

**Female Genital
Cutting and
Coming of Age
in Guinea**



MEASURE DHS+
Macro International Inc.

Female Genital Cutting and Coming of Age in Guinea

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PREFACE

This report summarizes the findings of the Demographic and Health Surveys (DHS) qualitative research study on female circumcision, or female genital cutting (FGC), in Guinea. The study was conducted above all to provide information for improving the quality of the DHS module on FGC. The study was implemented by Macro International Inc. under the MEASURE *DHS+* project, in collaboration with USAID/Conakry and the Direction Nationale de la Statistique (DNS), with administrative assistance from the Association Guinéenne pour le Bien-Etre Familial (AGBEF). The research was funded by the U.S. Agency for International Development.

The FGC study in Guinea is the first qualitative research project conducted by the DHS program under the MEASURE *DHS+* project. This report is the first in a series to be published on health and population issues. The report presents the main findings of the FGC study, but also describes the process of planning and implementing a qualitative research study. The description of the methodology provides the reader with information to better evaluate the study conclusions. In qualitative research, it is recognized that knowledge is constructed within social interactions, and thus findings must be judged in light of how they were produced. In this case, the findings were produced as a result of conversations (in four languages) between interviewers and women and men in the four regions of Guinea. The research was designed to show how individuals talk about female circumcision both to strangers (interviewers) and among themselves.

The authors are indebted to many individuals and institutions in Guinea that provided assistance in a timely fashion. The authors would like to thank the directors of the Direction Nationale de la Statistique, the Association Guinéenne pour le Bien-Etre Familial, and USAID/Conakry for their warm and effective support of the project. We would also like to thank the Department of Sociology at the University of Conakry for providing a conference room for our use and for granting leave to the co-authors (Papa Ousmane Camara and Baba Soumaoro) to participate in the study. Above all, we want to thank the interviewers who tirelessly traveled to the various field sites and held conversations with women and men on a sensitive subject. They made the study possible.

The text of this report was written first in French, then edited by Monique Barrère, and translated into English by Jill Mac Dougall. The English translation was edited by Sidney Moore, editor for the Demographic and Health Surveys program at Macro International. The authors want to thank all these persons for their great patience and attention to detail. Special thanks goes to Sidney Moore for the time spent editing the text and for shepherding the bilingual document through the printing process. Thanks also to Rebecca Henry, Sunita Kishor, Mary Maye, and Gora Mboup for reading the report and providing comments for the authors.

SUMMARY

The practice of cutting the genitals of young girls—sometimes referred to as *female circumcision*—occurs in more than 25 African countries and has existed for centuries in some societies. Little is known of the origin of the custom or of its prevalence in the countries where it occurs. However, since female genital cutting—or FGC as it is called in this report—may result in conditions detrimental to women’s health, it is important to collect information about the practice in the countries concerned.

The “circumcision” of girls before marriage is a common practice in the Republic of Guinea, and since Macro International was planning to implement a Demographic and Health Survey (DHS) in Guinea in 1999 in collaboration with the Guinean *Direction nationale de la statistique* (National Bureau of Statistics), it was decided that this would be an opportune time to conduct a study focusing on women’s experience with FGC. Fieldwork for this qualitative research study of FGC and the coming-of-age process among girls in Guinea was carried out from October 1998 to February 1999. The study was designed and implemented under the MEASURE DHS+ project of the U.S. Agency for International Development.

Objectives

The Guinea study was undertaken primarily for two reasons: (1) to provide information needed to formulate questions for the FGC section of the individual questionnaire for the 1999 DHS survey in Guinea, and (2) to refine the investigative approach to the subject of FGC. The effort to improve the validity of the FGC questions, and thus to improve the quality of the data, was part of a general revision of the DHS core questionnaires and modules scheduled to be used in the next round of DHS surveys (MEASURE DHS+)

To improve the formulation of FGC questions, information was needed on the events associated with coming of age among girls in Guinea—i.e., the social preparation of girls for marriage and adult life—as well as information about the practice of FGC itself. The researchers sought to find out how FGC is situated within the social and family context of young girls, to what extent women are able to recall and relate their personal experience with FGC, how women and men perceive of the phenomenon, and what role FGC plays in the context of family and community.

Methodology

The following methods were used to collect data on FGC: individual interviews with married and unmarried women and married men; facilitated group discussions with women and men; and interviews with traditional and clinical practitioners of FGC. All of the interviews and discussions were recorded and then analyzed by the researchers in Guinea. The individual interviews were used to find out what women had to say about their education, their experience with the transition from girlhood to womanhood, and their personal experiences with FGC. The men who were interviewed were asked to describe their coming-of-age process, the process of finding a wife, their image of an ideal woman, and their opinions about FGC.

After a two-week workshop in French on qualitative research techniques and preparations for fieldwork, two research teams composed of a supervisor and interviewers (primarily women) conducted interviews in the four “natural” regions of the Republic of Guinea (Lower, Middle and Upper Guinea, and Forest Guinea) using the major local language—Sosso, Fulfulde, Maninka, and Guerze—of each region, respectively. A total of 422 women and 76 men were interviewed, as well as 22 women considered specialists in FGC including traditional practitioners (*exciseuses*), traditional birth attendants (*matrones*), and nurses and midwives. Group discussions were held with 16 groups of men and women. The first part of the analysis was carried out by the interviewers and the supervisors upon their return from the field.

Results

During the interview, women were invited to talk about the events that had marked their youth, and the initiations they experienced growing up. The majority of Sosso women interviewed cited excision or “female circumcision” as an important event in their life, but only a few Guerze women mentioned it as such. Fewer than half of Fulani and Malinke women interviewed cited FGC in the context of growing up.

Almost all of the women interviewed in the Sosso, Fulfulde, and Maninka languages had experienced some form of FGC. Among Guerze speakers 77 of 108 reported genital cutting, while information was missing on 8 women. Thus, about three-fourths of the Guerze women interviewed had undergone FGC.

The women interviewed described four types of FGC practiced in Guinea, but these were not necessarily identified by specific names or labels in the local languages (Sosso, Fulfulde, Maninka, Guerze). Rather than having a single term labeling the process, each language uses six to eight terms that refer generally to the practice of cutting the genitals of young girls. The use of the terms depends on both the status of the person speaking and the social context. Therefore, to simply ask the question, “What type of FGC did you undergo?” with, as possible answers, the World Health Organization (WHO) typology of genital cutting, would yield results of questionable value in the context of Guinea.

The data gathered in this study enabled researchers to formulate two questions on FGC (and the probable responses) for the 1999 DHS survey in Guinea. The aim was to find out not only if women had experienced FGC, but also what type of procedure they had undergone. The two questions asked in the individual questionnaire for the survey were.

- Did you undergo female circumcision? (Yes, No, I don’t know)
- Exactly what was done to you? (Descriptions given of the different FGC practices used in Guinea)

The women interviewed in the FGC study spoke of the different types of FGC with which they were familiar. Many were able to describe what had been done to them when they were young. The women interviewed in Sosso and Fulfulde cited four types of FGC common in Guinea:

- Total removal of the clitoris and the labia minora,
- Total removal of the clitoris (clitoridectomy),
- Partial excision of the clitoris, and
- Pinching and nicking.¹

In the Guerze-speaking area (Forest Guinea), women mentioned only one form of FGC—*gèlèè teghaa*, which is the total removal of the clitoris and the labia minora. Maninka-speaking women in Upper Guinea also cited total removal of the clitoris and labia minora, which they referred to as *sunna*, as well as the partial removal of the clitoris. They did not mention “pinching and nicking.”

¹ The term *pincer et blesser* refers to the use of tweezers or small forceps to grasp the foreskin of the clitoris and to make a small incision, or to prick the tip of the clitoris, a procedure usually performed by certified nurses/midwives or by *matrones*, lay midwives/FGC practitioners who have had some training in women’s health problems.

The data collected on personal recollections of the experience of FGC indicate that women are often capable of recalling the event many years afterward. The authors believe that the indirect manner in which the subject of FGC was broached in the interview allowed women to speak with relative ease and contributed to the completeness of the responses. From the Sosso and Fulfulde data, information was obtained on the site where the FGC was done, the instrument used in the procedure, the person who performed the procedure, the age of the respondent, and the period of instruction surrounding the event.

Sosso and Fulani women often said that FGC was part of an education process designed to teach girls how to behave toward others and how to take care of their husband and family. The idea that the FGC ceremony is a ritual initiation into adulthood plays an important role in the thinking of these women.

Women interviewed from the four regions acknowledged that they continued the practice of FGC because their elders had done so and because they did not question the reasoning behind it. Some women said that although the FGC procedure itself was of no benefit to women, an “uncut” woman would be laughed at by her peers. Many said that FGC promotes abstinence because a sensitive part of the body has been removed, thus reducing the desire for men. Women were divided as to the role of religion in FGC. Some said that the Quran requires women to be circumcised, others maintained that circumcision is not mentioned in Quranic texts.

The majority of the women interviewed regard FGC as an acceptable practice that purifies and socializes unmarried girls through the education and training they receive during ritual seclusion. However, younger women, particularly those living in urban areas, are much more critical of the custom.

Although their reasons vary, the majority of the men interviewed are of the opinion that FGC should continue. All the men declared it to be “women’s business,” and many saw a relationship between FGC and their wives’ proper behavior. A substantial proportion of men said that the practice reduces female sexual desire. Like women, men are divided on the possible link between religion and FGC.

According to the majority of males interviewed, FGC is an appropriate practice for the following reasons:

- It is part of their cultural heritage.
- It regulates sexual relationships between men and women.
- It is a physical ordeal that serves to socialize a girl and prepare her to become a good wife, an exemplary woman.

Conclusions and Recommendations

The main findings from the Guinea study of female genital cutting (FGC) and the coming-of-age process among girls are the following.

- Except for those in the forest region (N’Zérékoré), it is likely that most girls in Guinea experience FGC before they reached twelve years of age.
- Discussing FGC as one element in the larger context of girls’ preparation for adulthood, allows women to speak of their own experiences more easily.
- FGC is generally an obligatory event for young girls coming of age among the Sosso and the Fulani and, to a lesser extent, among the Malinke of Guinea.

- Guinean languages do not have specific labels for the types of FGC practiced, descriptive phrases are used to identify the different types. Therefore, interviewers should not ask what type of FGC a woman experienced, but rather more generally what was done to her during the FGC procedure.
- FGC is increasingly being done within the medical system and is, therefore, taking on less radical forms. Some parents now request that their daughter be subjected only to “pinching and nicking.”

The following are recommendations for eliminating FGC in Guinea:

- Expand FGC-awareness campaigns to include local information structures, religious leaders, community elders and leaders, and informal associations.
- Replace prescriptive FGC media-message methods with participatory and interactive methods conducive to open, constructive dialogue in the national languages with the populations concerned.
- Demedicalize the FGC information campaigns by involving greater numbers of persons in social services and development projects.
- Train persons familiar with the language and social context of the communities in facilitation and intervention techniques in order to establish a dialogue on FGC and to promote change at the local level.
- Integrate the younger generation into the movement against FGC by directly involving them in debates on the issue.
- Implement qualitative research studies to explore the context in which FGC occurs including who makes the decision to initiate the event, who the participants are, what their roles are, and the nature of the rituals/ceremonies associated with the event.