

Accelerating the Abandonment of Female Genital Mutilation/Cutting (FGM/C) in The Gambia

Types: In The Gambia, type I which involves the partial or total removal of the clitoris, and type II which involves the partial or total removal of the clitoris together with partial or total excision of the labia minora, are more commonly practised among the ethnics. Nevertheless, some ethnics such as the Fulla practice type III or what is known as Sealing in The Gambia.

Situation and Prevalence: In The Gambia, the prevalence of FGMC has been estimated at 78% with regional and ethnic variations. This is considerably high. Infant mortality is estimated at 131 per 1000 live births, maternal deaths stand at 730 deaths per 100,000 live births (MICS III), and HIV/AIDS prevalence rate is at 1.8% (national sentinel 2007). All of these are impacted on by FGMC.

In Basse, Upper River Region (URR), where the Government of the Gambia-Tostan-UNICEF Joint Programme on FGMC prevention is being implemented, the prevalence rate is 99%, with 92% of the women believing that the practice should continue. In terms of ethnicity, Mandinkas have the highest prevalence rate of 96.55%, followed by Jolas at 91%, and Fullas at 88%.

In the Local Government Areas (LGAs), the prevalence rate among women who had no education is 81% compared to 71% for those with secondary education or above showing that education, especially for girls, is having a positive effect on FGMC.

The effect of education is even greater on attitude towards FGMC; 38% of women who had secondary education or higher want the practice to continue as compared to only 16.4% of those without any education; and 41% of those with secondary education or higher would not like their daughters to be cut, compared to 21% of those without any education. It is therefore clearly evident that ethnicity, education (especially girls' education), and rural-urban residence are the most important factors affecting FGMC in The Gambia.

Other surveys, conducted by the Foundation for Research on Women's Health, Productivity, and the Environment (BAFROW), and Gambia Committee on Traditional Practices (GAMCOTRAP), estimate practice among the Sarahules and Mandinkas at 100%, relatively diminishing among the Jola at 96%, Fulas 84%, Serer 64%, and Wollofs 20%. Practice among the minor ethnic groups (Oku Marabout, Tilibonka, and Karonika) is also estimated at 100%.

Programme Interventions in Upper River Region (URR): To address the problem of FGMC, especially in URR, a Joint Programme, called the *Community Empowerment Programme for the Abandonment of Female Genital Cutting*, was launched in 2006 following a study ("*Female Genital Mutilation in The Gambia: A Desk Review*"), conducted by the Government and funded by UNICEF, which proposed a need to review existing strategies for an accelerated abandonment of FGMC in The Gambia.

It was against this background that Tostan was invited to The Gambia and the Joint Programme was conceived and designed.

The programme has a holistic, non-judgemental, and human rights based approach, which embraces democracy, problem solving, and the promotion of good health and hygiene.

It is now being implemented in 80 of the 500 communities in URR with nearly 9,000 direct beneficiaries while thousands more are reached through the *organized diffusion* strategy.

Progress and Impact: After three years of implementation in URR, a movement of community members for the abandonment of FGMC has begun to form.

All the 40 Mandinka communities involved in the Tostan programme in URR have completed it, and conducted three public declarations in 2008 to abandon FGMC and other harmful traditional practices such as early marriage. The 40 Fulla communities in URR have completed Kobi I and Kobi II, and are moving on to Awde in 2010.

Additionally, more people are now involved in a monthly village cleaning exercise, which the communities introduced as a way of fighting mosquitoes, carriers of the malarial disease. Malaria kills one out of every six children in The Gambia.

Owing to the education provided by the community empowerment programme, more parents are sending more of their children to school. With greater understanding of human rights and the issues surrounding it, the women now know that they have a right to bodily integrity.

With greater understanding of health, the women are beginning to understand and appreciate the health consequences of FGMC. This is why democracy, human rights, and health form the foundation of this 36 months programme which aims to ultimately lead to the collective abandonment of FGMC.

Each of the target communities now has a very active and functional Community Management Committee (CMC) which has been very proactive in taking ownership in its community's development efforts. More women than ever are now participating in these CMCs and in other village level decision making structures; this has increased the status of women and provoked a sense of gender equality, an idea that remained largely foreign prior to the Government of The Gambia-Tostan-UNICEF joint programme.

Challenges: Despite programme interventions by national and international organizations to create more awareness on FGMC, The Gambia still faces many challenges in terms of increasing the Media's active participation in the campaign, and involving government further, particularly in legislative matters such as the domestication of the Maputo Protocol, and enforcing a penalty on practitioners.