BOOTH CAMPAIGN AND BASELINE SURVEY ON FEMALE GENITAL MUTILATION IN UPPER RIVER REGION, BASSE

FUNDED BY:

AMPLIFYCHANGE

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Acknowledgement

This Booth Campaign and Baseline Survey on FGM in the Upper River Region, Basse could not have been possible without the financial, technical and moral support of some institutions and individuals who believe in Think Young Women, youth dynamism and power. It is our great pleasure to convey our gratitude and appreciation to the following:

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- Gratitude goes out to TYW members currently in and out of The Gambia and volunteers for their contributions;

To each and every one, we convey our profound gratitude

Foreword

The subject of Female Genital Mutilation/Cutting is a question on which opinions are markedly divided. The women who practice it and their supporters cherish it as a valuable part of their culture and are reluctant to abandon it. The campaigners against the practice are motivated by the desire to alleviate the life long suffering of the millions of babies and young girls who undergo it annually and to protect their health and human rights. It is a well-known fact that FGM is harmful as it is also established that the practice is not a religious injunction.

Think Young Women strongly believes that the practice of FGM can be stopped in this generation, through the systematic mobilization and empowerment of young men and women and the active, constructive engagement and dialogue with older women, female circumcisers, religious and traditional leaders and communities.

Our approach will be non-confrontational, non-accusatory, non-judgmental and very respectful, aware of the fact that change comes about through persuasion and presentation of facts and also from within communities. This is only possible if we understand the motives and justifications for FGM, the challenges campaigners have faced and the strategies that can be used to work with communities to end FGM in this generation.

To be able to engage in advocacy, community engagement and youth empowerment will require us to have evidence which we can rely, thus this survey into the social and cultural determinants of FGM. TYW has conducted a similar survey in the Greater Banjul Area and West Cost Region in 2015 and the result of those findings indicated that reveal the need to scale up awareness raising on FGM and its effects and on the anti-FGM legal instruments and national laws, actively involve young men in the fight against FGM, and intensify advocacy for the legal prohibition of FGM. It also reveals that eliminating FGM will require a multi-strategy approach by the Government and civil society organisations, guided and underpinned by a respect for the human rights of women and girls. It was also recommended that more data collection activities in respect of FGM should be conducted to generate important information critical to the campaign against FGM and which can be used for programming and evidence-based advocacy.

In line with the recommendations and findings in the Booth Campaign and Pilot Baseline Survey in the Greater Banjul Area and West Coast Region, we have conducted a Booth Campaign to raise awareness on FGM and administered questionnaires to men, women, boys and girls in Upper River Region to gauge their knowledge, beliefs and attitudes about FGM.

The findings of this survey reveal that majority of respondents in URR are aware of the anti-FGM legislation but some still want to carry out FGM on their daughters and due to cultural

reasons and maintenance of family tradition. This indicates that more awareness raising needs to be done as practice is still ongoing behind closed doors.

We hope that this report will contribute significantly to efforts geared towards the abandonment of FGM in The Gambia. We promise to play our part fully, in solidarity with the forerunner NGOs in the campaign and with absolute commitment and respect to the values that we all share in common and cherish. We are ready to be held accountable for the results we achieve and for the support and resources, we receive to bring an end to FGM in our generation.

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Musu Bakoto Sawo
National Coordinator
Think Young Women

Background

In order to develop a more effective programme of intervention in the campaign to abandon the practice of FGM, it is necessary to identify the knowledge and attitudes of people about FGM and the gaps therein.

The Booth campaign objectives were in line with the Strategic objectives of the National Action Plan of The Gambia (NAP) on FGM/C 2013-2017, specifically:

- Increased awareness and capacity to lead the abandonment of FGM/C at community level by 2017;
- Specific legislation on FGM/C enacted and increased awareness on existing legislation and policies on FGM/C by 2017

This Baseline Survey study has therefore been conducted cognisant of the priority objectives of the Booth Campaign which are to:

- Raise awareness about Sexual and Gender-Based Violence with specific focus on FGM;
- Encourage the use of dialogue in changing the mindsets of people concerning FGM;
- To gauge the perception of people living and working in the Upper River Region on FGM, the reasons for its practice and to understand their perception;
- To document and share the voices of young people regarding FGM/C so as to influence policy makers;
- Encourage the use of media messages such as pictures, flyers and videos in convincing the general public to actively engage in the abandonment of FGM in The Gambia;
- Empower the general public on issues of FGM in order to accelerate its abandonment

Methods

This survey was conducted to gauge the Knowledge, Attitude and Perceptions (KAP) of respondents on FGM. A cross sectional descriptive survey was employed in this study with the target population being 150 respondents from various communities in Basse targeted at a central market in Upper River Region. The respondents were chosen randomly and also based on their willingness to participate in the survey. A KAP questionnaire was developed and a draft was sent to Gambia Bureau of Statistics for review. Adjustments were made to some components based on suggestions from GBoS before the actual data collection process took place.

The data collection activity commenced on Saturday, 29th May 2017 at 10:00 am. The survey team consisted of enumerators and volunteers some of whom were staff of TYW, and were all trained on how to administer the questionnaire. Interviews were conducted on a face-to-face basis and in a language the respondents were most fluent in. Where language barriers exist, translators were used to ensure that the questions asked by the enumerators were well and truly understood.

After the data collection activity, the questionnaires were checked for consistency and completeness. The coding for data entry was done in Microsoft Excel and upon competition, Stata version 14 was used for generation of tables. The data is presented in pie charts and bar graphs for easier interpretation and analysed using frequencies and percentages.

Results

Socio demographic characteristics of the respondents

The subsection presents the socio demographic characteristics that were considered in the survey. Respondents of this study were asked about their age, gender, ethnicity, marital status, educational level, religion and region of origin. Some of these characteristics are disaggregated by gender and presented below.

Out of the total number of respondents (150), one hundred and eight (72 per cent) were female and forty-two were male (28 per cent). The data also shows that majority of respondents were between the ages of 18 to 35 who accounted for about 53 per cent (79 respondents) followed by those between the ages of 36 to 45 (18 per cent). Fourteen respondents did not state their age. Majority of the respondents were Mandinka and Fula with 61 and 52 respectively. Among the respondents, 115 were married, 31 were single whereas only two were divorced or widowed. Slightly less than half of the respondents reported that they had no education, 18 had tertiary/higher education and only one did not state her level of education. For those who stated they had no education, a question was further asked as to whether they could write a letter[1] in any language and only 15 responded in the affirmative implying that 57 could not write in any language while two did not state whether they could.

One hundred and thirty eight respondents were from Upper River Region and despite the fact that the survey took place in this region, some of the respondents stated Western Region and Central River Region as their region of origin.

[1] Letters of the Alphabet

Table 1: Distribution of Respondents by Gender, Age Group, Ethnicity, Marital Status, Educational Level and Region of Origin

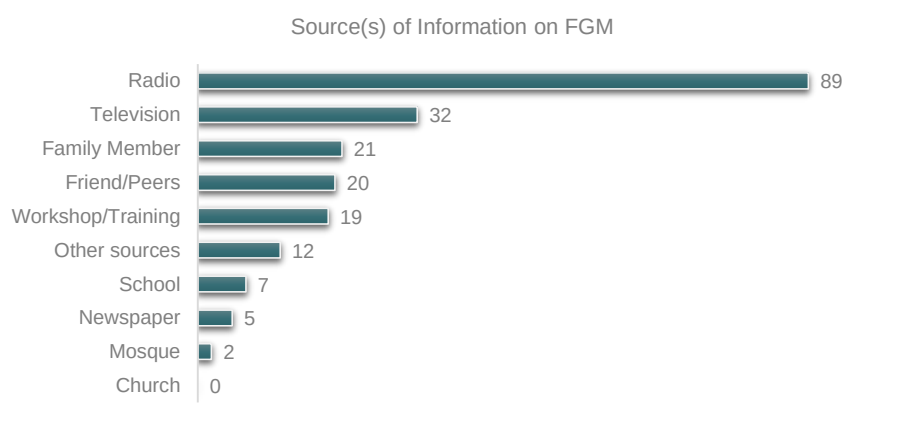
	Gender		
	Female	**Male**	**Total**
Age Group			
12-17	15	1	16
18-25	30	10	40
26-35	30	9	39
36-45	17	10	27
46-55	4	4	8
56+	3	3	6
Not Stated	9	5	14
Ethnicity			
Mandinka	46	15	61
Fula	38	14	52
Wollof	6	3	9
Jola/Karoninka	2	2	4
Serahule	8	3	11
Serere	2	1	3
Bambara	2	1	3
Other	0	1	1
Not Stated	4	2	6
Marital Status			
Single	22	9	31
Married	82	33	115
Divorced	2	0	2
Widowed	2	0	2
Educational Level			
No education	57	17	74
Early Childhood	5	4	9
Lower Basic	15	4	19
Upper Basic	22	4	26
Vocational	2	1	3
Tertiary/Higher	6	12	18
Not Stated	1	0	1
Region of Origin			
Western Region	6	4	10
Central River Region	1	1	2
Upper River Region	101	37	138
Total	**108**	**42**	**150**

Occurrence and Information

This subsection highlights the source(s) of information on FGM of respondents if they had any and the occurrence of FGM in their community. About Eighty-seven per cent of respondents reported that they got information on FGM while 12.0 per cent reported that they did not.

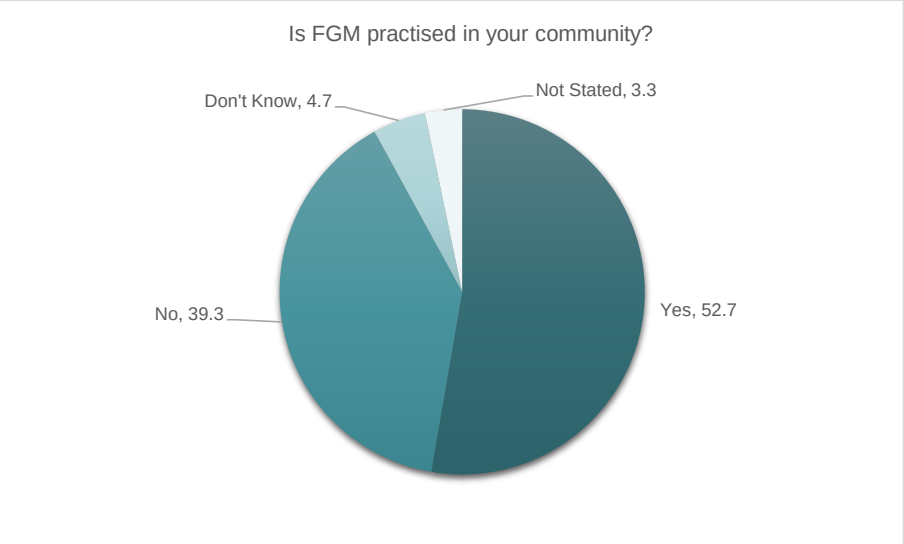
The figure below shows the distribution of source(s) of information on FGM by categories for those who reported that they got information on FGM. There were 207 responses to this question, which is more than the number of respondents because each respondent was allowed to select more than one response if applicable. As shown, radio is the most common source of information on FGM for respondents, which shows that the numerous awareness programmes on local radio has some effect. Television was the second most prominent source of information on FGM while those who reported obtaining information from family members and friends/peers follow this closely. Few cited obtaining information from newspaper, which is not surprising given that almost half of the respondents had no education.

Figure 1: Sources of Information



About 53 per cent of respondents stated that the practise of FGM was still ongoing in their community whereas 39.3 per cent were not aware of the continued practise of FGM in their community. This is however not surprising since the findings of the 2013 Gambia Demographic and Health Survey (GDHS 2013) concluded that about 97 per cent of females aged 15-49 who were interviewed in Basse were circumcised. This is a huge number considering the numerous advocacy programmes on the effects of FGM. This shows that there is still need for various intervention programmes and awareness campaigns in order to reverse the trend.

Figure 2: Practise of FGM



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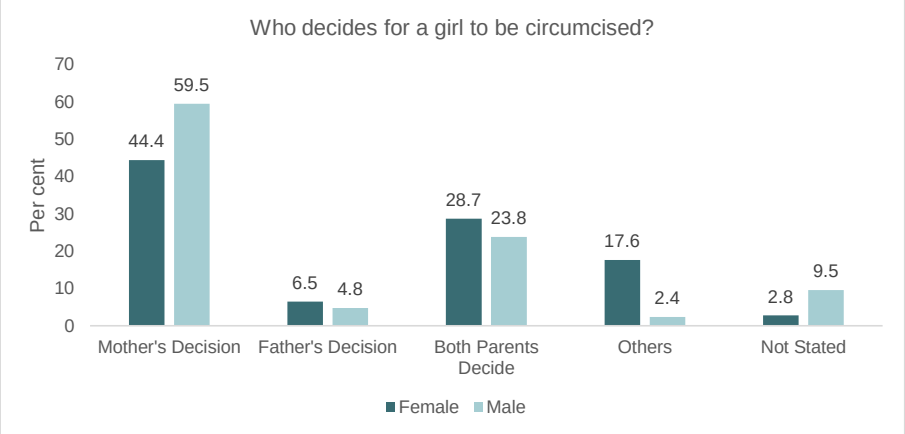
Knowledge on FGM

The interviewers asked questions pertaining to who mainly decides for a girl to be circumcised, whether FGM should be stopped and the most effective way to stop FGM. This was mainly to assess the knowledge of respondents on FGM. The results show that about 49 per cent of respondents indicated that mothers solely decide for a girl to be circumcised, about 27 per cent stated both parents decide while only 6.0 per cent stated it is the father's decision.

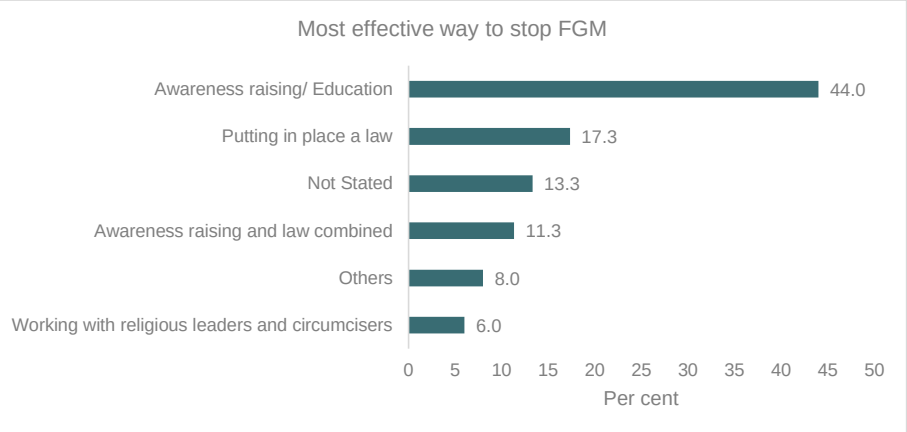
Looking at the responses by sex as shown in the figure below shows that about 44 per cent of female respondents stated that mothers decide whether girls should be circumcised and about 60 per cent of male respondents also stated that mothers make the decision. This supports the notion that decisions relating to FGM are taken mainly by mothers.



Respondents were asked whether they think FGM is a religious requirement and about 59 per cent said that it is not while 32 per cent said it is. About 9 per cent said they did not know and less than one per cent did not answer this question.

They were also asked whether they think FGM should be stopped and if yes, they were further asked whether they ever opposed it. The results of the interview shows that three out of every four (75.3 per cent) respondent thinks that FGM should be stopped and 22.7 per cent said it should not be stopped. Out of those who responded yes, about one in two said that they have ever opposed it, 37.2 per cent said they did not and 10.6 per cent did not state whether they ever opposed FGM or not.

In addition, all respondents were asked as to what they consider the most effective way to stop FGM and the outcome of this question is presented in the figure below. Forty four per cent of respondents mentioned 'Awareness raising/Education' as the most effective way to stop FGM, 17.3 per cent were in favour of putting in place a law as a means to stop FGM whereas 11.3 per cent stated that both awareness raising and putting in place a law should be used as a means to stop FGM. Only 6.0 per cent cited 'Working with religious leaders and circumcisers' as a way to stop FGM and about 13 per cent did not state any way to stop FGM.



Questions pertaining to whose obligation it was to protect girls against FGM were also asked during the interviews and the results are presented below. About 71 per cent of respondents said that it was their obligation to protect girls against FGM while 21.3 per cent said it was not. Among those who responded that it was not their obligation, 31.3 per cent said that it was the obligation of women to protect girls while 28.1 per cent said it was the obligation of the government.

	Do you think it is your obligation to protect girls against FGM?					
	Female	Male	Total	Female	Male	Total
Yes	77.8	54.8	71.3	84	23	107
No	16.7	33.3	21.3	18	14	32
Don't Know	3.7	7.1	4.7	4	3	7
Not Stated	1.9	4.8	2.7	2	2	4
Total	100.0	100.0	100.0	108	42	150

After considering all previous questions on whether respondents think that FGM should be stopped, most effective way(s) to stop FGM and whose obligation it was to protect girls against FGM, they were also asked whether they would carry out FGM on their own daughter. Despite all what they said, about 27 per cent responded in the affirmative when asked whether they would carry out FGM on their own daughter. This is a very surprising answer and is a strong indication that more research needs to be done in order to fully understand why some still want to carry out FGM on their own daughters.

	Would you carry out FGM on your own daughter?					
	Female	Male	Total	Female	Male	Total
Yes	22.2	38.1	26.7	24	16	40
No	75.0	54.8	69.3	81	23	104
Don't Know	2.8	7.1	4.0	3	3	6
Total	100.0	100.0	100.0	108	42	150

For all male respondents, a special question was asked about whether they prefer marrying women that were uncircumcised. The outcome of this question shows that about 57 per cent said they did and about 24 per cent said they would not marry an uncircumcised woman. Equal numbers of men were neutral or did not state their preference.

One of the main aims of this survey was to raise awareness of respondents on issues related to FGM as well as to popularize the anti-FGM Law passed by The Gambian Government in December 2015. Asked if they knew whether The Gambia has ratified any anti-FGM child rights conventions, more than half of the respondents (54.0 per cent) said they did while about one in four (25.3 per cent) said they did not.

Similarly, about three in four said they were aware of the existence of a legislation prohibiting FGM in The Gambia while 22.0 per cent said they were not.

Do you know if The Gambia has ratified any anti-FGM child right conventions?

	Female	Male	Total	Female	Male	Total
Yes	52.8	57.1	54.0	57	24	81
No	27.8	19.1	25.3	30	8	38
Don't Know	9.3	14.3	10.7	10	6	16
Not Stated	10.2	9.5	10.0	11	4	15
Total	100.0	100.0	100.0	108	42	150

Are you aware of the existence of any legislation prohibiting FGM in The Gambia?

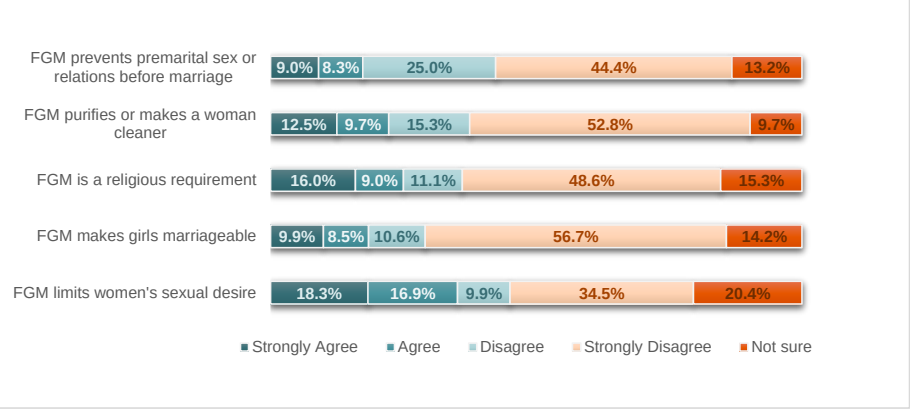
	Female	Male	Total	Female	Male	Total
Yes	75.0	73.8	74.7	81	31	112
No	22.2	21.4	22.0	24	9	33
Don't Know	0.0	2.4	0.7	0	1	1
Not Stated	2.8	2.4	2.7	3	1	4
Total	100.0	100.0	100.0	108	42	150

Attitude towards FGM

In order to assess the attitude of respondents, a set of qualitative questions in the form of a Likert scale were asked and their responses were recorded. The result shows that 25 per cent of respondents[2] disagree while 44.4 per cent strongly disagree with the notion that FGM prevents girls from having premarital sex or relations. Conversely, 9 per cent strongly agree that FGM prevents premarital sex.

More than half of the respondents (52.8 per cent) strongly disagreed when asked whether FGM purifies or makes a woman cleaner and 56.7 per cent strongly disagreed when asked whether FGM makes girls marriageable. About 49 per cent and 35 per cent strongly disagree when asked whether FGM is a religious requirement and FGM limits women's sexual desire respectively.

In the figure below, a comparison of those who answered 'Agree' and 'Strongly Agree' with those who answered 'Disagree' and 'Strongly Disagree' shows that there is a negative attitude by respondents towards FGM. This is clearly a good sign but outlines the fact that more sensitization, awareness raising and advocacy is needed to sway opinion towards complete abandonment of the practice of FGM.



[2] A few respondents did not answer some of these questions. These percentages were computed for only those who answered.

Perception

Out of the total number of respondents, about 73 per cent perceive FGM as being harmful and about 71 per cent consider FGM as a violation of the rights of a child/ woman. This outlines the fact that despite Basse having the highest prevalence rates of FGM in the country, respondents of this survey agree that FGM is a brutal and barbaric act that is harmful and a violation of the rights of a child/woman. Analysis of the data by sex shows that about 78 per cent of female respondents and 62 per cent of male respondents consider FGM as harmful while 77 per cent of females and 57 per cent of males consider it as a violation of the rights of children and women.

The figure below compares the responses given to both sets of questions. It shows that about seven in ten respondents stated that FGM is harmful and a violation of child/women's rights while about one in four stated that it was not. This is clearly an interesting response as those who undergo FGM go through a lot of pain and it is usually against their will.

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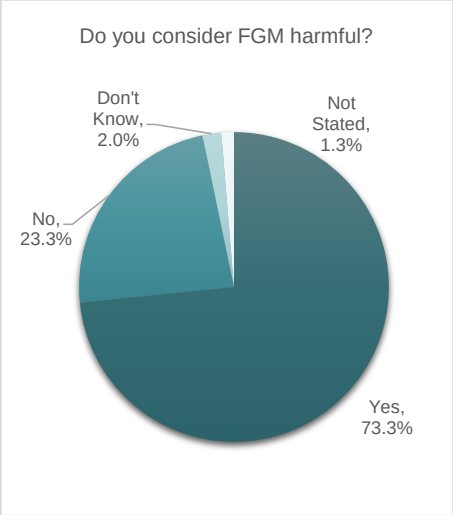

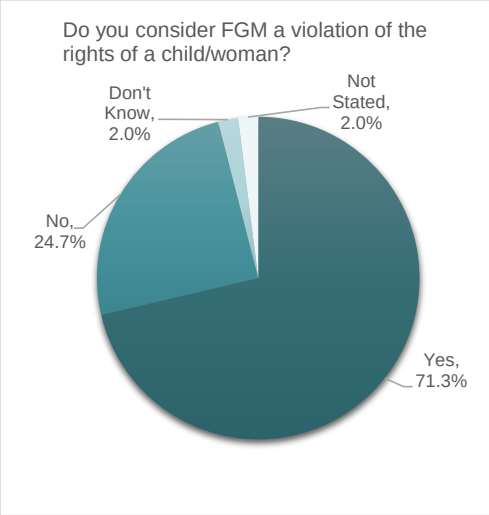

Conclusion

The findings of this survey reveal that majority of the respondents consider FGM a violation of the rights of children and women and should be stopped. They also consider protecting girls from FGM their obligation and believe that mothers mainly decide whether to circumcise their daughters or not. They believe that the most effective way to stop FGM is by awareness raising and education combined. Almost 75 per cent of respondents were aware of the existence of a law prohibiting FGM but despite this, about 27 per cent still want to carry out FGM on their own daughters. There is a need for intervention in this area and we hope that the recommendations given will assist in reversing this trend.

Recommendations

Based on the results of this survey, the following recommendations are being put forward to assist planners, policy makers and all relevant stakeholders in decision making.

- Intensify awareness campaigns and popularization of the anti-FGM law
- Social media campaigns as well as continued use of radio as it remains a prominent source of information
- Interventions programmes by relevant stakeholders including Civil Society Organizations and NGOs
- Educate the masses on the harmful effects of FGM through engaging relevant stakeholders such as the Ministries of Education and Health
- Conduct a nationally representative sample survey on the Knowledge, Perception and Attitudes of both men and women on FGM in order to understand why the practise is still ongoing.

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