

CHAPTER 5

FGC PRACTITIONERS

The persons considered specialists in FGC in Guinea are traditional *exciseuses*, traditional birth attendants (TBAs or *matrones*), and trained midwives. The exciseuses are old women who have been performing FGC for a long time; the TBAs are lay midwives who have some basic instruction in women's health; and the trained midwives are certified nurses. Two traditional exciseuses, 13 matrones, and 6 trained midwives were interviewed (four or more per region). The respondents were asked questions about their work, their knowledge of women's health problems, if and how they performed FGC, and their opinion of the practice.

5.1 Work of FGC Specialists

The amount of information FGC practitioners furnished regarding women's health and problems during pregnancy and childbirth varied by level of training. Overall, they spoke about genital infections, abdominal pain, swollen feet, dystocia, breech birth, tissue tearing during delivery, and sterility. The two traditional exciseuses said that if a woman were sick, she would go to the hospital for care, that they did not treat illnesses.

Of the 21 women interviewed, 15 continued to perform FGC, 4 said they no longer did so because of the anti-FGM campaign, and 2 said they had never performed FGC because it was a bad practice. One of the midwives seen in Dalaba had anti-FGM posters and flyers in her office. However, the interviewers were not sure all the women who said they had ceased doing the procedure were telling the truth.

The TBAs and the nurses generally agreed on a number of points: 1) FGC performed in the bush (countryside) is dangerous because they cut everything; 2) more and more families bring their daughters to a health clinic or hospital for the procedure; 3) partial clitoral removal or a minimal pinching and nicking are performed in the clinics; 4) the radical forms of FGC consisting of total removal of the clitoris and sometimes of the labia minora cause problems during delivery, especially tearing. These women also confirmed that it was the parents who decided what kind of FGC should be performed.

Most of the TBAs and nurses spoke of the anti-FGM campaign, which had made them aware of the detrimental consequences of the procedure. Their response seemed to be, "fine, we will simply use forceps and scissors to nick." A few mentioned they used anaesthesia and pharmaceutical products to treat the subsequent wound. Many spoke of educated parents who requested symbolic excision, a small cut or prick that would cause slight blood flow, to satisfy the other members of the family.

5.2 Consequences of FGC According to the Practitioners

Generally the practitioners approved of the practice of FGC, which they said endows the girl with respectability, good behavior, endurance, and discretion. A specialist from Kindia (Sosso) said:

These days, if you see all these kids stabbing each other, it's because they've never felt the pain of the knife during circumcision.

The attitude of the specialists is worthy of attention. In addition to the benefits they see for the girls, they themselves benefit from the practice through gifts (food, clothes, soap) and prestige because they are well considered in their communities. According to a TBA from Bangouya (Sosso).

Three years ago, to have their daughter circumcised, a family would have to spend about 4,000 Guinean francs, plus soap, food, and sometimes clothes.

However, specialists complained of and denounced the *sunna* form (basically clitoridectomy, most often with removal of the labia minora), which they said caused much damage to the girl (decreased sensitivity, bleeding, death, sterility). A practitioner from Missira in Bangouya district (Sosso) explained

The way excision was done before wasn't good for the woman. I found that what they say on the radio is true, that's what the Quran says, that you shouldn't circumcise the woman to cause her problems or complications. Today we exciseuses suffer because of how our elders used to do sunna. They have frightened women with the accidents they sometimes caused.

In the wake of the anti-FGM campaign, the practitioners are trying to satisfy parents who request that the procedure be performed without too much injury to their daughters. They also readily criticize the traditional exciseuses who continue to remove the clitoris and the labia minora and who treat the wounds with traditional medicines