the Mandinka, Fula, Jola, and Sarahule, other ethnic groups such as Wolof, Serere, Manjago, and Aku mostly do not practice FGM. A survey conducted in The Gambia has found that "97% of women who identified as Mandinka have indicated that FGM is a tradition that is supported by their culture; whereas 96% of Wolof women reported that FGM is not supported by their culture. For women who identified as Fula, 72% have noted that FGM is a tradition in their families; this is also consistent with 85% of support for FGM among Jola women. It is also estimated that 25% of those who identified as Serer have noted that FGM is not part of their culture" [15]. However, when cross-cultural intermarriages occur, in which an individual marries another person from a different ethnic group, this dynamic can change, such as when a Wolof man marries a Mandinka spouse whose tradition supports FGM. Also, intermarriage facilitates the integration of different cultural practices among various ethnic groups in The Gambia. For instance, if a Wolof woman is married to a Mandinka man, the girls born out of this type of intermarriage usually will not go through with Female Genital Mutilation. A Mandinka woman, on the other, who is married to a Wolof family, is more likely to undergo female circumcision with her children because Mandinka culture supports the practice of FGM.

Aside from the effect of intermarriages on the practice of FGM, female circumcision is one of the few sacred traditional practices in the Gambia where women have total control without the influence of men. Despite the patriarchal nature of Gambian society, the decision for a girl to undergo FGM is primarily a women's choice. Additionally, there are also other instances where a family may be practicing FGM and going against their culture because of the place of residence. A family that lives in a region of the country where the practice is prevalent among the local inhabitants will face social pressure to conform to acceptable social norms of FGM practices supported by the wider members of the society. Cultural incorporation is one key factor in explaining these changing dynamics wherein a minority ethnic group decides to adopt the prevailing beliefs of the people who live in the same area for fear of social exclusion. For example, if a Wolof, Serer, Manjago or Aku family lives in an area mostly inhabited by the Fulas, Mandinka, Jola, or Sarahule, whose traditions permitted the practice of FGM, girls from those families are likely to go through circumcision as a way of avoiding social stigma and discrimination by the larger community.

Previous studies of female genital mutilation conducted in the Gambia have focused primarily on married and elderly women, while little attention is given to the opinion of young people and women, who are the immediate victims of FGM. This study aims to address this gap. In investigating the perceptions of Gambian high school students on the practice of FGM, this study will rely on the theory of social change to provide the underlining explanation of attitudinal changes among young people that potentially reject the old established norms of FGM acceptability. The theory of social change holds the premise that the capacity for behavioral change is viewed as being under the control of the individual. As such, if young people are sensitized about health risks associated

with FGM, they will be motivated in taking proactive steps to change their behavior to protect themselves. This theory rests on the fact that individuals are rational actors, and every person is expected to act in such a manner that is consistent with his/her self-interest. FGM is a practice that is not only harmful but also has a potential risk of creating long-term health complications to those who engage in it. Educating young people about the dangers associated with FGM would enable them to take necessary actions to protect themselves and their families. Going by the premise of this theoretical framework, one would expect that Gambian high school students will act rationally to reject FGM and prevent any future harm associated with this practice.

The focus of this study is on high school students. This is because young people tend to be more liberal and progressive in their views about the world, and as such, it is expected that they will not conform to supporting a dangerous social-cultural practice sanctioned by their parents, most of whom are illiterates. Having access to education would not only provide them with knowledge on the health implications associated with FGM but also would mentally prepare them to independently reason and carve a better trajectory of their lives free from the influence of their parents. Also, the fact that these girls are young would logically mean that the procedure of FGM is still fresh in their minds, and one would expect that this would negatively influence their opinion toward the practice of female genital mutilation. To investigate this issue, the following research questions were advanced, "Is there a change in opinion on support for FGM among Gambian high school students? Are there differences in support of FGM between male and female high school students in The Gambia?" [23,24].

Methodology

In 2015, a survey of 152 high school students was conducted across the eight regions of The Gambia, including the West Coast Region, Lower River Region, Central River Region, Upper River Region, North Bank Region, and Greater Banjul Area to examine student support on the practice of FGM in the country. In every region, a high school was randomly selected, and the survey was administered to 25 students. The opportunity was also given to all students who demonstrated their willingness to participate. Since the study involves human subjects, volunteers were subjected to ethical standards of research, and a form was issued requesting consent to participate in this survey. Participants were informed that in the event anyone feels uncomfortable, he/she has the freedom to withdraw from the study at any time and that there is no compensation for participating in this study, other than thanking them for their time.

This research was subjected to a review by the Independent Review Board of the University of Missouri-St. Louis (IRB), and was approved to have fulfilled the required ethical standard governing research on human subjects. The result is analyzed using a binary logistical regression, and the respondents were allocated numerical values ranging from zero to one. The students who answered in the affirmative indicating their support for FGM were given 1, and those who responded in the negative in their support for FGM were coded as 0. Also, this study examined whether support for FGM varies between male and female students, and other variables were added as controls such as Islam support of the practice of FGM; FGM maintaining a girl's virginity; and whether a girl would encounter difficulty in getting married if she has not undergone the practice of FGM in The Gambia.

Results and Discussion

Figure 1 shows support for FGM between women who have undergone the practice and those who have not. For those who have gone through FGM, 63 (50%) of the respondents indicated that they support the practice, whereas just one (4%) of female students who did not go through FGM stated that they supported the practice. The question as to whether FGM is supported by Islam was also posed to participants. Among respondents who believe Islam supports FGM, the results show that 78 (63%) of those students indicated support for FGM, whereas only 20 (17%) of students who said Islam does not support FGM support the practice (Figure 2). Additionally, support for FGM based on marriageability shows that student's perception of female circumcision is strongly consistent with their support of FGM as a practice that is essential for a woman to be able to have a husband. Among students who believe that it is difficult to marry without FGM, 43 (55%) support female genital mutilation, whereas only 55 (34%) of students who held opposing views support FGM (Figure 3). Finally, this study examined student's opinions on the practice of FGM based on the importance Gambian society attaches to the practice of FGM. The results show that 74 (59%) participants who believe that FGM is a

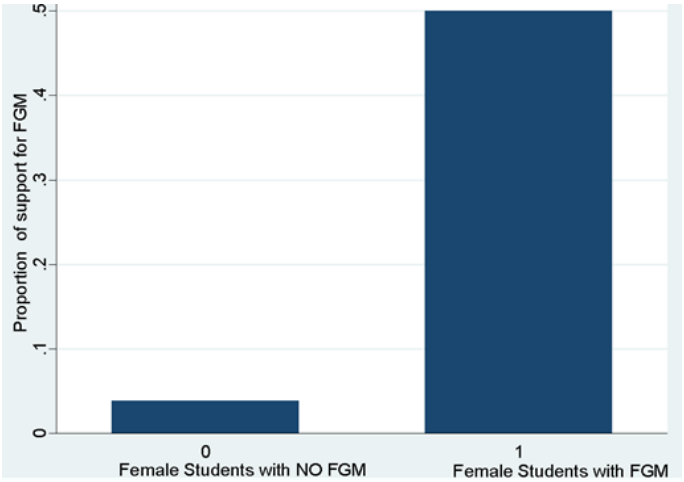

Figure 1. Descriptive statistics: Support for FGM.

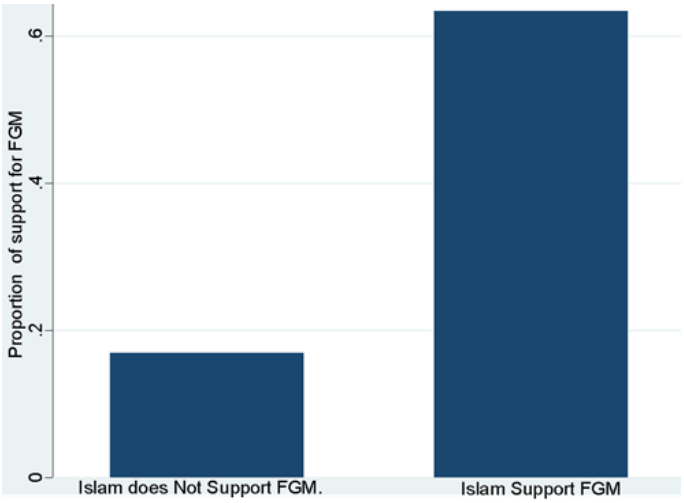

Figure 2. Students who think Islam support FGM.

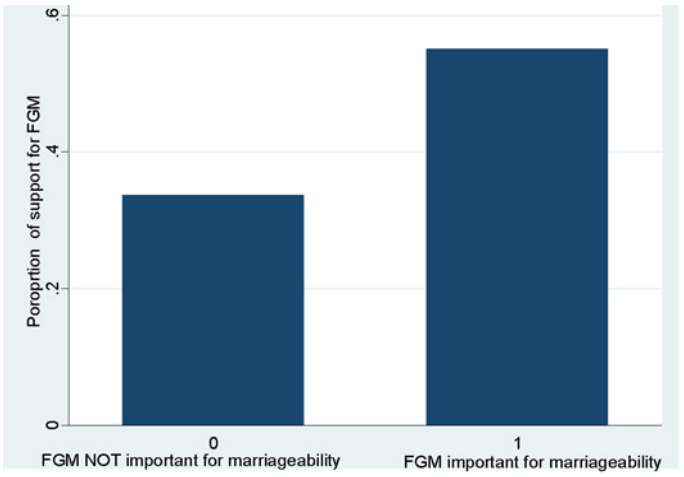

Figure 3. Students support for FGM on the basis of marriageability.

necessary practice to protect the virginity of girls support the practice, whereas 24 (21%) of the students held the opposite view in support of FGM (Figure 4).

Table 1 reports the coefficient estimates of a logistical regression analysis of support for FGM among female students. The results show that students who have undergone FGM are much more supportive of the practice e than female students who have not been subjected to the practice. The predicted probability for supporting female circumcision increases by 3.40 % when all other variables are held at their means. Similarly, as changes in category occurs from zero to one for a female student who believes that Islam supports FGM, the predicted probability for supporting female circumcision increased by 2.3%, holding all other factors constant. Equally, as a change in category from zero to one for a female student who believes FGM maintains the virginity of girls, the predicted probability of supporting female circumcision increases by 1.12%. Finally, as changes in category occurs from zero to one for a female student who thinks that FGM is important for marriageability, the predicted probability of support for female circumcision increases when all other factors are held at their means. All the variables are statistically significant at the 95 percent confidence interval and positive in direction.

The result indicates an opposite outcome to what was expected in the study of Gambian high school students and their perceptions towards the practice of FGM in the country. Female students who have undergone FGM appear to be more likely to support the practice in the country. It is also interesting to state that despite their education, and the fact that their experiences of FGM might be recent and easier to recollect, students' opinions in support of the practice of FGM have not changed. There are other essential factors such as Islamic beliefs, marriageability, and social-cultural pressure on women to maintain virginity before marriage are all influential factors explaining the reason why FGM is practiced in The Gambia.

To discuss the results of Table 1 in more precise detail, this study reports the marginal effect on support for FGM as a key independent variable change from zero to one (Table 2). A student who has undergone the practice of FGM has a predicted probability of supporting FGM that is 0.40 higher than a female student who has not been subjected to the practice. In the same vein, the expected probability of supporting FGM for a student who believes that FGM maintains virginity is 0.17 higher than for a person who does not believe that FGM protects the virginity of girls. A student who believes that FGM is a condition necessary for marriage has a predicted probability of supporting FGM that is 0.15 higher than a student who does not share that belief. Finally, the expected probability of supporting FGM for a student who believes Islam supports FGM is 0.35 higher than for a student who does not believe that Islam supports the practice of FGM, holding all other factors constant. The strongest marginal effects are for female students with FGM and beliefs about Islam, and all the marginal effects described here are statistically significant at the 95 percent confidence interval.

Table 3 examines the perception of Female circumcision to determine whether support for this practice would vary between male and female high school students. Because women significantly outnumbered men in sample size, the data is weighed to allocate similar observations to account for the gender differences. If the perception that undergoing FGM increases the prospects of a woman's marriageability, the expectation is that men would prefer women who have been circumcised. However, the results in this study show that there is no statistically significant relationship between being a male student and support for female circumcision. The fact that support for FGM in this study is not more pronounced amongst men than women raise significant questions into the debate that men are trying to control women's bodies. The results here appear to show that FGM is not only an issue for women but also that an effort to eradicate the practice would require the cooperation of Gambian women in taking the lead towards ending the practice in the country.

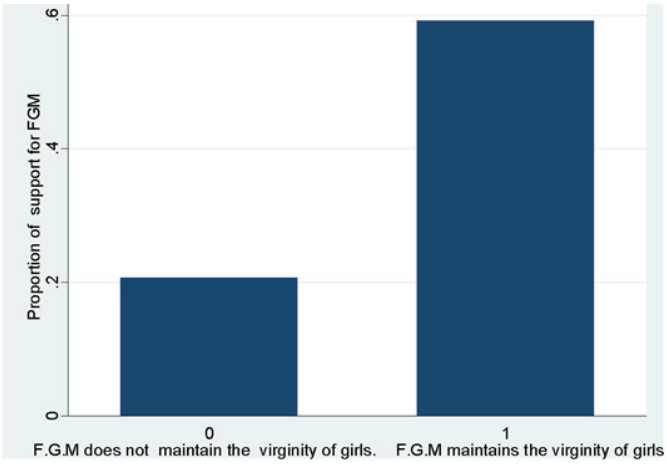

Figure 4. Students support for FGM over virginity.

Table 1. Logistic regression analysis of support for FGM (women only). A report of coefficent estimates of the logistical regressional analysis.

Variables	Coefficients	SE	*P*-value
Students with FGM	3.43	1.16***	0.003
Islam support FGM	2.26	0.56***	0.001
FGM maintains virginity	1.12	0.47***	0.017
Difficulty getting married without FGM	1.06	.46***	0.023
Meet NGO advocating ban on FGM	-0.09	0.50	0.854
Teaching FGM at school	-0.14	0.47	0.767
N	152		
Pseudo-R^2	0.38		
Note: *** indicates *P*-value < 0.05			

Table 2. Change in predicted probability of support for FGM. Marginal effects from model in Table 1.

Predicted Probabilities	Change in Predicted Probability	95% Confidence Interval
Students with FGM	0.40	[0.26, 0.54]
Islam supports FGM	0.35	[0.20, 0.50]
FGM maintains virginity	0.17	[0.03, 0.31]
Difficulty getting married without FGM	0.15	[0.02, 0.28]
Average predictors	0	1
Pr (y/base)	0.58	0.42
N	152	

Table 3. Support for FGM based on gender among High School Students in The Gambia. A Report of Coefficent Estimates of the Logistical Regressional Analysis

Variables	Coefficients	SE	p-value
Women	0.01	0.35	0.990
Islam support FGM	2.06	0.38***	0.001
FGM maintains virginity	1.08	0.35***	0.002
Difficulty getting married without FGM	0.70	0.39	0.071
Meet NGO advocating ban on FGM	0.25	0.36	0.487
Teaching FGM at school	0.19	0.35	0.587
N	241		
Pseudo-R^2	0.27		
*** indicates *P*-value < 0.05			

Conclusion

Female genital mutilation is a hotly contested issue in The Gambia. This research has indicated that female high school students' support for FGM has not changed, and those who underwent this practice are more likely to

support FGM than those who have not been circumcised. Also, male students are less likely than girls to support the practice of FGM in the country. Several other factors such as culture, religious beliefs, the social value placed on the importance of virginity in girls, as well as a perceived notion that FGM is necessary for a woman to be eligible to marry all stood out as part of the reasons why female circumcision is practiced in the Gambia. To eradicate this conduct, the government needs to take proactive steps to sensitize the populations against the negative consequences of FGM and to ensure that girls are protected from undergoing this practice. The legislation that was put in place banning the practice of FGM in the Gambia is a commendable government policy initiative, but it is not enough to eradicate the practice without educating the masses on the short and long-term health implications associated with female circumcision. Thus, banning the practice will be counterproductive unless accompanied by an awareness campaign to sensitize the people about the health risks posed by the practice of FGM. Simply making FGM illegal will prompt people to figure out ways to avoid hospitals, driving the practice underground, and will make the consequences for victims even more severe. If the government is serious about banning the practice of FGM in the country, the forces of the law must be backed by reason to address the root causes of FGM, which is ignorance many of the people have on the health risks posed by the practice. Taking active measures to educate the masses about the potential risk of FGM would be much more effective in the fight against the practice than relying solely on law enforcement. For this reason, been many of the cases of FGM are conducted in secluded areas, which not only makes it harder for law enforcement to track these incidences but also makes it difficult to prosecute, as evidence of the crime may be destroyed.

Therefore, this study would recommend the following: First, one key approach is to improve the educational curriculum and include FGM as a topic to be taught in schools. Since FGM is a multi-generational socio-cultural practice, using educational resources would signify an intentional approach by the government in breaking the cycle of FGM acceptability among high school students. It would also serve as informational resources on the harmful conduct of FGM, making it easier for students to break the cycle of a practice bequeathed to them by their parents. Most of whom, due to ignorance and lack of awareness on the dangers associated with FGM, have chosen to uphold a practice that is not only psychologically traumatizing to their children, but which also potentially exposes them to both short and long-term health complications. What is critical in the fight against FGM is that strangers do not conduct the procedure, but it is often organized and supported by parents, close relatives, and associates operating within a network of community-based organizations. Given these close relationships, it is extremely challenging to convince an individual female that the harm being done to her by her parents, or close relatives and sanctioned by her community is done so in bad faith. By educating young high school students with adequate knowledge on the dangers associated with female circumcision, it would not only serve as a strong measure of deterrence for them but would ensure that this practice is not extended to their future children, hence the idea of breaking the cycle on the practice of FGM.

Secondly, the work of local non-profit organizations such GAMCOTRAP, UNICEF, TOASTAN, and Action Aid is commendable in providing community base sensitization on the harmful effects associated with the practices of FGM. However, such efforts need to be tailored more to young adults who are the immediate victims of FGM and not to the perpetrators. Engaging with older women is less likely to be effective, as not only are these groups themselves the perpetrators of the practice, in which FGM advocates are trying to stop, but their beliefs on FGM is solid, and their opinions on this practice are grounded in a way that will be extremely difficult to change. The young people, despite discouraging the evidence presented above, should be the focus of an aggressive campaign to eradicate FGM as they are more susceptible to change than their parents, which is also consistent with the idea of breaking the cycle. More importantly, if there is ever going to be a change in the practice of FGM in the country; it will entirely depend on successfully convincing young people to abandon this practice.

Fourthly, any approach to eradicate the practice of FGM in The Gambia, and perhaps elsewhere, must intentionally place the people and their communities at the center of combating the practice of FGM. No solution that is aimed to address a community-charged practice such as FGM would work and be effective in securing a positive outcome without having the people leading the charge involved in seeking solutions. Just as FGM is perceived as a problem for the community, it is also true that the solutions that will address this issue must come from the people themselves, whose lives are directly impacted by this practice. In doing so, activists must approach individuals, parents, and communities in The Gambia that are involved in the practice of FGM as having honest and well-meaning intentions towards their social advancement and not as a condemnation of their culture or beliefs.

Campaigning for the ban on FGM, while demonstrating an attitude that is condescending towards the people who support this practice would result in outright rejection. The idea of saving the savages from a practice in which their cooperation is essential would not yield any positive results in the fight to end the practice of FGM in The Gambia. Whether the justification to practice FGM by a group of people is based on their religion, culture, or any other reason not captured in this study, it would not dismiss the fact that FGM is a very sensitive social issue in The Gambia. The approach to address this conduct must also be taken with precautionary measures to secure the cooperation of the people. For any positive results to be attained, convincing the people's attitude against FGM would be crucial in eradicating practice in the country. Until that is done, it will be extremely difficult to break the generational cycle and dissolve associated community networks that continue to support the practice of FGM in The Gambia.

Finally, due to the limited scope of this study, it is recommended that future studies should focus on evaluating the impact of the law to determine whether the enforcement mechanisms put in place had yielded any positive results on the efforts to eradicate FGM in the Gambia. This study would be explored in the future.

Conflict of Interest

The author does not have any conflict of interest to report in this study.

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