BOOTH CAMPAIGN AND BASELINE SURVEY ON FEMALE GENITAL MUTILATION IN BANJUL, KANIFING MUNICIPALITY AND WEST COAST REGION OF THE GAMBIA

THINK YOUNG WOMEN IN PARTNERSHIP WITH SAFE HANDS FOR GIRLS

FUNDED BY: HUMAN DIGNITY FOUNDATION AND THE GIRL GENERATION

HUMAN DIGNITY FOUNDATION

THE GIRL GENERATION
TOGETHER TO END FGM

DECEMBER 2015

Produced by:

Think Young Women
Kanifing Municipality
The Gambia
Tel: (+220) 2662128
E-mail: thinkyoungwomen@gmail.com
Website: www.thinkyoungwomen.org

A Survey Funded By:

Human Dignity Foundation and
The Girl Generation

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. We have conducted a Booth Campaign to raise awareness on FGM and administered questionnaires to men, women, boys and girls in West Coast Region, Kanifing Municipality and Banjul, to gauge their knowledge, beliefs and attitudes about FGM.

The findings of this survey show that we should do more to raise awareness on FGM and the existing international legal instruments and national legislation that protect the rights of women and children; intensify the advocacy for the enactment of an anti-FGM law; constructively engage communities; actively involve men and boys and empower girls and young ladies to lead the campaign against FGM in The Gambia. NGOs, youth women's groups and the Government machinery responsible for women's affairs should work together in this endeavor, supporting and complementing each other's efforts.

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.

Musu Bakoto Sawo
National Coordinator
Think Young Women

ACKNOWLEDGMENT

This Baseline Survey on FGM in the West Coast Region, Kanifing Municipality and Banjul 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:

- Human Dignity Foundation and The Girl Generation for its financial support without which it would have been difficult to carry out this pilot survey;

- Appreciation is extended to UNFPA, UNICEF, GAMCOTRAP, Female Lawyers Association Gambia (FLAG), Child Protection Alliance (CPA), The Girl's Agenda, Wasso Kaffo Gambia and Newtwork Against Gender Based Violence (NGBV) for their partnership and support.

- We acknowledge the support of the Banjul City Council, Kanifing Municipal Council, Office of The West Coast Region Governor, and Banjul, Kanfing and West Coast Regional Youth Committees,

- All the respondents who took part or were interviewed during the exercise. We are extremely grateful for their participation

- We commend the Consultant, Mr Njundu Drammeh for his time and efforts in making this campaign a success and preparing this analysis report.

- We commend the Programme Manager, Mariatou J. for aiding in the compilation this report.

- The data collectors for their commitment and support in the realisation of the objectives of the survey.

- Mr. Muhammed Bittaye of the Gambia Bureau of Statistics for supporting in the data entry and analysis.

- 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.

TABLE OF CONTENT

SECTION 1: BACKGROUND OF THE FGM BOOTH CAMPAIGN AND THE BASELINE SURVEY ON FGM

In order to develop a more effective programme of intervention in the campaign to stop 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 three areas (West Coast Region, Kanifing Municipality and Banjul Municipality) 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

SECTION 2: SURVEY METHODOLOGY, SITES AND TARGETS

Sample Size and Sample Determination

This study used a purposive judgment and quota sampling to identify the target population. The sampling was done at two levels: regional and central levels. The target sample population was derived from the following types of respondents:

Questionnaires

Four (4) Structured Questionnaires were developed and administered:

- Pre-test questionnaire
- Post-test Questionnaire
- General Questionnaire
- Married Men Questionnaire

The Pre and Post Test Questionnaires were administered to people who visited the Booths in the three regions. The Married Men Questionnaire was administered to married men only. The General Questionnaire was administered in the community, to people aged 10 and above.

Booth Campaign Sites/Baseline Survey Sites

The sites selected for the Booth Campaign were:

- Banjul
- Kanifing Municipality and
- West Coast Region

The questionnaires used in the baseline survey were also administered in communities in these three regions.

Target Groups

The research specifically targeted children aged 10 years and above, and adult male and female.

Survey Size

A total number of 2779 people were interviewed.

Selection and Training of Research Assistants

Twenty-Nine (29) enumerators or research assistants were identified for the training. After screening twenty-six (26) research assistants and three (3) research supervisors were finally selected and trained during a two day Workshop on the administration of the questionnaires. This training allowed nuances in translations of the questionnaires from English to the other local languages to be addressed and agreement reached on the most appropriate corresponding concepts to be used in translating the questions into a local language. It also provided the opportunity for administrative/logistical issues of concern to the research assistants to be addressed.

A supervisor at each Booth Campaign Site in the three regions was identified for each team of research assistants, with the role of ensuring that the target samples were identified correctly and also ensuring that the questionnaires were properly completed. The returned questionnaires were finally vetted by the consultant data analyst.

Data Collection

The field data collection exercise lasted three (3) weeks, with follow-ups conducted during the following week.

Constraints

The most major constraint was the budget which limited the Booth Campaign to only three regions of the country. A baseline study that has a nationwide coverage would have been preferable since the prevalence of FGM is higher in the rural regions according the MICS IV 2010 report. However, the sample, small as it is, is not necessarily lacking in comprehensiveness even where the limited funding could not allow a nationwide baseline survey.

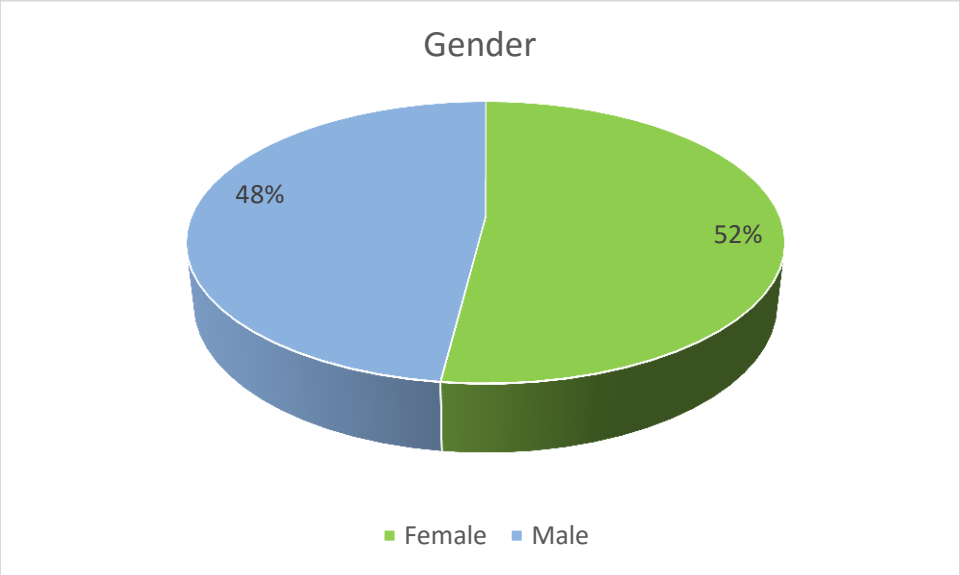
SECTION 3: ANALYSIS OF THE GENERAL QUESTIONNAIRES

1. Profile of Respondents

This particular survey targeted age groups from 10 years and above, and females as well as males in the population. It was carried out in three (3) Local Government Areas (LGAs) i.e. Banjul, Kanifing, and Brikama.

A total of 725 respondents took part in the survey, 377 female and 348 males representing 52 percent 48 percent respectively. (See Figure 1.)

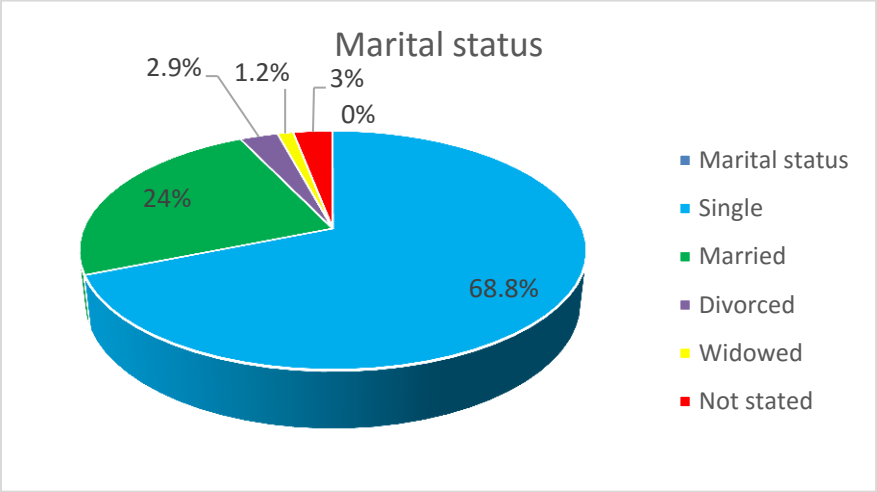
Figure 1: Distribution by Respondents by Gender



2. Marital Status of Respondents

Over two-thirds of respondents, about 69 per cent, indicated they are single or unmarried. Those who are married formed about 24 per cent of the respondents. Those who did not state their marital status were 3 per cent (22 respondents), divorcees about 3 per cent (21 respondents) and widows 1.2 per cent (9 respondents). (See Figure 2)

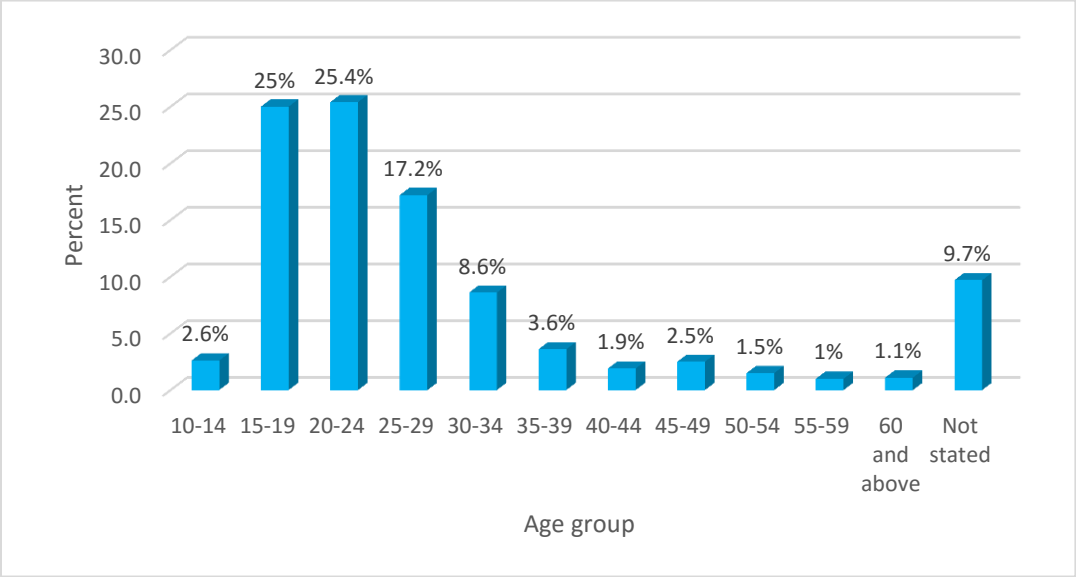
Figure 2: Marital Status of Respondents



3. Respondents by Age Group

Persons under the age of 24 years form half of the total number of respondents, a total of 365 respondents. Respondents between the age groups 15-19 years and 20-24 years were 25 per cent and 25.4 per cent respectively. Respondents in the age group 25-29 years formed 17. 2 per cent. Interestingly, about 10 per cent of the respondents did not state their age. (See Figure 3)

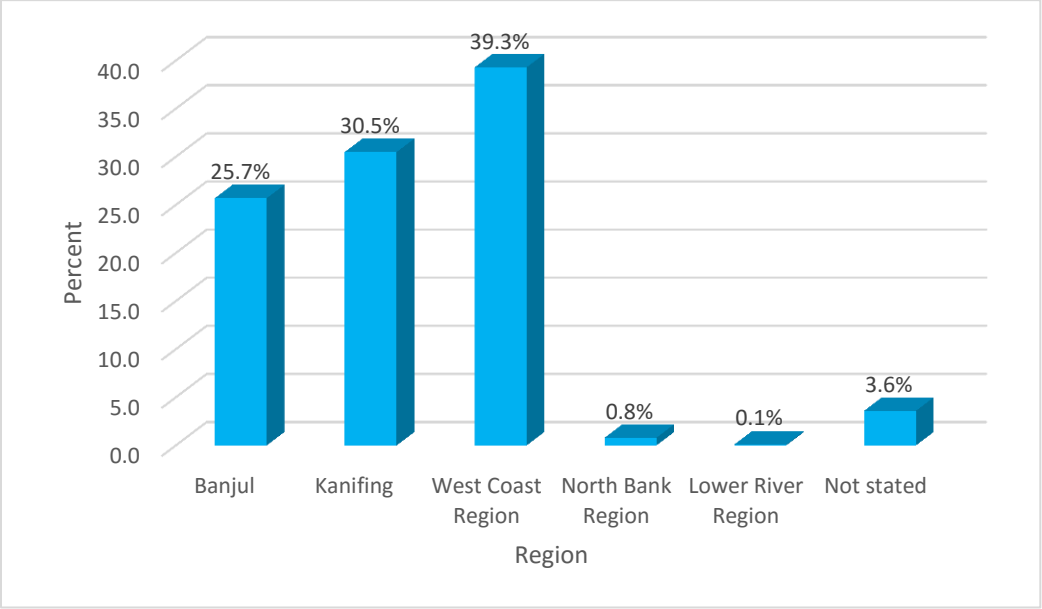
Figure 3: Distribution of Age Groups of Respondents



4. Representation by Region

Of the total number of respondents surveyed, ninety-five per cent resided in the urban areas, 39.3 per cent from the West Coast Region, 31 per cent from Kanifing Municipality and 26 per cent from Banjul. (See Figure 4)

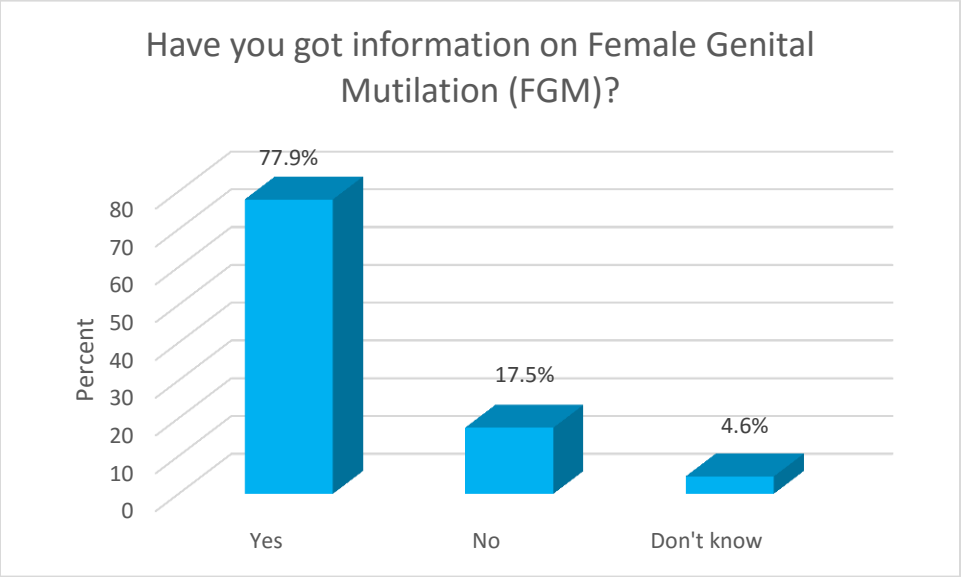
Figure 4: Distribution of Respondents by Region



5. Information about FGM

On the whole, information about FGM is very high. About 78 percent of the respondents (565) indicated they have got information on FGM compared to only 18 per cent of the respondents (127) who said they have not got or received any such information. Only about 5 percent (33 respondents) answered 'don't know'. (See Figure 5)

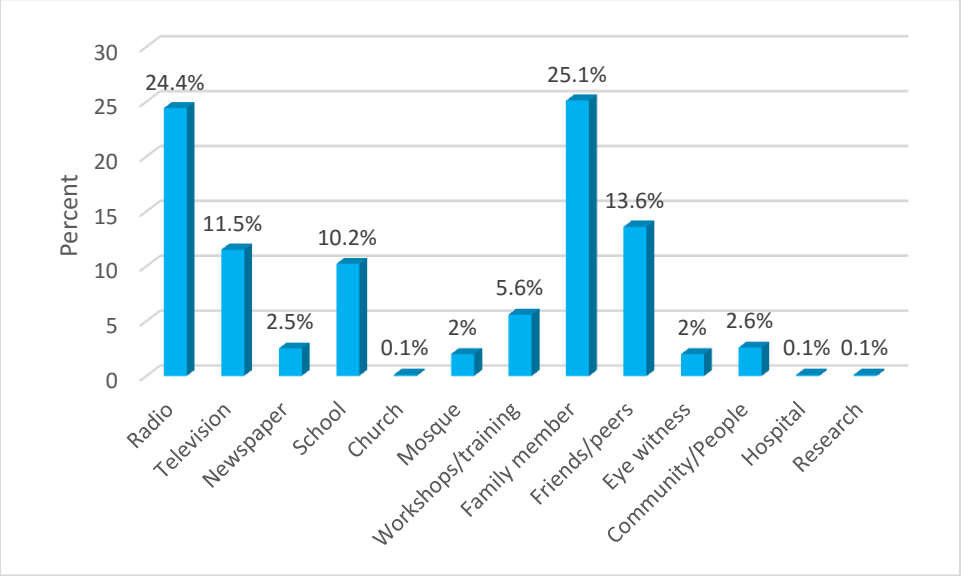
Figure 5: Information about FGM



6. Sources of Information about FGM

In general, family members and the radio were the most popular sources of information about FGM. About one-fourth of those who reportedly received or had information on FGM obtained such information from a family member while nearly an equal proportion, 24.4 per cent, received the information from the radio. The other sources of information were friends/peers, about 17 per cent, television, about 12 per cent, school, 10.2 per cent and workshops/training, 6 per cent. (See Figure 6)

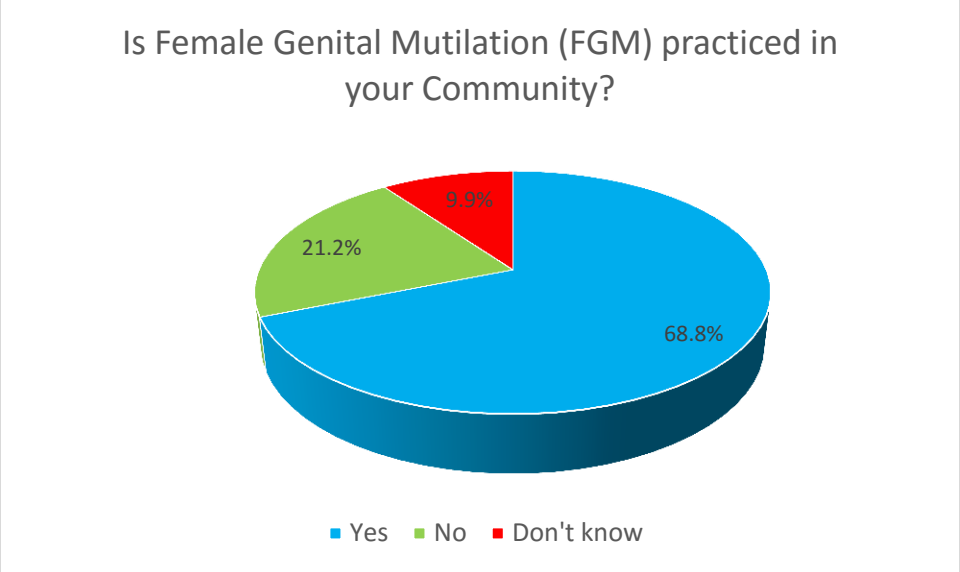
Figure 6: Sources of Information about FGM



7. Practice of FGM in the Community

Knowledge about the existence of FGM in the communities is very high among the respondents. About 69 per cent of the respondents know that FGM is practiced in their community. Only 21 per cent (154 respondents) said they are not aware and 10 per cent answered 'don't know' (9.9 per cent)

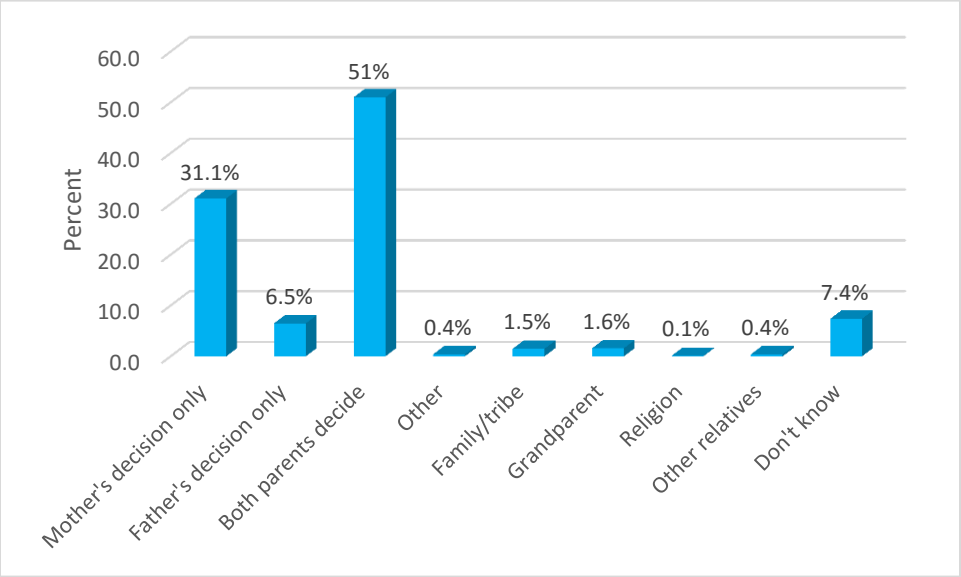
Figure 7: Practice of FGM in the Community



8. Decision as to whether or not a girl should be circumcised

Generally, it is believed that since FGM affects girls only, it is mothers who solely decide whether or not their daughters would undergo FGM. However, this survey found the contrary. Of the total number of respondents, about half, 51 per cent, indicated that it is both parents who decide whether or not their daughter should be circumcised, compared to 31 per cent who indicated it is solely the mother's decision. Interestingly, fathers seldom make the decision on their own as only 7 per cent of the respondents indicated 'father's decision only'. Grandparents, one's religion and tribe do not significantly influence or affect the decision. ((See Figure 8)

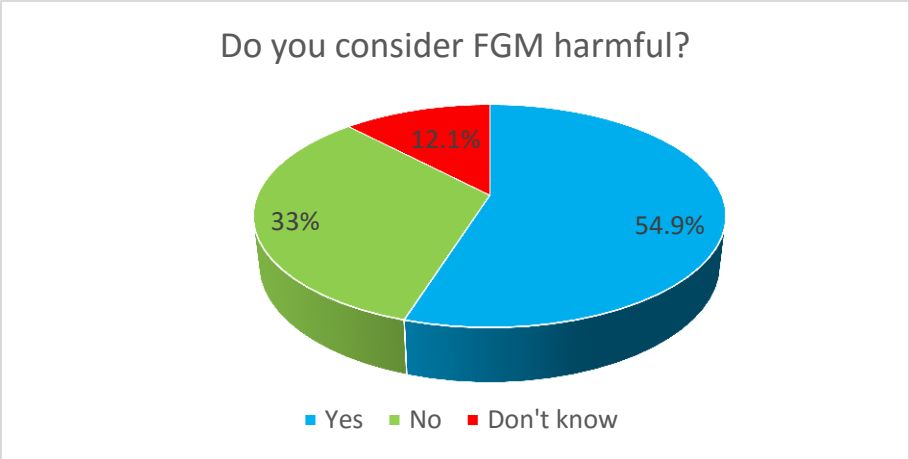
Figure 8: Who decides if child should undergo FGM



9. Harmfulness or otherwise of FGM

More than half of the respondents, about 55 per cent, consider FGM as harmful while 33 per cent do not consider it so. 12 per cent of the respondents don't know if FGM is harmful or not.

Figure 9: Harmfulness of FGM

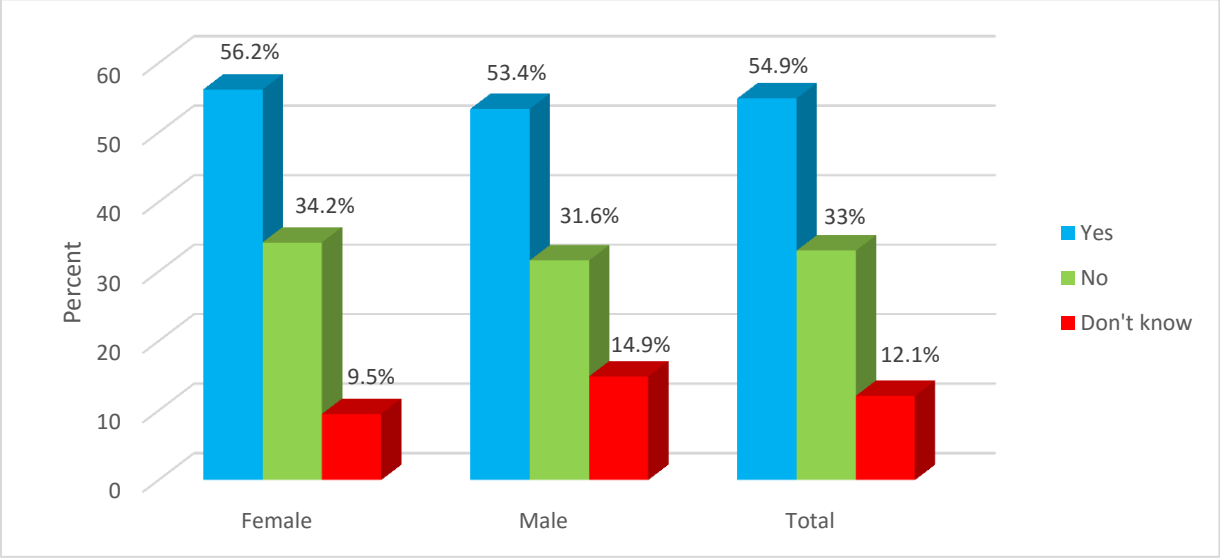


10. Harmfulness of FGM by Gender

More women, 56.2 per cent, than men, 53.4 per cent, consider FGM as harmful. The percentages are nearly equal for women and men who said they do not consider FGM as harmful, 34.1 per cent and 32 per cent respectively. More men than women

stated they 'don't know' FGM's harmfulness, 15 per cent and 10 per cent. (See Figure 10)

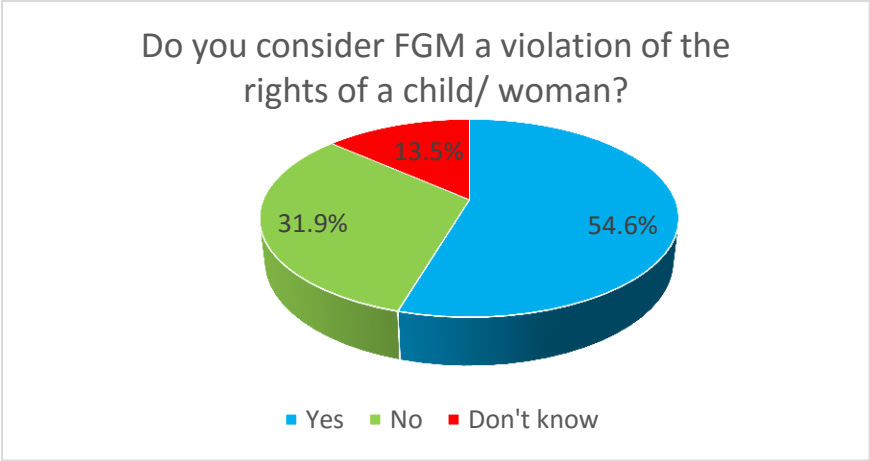
Figure 10: Distribution of Gender by Whether or not FGM is harmful



11. Consideration of FGM as a violation of the rights of a child/woman

A similar percentage of respondents who consider FGM as harmful also consider FGM as a violation of the rights of the child or woman, about 55 per cent. Those who do not consider FGM as a violation of the right of the child or woman constitute about 32 per cent of the respondents. About 14 per cent of the respondents indicated they do not know if FGM violates the right of the child or woman. (See Figure 11)

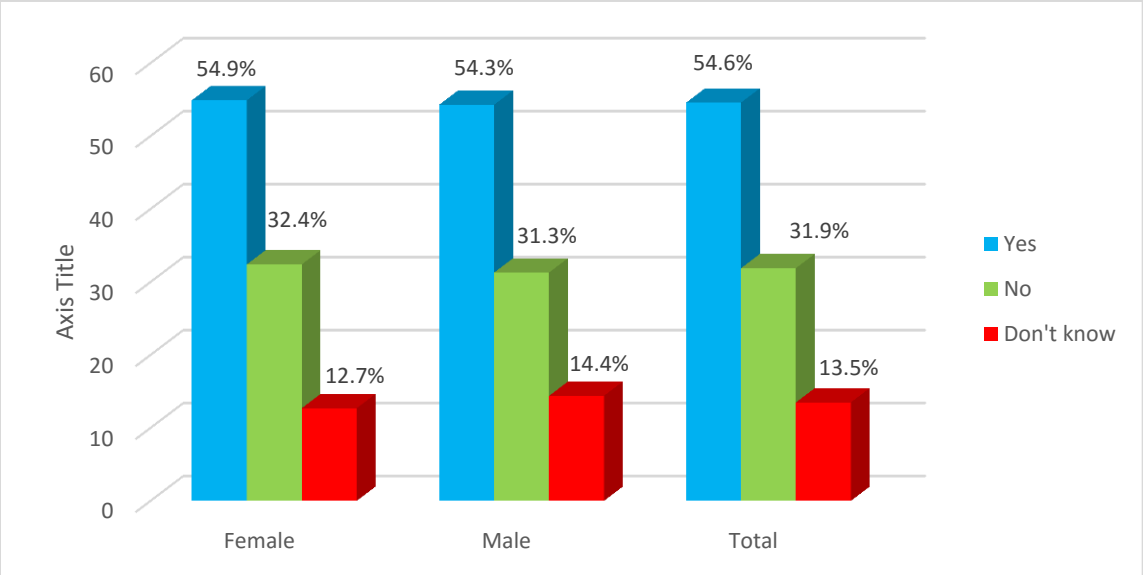
Figure 11: Consideration of FGM as a rights violation



12. Consideration of FGM as a violation of the rights of a child/woman by gender

Nearly the same proportion of female and male consider FGM as a violation of the rights of a child/woman, 55 per cent and 54.3 per cent respectively. This equal percentage is seen in the male and female respondents who do not consider FGM as a violation of the rights of a child/woman or answered 'don't know'. (See Figure 12)

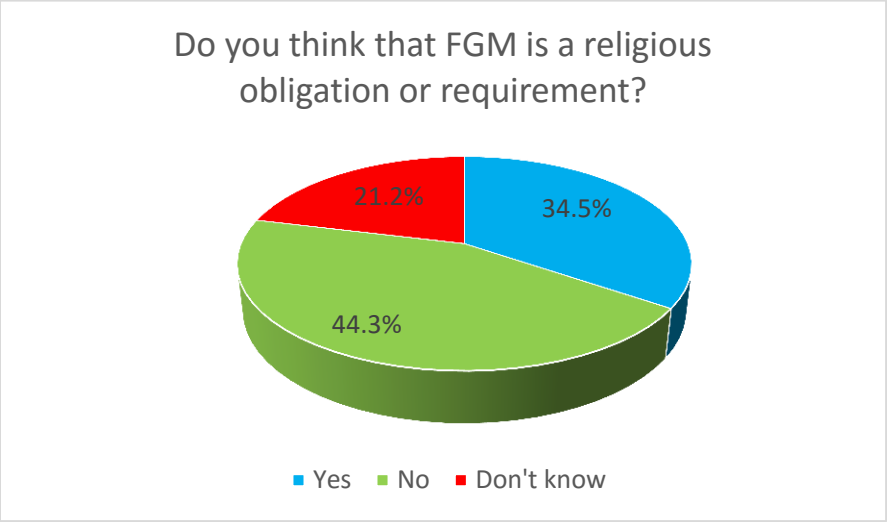
Figure 12: Distribution of Gender by Whether or not FGM is considered a violation of the rights of a child/ woman



13. FGM as a religious obligation or requirement

On whether or not FGM is a religious obligation, about 44.3 percent of the respondents do not think FGM is a religious obligation or requirement. About one-third of the respondents, 35 per cent, think FGM is a religious obligation or requirement. A significant proportion of the respondents, about 21 per cent said they do not know. (See Figure 13)

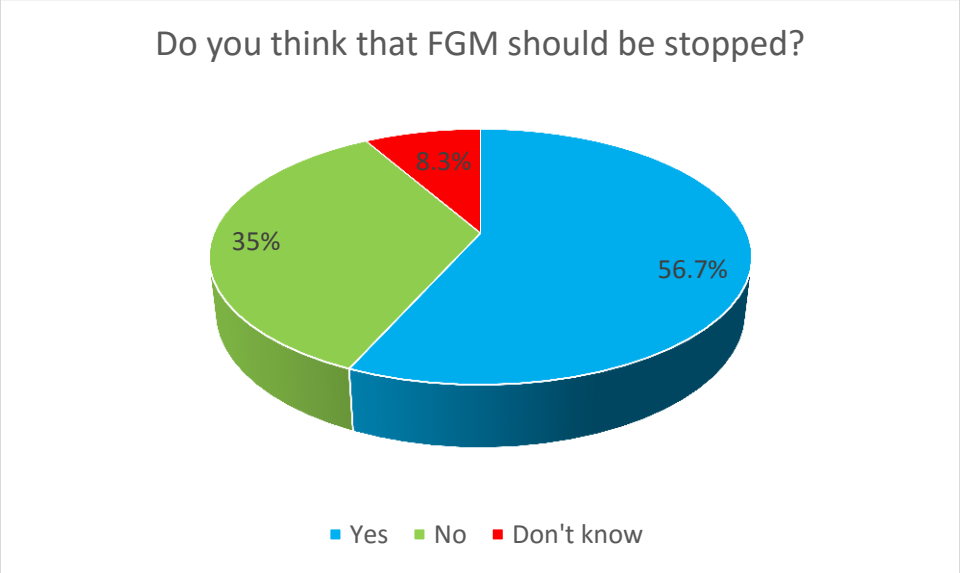
Figure 13: FGM as a religious obligation



14. Stopping FGM

More than half of the respondents, about 57 per cent, think that FGM should be stopped as compared to 35 per cent who think FGM should not be stopped. About 8.3 per cent were undecided.

Figure 14: Stopping FGM

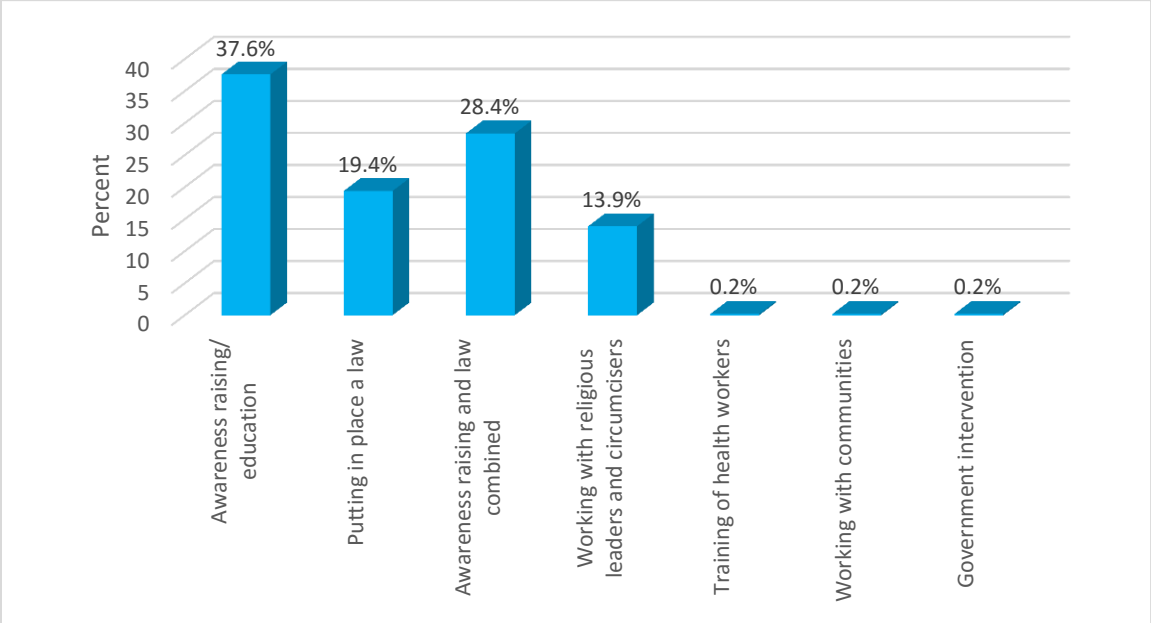


15. Most effective way to stop FGM

Of the number of respondents who think FGM should be stopped, 38 per cent indicate that the most effective way or strategy to stop FGM is through

awareness raising or education, 28.4 per cent mention the combination of awareness raising and legal prohibition, 19.4 per cent say the putting in place of a law and for 14 per cent say working with religious leaders and circumcisers. Training health workers, working with communities and intervention by the Government were not considered effective ways to stop FGM.

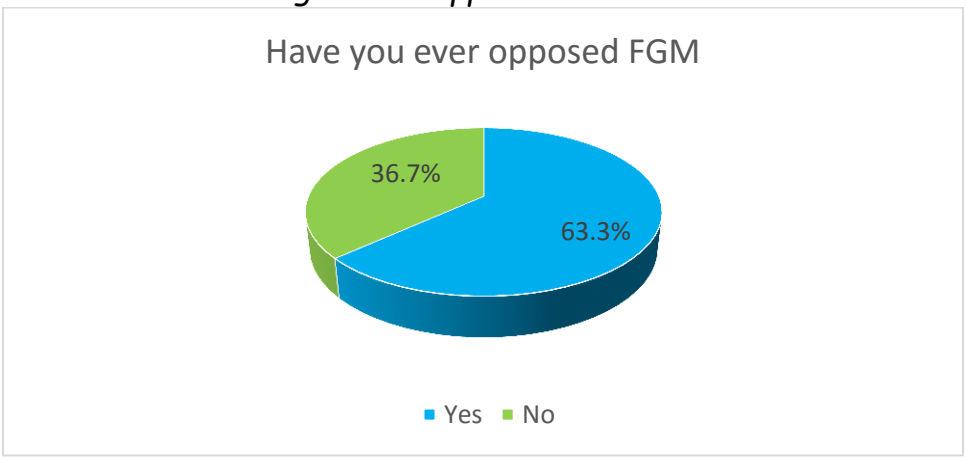
Figure 15: Distribution by most effective way to stop FGM



16. Ever Opposed to FGM

Of the total number of respondents who think FGM should stop, about two-thirds or 63.3 per cent have ever opposed FGM while about one-third or 37 per cent have never opposed it in spite of wanting FGM to stop.

Figure 16: Opposition to FGM



17. Opposition to FGM ever by Gender and Region

More Respondents who indicated West Coast Region as their region of residence ever opposed FGM, 285 respondents, followed by Kanifing, 221 respondents and Banjul 186 respondents.

By and large, more female than male ever opposed FGM. More male in West Coast Region ever opposed FGM, 42.2 per cent, than female, 37 per cent. For Kanifing, more female, 32 per cent, than male, 29.3 per cent, ever opposed FGM. About an equal per cent of female and male, 26 per cent for both sexes, ever opposed FGM

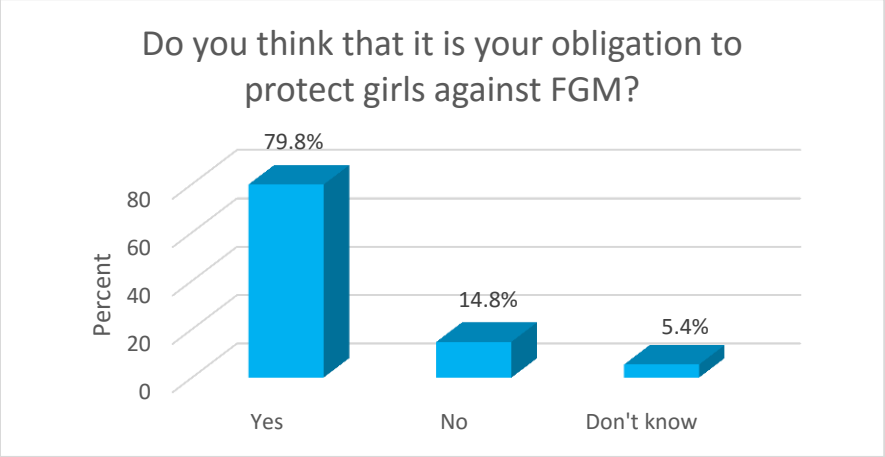
Table 1: Opposition to FGM by Gender and Region

Distribution of Gender by Region				
Region	Count/ Percent	Gender		
		Female	Male	Total
Banjul	Count	96	90	186
	Percent	25.5%	25.9%	25.7%
Kanifing	Count	119	102	221
	Percent	31.6%	29.3%	30.5%
West Coast Region	Count	138	147	285
	Percent	36.6%	42.2%	39.3%
North Bank Region	Count	3	3	6
	Percent	.8%	.9%	.8%
Lower River Region	Count	0	1	1
	Percent	.0%	.3%	.1%
Not stated	Count	21	5	26
	Percent	5.6%	1.4%	3.6%
Total	Count	377	348	725
	Percent	100.0%	100.0%	100.0%

18. Individual obligation to protect girls against FGM

Respondents were asked whether or not they think they have an obligation to protect girls against FGM. An overwhelming majority, about 80 per cent, think it is their obligation to protect girls against FGM. Only 15 per cent answered that it is not their obligation.

Figure 17: Personal obligation to protect girls against FGM



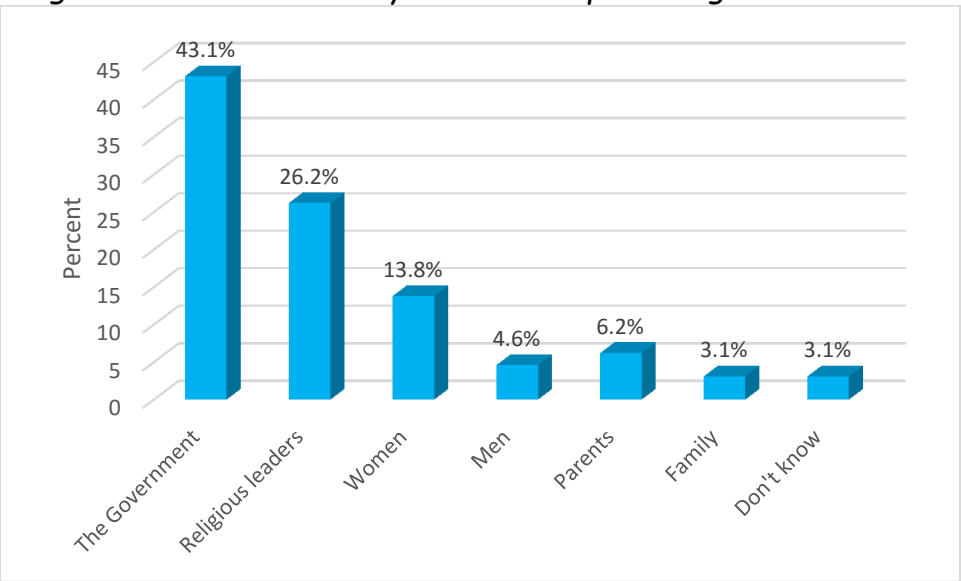
19. Individual obligation to protect girls against FGM by Gender

A total of 411 respondents answered this question, 213 female and 198 male. Interestingly, nearly an equal proportion of female and male respondents who answered this question think it is their obligation to protect girls from FGM, 76 per cent female (165 respondents) and 82.3 per cent male (163 respondents)

Table 2: Distribution of Gender by Whether or not the respondents think it is their obligation to protect girls against FGM

Do you think it is your obligation to protect girls against FGM	Count/ Percent	Gender		
		Female	Male	Total
Yes	Count	165	163	328
	Percent	77.5%	82.3%	79.8%
No	Count	37	24	61
	Percent	17.4%	12.1%	14.8%
Don't know	Count	11	11	22
	Percent	5.2%	5.6%	5.4%
Total	Count	213	198	411
	Percent	100.0%	100.0%	100.0%

Figure 18: Distribution by who should protect girls from FGM

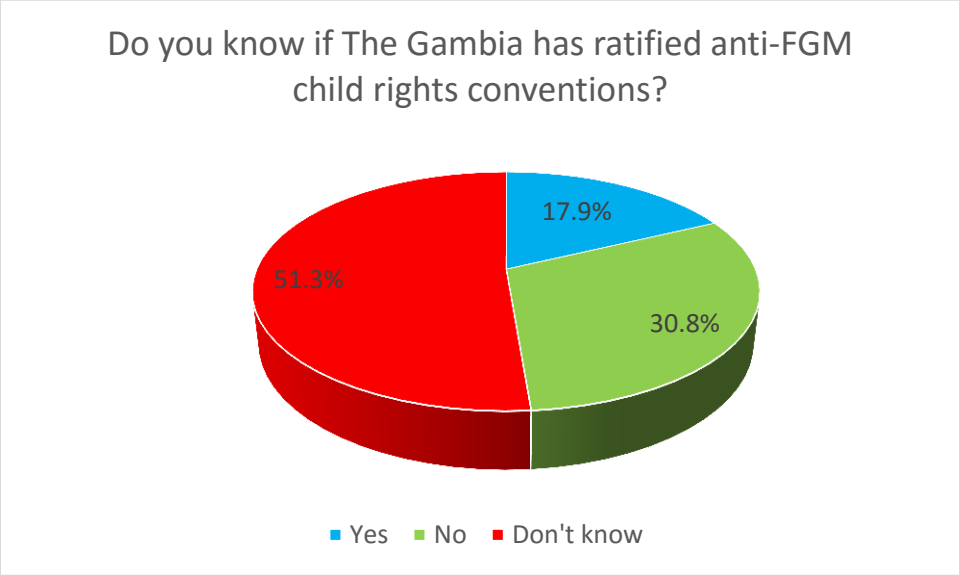


20. Knowledge about The Gambia's ratification of anti-FGM child rights conventions (regional and international legal instruments)

Of the total respondents, only about 18 percent know that The Gambia has ratified anti-FGM child rights conventions. A very high proportion, about 82 per cent, either said the Gambia has not ratified any anti-FGM instrument or simply answered 'don't know'. (See Figure 19)

The lack of knowledge about the anti-FGM legal instruments ratified by The Gambia contrasted sharply with the high percentage of respondents who indicated they have got information on FGM (see Figure 5).

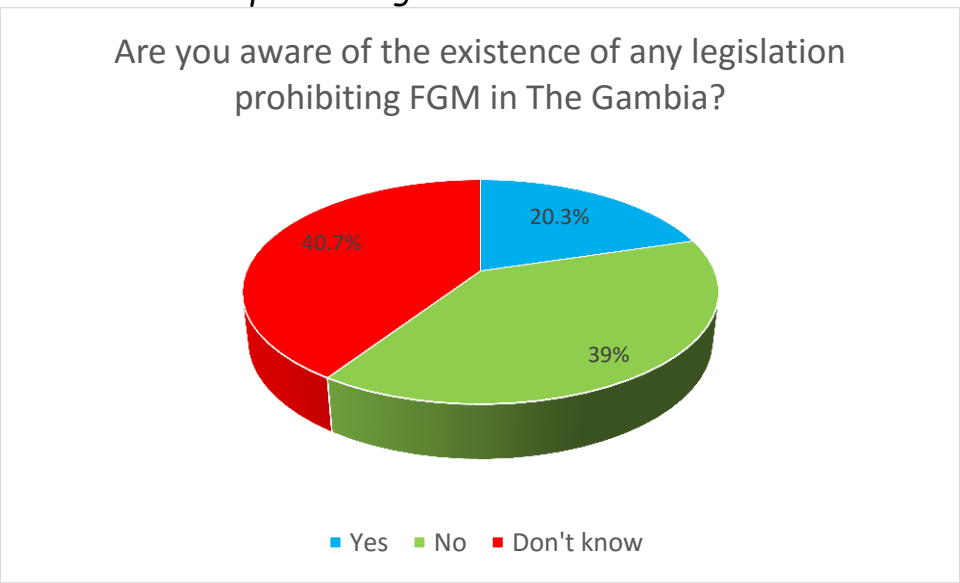
Figure 19: Ratification of anti-FGM child rights conventions by The Gambia



21. Awareness of any legislation that prohibits FGM in The Gambia

Like the poor knowledge on the anti-FGM child rights legal instruments ratified by The Gambia, about 80 per cent of the total respondents are not aware or do not know about the existence of any national law that prohibits FGM in The Gambia. Only 20.3 per cent are aware of any such national law. (See Figure 20)

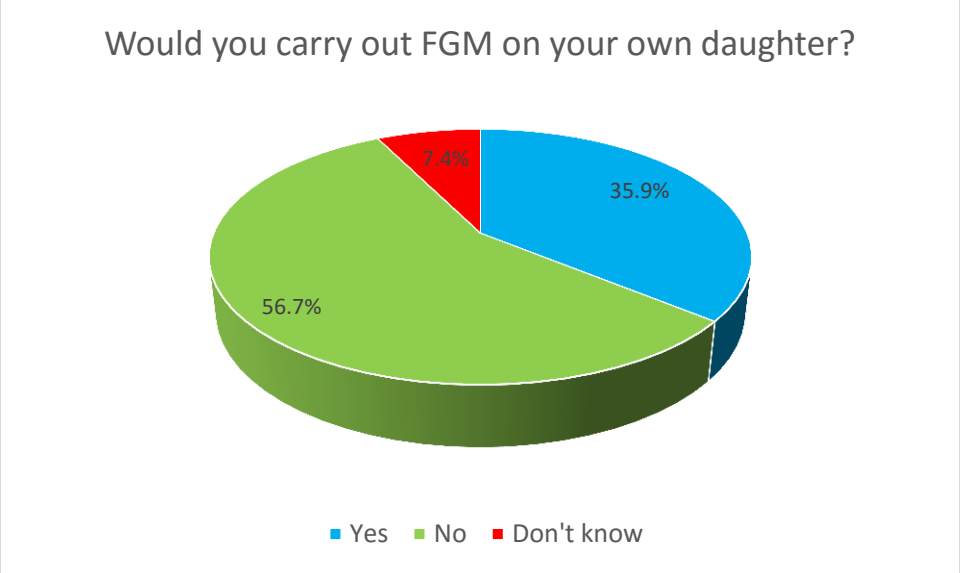
Figure 20: Distribution by whether or not you are aware of any legislation prohibiting FGM in The Gambia



22. Carrying out FGM on one's daughter

Of the total number of respondents, more than half, 57 per cent indicate they would not carry out FGM on their own daughters. Only 36 per cent indicate they would carry it out on their daughters while 7.4 per cent don't know if they would or not. (See Figure 21)

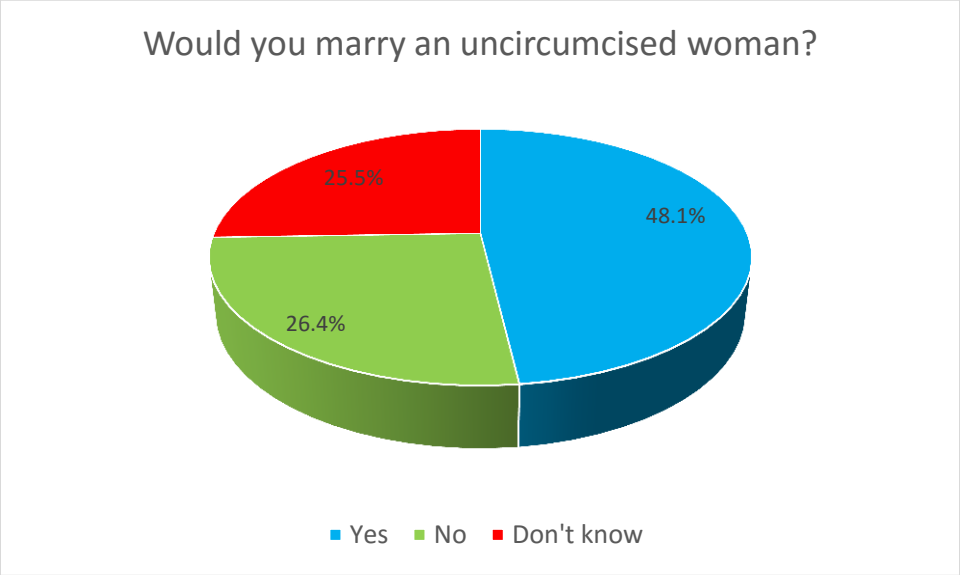
Figure 21: Distribution by whether or not you carry out FGM on your own daughter



23. Marrying an uncircumcised woman

48 per cent of the male respondents who answered this question state they would marry an uncircumcised woman. About 26.4 per cent state they would not marry an uncircumcised while an equal per cent, 26 per cent, are undecided or don't know.

Figure 22: Distribution by Whether or not you would marry an uncircumcised woman



SECTION 4: PERCEPTIONS ABOUT FGM

This Section examines the responses of participants to various statements regarding perceptions about FGM.

Statement 1: FGM prevents girls from having premarital sex or relations before marriage

Of the 725 respondents who stated their opinion on this statement, more male and female respondents combined either disagree or strongly disagree to this statement than male and female respondents combined who strongly agree or agree to this statement, 312 respondents compared to 240 respondents.

23 percent female (87 respondents) and 22 per cent male (76 respondents) strongly disagree while 22 percent female (83 respondents) and 19 per cent male (66 respondents) disagreed; compared to 19 percent female (72 respondents) and 16.4 per cent male (57 respondents) who strongly agree and 14.3 percent female (54 respondents) and 16.4 per cent male (57 respondents) who agree.

Singularly, more respondents, 173, answered 'not sure' to this question than any other, 22 per cent female (81 respondents) and 26.4 per cent male (92 respondents)

Table 3: Distribution of Gender by FGM prevents girls from having premarital sex or relations before marriage

FGM prevents girls from having premarital sex or relations before marriage	Count/ Percent	Gender		
		Female	Male	Total
Strongly agree	Count	72	57	129
	Percent	19.1%	16.4%	17.8%
Agree	Count	54	57	111
	Percent	14.3%	16.4%	15.3%
Disagree	Count	83	66	149
	Percent	22.0%	19.0%	20.6%
Strongly disagree	Count	87	76	163
	Percent	23.1%	21.8%	22.5%
Not sure	Count	81	92	173
	Percent	21.5%	26.4%	23.9%
Total	Count	377	348	725

	Percent	100.0%	100.0%	100.0%

Statement 2: FGM purifies or makes a woman cleaner

Of the 725 respondents who stated their opinion on this statement, more male and female respondents combined either disagree or strongly disagree to this statement than male and female respondents combined who strongly agree or agree to this statement, 295 respondents compared to 262 respondents.

23 percent female (86 respondents) and 20 per cent male (69 respondents) strongly disagree while 20 percent female (75 respondents) and 19 per cent male (65 respondents) disagreed; compared to 22 percent female (82 respondents) and 19 per cent male (65 respondents) who strongly agree and 15.4 percent female (58 respondents) and 16.4 per cent male (57 respondents) who agree.

Singularly, more respondents, 168, answered 'not sure' to this question than any other, 20.2 per cent female (76 respondents) and 26.4 per cent male (92 respondents). This per cent is also nearly the same as those who answered 'not sure' to the statement "FGM prevents girls from having premarital sex or relations before marriage"

Table 4: Distribution of Gender by FGM purifies or makes a woman cleaner

FGM purifies or makes a woman cleaner	Count/ Percent	Gender		
		Female	Male	Total
Strongly agree	Count	82	65	147
	Percent	21.8%	18.7%	20.3%
Agree	Count	58	57	115
	Percent	15.4%	16.4%	15.9%
Disagree	Count	75	65	140
	Percent	19.9%	18.7%	19.3%
Strongly disagree	Count	86	69	155
	Percent	22.8%	19.8%	21.4%
Not sure	Count	76	92	168
	Percent	20.2%	26.4%	23.2%
Total	Count	377	348	725
	Percent	100.0%	100.0%	100.0%

Statement 3: FGM is a religious requirement

Respondents who answered 'strongly disagree' or 'disagree' to this statement are more than those who responded strongly agree or agree, a combined total of 314 respondents compared to 223 respondents respectively.

Singularly, more respondents, 188 or 26 per cent of the total 725 respondents, answered 'not sure' to this question.

The total per cent of respondents who strongly disagree or disagree with this statement, about 43.3 per cent, correlates to a greater extent to the per cent of respondents who do not consider FGM as a religious obligation or requirement, about 44.3 per cent.

Table 5: Distribution of Gender by FGM is a religious requirement

FGM is a religious requirement	Count/ Percent	Gender		Total
		Female	Male	
Strongly agree	Count	61	58	119
	Percent	16.2%	16.7%	16.4%
Agree	Count	59	45	104
	Percent	15.6%	12.9%	14.3%
Disagree	Count	80	67	147
	Percent	21.2%	19.3%	20.3%
Strongly disagree	Count	81	86	167
	Percent	21.5%	24.7%	23.0%
Not sure	Count	96	92	188
	Percent	25.5%	26.4%	25.9%
Total	Count	377	348	725
	Percent	100.0%	100.0%	100.0%

Statement 4: FGM makes girls marriageable

Twice more male and female respondents combined either strongly disagree or disagree to this statement than male and female respondents combined who strongly agree or agree to this statement, a combined total of 381 respondents compared to 146 respondents.

Of the total 725 respondents, 187 respondents or 26 per cent disagree to the statement and 194 respondents or 27 per cent strongly disagree. On the other hand, 69 respondents or 10 per cent strongly agree while 77 respondents or 11 per cent agree.

Singularly, more respondents, 198 or 27.3 per cent of the total 725 respondents, answered 'not sure' to this question.

Table 6: Distribution of Gender by FGM makes girls marriageable

FGM makes girls marriageable	Count/ Percent	Gender		
		Female	Male	Total
Strongly agree	Count	33	36	69
	Percent	8.8%	10.3%	9.5%
Agree	Count	42	35	77
	Percent	11.1%	10.1%	10.6%
Disagree	Count	96	91	187
	Percent	25.5%	26.1%	25.8%
Strongly disagree	Count	113	81	194
	Percent	30.0%	23.3%	26.8%
Not sure	Count	93	105	198
	Percent	24.7%	30.2%	27.3%
Total	Count	377	348	725
	Percent	100.0%	100.0%	100.0%

Statement 5: FGM limits women's sexual desire

More male and female respondents combined either strongly agree or agree to this statement than male and female respondents combined who strongly disagree or disagree to this statement, a combined total 309 respondents compared to 213 respondents.

Of the total 725 respondents, 184 respondents or 25.4 per cent strongly agree to the statement and 126 respondents or 17.4 per cent agree. On the other hand, 111 respondents or 15.3 percent disagree while 102 respondents or 14.1 per cent strongly disagree.

Singularly, more respondents, 202 or 28 per cent of the total 725 respondents, answered 'not sure' to this question than any other, 24 per cent female (89 respondents) and 33 per cent male (113 respondents).

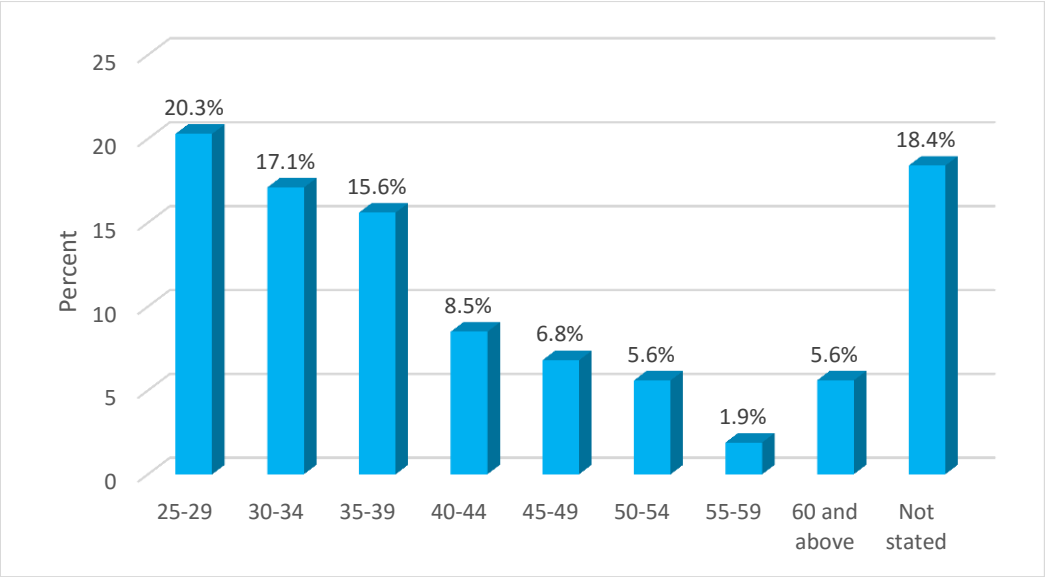
Table 7: Distribution of Gender by FGM limits women's sexual desire

FGM limits women's sexual desire	Count/ Percent	Gender		Total
		Female	Male	
Strongly agree	Count	92	92	184
	Percent	24.4%	26.4%	25.4%
Agree	Count	71	55	126
	Percent	18.8%	15.8%	17.4%
Disagree	Count	63	48	111
	Percent	16.7%	13.8%	15.3%
Strongly disagree	Count	62	40	102
	Percent	16.4%	11.5%	14.1%
Not sure	Count	89	113	202
	Percent	23.6%	32.5%	27.9%
Total	Count	377	348	725
	Percent	100.0%	100.0%	100.0%

SECTION 5: ANALYSIS OF QUESTIONNAIRE FOR MARRIED MEN

A specific questionnaire was administered to married men only. This Section analyses their responses.

Table 23: Distribution of Age groups of married men



1. Number of Respondents by Region and Religion

681 married men took part in this survey. Kanifing and West Coast Region have nearly the same respondents, 34.2 per cent (233 respondents) and 34.4 per cent (234 respondents) respectively, and Banjul with 27. 2 per cent (185 respondents) (See Figure 24)

Of the 681 respondents, an overwhelming majority are Muslims, 87 per cent (592 respondents), 7.3 per cent (50 respondents) are Christians, 6 per cent (38 respondents) did not state their religion while only 1 respondent practice 'traditional' religion. (see Figure 25)

Figure 24: Distribution of Married Men Respondents by Region

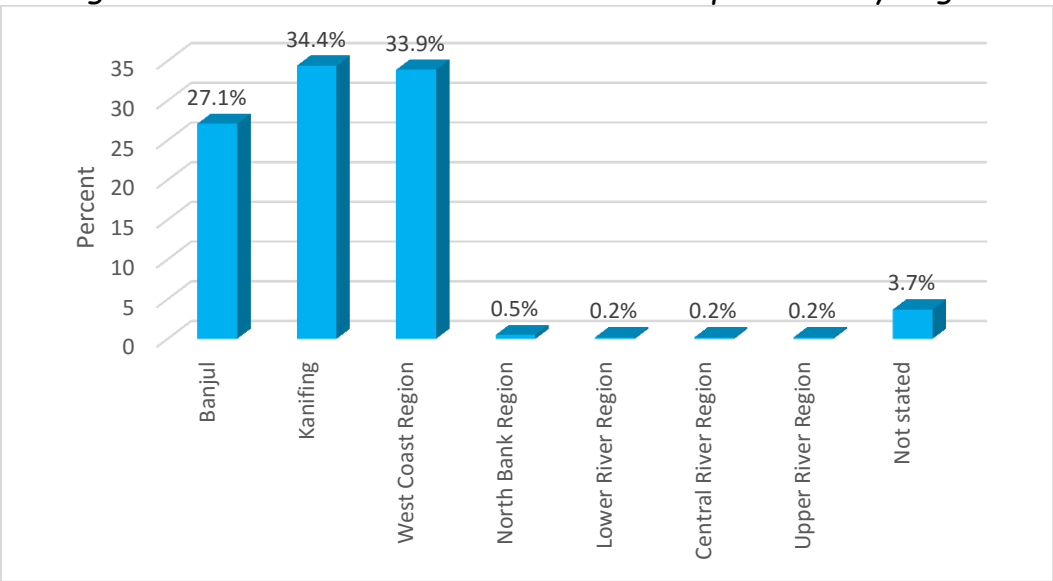
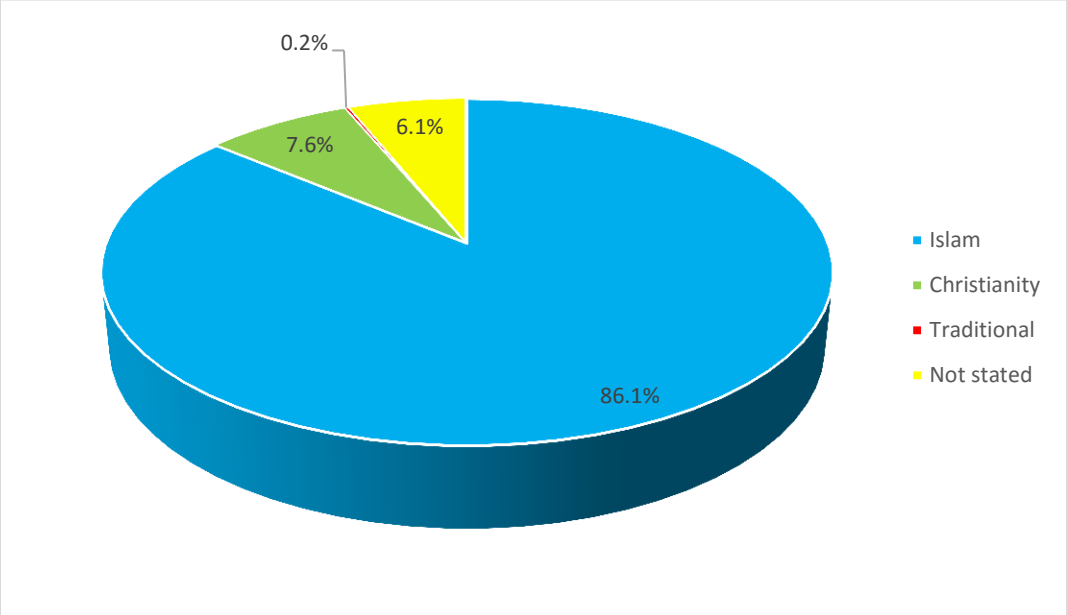


Figure 25: Distribution by Religion of Married Men Respondents

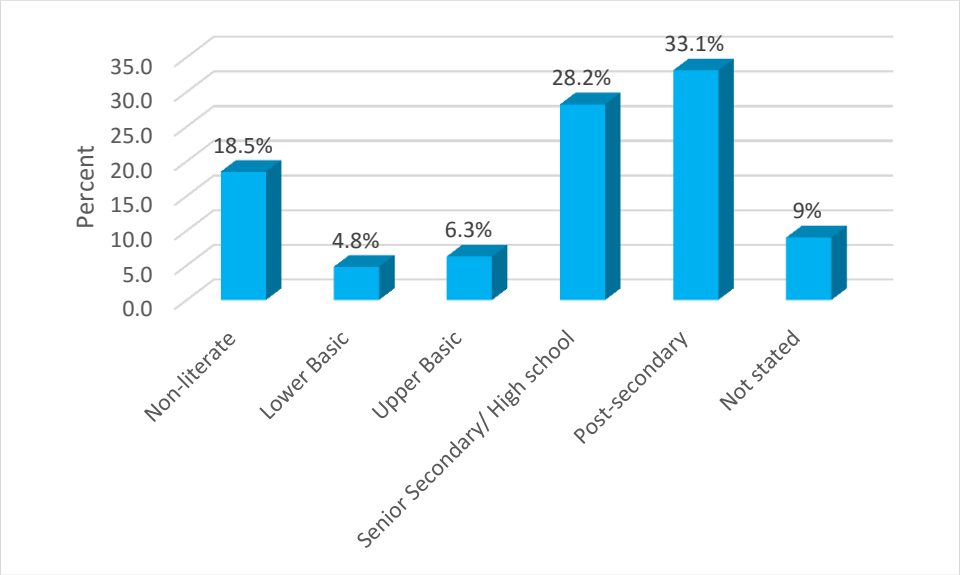


2. Educational Level of Respondents

Of the 681 respondents, about one-third have post-secondary education, 29.2 per cent have senior secondary/high school education, 7.2 per cent have Upper Basic education, 5.7 per cent have lower basic education. A significant proportion, 18 per

cent (121 respondents) indicate they are non-literate while 8.4 per cent did not state the educational level they attained.

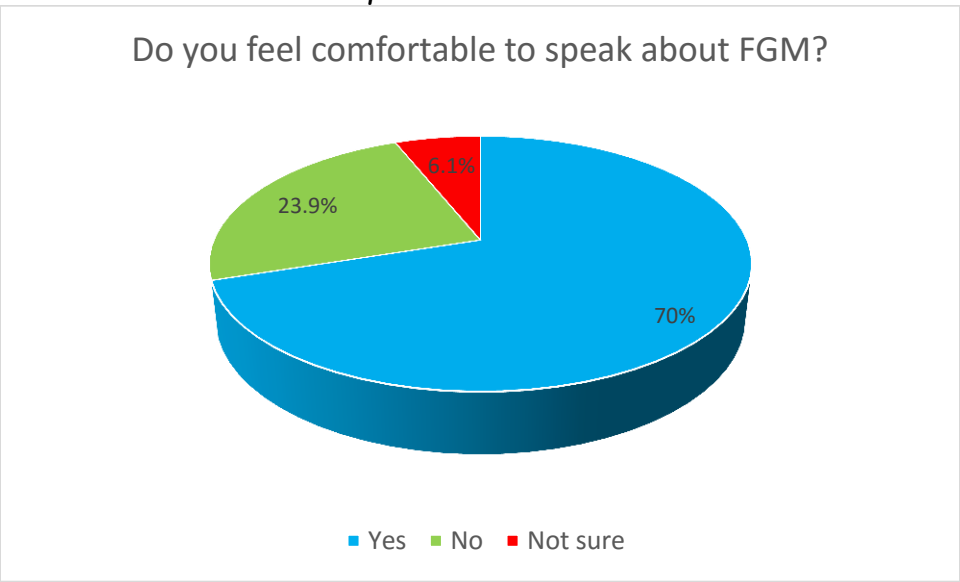
Figure 26: Distribution by Educational level of Married Men Respondents



3. Willingness/Feeling Comfortable to speak about FGM

More than two-thirds of the respondents, 69 per cent, say they feel comfortable to speak about FGM, compared to one fourth of the respondents, 25 per cent, who indicated they do not feel comfortable. 7 per cent stated they are 'not sure'.

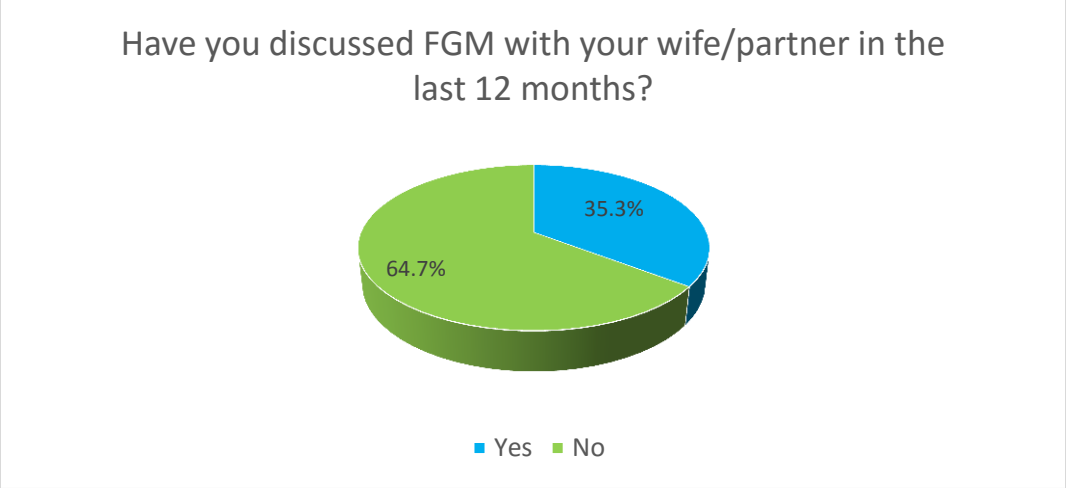
Figure 27: Distribution by Whether or not the respondents feel comfortable to speak about FGM



4. Discussion of FGM with wife/partner in the last 12 months

Of the total 681 respondents, two thirds of the respondents, about 66.2 per cent, say they have not discussed FGM with their wife/partner in the last 12 months compared to about 35 per cent of the respondents who have.

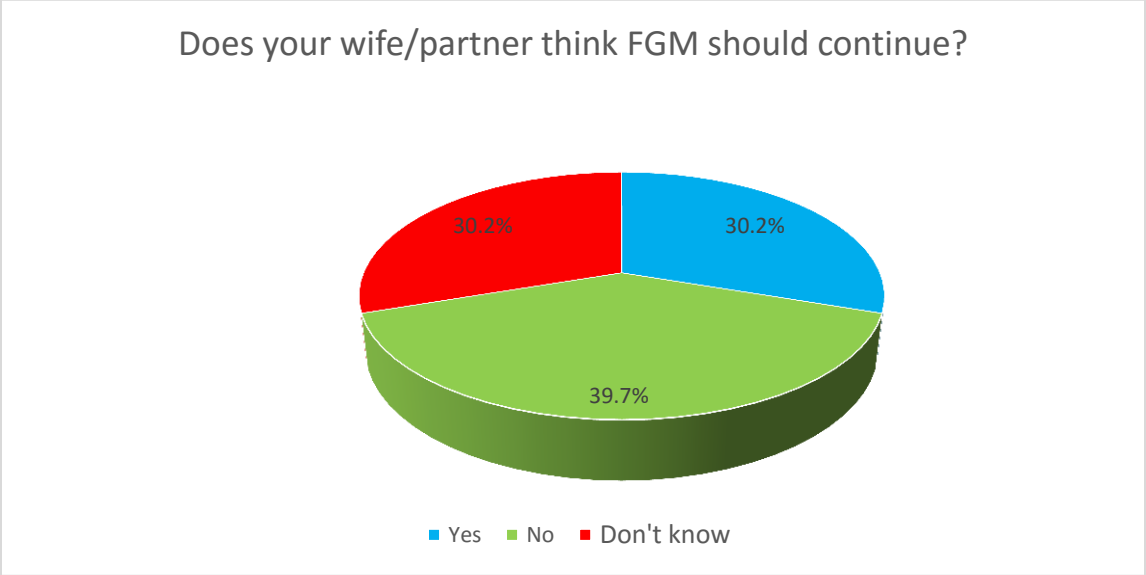
Figure 28: Distribution by Whether or not the respondents have discussed FGM with his wife/partner in the last 12 months



5. Wife/Partner's position on the continuity of FGM

Regarding whether their wives/partners thing FGM should continue, 38.2 per cent of respondents say 'No', while 30.1 per cent state 'Yes'. Interestingly, about 32 per cent of the respondents 'don't know'. The combined percentage of those who state 'No' and 'don't know' to this question is nearly the state as those who indicate they have not discussed FGM with their wife/partner in the last 12 month prior to the survey.

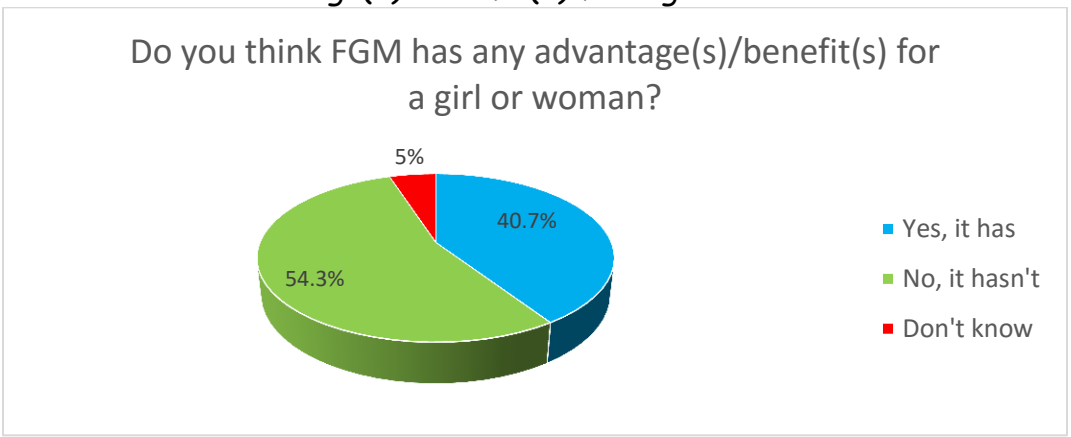
Figure 29: Distribution by whether or not the wife/partner think FGM should continue



6. Opinion about the advantages/benefits of FGM for a girl or woman

More than half of the 678 respondents, who answered this question, 55 per cent, state that FGM does not have any benefit for a girl or woman while 41 per cent say FGM has some benefits or advantages for a girl/woman. Only 5 per cent say they don't know.

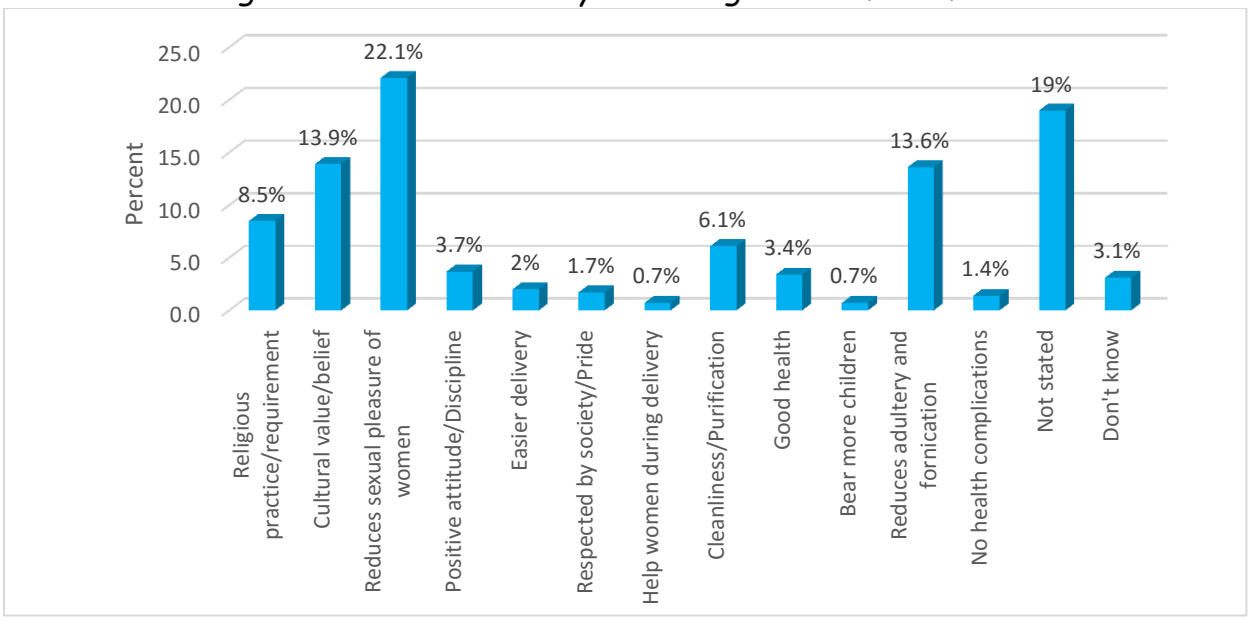
Figure 30: Distribution by Perception on whether FGM has any advantage(s)/benefit(s) for a girl or woman



7. Advantages/Benefits of FGM

Of the 41 per cent of the respondents who say FGM has some benefits or advantages for a girl/woman, 23 per cent mention that FGM reduces the sexual pleasure of women; 14.3 indicate cultural value/belief and 13.4 per cent say FGM reduces adultery and fornication. Other benefits mentioned include religious requirement, 8 per cent; cleanliness/purification, 6.2 per cent; good health and positive attitude/discipline, 4 per cent respectively. About 19 per cent of the respondents did not state any benefit.

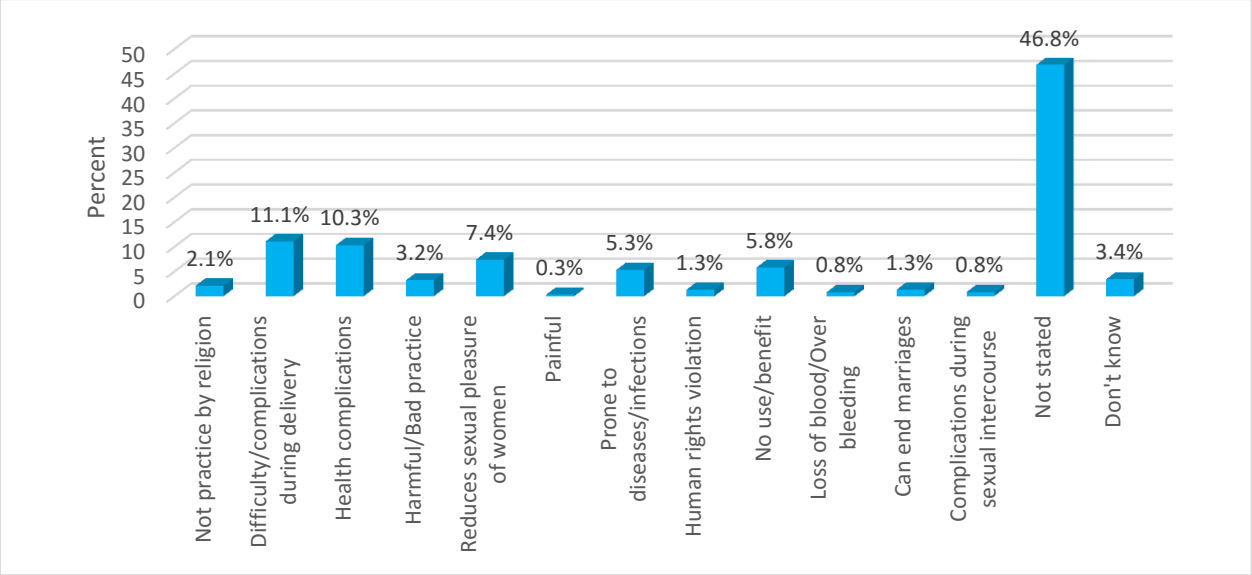
Figure 31: Distribution by Advantages/benefits of FGM



8. Disadvantages/Effects of FGM

Of the 423 respondents who indicate that FGM has disadvantages/effects, a surprisingly significant proportion did not state any disadvantage or effects, 48 per cent (203 respondents). Disadvantages mentioned are: difficulty/complications during delivery, 11.3 per cent; health complications, 10.2 per cent; no use/benefit, 5.2 per cent; prone to diseases/infections, 5 per cent; and being harmful, 2.8 per cent.

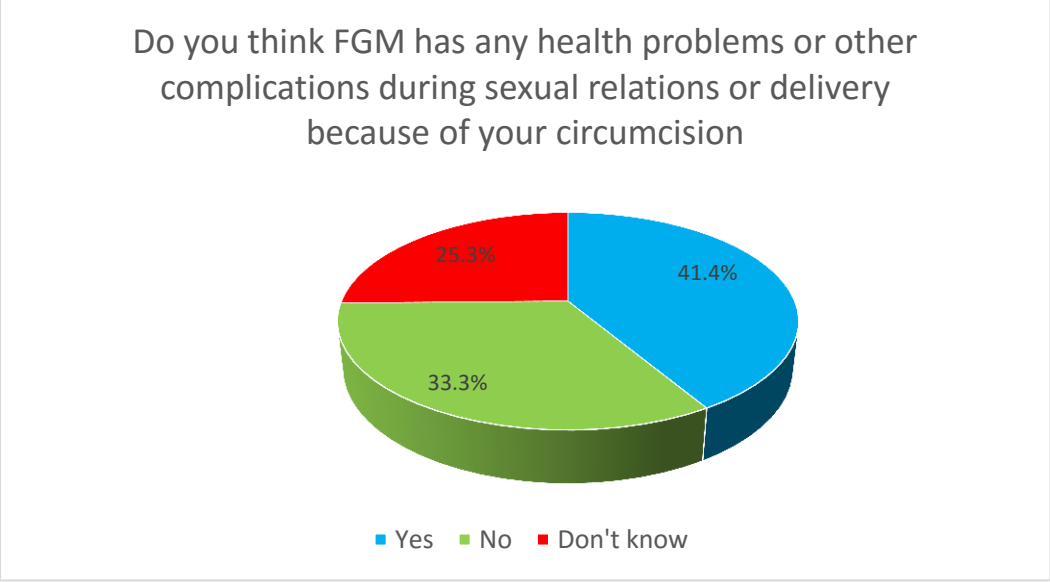
Figure 32: Distribution by Disadvantages/effects of FGM



9. Health problems or other complications cause by FGM during sexual relations or delivery

Of the 677 respondents who answered this question, 41 per cent (274 respondents) indicate that FGM causes health problems or other complications during sexual relations or delivery, while 34.4 per cent (233 respondents) indicate 'No' to this question. One-fourth of the respondents say they don't know.

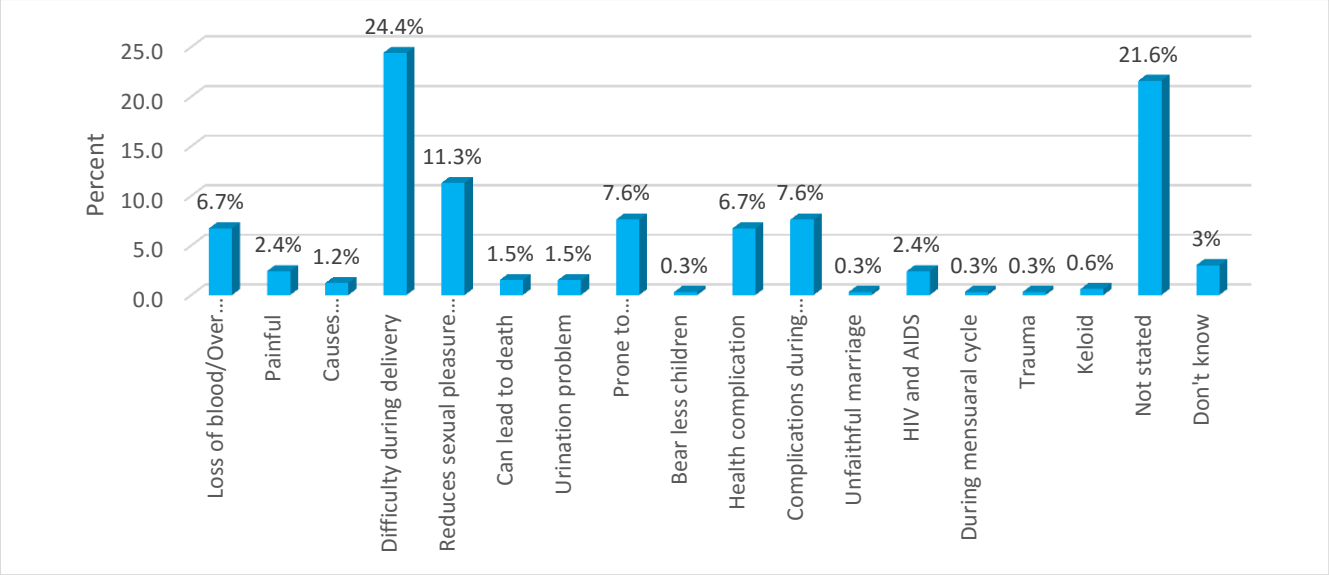
Table 33: FGM and Health Problems/Complications during sex/delivery



10. Health Problems that FGM causes

Of the 354 respondents who answered that FGM causes health problems, 25 per cent (88 respondents) mentioned difficulty during delivery; 11 per cent, reduction of sexual pleasure of women; 8 per cent, complications during sexual intercourse,; prone to disease/infections and loss of blood/over bleeding, 7.1 per cent respectively; 7 per cent, health complications. A significant number of respondents, 77 (22 per cent) did not state any health problem

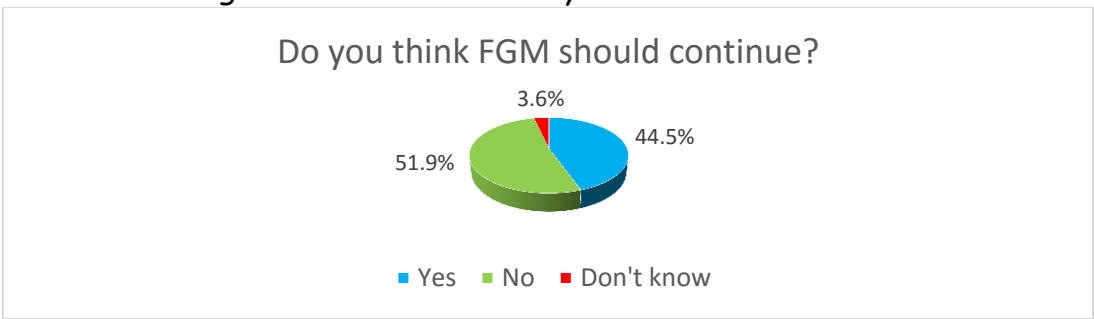
Figure 34: Problems caused by FGM



11. Continuation of FGM

Of the total number of respondents, more than half, 52 per cent, are not in favour of the continuity of FGM, compared to about 47 per cent who are in favour. Only 3.4 per cent of the respondents were undecided.

Figure 35: Distribution by Should FGM continue

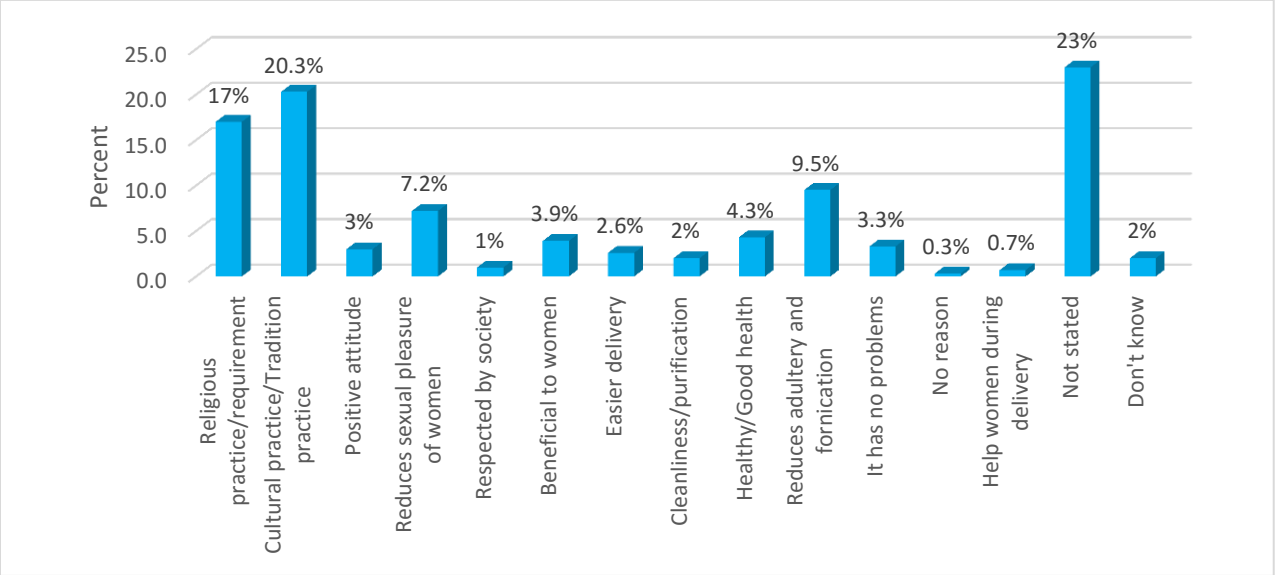


12. Reasons for why FGM should continue

Respondents gave many varied reasons why FGM should continue. Of the respondents who think FGM should continue, 21 per cent (69 respondents) give cultural practice/requirement as the reason why FGM should continue; 17 per cent (57 respondents) say because it is a religious practice/requirement; 9.3 per cent (31 respondents) say because FGM reduces adultery/fornication and 7 per cent (23 respondents) say because FGM reduces the sexual pleasure of women.

The other reasons indicated by the respondents for the continuity of FGM include health benefits, FGM causes no problem, is beneficial to women, ensures positive attitude and easier delivery, purifies the women

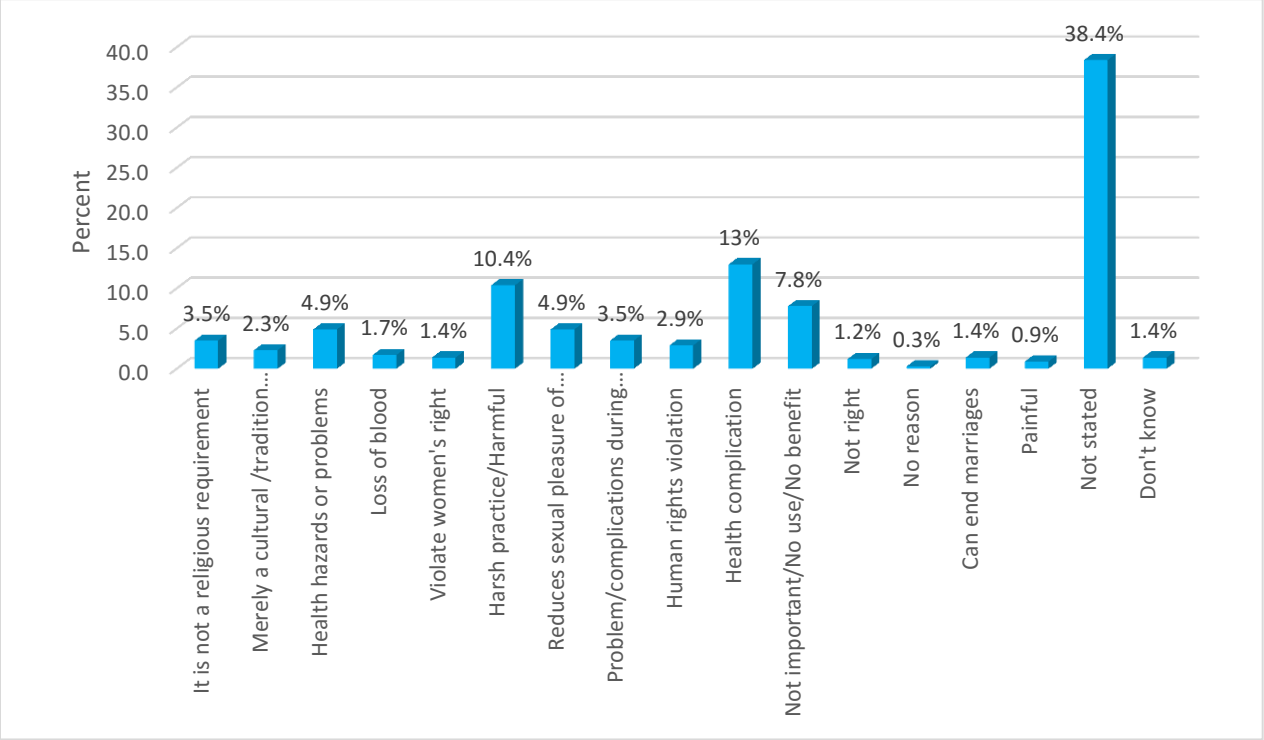
Figure 36: Distribution by reasons why FGM should continue



13. Reasons why FGM should stop

13 per cent, health complication; 10.2 per cent, harsh practice/harmful; 7.3 per cent, no benefits; 6 per cent, health problems; 5 per cent, reduces sexual pleasure of women; 4.2 per cent problem or complications during deliver. Although not high, 3 per cent of the respondents want FGM to stop because they think is a human rights violation and 2 per cent say it violates women's rights.

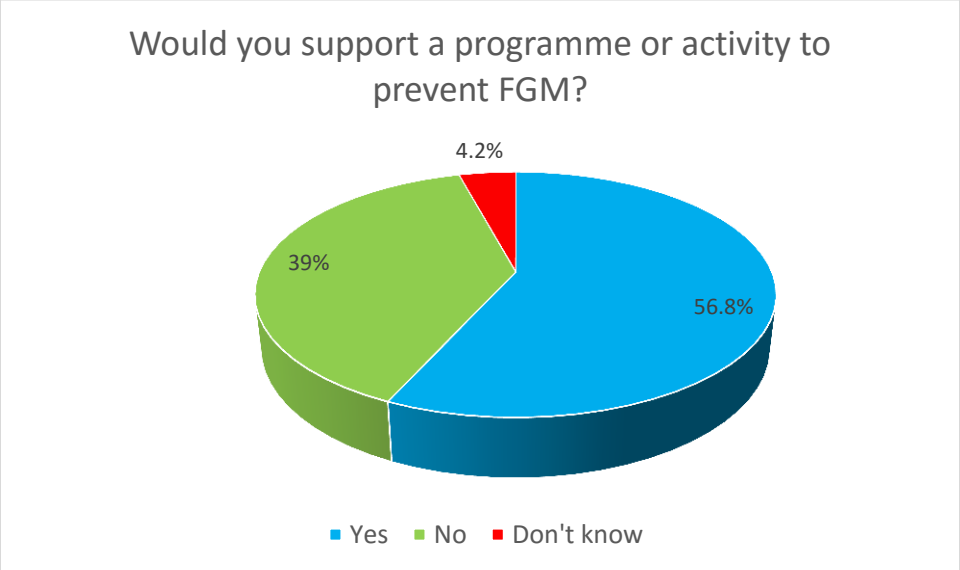
Figure 37: Distribution by reasons why FGM should stop



14: Supporting a Programme or Activity to prevent FGM

More than half of the respondents, 57 per cent, say they will support a programme or activity to prevent FGM, while 39.3 per cent say they will not. 4 per cent could not decide.

Figure 38: Distribution by Whether or not you support a programme or activity to prevent FGM

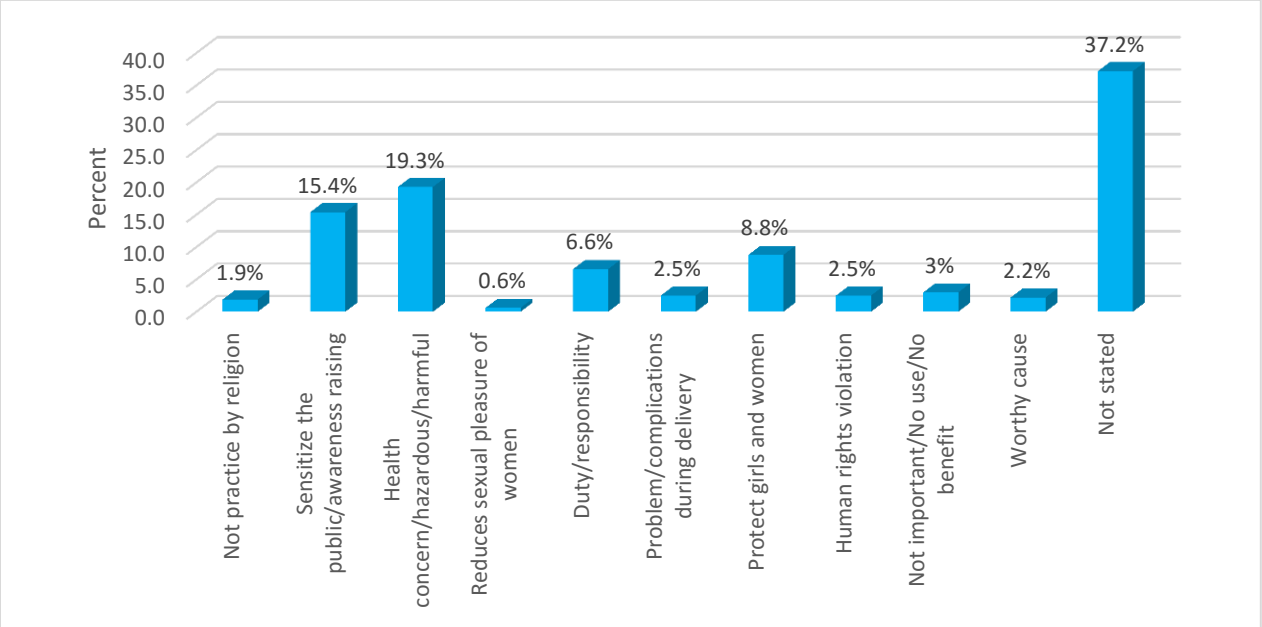


15. Reasons to support a programme or activity to prevent FGM

About one-third, 37 per cent, of the respondents who indicate they will support a programme or activity to prevent FGM did not state any reason why they will support such a programme or activity. However, other respondents state the following reasons why they will support: 20.1 per cent, harmfulness of FGM; 17 per cent, desire to sensitise the public; 9 per cent, to protect girls and women; 7 per cent, duty/responsibility; and 3 per cent, not beneficial.

Other respondents indicate they will support such an activity or programme because FGM causes problem during delivery, is a human rights violation and would be a worthy cause to support such a programme or activity.

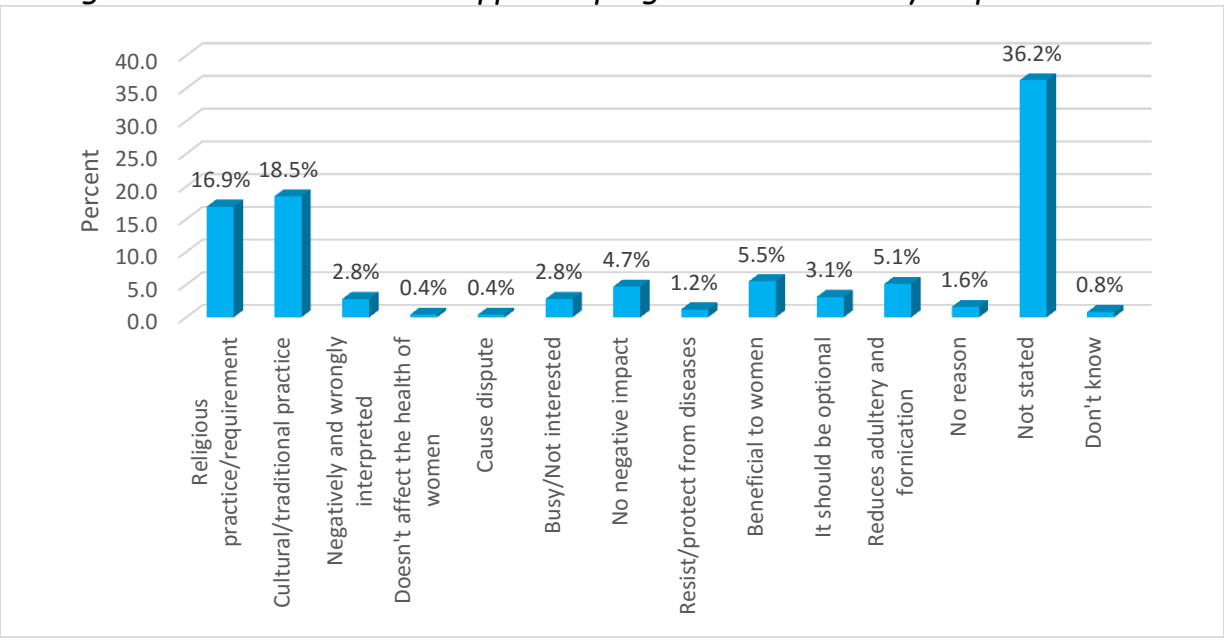
Figure 39: Reasons to support a programme or activity to prevent FGM



16. Reasons not to support a programme or activity to prevent FGM

About one-third, 37.4 per cent, of the respondents who indicate they will not support a programme or activity to prevent FGM did not state any reason why they will not support such a programme or activity. However, other respondents state the following reasons why they will not support: 19 per cent indicate because FGM is a cultural/traditional practice; 16.4 per cent, religious practice or requirement; 6 per cent, FGM is beneficial to women; 5 per cent, reduce adultery/fornication; and 4.3 per cent, no negative effect.

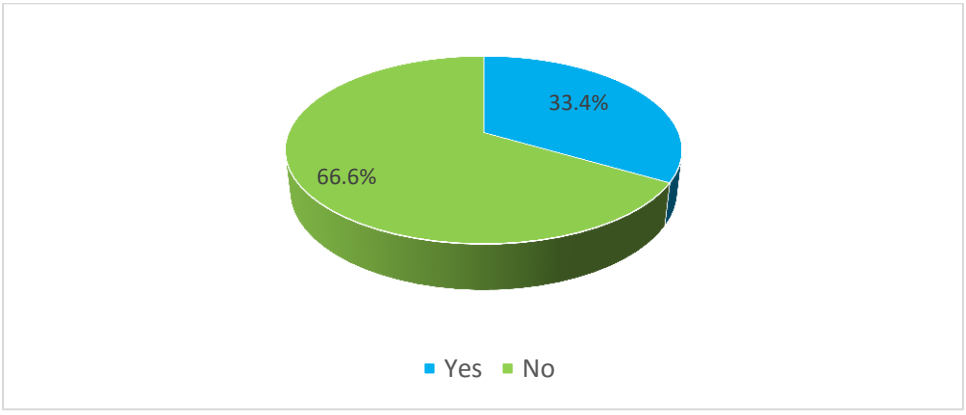
Figure 40: Reasons not to support a programme or activity to prevent FGM



17. Perception on family member mutilating your daughter even if you oppose it

By and large, a parent's opposition or otherwise to FGM greatly determines whether or not the daughter will undergo FGM. About two-thirds of the respondents, 66.4 per cent, are of the view that no one in their family will take their daughter for FGM if they oppose the practice. However, about a third, 34 per cent, think that their opposition to FGM notwithstanding, someone from their family might have their daughter undergo FGM

Figure 41: Perception on family member mutilating your daughter even if you oppose it



SECTION 6: ANALYSIS OF THE PRE-TEST QUESTIONNAIRES

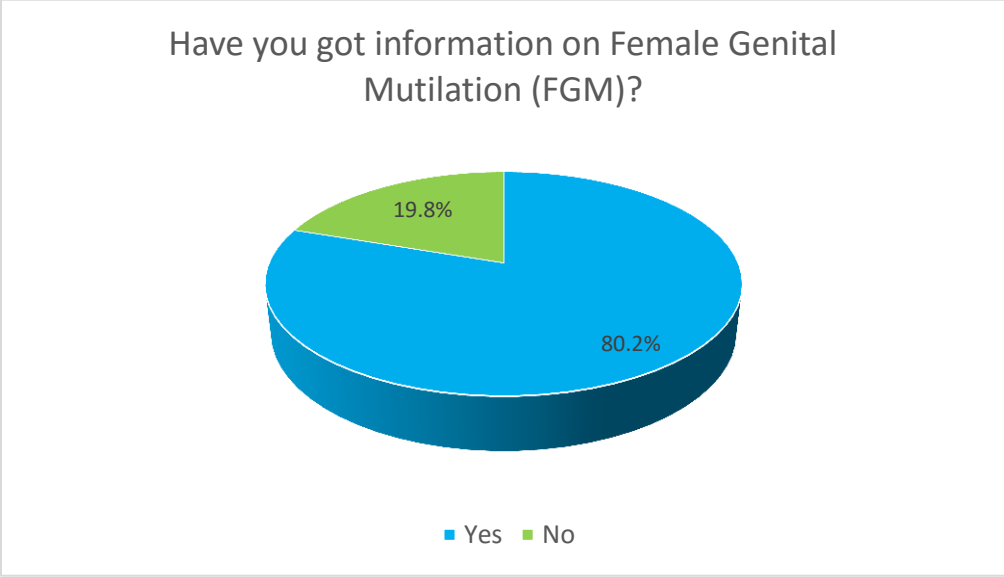
The Pre-test questionnaire was administered on people who visited the Booths and before any discussion was held with them on FGM or the objectives of the Booth Campaign. Of the people who visited the booths, a total of 757 people answered the Pre-test questionnaire or had it administered on them.

1. Receipt of Information on FGM

Generally, people have information on FGM. Of the 757 respondents, a very high proportion, 82.2 per cent, said they got information on FGM. Only about 20 per cent said they do not have any information on FGM. (See. Figure 1)

The proportion of respondents in the Pre=test who indicate they have information on FGM correlates with the per cent of respondents to who the general questionnaire was also administered, 77 per cent.

Figure 42: Receipt of FGM information

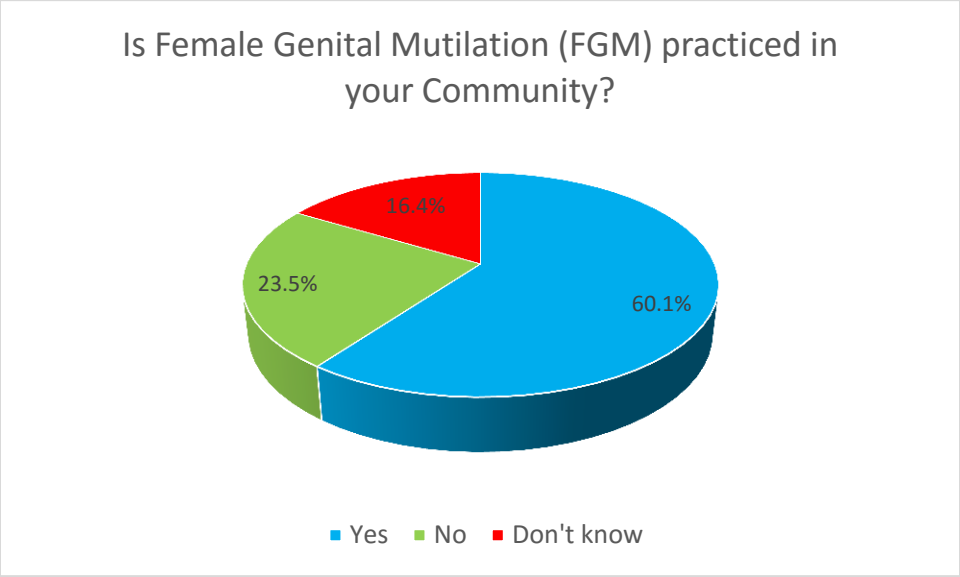


2. Practice or occurrence of FGM in the Community

60 per cent of the respondents confirm that FGM is practiced in their community; 24 per cent responded in the negative while a significant proportion of respondents, about 16.4 per cent, indicate they don't know. (See Figure 43)

The answers given by respondents in the Pre-test, corresponds nearly equally to those given by respondents who answered the same question in the general questionnaire. In this one too, about 69 per cent of the respondents know that FGM is practiced in their community. Only 21 per cent (154 respondents) said they are not aware and 10 per cent answered 'don't know' (9.9 per cent).

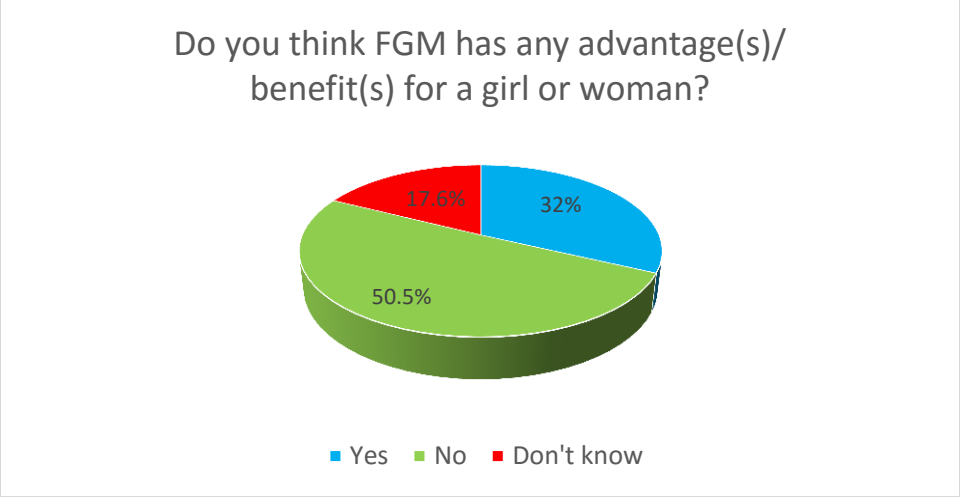
Figure 43: Practice of FGM in the Community



3. Advantages/Benefits, if any, of FGM for a girl/woman

Half of the total respondents, 51 per cent, think that FGM does not have any advantage/benefit for a girl or woman. About one-third, 32 per cent, say they think FGM has advantage/benefit(s) for a girl or woman while about 18 per cent say they don't know. (See Figure 3)

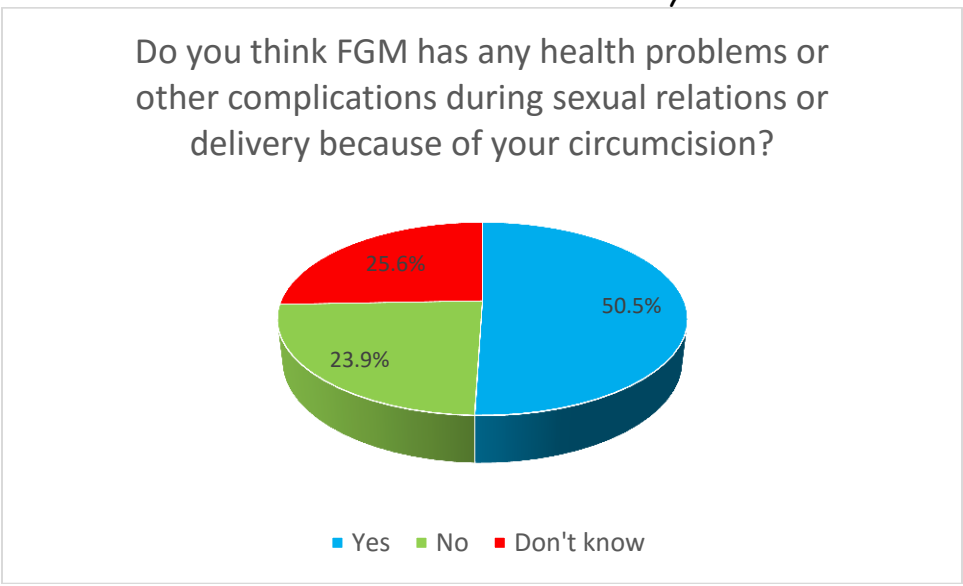
Figure 44: Advantages/Benefits of FGM



4. Perception on whether or not FGM has any health problems or other complications during sexual relations or delivery because of your circumcision

About half of the total respondents, 51 per cent, think that FGM causes health problems or other complications during sex or delivery. About 24 per cent do not think FGM cause any health problem or complication. Interestingly, more than one-fourth of the respondents, 26 per cent, state 'don't know' to this question, more than those who answered in the negative. (See Figure 45)

Figure 45: Perception on health problems/complications caused by FGM during sexual relations or delivery

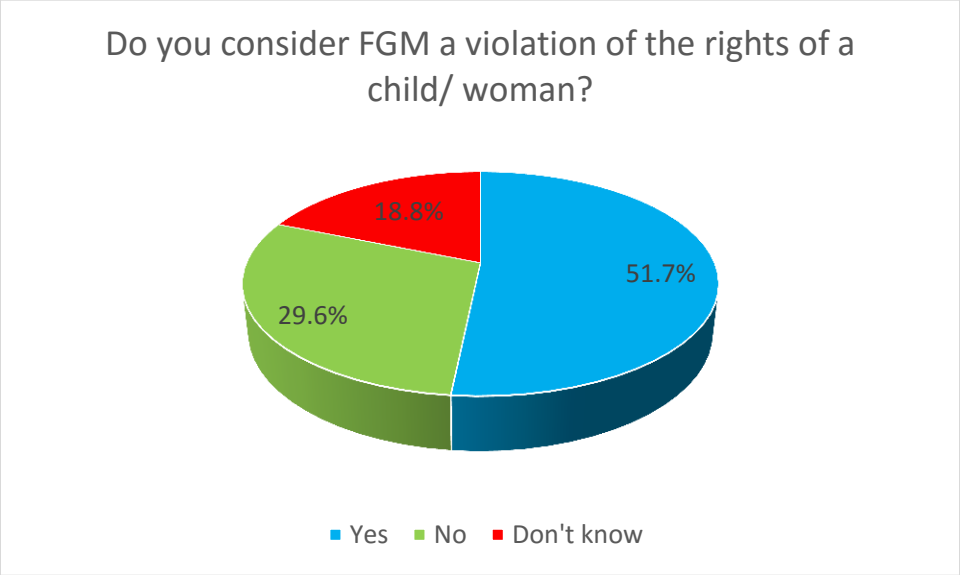


5. Consideration of FGM as a violation of the rights of a child/woman

Slightly more than half of the respondents, 52 per cent, consider FGM as a violation of the rights of a child/woman. 30 per cent do not consider FGM a right violation while about 19 per cent indicate they do not know. (See Figure 46)

The responses to this question are nearly the same as the ones given by respondents who answered the same question in the general questionnaire. In this one too, about 55 per cent of the respondents also consider FGM as a violation of the rights of the child or woman, about 55 per cent; 32 per cent do not consider FGM as a right violation while about 14 per cent indicated they do not know if FGM violates the right of the child or woman.

Figure 47: FGM as a rights violation

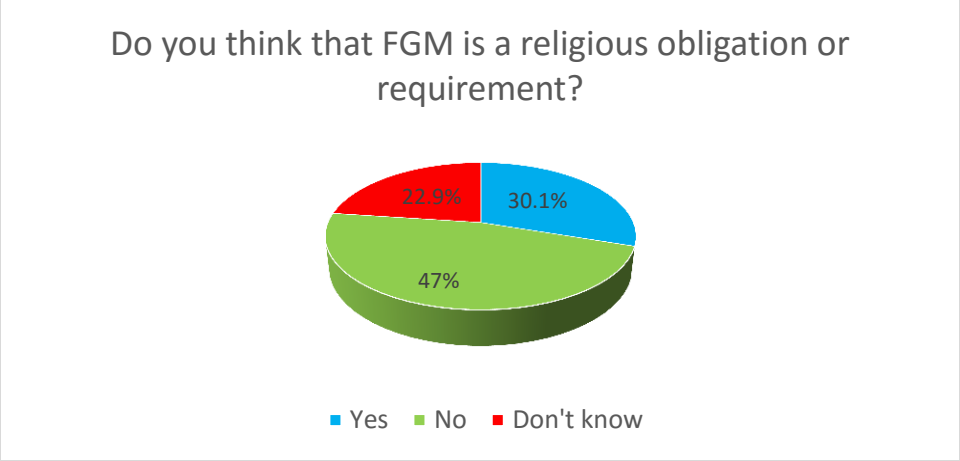


6. Consideration of FGM as a religious obligation

47 per cent of the respondents do not consider FGM as a religious obligation or requirement while only 30.1 per think FGM is. 23 per cent answered 'don't know'. (See Figure 48)

Similarly, in the general questionnaire, more respondents do not think that FGM is a religious obligation than those who think it is, about 44.3 percent and 35 per cent respectively. A similar proportion answered that they do not know, about 21 per cent.

Figure 48: FGM as a religious obligation/requirement

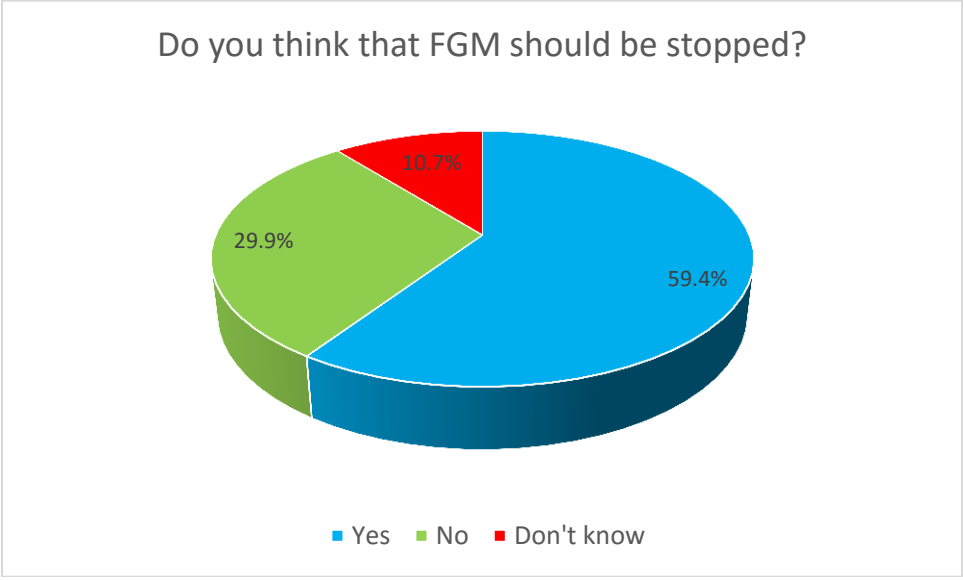


7. Should FGM be stopped

More than half of the respondents, 59.4 per cent, say FGM should be stopped compared to 30 per cent who think otherwise. 11 per cent have no stated position. (See Figure 49)

More than half of the respondents, about 57 per cent, who answered this question in the general questionnaire also think that FGM should be stopped as compared to 35 per cent who think FGM should not be stopped.

Figure 49: Should FGM be stopped

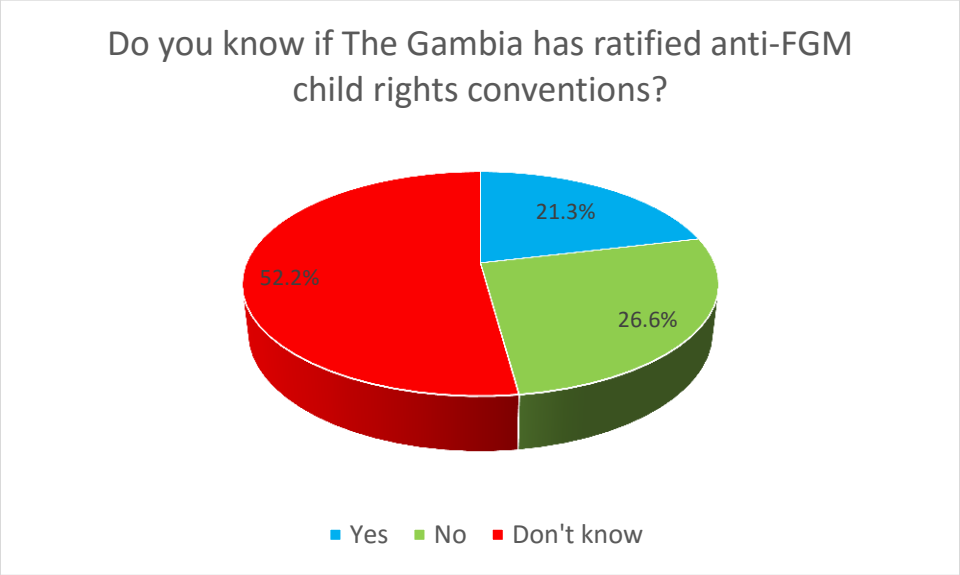


8. Knowledge about The Gambia's ratification of anti-FGM child rights conventions (regional and international legal instruments)

Surprisingly, less than one-fourth of the respondents, about 21.3 per cent, know that the Gambia has ratified anti-FGM child rights convention. Half of the respondents, about 52.2 per cent, don't know and 27 per cent say the Gambia has not. Thus, about three-fourth of the respondents simply don't know that the Gambia has ratified anti-FGM child rights conventions. (See Figure 50)

The lack of knowledge about the anti-FGM legal instruments ratified by The Gambia is also confirmed by the responses given to the same question in the general questionnaire. A very high proportion, about 82 per cent, either said the Gambia has not ratified any anti-FGM instrument or simply answered 'don't know'.

Figure 50: Has The Gambia ratified anti-FGM child rights conventions

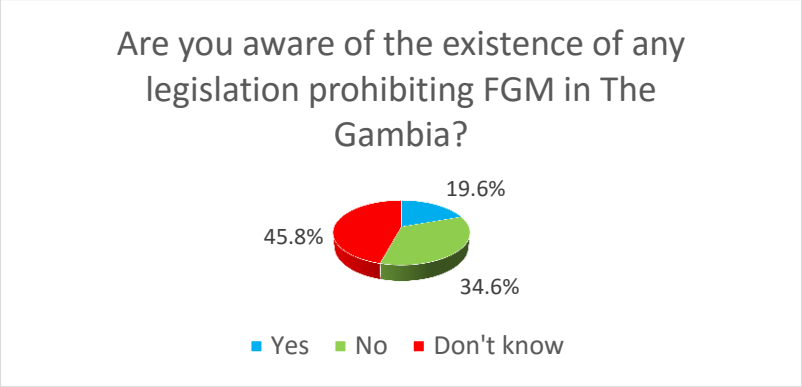


9. Awareness of any legislation that prohibits FGM in The Gambia

Like the result of the inadequate knowledge on the anti-FGM child rights conventions ratified by The Gambia, only about 20 per cent say they are aware of the existence of a legislation that prohibits FGM in The Gambia. 46 per cent and 35 per cent of the respondents either don't know if the Gambia ratified these instruments or emphatically say 'No' The Gambia has not ratified.

This poor knowledge is also confirmed by the result of the responses on this question in the general questionnaire. Only 20.3 per cent are aware of any such national law. About 80 per cent of the total respondents are not aware of or do not know about the existence of any national law that prohibits FGM in The Gambia.

Figure 51: Awareness of any legislation prohibiting FGM in The Gambia



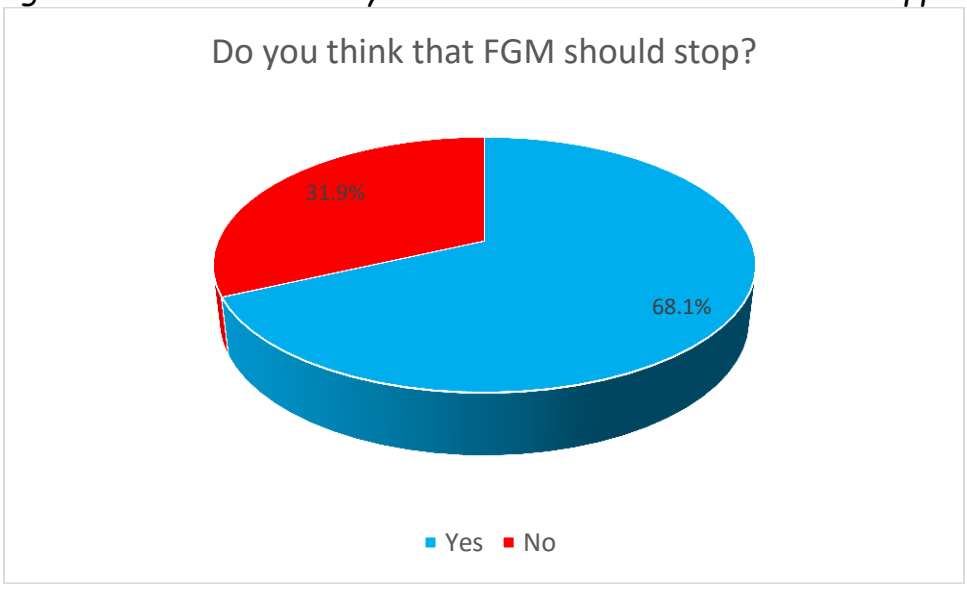
SECTION 7: ANALYSIS OF THE POST-TEST QUESTIONNAIRE

1. Should FGM stop

Over two-thirds of the respondents, 68.1 per cent, think FGM should stop compared to about one-third who thinks it should not stop, 32 per cent.

The proportion of respondents who think should stop in post-test is higher than those who similarly think the same in the pre-test, 68.1 per cent compared to 59.4 per cent.

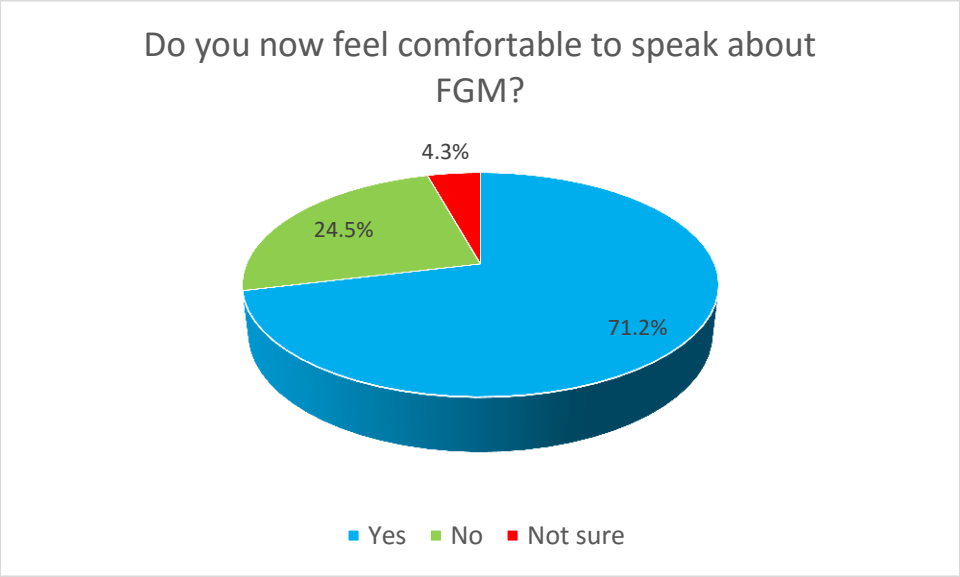
Figure 52: Distribution by whether or not FGM should be stopped



2. Feeling comfortable to speak about FGM

Of the 677 respondent s who answered this post-test question, an overwhelming majority, 71.2 per cent, say they now feel comfortable to speak about FGM, compared to about one-fourth, 25 per cent, who do not feel comfortable speaking about FGM. This shows that respondents were given accurate and factual information about FGM.

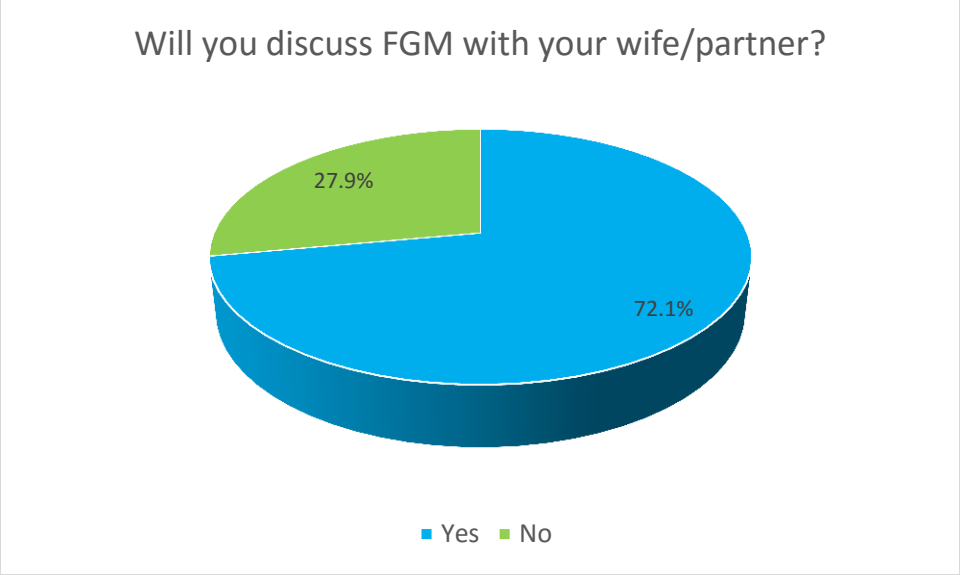
Figure 53: Distribution by Whether or not the respondents feel comfortable to speak about FGM



3. Willingness to discuss FGM with wife/partner

Of the 677 respondents who answered this post-test question, over two-thirds, 72.1 per cent, say they will discuss FGM with their wife/partner. This is encouraging. Only 28 per cent say they will not.

Figure 54: Distribution by Whether or not the respondent have discussed FGM with his wife/partner

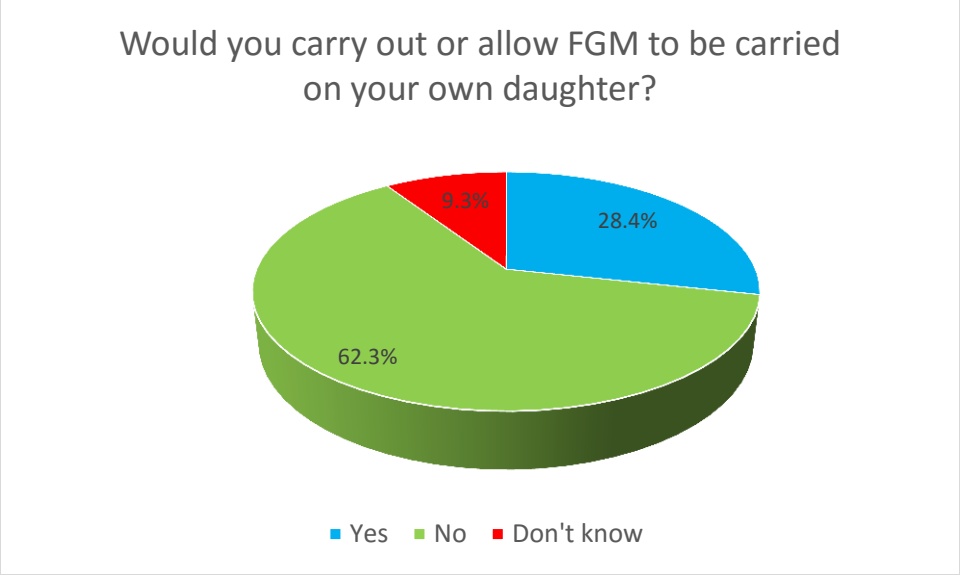


4. Carrying out or allowing FGM to be carried on one's daughter

62.3 per cent of the respondents say they will not carry out or allow FGM to be carried on their daughter. Only 28.4 per cent say I will carry out or allow FGM to be carried on their daughter while 9.3 per cent 'don't know'.

The proportion of respondents in the post-test questionnaire who would not carry out or allow FGM to be carried on their daughter is higher than those who answered 'No' to the same question in the general questionnaire, 62.3 per cent as compared to 57 per cent.

Figure 55: Distribution by whether or not the respondent would carry out or allow FGM to be carried on his/her own daughter

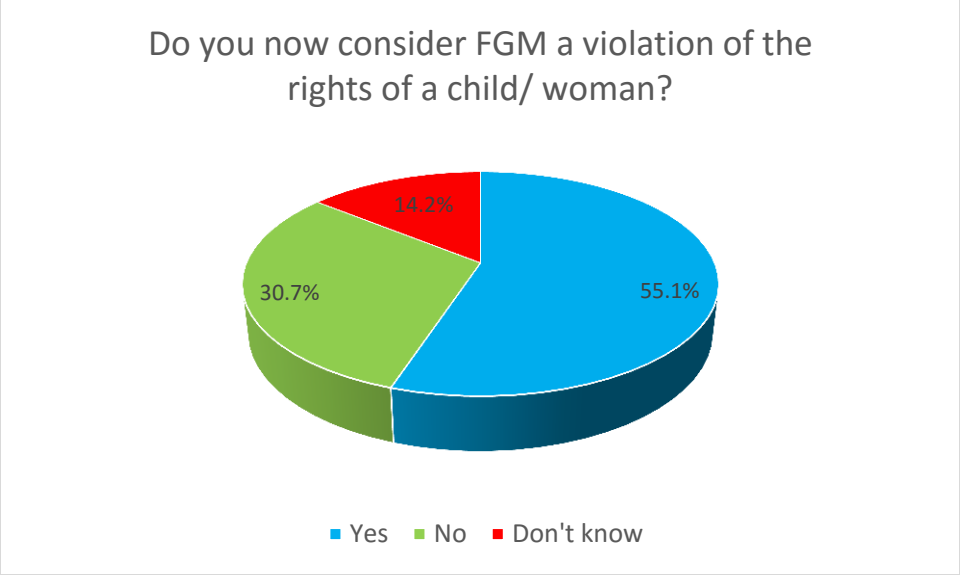


5. Consideration of FGM as a violation of the rights of a child/woman

More than half of the respondents, 55.1 per cent, now consider FGM as a violation of the rights of a child/woman; 31 per cent do not consider FGM as such while 14.2 per cent 'don't know'.

There is a slight increase in the proportion of respondents who consider FGM as a violation of the rights of a child/woman in post-test than in the pre-test, 55.1 per cent compared to 52 per cent. Interestingly, nearly the same proportion, in both the pretest and post-test answer 'No', FGM, 30 per cent and 31 per cent respectively.

Figure 56: Distribution by Whether or not FGM is considered a violation of the rights of a child/woman



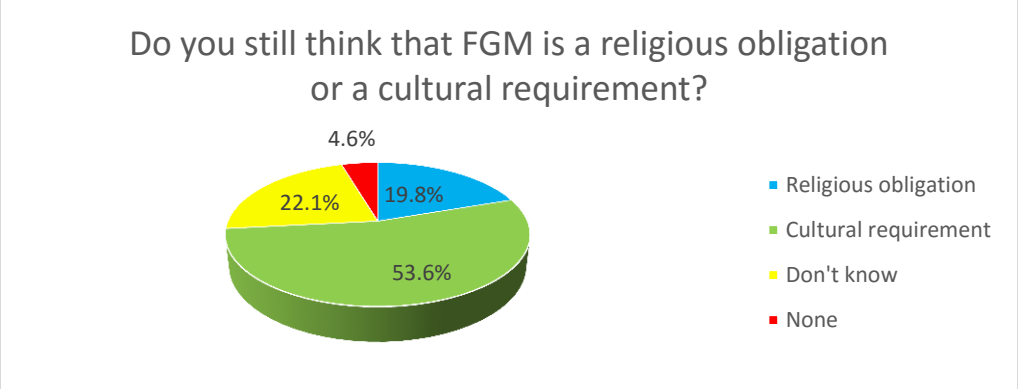
6. Considering FGM as a religious obligation or cultural requirement

More than half of the respondents who did the post test, 54 per cent, consider FGM a cultural requirement; 20 per cent, a religious obligation and 22.1 per cent say they don't know. 5 per cent say FGM is neither a religious obligation nor a cultural requirement.

More respondents in the pre-test regard FGM as a religious obligation, 30.1 per cent, than those who hold similar view in the post test, 20 per cent. This change of mind is important as it shows the information given on FGM was accepted.

Interestingly, 35 per cent of the respondents who answered this question in the general questionnaire think FGM is a religious obligation.

Figure 57: Distribution by whether or not the respondent thinks FGM is a religious obligation or cultural requirement



7. Health Complications associated with FGM

Table 8 shows that a significant proportion of respondents, 36.8 per cent, could not state any health complications or problems associated with FGM. The complications or problems associated with FGM frequently mentioned were: difficulty during delivery, 18.6 per cent, loss of blood/over bleeding, 8.7 per cent, prone to infections, 7.4 per cent and reduction of the sexual pleasure of women, 6.5 per cent.

Table 8: Health complications/problems associated with FGM

Distribution by Health complications or problems associated with FGM		
Health complications or problems associated with FGM	Count	Percent
Loss of blood/Over bleeding	86	8.7%
Painful	13	1.3%
Causes barrenness/infertility	19	1.9%
Difficulty during delivery	184	18.6%
Reduces sexual pleasure of women	64	6.5%
Can lead to death	38	3.8%
Urination problem	15	1.5%
Injury/problem on the genital parts	8	.8%
Prone to diseases/infections	73	7.4%
Bear less children	3	.3%

Complications during sexual intercourse	37	3.7%
Unfaithful marriage	3	.3%
Anemia	7	.7%
HIV and AIDS	15	1.5%
During menstrual cycle	15	1.5%
No health complications/None	40	4.0%
Keloid	5	.5%
Not stated	1	.1%
Don't know	364	36.8%
Total	990	100.0%

8. Naming 3 complications associated with FGM

Table 9: Name three Frequencies

		Responses		Percent of Cases
		Count	Percent	
Name three[a]	Loss of blood/Over bleeding	86	8.7%	12.7%
	Painful	13	1.3%	1.9%
	Causes barrenness/ infertility	19	1.9%	2.8%
	Difficulty during delivery	184	18.6%	27.2%
	Reduces sexual pleasure of women	64	6.5%	9.5%
	Can lead to death	38	3.8%	5.6%
	Urination problem	15	1.5%	2.2%
	Injury/problem on the genital parts	8	.8%	1.2%
	Prone to diseases/infections	73	7.4%	10.8%
	Bear less children	3	.3%	.4%
	Complications during sexual intercourse	37	3.7%	5.5%
	Unfaithful marriage	3	.3%	.4%
	Anemia	7	.7%	1.0%

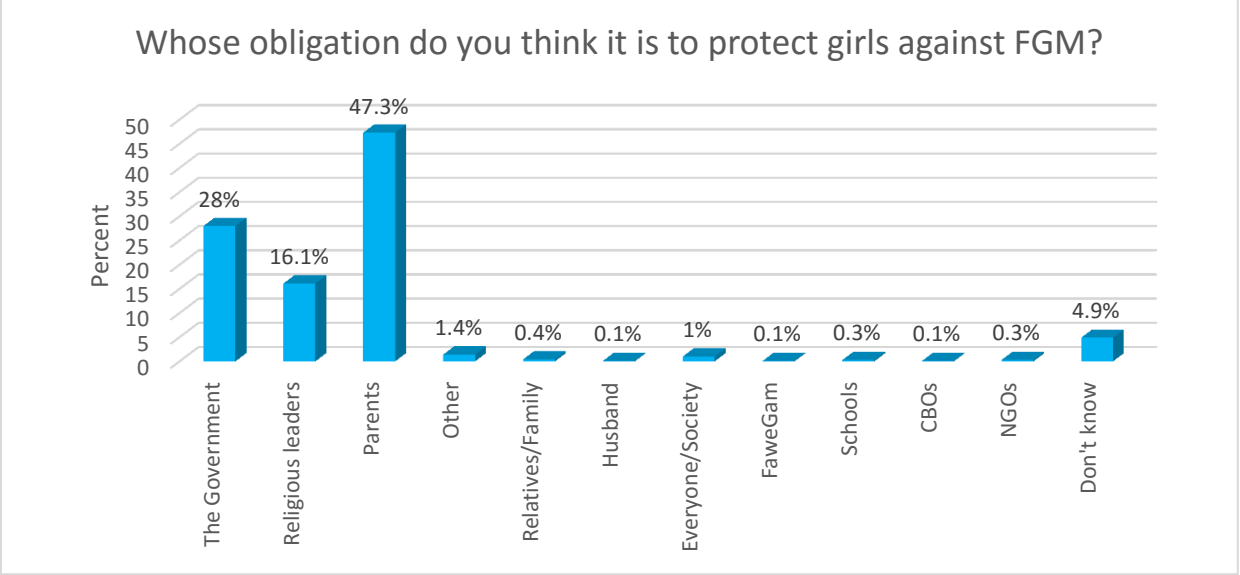
	HIV and AIDS	15	1.5%	2.2%
	During menstrual cycle	15	1.5%	2.2%
	No health complications/None	40	4.0%	5.9%
	Keloid	5	.5%	.7%
	Not stated	1	.1%	.1%
	Don't know	364	36.8%	53.8%
Total		990	100.0%	146.2%

a. Group

9. Who has obligation to protect girls from FGM

A significant proportion of the respondents who answer this question place the primary obligation on parents to protect girls against FGM, about 47.3 per cent. The others named as having obligation to protect girls from FGM are Government, 28 per cent and religious leaders, 16.1 per cent.

Figure 58: Distribution by Who should protect girls against FGM



10. Legal Instrument ratified by The Gambia that protect girls/women against FGM

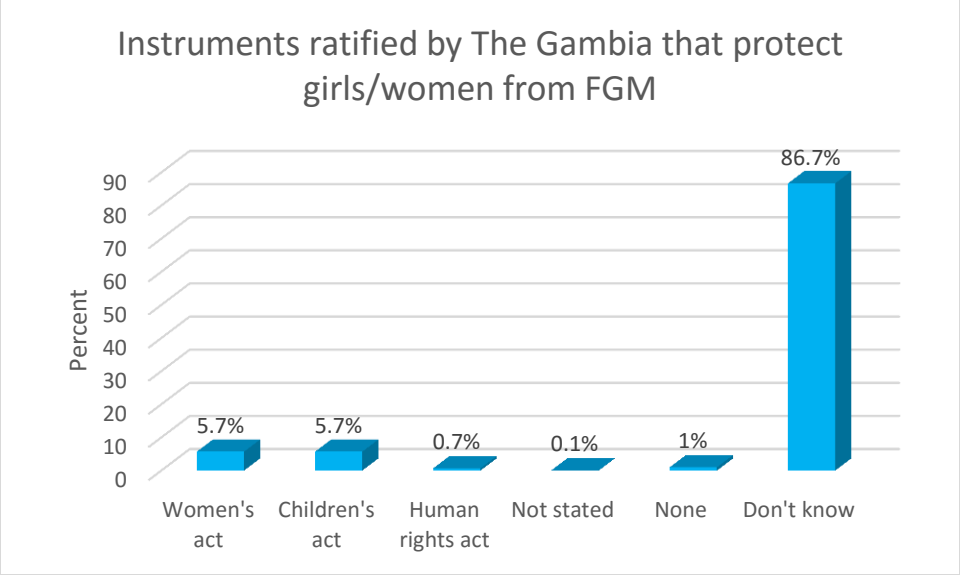
Surprisingly, even after the discussions on FGM and the laws that took place at the booths, more than three-fourth of the respondents, 87 per cent, state they don't know any legal instruments ratified by The Gambia that protect girls/women from FGM. The rest of the respondents named national legislation instead of the ratified legal instruments. Thus, none of the respondents were able to state correctly the name of any ratified legal instruments.

This result is surprising because in the pre-test, about 21.3 per cent of the respondents say they know that the Gambia has ratified anti-FGM child rights convention.

Table 10: Distribution by Knowledge of Legal Instruments ratified by The Gambia that protect girls/women against FGM

Instruments ratified by The Gambia that protect girls/women from FGM	Count	Percent
Women's Act	41	5.7%
Children's Act	41	5.7%
Regional and International legal instruments	5	.7%
Not stated	1	.1%
None	7	1.0%
Don't know	620	86.7%
Total	715	100.0%

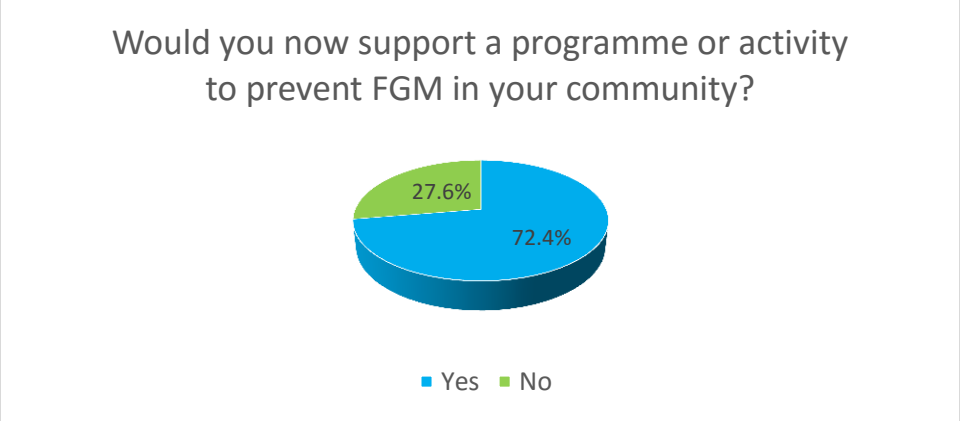
Figure 59: Knowledge of Legal Instruments ratified by The Gambia that protect girls/women against FGM



10: Readiness to support a programme or activity to prevent FGM in the community

Encouragingly, 72.4 per cent of the post-test respondents say they would now support a programme or activity that aims to prevent FGM in their community, compared to about 28 per cent who they will not.

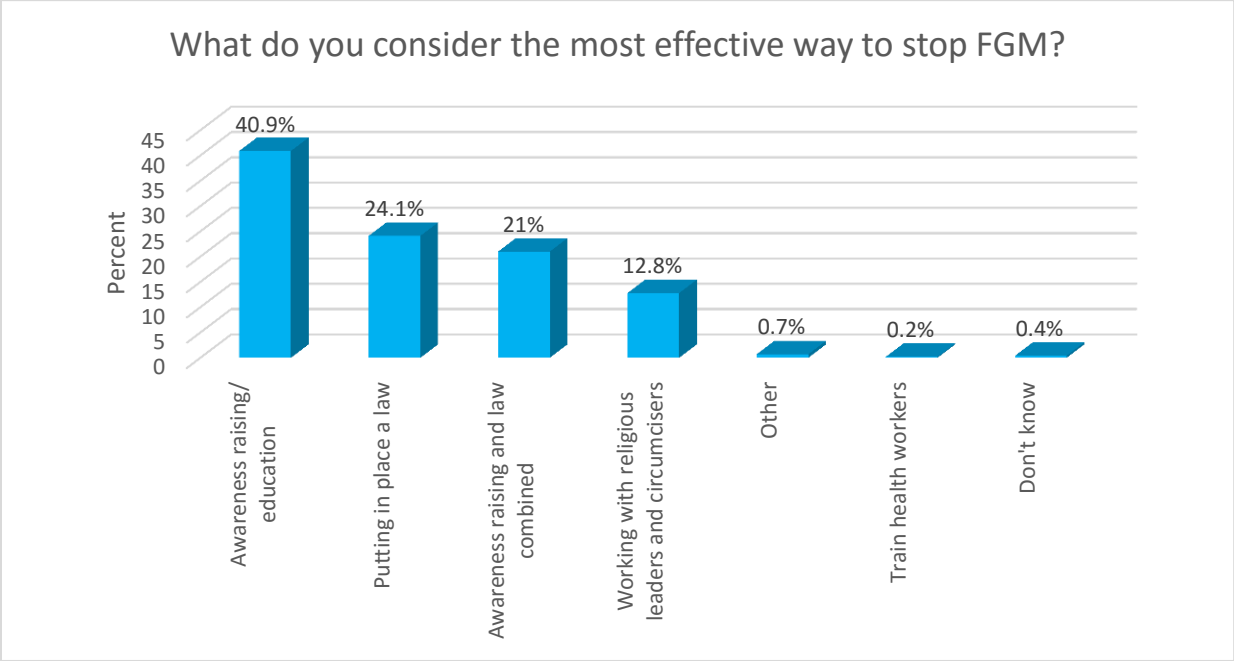
Figure 60: Distribution by whether or not you now support a programme or activity to prevent FGM in your community



11. Most effective way to stop FGM

On the most effective way to stop FGM, about 41 per cent say awareness raising/education; 24.1 per cent consider having a law in place as the most the effective way; and 21 per cent think it should be a combination of awareness raising and enactment of a law. Interesting, about 13 per cent consider working with religious leaders and circumcisers as the most effective.

Figure 61: Distribution by Most effective way to stop FGM



SECTION 8: SUMMARY OF MAIN FINDINGS FROM THE GENERAL AND MEN ONLY QUESTIONNAIRES

8.1: SUMMARY OF MAIN FINDINGS FROM THE GENERAL QUESTIONNAIRE

Information about FGM

Information about FGM is very high. About 78 percent of the respondents (565) indicated they have got information on FGM compared to only 18 per cent of the respondents (127) who said they have not got or received any such information.

Source of Information

Family members and the radio were the most popular source of information about FGM, with an equal proportion of the respondents, 24.4 per cent, citing these as their sources of information. On the other hand, about 17 per cent were informed through their friends/peers, while 12 per cent of them received information from the television. Other sources were the school, 10.2 per cent and workshops/training, 6 per cent.

Practice of FGM in the community

People know about the existence of the practice of FGM in their community. Over two-thirds of the respondents know that FGM is practiced in their community. Only 21 per cent (154 respondents) said they are not aware and 10 per cent answered 'don't know' (9.9 per cent)

Decision as to whether or not a girl should be circumcised

Contrary to the belief that it is mothers who solely decide if a daughter is to undergo FGM or not, the survey found out that in majority of the cases that decision is often made by both parents, about 51 per cent of the respondents. Only 31 per cent indicated it is solely the mother's decision while only 7 per cent indicated 'father's decision only'. Grandparents, one's religion and tribe do not significantly influence or affect the decision.

Harmfulness or otherwise of FGM

More than half of the respondents, about 55 per cent, consider FGM as harmful while 33 per cent do not consider it so. 12 per cent of the respondents don't know if FGM is harmful or not.

Harmfulness of FGM by Gender

More women, 56.2 per cent, than men, 53.4 per cent, consider FGM as harmful. Similarly, more women, 34.1 per cent, than men, 32 per cent, do not consider FGM as harmful. More men than women stated they 'don't know' FGM's harmfulness, 15 per cent and 10 per cent.

Consideration of FGM as a violation of the rights of a child/woman

More than half of the respondents, about 55 per cent, consider FGM as a violation of the rights of the child or woman while 32 per cent does not consider it so.

By gender, nearly the same proportion of female and male consider FGM as a violation of the rights of a child/woman, 55 per cent and 54.3 per cent respectively.

FGM as a religious obligation or requirement

About 44.3 percent of the respondents do not think FGM is a religious obligation or requirement while 35 per cent think FGM is a religious obligation or requirement. A significant proportion of the respondents, about 21 per cent said they do not know.

Stopping FGM

About 57 per cent of the respondents think that FGM should be stopped as compared to 35 per cent who think FGM should not be stopped. 8.3 per cent were undecided.

Most effective way to stop FGM

For respondents who think FGM should be stopped, awareness raising is regarded as the most effective strategy to stop FGM, 38 per cent while 28.4 per cent indicate that there should be a two-pronged strategy, combination of awareness

raising and legal prohibition. Others indicate only legal prohibition can stop FGM, 19.4 per cent; and 14 per cent indicate working with religious leaders and circumcisers. Training health workers, working with communities and intervention by the Government were not considered effective ways to stop FGM.

Opposition to FGM At least once

Of the total number of respondents who think FGM should stop, about two-thirds or 63.3 per cent have once opposed FGM while about one-third or 37 per cent have never opposed it in spite of wanting FGM to stop.

Individual obligation to protect girls against FGM

An overwhelming majority of respondents, about 80 per cent, think they have an obligation to protect girls against FGM. Only 15 per cent answered that it is not their obligation.

Knowledge about The Gambia's ratification of anti-FGM child rights conventions (regional and international legal instruments)

Knowledge about the anti-FGM child rights convention ratified by The Gambia is very low amongst the respondents. Only 18 percent know that The Gambia has ratified anti-FGM child rights conventions. 82 per cent either said the Gambia has not ratified any anti-FGM instrument or simply answered 'don't know'

The lack of knowledge about the anti-FGM legal instruments ratified by The Gambia contrasted sharply with the high percentage of respondents who indicated they have got information on FGM

Awareness of any legislation that prohibits FGM in The Gambia

Like the poor knowledge on the anti-FGM child rights legal instruments ratified by The Gambia, about 80 per cent of the total respondents are not aware or do not know about the existence of any national law that prohibits FGM in The Gambia. Only 20 per cent are aware of any such national law.

Carrying out FGM on one's daughter

The efforts geared towards creating awareness on the harmful effects of FGM seem to be paying dividend. Of the total number of respondents, more than half,

57 per cent indicate they would not carry out FGM on their own daughters. Only 36 per cent indicate they would carry it out on their daughters while 7.4 per cent don't know if they would or not.

Marrying an uncircumcised woman

48 per cent of the male respondents who answered this question state they would marry an uncircumcised woman. About 26.4 per cent state they would not marry an uncircumcised while an equal per cent, 26 per cent, are undecided or don't know.

8.2: ANALYSIS OF MAIN FINDINGS FROM THE QUESTIONNAIRE FOR MARRIED MEN

Opinion about the advantages/benefits of FGM for a girl or woman

55 per cent of married men stated that FGM does not have any benefit for a girl or woman while 41 per cent say FGM has some benefits or advantages for a girl/woman. Only 5 per cent say they don't know.

Continuation of FGM

52 per cent of married men are not in favour of the continuity of FGM, compared to about 47 per cent who are in favour. Only 3.4 per cent of the respondents were undecided.

Supporting a Programme or Activity to prevent FGM

57 per cent of married men say they will support a programme or activity to prevent FGM, while 39.3 per cent say they will not. 4 per cent could not decide.

Perception on family member mutilating your daughter even if you oppose it

By and large, a parent's opposition or otherwise to FGM greatly determines whether or not the daughter will undergo FGM. About two-thirds of the respondents, 66.4 per cent, are of the view that no one in their family will take their daughter for FGM if they oppose the practice. However, about a third, 34 per cent, think that their opposition to FGM notwithstanding, someone from their family might have their daughter undergo FGM

SECTION 9: CONCLUSION AND RECOMMENDATIONS

9.1: CONCLUSION

This survey by Think Young Women is part of efforts to have a greater understanding of the dynamics of FGM, the gaps in knowledge and practice and what better and more sustainable strategies could be employed to stop FGM in this generation. It is also part of a long-term process aimed at ensuring greater government and young people-led organisations involvement in the protection of women's rights.

The findings in the survey 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.

9.2: RECOMMENDATIONS

Think Young Women, its partners, policy makers and all stakeholders should take note of the following recommendations based on the findings of this survey.

1. Inter-sectorial collaboration and partnership

There is the need to inter-sectorial collaboration and partnership among all stakeholders engaged in the fight against FGM. Every sector of the society, from the national to the community level, should be mobilised towards this end. Both the Government institutions and civil society organisations involved in the struggle to protect children from FGM should be willing to work together and harmonised their resources and activities in order to have maximum impact.

2. Popularisation of anti FGM legal instruments and National Laws

As shown from the survey, about 80 per cent of the respondents are not aware of the existence of anti-FGM legal instruments, both international and national. It is important that both the Government and Civil Society Organsations intensify their popularisation or dissemination of these instruments and laws, using various media to reach a wider audience.

3. Enactment of Legislation on FGM and enforcement

FGM is both a public health issue and a human right violation. As a signatory to CEDAW, the Maputo Protocol and other international legal instruments, the Gambia has an obligation to legally protect its children against FGM and all other harmful cultural practices. The Government should enact a law against FGM, backed by intense awareness raising of the public on the harmful effects of FGM. The promulgation of such a law would demonstrate Government's commitment to the protection of women and girls against harmful cultural practices.

4. Working with Religious Leader

Given the widespread belief that FGM is required by Islam, even though 44.3 per cent of the respondents in this survey do not believe it is, there is the need to intensify and strengthen the engagement with religious scholars and leaders as part of efforts to demystify the erroneous justifications of and link between FGM and Islam.

5. Actively Engaging Boys and Men in the

FGM does not affect only women and girls. Research shows that FGM also affects men, especially their sexual lives. Most importantly, this survey has revealed two interesting findings: that in majority of the instances, the decision to circumcise a daughter is jointly agreed upon by both parents and not just the mother; and nearly half of the male respondents state they would marry an uncircumcised girl or woman. Thus, there is the need to actively involve men and boys in the fight against FGM.

6. Empowering Girls and Young Women

Like all other issues of social justice, it is essential that those who lead the process of change be those who are aggrieved and therefore stand to benefit most from the correction of the injustice. Thus, organisations and institutions involved in the fight against FGM should employ a girl-centred approach and empower young women and girls so that are able to take a more prominent role and are actively involved in all movements to stop FGM.

7. Conduct a comprehensive research on FGM

This survey, although limited in scope, unearthed many issues that need to be further investigated. It is important that Think Young Women is financially supported to conduct a more comprehensive survey to generate important information critical to the campaign against FGM and which can be used for programming and evidence-based advocacy and ;

8. Undertake Public Information and Media Campaigns

It is important that FGM remains on the public agenda. Thus, Think Young Women should be support to undertake more public information and media campaigns on an ongoing basis. The public education campaigns should involve conducting training workshops, producing easily understandable education materials, such as videos or publications in different languages, and using the Internet as a tool for education.