

## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 Social Context of FGC

This report began with the assumption that FGC in Guinea is part of the coming-of-age process that prepares young girls to become adult women and to marry. This assumption was confirmed by the number of women who spoke of the religious or moral obligations a parent has toward a daughter: to give her a name, to educate her, to have her circumcised, and to marry her. Speaking of their own FGC experience, women said it was their mother, their aunt, or even their grandmother who determined when the moment had come for the procedure and who organized the event.

Many men said they did not participate in this decision and were informed only when their wives told them they needed money to finance the event. Men were unanimous in saying they did not discuss FGC with their wives, that it was “women’s business.”

The Sosso and Fulani women interviewed often said that the instruction and ceremonies surrounding the practice served to educate their daughters, to teach them how to behave with others, and how to take care of their family and their husband. Thus, the ceremonial aspects of FGC as ritual initiation into adulthood are important to these women, and any effort to eradicate the practice must take this into account.

#### 6.2 Changes Over Time in FGC in Guinea

Four sources of information were used to identify changes in FGC practices in Guinea: 1) the government’s statement on official policy and action; 2) the CPTAFE (*Cellule de coordination sur les pratiques traditionnelles affectant la santé des femmes et des enfants*, or the Coordination Unit on Traditional Practices Affecting the Health of Women and Children) and their FGM-awareness media campaign, 3) the perception of women as seen through the interviews, and 4) the perception of men as seen through the interviews.

1) We know that the Republic of Guinea’s penal code adopted in 1969 forbids FGC. However, there is no evidence that any legal measures have been taken against the practitioners or the perpetrators of FGC in the country. Therefore, it is hard to judge the effective extent of the law. It appears that the law has not often been enforced.

2) The CPTAFE has been conducting a media campaign for the past 15 years in an effort to reach the whole population and persuade people on all levels to abandon FGC because of the negative consequences for women’s mental and physical health. The interviews conducted with the practitioners revealed that they had heard the CPTAFE messages and many have tried to practice a less radical and less detrimental form of FGC.

3) There is sufficient information from the interviews with Sosso and Fulani women to indicate that change in FGC practices has occurred. The type of procedure performed, the site where it took place, the person performing the procedure, and the instrument used, differed between generations (i.e., between young girls and older married women). In addition, of 16 Sosso girls, only 4 had undergone total removal of the clitoris and labia minora, whereas 21 of 29 older women had undergone the procedure. Although the Sosso sample is small, it does suggest a trend away from the more extreme forms of FGC. On the other hand, no similar change was observed among the Fulani women, and there is no comparable data on the Malinke and Guerze women.

4) Lastly, the interviews conducted with men indicate they had also heard from the CPTAFE campaign and other sources that FGC is dangerous for women. However, although many recognized that the messages were well founded, this did not prevent them from continuing to participate in the practice for their daughters by agreeing to the FGC and furnishing the funds necessary for the ceremony.

The conclusion of the authors is that, on the level of official discourse and from the affirmations of the practitioners, it appears that change is occurring in the practice of FGC in Guinea as a result of the recognition of the dangers to women's health. Although women do not seem to want to abandon the practice, they are ready to adopt a less severe form of FGC. The results of the 1999 DHS survey in Guinea should indicate more clearly the extent of change in the practice of FGC.

Another change noted by women in the four regions is that the length of the period of instruction that traditionally follows the FGC procedure has been reduced or has disappeared. They also noted a tendency to perform FGC at a younger age than previously. Indeed, these two elements are linked, and many women complained that girls underwent FGC too early to allow for normal and useful education.

### **6.3 Comparison of Men's and Women's Perspectives on FGC**

Among the men and women interviewed there was the same ambivalence concerning the relation between female circumcision and Islam. Some said that FGC has nothing to do with religion, others said that the Quran demands it. People who state that Islam requires female excision are articulating an abstract explanation, i.e., providing a rationale rather than explaining actual behavior. Since such explanations are articulated for the benefit of outsiders—an abstract reason offered to satisfy the interviewer—and since they are ideological, statements of this sort should not be taken as explanatory.

According to the men, it is the women who insist their daughters undergo FGC. The father's role is simply to approve and financially support the procedure, but not to direct any part of it. However, both men and women use the same language when referring to the value of the period of instruction following FGC, aside from a few men who said they saw no value in this for the girls. The majority of both men and women believe that the time spent "on the mat" prepares the girl for her role in society.

Overall, men's discussion of the issue of FGC was more critical than that of women. For instance, citing the messages of the national anti-FGM (female genital mutilation) campaign, quite a few Sosso men thought the practice of FGC provided no benefit to women. Similarly, most Fulani men stated that the Quran does not mention FGC. The apparent difference between men and women may be due to differences in how individuals and groups were asked to reflect on FGC, or to differences in exposure to radio and other media critical of FGC in Guinea.

### **6.4 Summary of the Results of the Study**

The results of this study of female genital cutting and the coming-of-age process among girls in Guinea suggest the following:

- Except for those in the forest region, it is likely that most girls in Guinée experience FGC before they reached twelve years of age.
- By discussing FGC as one element in the larger context of girls' preparation for adulthood, women can more easily speak of their own experience.

- FGC is generally an obligatory event in the coming-of-age process for young girls among the Sosso and the Fulani, and to a lesser extent, among the Malinke of Guinea.
- The national languages do not have specific labels for the different types of FGC practiced; descriptive phrases identify the types of FGC. Interviewers should not ask women what type of FGC they experienced, but what was done to them.
- FGC is increasingly practiced within the medical system where it takes on a less radical form. Some parents request that their daughter be subject only to “pinching and nicking.”

## 6.5 Implications for Survey Research

The data gathered in this study allowed definition of two questions for the 1999 DHS survey in Guinea. The researchers wanted to know not only if the respondent had undergone FGC, but what type of FGC. The following questions were formulated in the four local languages (with possible answers):

Were you excised? (Yes, No, Don't know)

What exactly was done to you? (Descriptions of FGC practiced in Guinea)

Responses to these questions in the national-level DHS survey will establish the prevalence of FGC among women 15 to 49, and show the proportion of women subjected to different types of FGC.

How can the results of this study orient the development of a FGC module for future DHS surveys? We need to ask questions that make it possible to trace changes in the practice over time. Therefore, the module must include questions on the age of the respondent, the identity of the person performing the procedure, and the ways men and women talk about FGC. It does not appear useful to ask people why they continue the practice, for the reasons given are complex and varied. Often the explanation is religion, or “tradition,” a summational statement that adds little to our understanding of FGC.

However, one might ask whether or not religious doctrine encourages FGC. As indicated in this report, men and women are divided on this question. If fewer and fewer men and women state that religion condones or promotes FGC, it will become evident that at least the discourse surrounding FGC is changing.

Although many of the women interviewed gave an age for when they underwent FGC, some women did not state their age in years. These women said either that FGC took place around puberty or that the procedure took place before they were aware of what was happening to them. Their responses were of the order “I was very small,” or “It was just before/after my first period or breasts appearing.” In this situation, analyses using age at the time of FGC will need to divide the sample into four or five age groups rather than by single year of age.

It seems that in Guinea the milder forms of FGC are gaining ground over the more radical forms and that medical practitioners are performing the procedure more often than before. The FGC module's question on who performs the procedure should provide more information. Where the procedure was performed should confirm the answer, since traditional practitioners generally carry out the procedure in the countryside, whereas health workers do it in clinics.

Instead of asking why people continue the custom, it would be more appropriate to ask what the benefits might be to the women and men concerned. The researchers could also ask what the disadvantages and dangers are for the girl. Without considering the answers as explanations for the practice per se, they could serve as indicators of the level of knowledge people have of the medical perspective on FGC and what they think should happen in the future.

Finally, since many respondents spoke of the reduction of sexual desire resulting from FGC, two more questions should be asked: 1) is the woman's sexual desire reduced, and 2) what are the consequences for the couple. Men's opinions on this subject were divided; some thought the loss of female sexual desire useful for men, whereas others deplored it. While women mentioned the loss of sexual desire following FGC, they did not comment on its consequences otherwise.

## **6.6 Recommendations for the Campaign against FGC**

Based on the results of the study, the authors developed suggestions for a more effective campaign to reduce the practice of FGC in Guinea. In planning effective actions, the national authorities and advocacy groups must take into account local knowledge and propositions about FGC. The following are suggestions for increasing public support for the campaign:

- Widen awareness campaigns to include local information structures, religious leaders, community elders and leaders, and informal associations.
- Replace prescriptive communication methods with participatory and interactive methods that favor an open and constructive dialogue in the national languages with the populations and the subjects concerned.
- Demedicalize the campaigns by involving a greater number of people in social services and development projects
- Train agents familiar with the language and context of the communities in facilitation and intervention techniques in order to establish a dialogue and promote change
- Rather than seeking to persuade the younger generation that FGC is wrong, integrate them into the movement against FGM by involving them in debating the issues.
- Pursue qualitative research studies to identify how FGC is currently practiced, to determine who participates and for what reasons, and to ascertain who makes the actual decision to go ahead with the procedure

This study provided information on women's recollections of their personal experience with FGC, but little information on how the procedure is actually performed. To better understand on what level and in what manner to organize FGC interventions, a study should be conducted that observes the process and the events surrounding FGC, and gathers accounts of what has taken place. If a number of case studies were collected, researchers would have a better understanding of how FGC takes place, who participates and how, and which aspects of the practice are negotiable and which are accepted without question. More detailed information on current practices would identify the segments of the population that are most interested in modifying or abandoning female genital cutting: young unmarried women, young married women, older women, young men, old men, local authorities, etc. This information would provide a solid basis for involving segments of the population in discussions of how the practice of FGC can be put aside and brought to an end.