

CHAPTER 4

FGC EXPERIENCES

4.1 FGC Terminology by Region

To place FGC in the socio-linguistic context of girls' preparation for marriage, the researchers used the recorded and transcribed conversations (in the four national languages) to develop an inventory of terms, concepts, and proverbial expressions relating to the coming-of-age process in Guinea. The meaning of these terms is dependent on the linguistic context and the interlocutors. Certain expressions are used primarily by youth, while others are preferred by elders. Some terms appear synonymous, but still need to be considered within the context of ordinary conversation. Since the most appropriate terms are needed to design questions for the DHS survey, the researchers sought to identify expressions that would be understood by all segments of the local population and, therefore, would not pose a problem for the survey interviewers.

The following tables summarize the terms commonly used to describe FGC in the four major languages—Sosso, Fulfulde, Maninka, and Guerze. The meanings of terms were translated into French by the interviewers, and the French terms are here translated directly into English.

Table 1 Terms in the Sosso language used to describe female genital cutting, Guinea 1998-99

Term	Meaning	Usage
Tife saliyé	To perform ablutions, indicating that <i>excision</i> renders the girl clean, purified	Older people
Mikhigbeya	To make grow, indicating that excision helps the girl mature, forms her personality	Older people
Dugitongoe	To have the girl receive the pagne (women's clothing), make her into a woman	Girls and young women
Gaanyi	To burn (a term which can be offensive)	Girls and young women
Sékhèrasoe	To go into the grass (a veiled term signifying to go to the site of the excision)	All
Sunna	A word borrowed from Arabic, evoking in this context excision as an Islamic obligation	Older people

Table 2 Terms in the Fulfulde language used to describe female genital cutting, Guinea 1998-99

Term	Meaning	Usage
Teddingol	To induce respect, term referring literally to excision	All
Piyègol è tyaangol	To plunge into the river or creek (<i>marigot</i>), common term for excision	All
Lumbugol tyaangol	To cross the river, respectful term for excision	All
Nabbhègol ka dyyan	To go to the river, respectful term for excision	All
Hellifegol	To make the person grow, respectful term	All
Hebbhugol sunna	<i>Exciser</i> , a term with religious connotations, the word recalls parents' duties toward a child	All
Sunnigol	Exciser, offensive and insulting term	Younger people

Table 3 Terms in the Maninka language used to describe female genital cutting, Guinea 1998-99

Term	Meaning	Usage
Den nadj	Excise the child, a term which is not offensive	All
Ka den bila salidjila	Perform ablutions for the girl, purify the girl, a term with Arabic connotations	All
Ka den bila koro	To put the girl in the river (<i>marigot</i>), common and respectful expression meaning "to excise"	All
Fanın ta	Make the girl wear the <i>pagne</i> , (before excision the girl wears a <i>lumbè</i> , after she wears the <i>pagne</i> , woman's clothing)	All
Ka den na sunna	Excision, from the Arabic, the term recalls a parental duty, respectful and proper term	All
Kènè	Excision, rather vulgar term	Youth

Table 4 Terms in the Guerze language used to describe female genital cutting, Guinea 1998-99

Term	Meaning	Usage
Hanin guu	The ceremony of excision	All
Zowolonni	Excision	All
Niaa taa	The world of women; excision, a respectful term	All
Niaa tolu woo bha	She answered the call of the women, excision	Older people
Laa heghei	There where you receive the title; the term applies to excision but also to male tattooing	All
Polonzu	Excision and tattooing; vulgar term in a Guerze dialect	Youth
Geleè teghaa	Excision which consists of total removal of the clitoris and the	

The four tables show that people use many different terms to talk about FGC. Some of the terms are used by everyone, some only by youth, and some only by elders. In Sosso, Fulfulde, and Maninka the word “sunna” is borrowed from the Arabic to indicate Islamic duty of parents toward their offspring, which includes the custom of female circumcision

All of the terms above refer to the practice of female circumcision, however, none refers to the specific procedure that was performed on the girl. To find out what the FGC practitioner did, it was necessary to use a descriptive phrase. The descriptive phrase has been suggested for use in the questionnaire for the 1999 DHS survey in Guinea.

4.2 Types of FGC by Region and Language

The women interviewed talked about the types of FGC with which they were familiar and many could recall exactly how this was done to them (or could describe what procedure was done on their daughters). In Forest Guinea, where FGC is less common than in the other regions, women could name only one form of FGC in the Guerze language. *gëlèè tèghaa*, which involves the total removal of the clitoris and the labia minora. Some, however, described having had a less radical form of FGC done in a clinic.

Malinke women (Upper Guinea) spoke of total removal of the clitoris and the labia minora, which they call *sunna*, and of partial removal of the clitoris. They did not mention “pinching and nicking.”

In the Sosso and Fulfulde languages, women recognize four types of FGC

- total removal of the clitoris and the labia minora
- total removal of the clitoris
- partial removal of the clitoris
- pinching and nicking

Infibulation was cited only once in the interviews. A Fulani woman talked of *notugol*, which the interviewer translated into French as *accoler* and defined as the joining of the labia. Without knowing to what extent this practice exists in Guinea, the fact that only one out of 108 Fulani women mentioned

infibulation, and none of the other women did, suggests that it is not a common practice. It is also possible that this form of FGC is practiced more covertly.

The following is a description of the types of FGC in Guinea as reported by women in the four language groups:

Sosso

The total removal of the clitoris and labia minora is called *akaba iya fikhè*, which means to remove or render clean. The older women were unanimous in claiming this was the most common practice in former times and that its perpetuation was due to the spread of Islam, some principles of which had contributed to reinforcing the practice. These women considered this form of FGC to be *sunna*, that is, a parental duty. As an old woman from Bangouya stated:

Excision is done sunna fashion, that is, the clitoris and the labia minora are removed so that the girl is clean, otherwise she would be the laughing stock of her friends. If you hear it's sunna, that means it's done right.

Sometimes only a part of the clitoris is excised, a procedure called *n'dekhabara* which means "to remove a part."

The Sosso women identified a third type of FGC called *ama khono*, which means "to wound." The data are not sufficient to determine the frequency of this procedure, which consists of grasping the organ or foreskin with small forceps and making a small incision to allow a little blood flow. It is usually performed in clinics by midwives or matrones. The principal of a high school in Bangouya described her daughters' FGC as follows:

I had excision done for my two daughters so their friends wouldn't make fun of them. In fact, I told the matrone to just pretend to do the excision, but to prick the tip of the clitoris so that my aunt, who absolutely wanted them circumcised, could see a little bleeding, and that's how it was done. My girls spent only ten days on the excision mat.

Fulfulde

There are two Fulfulde expressions to indicate total removal of the clitoris and labia minora: *itta haa laabha poye* (to remove everything cleanly) and *itta fow haa laabha* (to remove everything, including the labia minora). The term *itta seedha* (remove a bit) indicates partial excision of the clitoris. Pinching and nicking is called *barmina fi nyinbintingol*, meaning to wound without removing, to symbolically excise.

Maninka

To describe the total removal of the clitoris and the labia minora, the women interviewed simply used the word *sunna*, which has religious implications. They said this is the way to make the girl clean, pure. As one older woman from Bököró said, "Sunna makes the girl pure and proud. If she does not go through sunna, she cannot hold her head high in front of her friends." These women said it was the most common type of FGC in the region.

However, partial removal of the clitoris is also performed, a procedure the women called *landala télen* or *ka donin té ala*, which means to cut a bit. Most of the women recognized this form, but said it was not common in their region. They also thought this was the type of FGC performed in health clinics.

Guerze

Although the Guerze-speaking women cited only *geleè tëghaa* (total removal of the clitoris and the labia minora) in their language, when speaking of their personal experience, a few said they take their daughters to clinics and request partial rather than total excision.

The data collected over two weeks of interviewing 108 women in each of the four regions do not allow for overall conclusions about the prevalence of types of FGC on a regional or national scale. Rather, it was possible to gather from the interviews what women in the four language groups commonly recognize as the types of FGC performed in their region—the Guerze speakers cited one type, the Maninka speakers cited two, and the Fulfulde and Sosso speakers cited four.

A question for future consideration is why the less radical form of FGC—pinching and nicking—is more recognized by Fulfulde- and Sosso-speaking women than by women in other linguistic groups. If it were possible to determine in what respect these women differ from Malinka- and Guerze-speaking women on this issue, health professionals and decisionmakers might have a better idea of how to discourage the more radical forms of the practice.

4.3 Personal Experiences with FGC

During the individual interviews, the women were asked to speak of their personal experience undergoing FGC. Almost all of the Sosso, Malinke, and Fulani women interviewed had undergone some form of excision. Among the Guerze, 77 of 108 women had undergone FGC; and no information was available for 8 respondents. Therefore, three-fourths of the Guerze women interviewed had experienced FGC.

The data collected in the four languages differ in quality and completeness. Information from the Maninka and Guerze interviews only allows descriptive summaries of the conversations. The Sosso and Fulfulde interviews provide sufficient data to create summary tables. It appears the team that worked in these two languages was more successful than the other team in getting women to share their experiences.

Among Guerze-speaking women in Forest Guinea, the age at which FGC occurs varies more than it does among women in the other three language groups. A woman may even undergo FGC after marriage. Guerze women who experienced FGC said the procedure was done at a young age. Most reported that this was around puberty or when they were very young. Six of the 108 Guerze women underwent FGC after their marriage. There was only one case of a woman who had the procedure performed in a hospital by a midwife. Six of the 12 unmarried girls had been cut by a *matrone* (traditional birth attendant). The other 6 either underwent FGC in the bush with an *exciseuse* (traditional practitioner) or did not provide any information about the circumstances surrounding the event.

The data indicate major differences in the practice of FGC among Guerze speakers. Of the 36 unmarried girls interviewed, 12 had undergone FGC, 19 had not, and information was missing for 5 girls. In the group of 72 young married women, only four had not undergone FGC. Since the Guerze sometimes practice FGC after marriage, some of the unmarried girls could still undergo the procedure. Some of the respondents interviewed said they were Christian and that Christians do not practice FGC.

Among Maninka-speaking women of Kouroussa and Bòkorò in Upper Guinea, only 3 of 100 women interviewed had not undergone FGC. The majority of the women said they could not recall the experience because they were too young at the time. A few said they had been to the hospital for the procedure.

Unlike the situation with the Malinke and Guerze women, there is sufficient data available from the Sosso and Fulani women to present summary tables. The interviewers obtained women's recollections of their personal experiences with FGC without using a prepared set of questions, simply by following the women's discourse. Thus, the topics covered were not the same for all respondents, which accounts for the varying number of women for whom there was no information. The main topics covered were:

- 1) The approximate age of the respondent when the FGC took place (The answers follow the way women indicated their age, either by giving a specific number of years, or by saying they were very small, or that it was right before or after the appearance of breasts or their first period.)
- 2) The place where the procedure was carried out
- 3) The length of the instruction period following the procedure
- 4) The type of practitioner performing the procedure
- 5) The instrument used in the procedure
- 6) The type of FGC described by the women

Table 5 summarizes the experiences of Sosso-speaking respondents by selected FGC characteristics: age when the procedure was done, type of FGC performed, place, practitioner, instrument used, and length of the instruction period.

Age		Place		Instruction period	
Very small	15	In the bush	45	1-4 weeks	10
1-4 years	4	At home	23	1 month	10
5-8 years	9	At hospital	10	2 months	10
9 or older	7	At practitioner's	1	3 months	12
Before/after breasts or first period	25	Total	79	4-6 months	7
		No information	29	1 year	2
Total	60			Total	51
No information	48			No information	57
Practitioner		Instrument used		Type of FGC	
Traditional exciseuse	62	Knife	59	Pinching/nicking	1
Matrone	6	Scissors	9	Partial removal clitoris	8
Midwife	13	Razor blade	1	Total removal clitoris	24
Total	81	Total	69	Total removal clitoris and labia minora	39
No information	27	No information	29	Infibulation	0
				Total	72
				No information	36

Some of the Sosso women interviewed mentioned health problems related to FGC. Ten reported hemorrhage, 6 intense pain, 3 delivery problems, and 4 sterility problems. Most women who underwent FGC were part of a group of young girls; only 3 went through the procedure alone. One unmarried girl said she had first undergone FGC in a hospital, then a second time in the bush. Women who practice FGC in clinics told the researchers that the family will often verify what has been done to the girl, and, if not satisfied, will have her go through FGC a second time in the bush.

Table 6, which presents the Sosso FGC data by broad age groups, suggests that changes in FGC practices have been occurring over time, i.e., between older women and younger women. These generational shifts can be seen regarding the place where the procedure occurred, the practitioner performing the procedure, and the instrument used.

Age group	FGC characteristic							
	Place			Practitioner			Instrument used	
	Bush	Home	Hospital	Exciseuse	Matrone	Midwife	Knife	Scissors
Unmarried girls	9	9	6	13	3	8	9	4
Young married women	13	7	4	23	2	5	20	5
Older women	23	7	0	26	1	0	30	0

Table 7 summarizes the experiences of Fulani respondents according to selected FGC characteristics. The patterns are similar to those of the Sosso (see Table 5).

Among the Fulani, it was noted that one respondent had undergone FGC twice, once in the bush and once in a hospital; while another respondent had never had the procedure done because her father opposed it for fear of AIDS transmission. Among the 107 Fulani women who had undergone FGC, 97 had been part of a group of peer initiates, while 10 had gone through the procedure alone.

Some of the women mentioned health problems following FGC. A total of 18 said they had excessive bleeding, 17 mentioned extreme pain, 10 cited problems in delivery, and one had sterility problems.

Table 7 Among Fulani females who experienced FGC, the number with selected FGC characteristics, Guinea 1998-99

Age		Place		Instruction period	
Very small	12	In the bush	31	1-4 weeks	31
1-4 years	1	At home	10	1 month	7
5-8 years	9	At hospital	24	2 months	1
9 or older	21	At practitioner's	17	3 months	0
Before/after breasts or first period	11	Total	82	4-6 months	0
Total	54	No information	26	Total	39
No information	54			No information	69

Practitioner		Instrument used		Type of FGC	
Traditional exciseuse	48	Knife	54	Pinching/nicking	1
Matrone	8	Scissors	23	Partial removal clitoris	11
Midwife	13	Razor blade	0	Total removal clitoris	52
Total	69	Total	77	Total removal clitoris and labia minora	16
No information	39	No information	31	Infibulation	1
				Total	81
				No information	27

Table 8 shows selected FGC characteristics among Fulani women by broad age groups. The results from interviews in Fulfulde point to changes in the practice of FGC over time. For example, while only one in thirty older women had the procedure done with scissors (the rest with a knife), three out of four unmarried girls had the procedure done with scissors. Overall, the Fulani results show the same generational shift as among the Sosso.

Table 8 Among Fulani females who experienced FGC, the number with selected FGC characteristics, by age group, Guinea 1998-99

Age group	FGC characteristic							
	Place			Practitioner			Instrument used	
	Bush	Home	Hospital	Exciseuse	Matrone	Midwife	Knife	Scissors
Unmarried girls	2	9	13	6	5	8	5	15
Young married women	13	0	10	17	3	4	20	7
Older women	16	1	1	25	0	1	29	1

The data on type of FGC indicate that many women can recall their FGC experience if the person conducting the interview is sensitive to the respondent and adept at drawing out the required information. This confirms one of the original hypotheses of the study: that women are able to remember the experience of FGC. That many of the women interviewed link health problems to FGC challenges another hypothesis. The researchers did not think women would make the connection between delivery problems and FGC.

4.4 FGC Activities in the Preceding Year

In each of the four field sites, interviews were conducted with women known as “specialists,” that is, women whose role includes performing some type of FGC. These are: 1) lay midwives/traditional *exciseuses*, who have performed FGC for several generations; 2) *matrones* or traditional birth attendants, who have had some clinical training in women’s health in a clinic or hospital; and 3) certified nurse/midwives who have specialized in women’s health, pregnancy, and delivery. According to those in the third group and other people concerned with abolishing FGC in Guinea, the procedure is done more and more frequently in a medical setting under the direction of a matrone or midwife.

The FGC practitioners interviewed were asked questions about their work, their knowledge (if any) of the consequences of FGC, and whether or not female circumcision ceremonies had taken place in their village or neighborhood during the year preceding the interview. This last question yielded little useful information. Traditional practitioners in N’Zérékoré said they had done no excisions during the previous year; this corresponded to what exciseuses in the other regions said. In general, the practitioners could not or would not provide information on the topic of recent female circumcision activities.

4.5 Women’s Perceptions of FGC

In each of the four regions peer group discussions were organized focusing on previously defined themes. The group discussions were not focus groups per se, since the persons facilitating the discussions had no training in focus-group techniques. Rather these were collective conversations on the topic of FGC that were taped and subsequently transcribed

In all of the women’s discussion groups, the participants recognized—without questioning the rationale—that FGC was a customary practice that had been carried out by parents for generations. Some women said the custom was of no benefit to the woman, but that a non-excised woman would be made fun of by her peers. Many women mentioned that FGC promotes female abstinence, since a sensitive part of the body has been removed, therefore, reducing the woman’s desire for men. Backing this up, many participants in two female Sosso discussion groups stated that uncut women are more excitable, so they are subjected to excision.

As to the importance or benefit to the woman, opinions in the group discussions were divided, usually by age and ethnic group. The majority opinion that emerged from the female group discussions was that FGC is an appropriate practice that purifies and favorably socializes a girl through the instruction and training she receives during her seclusion. This majority view was expressed not only by older women, but also by a large proportion of young married women, and—to a lesser degree—unmarried girls from rural areas.

A comment drawn from a group of young married Malinke women (in Bökörö) indicates the importance attached to the instruction that follows the FGC procedure:

A girl never forgets what she has learned on the mat her whole life long; she learns to be a wife and run a household.

The facilitator summed up the opinions of a group of older Guerze women (in N'Zérékoré) who emphasized the taming of female sexual desire (fidelity and abstinence) as well as the importance of the initiation surrounding female circumcision:

The most important thing excision does for the woman is abstinence. If she is not cut, she thinks too much about men, but, if she is cut, she can control herself a bit and stay quietly at her husband's. For most women, excision is an event through which girls are educated, where they learn to respect others in their society. A circumcised woman is respected by the whole society. For these reasons we can not abandon the practice. The circumcision camp is a learning and moral training center. If the woman has been cut, her husband may share certain things with his wife which only the initiated are authorized to say.

The group discussions of unmarried teenage girls—particularly in urban areas—were much more critical of FGC. Many said it was not an acceptable practice because of the negative effects it has on women's health (hemorrhage, pain, scarring, delivery problems, sterility). A facilitator summed up a group discussion of Malinke girls from Kouroussa Center.

Excision is not of the least physical benefit to a woman, who goes through great suffering. If we had the choice, none of us would undergo excision a second time; it hurts so much. The importance of excision is more social, that is, we don't want to be pointed at as "uncut" (bilakoro moso). Outside of respecting ancient customs, there is no advantage what-so-ever for us.

The women interviewed had divided opinions on how important a role religion played in the continuation of FGC. Some insisted that the Quran demanded women be circumcised, others said that the Quran did not mention it. Those who said that Quranic law required FGC cited three sunna obligations of parents toward their daughters: to educate them, to circumcise them, to find them a husband. A good part of the education referred to is relegated to the time spent "on the mat" following the FGC procedure.

The great majority of women in the interviews and discussions recognized the health risks of FGC related to hemorrhage and intense pain. Some also said FGC can complicate childbirth, while others did not recognize such a connection. Certain Sosso and Fulani women described traditional medicines used to treat the FGC wound.

The after effects on women's health are summarized in the following text drawn from a Kouroussa (Malinke) discussion group of unmarried girls:

[The purpose of FGC is] sexual abstinence, fidelity, and avoiding sexually transmitted diseases. But, when it's done badly, excision damages the woman, because the scarring makes the passage of the foetus difficult. In this case, the midwife has to tear open the tissue to allow the baby to come through.

In general, the women participating in the discussion groups did not know the origin of FGC, most thought the practice reduced female sexual desire and promoted fidelity. The older women thought that a girl who had undergone excision was purer, more apt to become a good woman and spouse. Many emphasized the importance of the initiation instruction surrounding female circumcision, as seen in the following summary of a group of elderly Maninka-speaking women from Bokoro:

We practice excision because our grandparents did. If you bring a girl into the world, you must educate her, circumcise her, and give her to a husband in marriage. The importance of excision is to be clean and proud, to accomplish an act of purification and social integration.

Some discussion groups debated the difficulties of abandoning the custom, saying women needed examples of others who publicly expressed their refusal to give them the courage to refuse. However, none seemed willing to take the first step. Many women said they had never discussed excision with their husbands. In the individual interviews, few women mentioned they had heard of the national anti-FGM (female genital mutilation) campaign.

There were some comments on changes in the practice of FGC in Guinea. For example, members of a group of young married women from Gouécké (Guerze) said:

Excision used to be very important for women, because it educated their children. But these days the old women don't have the time to instruct them as needed. The learning of certain tasks that used to be standard isn't followed. For most women, excision does not have the value it used to. Some people say the scarring after excision hinders the baby's birth. So excision is of no benefit to the woman; we should give it up or we'll make our children suffer for nothing, because they learn nothing from circumcision anymore

In general, the women's discussions on FGC are rich in contradictions, and it is difficult to discern any dominating perceptions from the interviews and discussion groups. Not only is the overall perception of FGC multifaceted, but individual viewpoints are often ambivalent. Therefore, it is necessary to speak, not of one, but of multiple perceptions of FGC.

4.6 Men's Perceptions of FGC

The data on men's perceptions of FGC come primarily from individual interviews with young and old married men and some male peer discussion groups. Male respondents were asked what work they did, what their own circumcision experience was like, what their image of the ideal wife was, and what they knew of and thought about female circumcision. It was assumed that men would speak more easily about FGC if they first spoke about their own experience. However, the men interviewed and those in the discussion groups did not hesitate to share information or voice their opinions.

The results of the male part of the study revealed differences in men's perceptions of FGC by ethnic group, but not by age group or by whether they lived in an urban or rural area. For the majority of respondents, excision appeared an appropriate practice for the following reasons.

- It is part of our cultural heritage
- It regulates sexual relationships between men and women.
- It prepares the woman to become a good housewife and mother
- It is a physical ordeal that socializes the girl and turns her into a good spouse, a model woman.

As with women, men's opinions on the role religion plays in perpetuating FGC varied. A local elder from Missira in the district of Bangouya (Sosso) said:

Excision is sunna, it prepares the girl for marriage. If Allah had not put excision at our disposal, most men would have died an early death from sexual exhaustion, because women are very hard to satisfy sexually.

However, Sosso men said that, after hearing of the negative effects of FGC in the national awareness campaign, they no longer believe there is any benefit in the custom, that it causes problems in childbirth. Despite this acknowledgment, many of the same men had allowed their daughters to undergo FGC. It is possible that they became more critical of the practice after the procedure had already taken place, or that they were simply trying to please the interviewer/facilitator, or that, like the women, they did not want to take the first step. As one man stated, "We do not want to be the first family here who refuses to do it."

Many Sosso men affirmed that FGC reduces women's sexual desire. Men in Tafari said that FGC is unnecessary, that it is a danger to women's health, and reduces their sexual appetite. One of these men said he had been with (non-excised) Wolof women in Senegal and that "you can have sex with them over and over without ever satisfying them, whereas with a circumcised woman here, three times is enough to satisfy her." Another man declared:

Before, I thought excision was a good thing. But I've had a few adventures, I went to Senegal. I found a kind of social change there concerning girls' circumcision. I saw that, on the sexual level, unexcised women last longer than others. Sex is better with women who haven't been circumcised.

For most Fulani men participating in our inquiry, FGC is not a Muslim prescription. It is not mentioned in the Quran (*sharia*) or in the recommendations of Mohammed (*sunna*). As a group from Bodie said "no one can find where it is said that girls should be circumcised. What they claim to be sunna is simply man's word."

Considering the health complications of hemorrhage, problems in labor and delivery, and sterility, many men think FGC is not a valid custom. A group of younger married men from Tafari were quite outspoken in their condemnation of the practice:

Excision was practiced by our ancestors for reasons they know and that we will not criticize. Today we have enough information on the rural and national radio, on television, and even from foreign radio to know about the dangers of excision. You see, you educated people, you see the number of divorces we have today in our societies. Because we younger men do not want to be polygamous like our grandparents. So, it's hard to get satisfaction from one woman. Besides, whatever is generally believed, excision is not an Islamic practice, the Quran does not ever recommend it. That's why the authorities have to abolish this practice in Guinea, so the women can find joy again with their husbands in their homes."

Fulani men interviewed in Dalaba spoke of women's circumcision in more distant terms. The most recurrent phrase was: "In our country, excision is woman's business." A group of 12 men were unanimous in saying women chose the date and informed the father at the last moment. One man declared that excision was good for all concerned and that Islam recommended it. Some said that uncut women have and give more pleasure in bed. Two men said they did not want their daughters to undergo FGC, but feared the reaction of their aunts and female cousins.

Why not simply cease female genital cutting? As one young man stated, this is not so easy:

I have to conform to our tradition even though I've had a lot of experience elsewhere. If I expressed my reservations about excision of really young girls here, I could be accused of being a reformist and a traitor to our ancestral traditions. Even worse, I'd be seen as opposing sharia... I remember that even if we just listened to radio programs in the anti-excision campaign, some guy would jump up saying these messages were anti-Islam.

An older Fulani man from Dalaba stated that in every society there are three sorts of people: the elders at the dusk of their life; the adults at the zenith; the youth at the dawn "If we want to abolish excision, it's the last category we need to address and not the first for whom excision is part of their organic being." According to this viewpoint, we need to address youth in order to change FGC.

The Guerze-speaking men generally supported FGC because of the relation they saw between women's submissive and respectful behavior toward men. They viewed female circumcision as a critical educational period for adolescent girls, a period they found lacking in the current practice of excision at an increasingly younger age. Many mentioned that FGC decreased female sexual desire without elaborating on this. All affirmed that women never speak about this. Among 24 men, six declared they were opposed to the practice.

In summary, the results of the interviews and peer group discussions with younger and older married men, indicate the majority believe FGC should be continued, but their reasons vary. Most said FGC is women's business and many linked their wives' good behavior to excision. A good number said that the practice was a danger to women's health and decreased female sexual desire. Many Fulani men cited these reasons for opposing the practice. In general, the Fulani men were more critical of FGC than the Sosso, Malinke, or Guerze men.

