Women in Liberation and Leadership - WILL

Feedback from Communities on Morbidity and Deaths from FGM/C and Awareness of the Effects and Drivers of FGM/C

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1. Introduction

1.1 Background

The World Health Organisation (WHO) has defined Female genital mutilation (FGM) as any procedures that involves the partial or total removal of the female external genitalia organs or other injury to the female genital organs for non-medical reasons[1]. Globally, 200 million girls and women alive have been estimated to have undergone FGM/C and an estimated 3 million girls at risk of the practice yearly in countries where the practice is concentrated[2]. A report released by UNICEF in observation of FGM Zero Tolerance Day (2024), reported a 15% increase in the practice of FGM compared to data released in 8 years ago. The report estimates that a total of 230 million girls and women globally have undergone FGM/C. The WHO has identified the practice of FGM in 30 countries, mainly in Africa, including The Gambia, but also some countries in The Middle East and Asia[3].

According to The MICS 2018[4], Female Genital Mutilation is widely practiced across all regions of The Gambia with the most rural region; The Upper River Region (URR) comprising of the highest prevalence at 95% and Banjul the capital recording the lowest 48%. The same report estimates, 75.7% of women and girls between the age of 15-49 have undergone FGM/C. Furthermore, the 2019-20 Gambia Demographic and Health Survey (2019-20 GDHS)[5] indicated that 7 out of 10 women age 15-49 and 5 out of 10 girls age 0-14 years have undergone FGM/C in The Gambia. These alarming figures did not include girls between the ages of 0-14 at the time of these reports who may be at risk or have undergone FGM/C. Therefore, these figures may under-represent the true extend of the prevalence of FGM in the tiny West African Country. The 2018 MICS also pointed that the practice is generally carried out on infant and girls between the ages of 2-14 years by a traditional practitioner under unhygienic conditions and without anaesthesia using equipment such as razor blades and knives[6].

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[1] World Health Organization (2008) Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, p. 4.
[2] https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/prevalence-of-female-genital-mutilation

[3] World Health Organization, Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p. 4.

[4] Gambia Bureau of Statistics (2018) Multiple Indicator Cluster Survey, Available at https://www.unicef.org/gambia/media/776/file/The%20Gambia%20Multiple%20Indicator%20Cluster%20Survey%202018.pdf

[5] The 2019-20 Gambia Demographic and Health Survey (2019-20 GDHS), Available at https://dhsprogram.com/pubs/pdf/DM180/DM180.pdf

[6] Gambia Bureau of Statistics (2018) Multi Indicator Cluster Survey, Available at https://www.unicef.org/gambia/media/776/file/The%20Gambia%20Multiple%20Indicator%20Cluster%20Survey%202018.pdf

In 2015, the Government of the Republic of The Gambia passed the Women's (Amendment) Act 2015. The Act prohibits 'engaging in any form of Female Genital Mutilation (FGM) or cutting'[7], including 'excision of the prepuce with partial or total excision of the clitoris (clitoridectomy)'. It further criminalises the act of engaging in FGM or being an accomplice in the practice. Although the effects of the ban have not been systematically monitored, it is widely believed that the law banning FGM/C did have an impact on the practice in the country. For example, The 2019-2020 DHS[8], indicates that women who believe that FGM should continue has reduced from 65% in 2013 to 46% in 2019-2020. The report further highlights that this reduction was higest among women who have undergone FGM/C. The same report also found strong awareness of the FGM/C legislation; 89% among women and 65% among men. Nonetheless, the survey noted that despite the increasement of knowledge and change in attitude on FGM/C, the practice continues. It is worthy to note that due to the large age range of the MICS Survey (15-49 years) and the fact that these ages do not include girls under the age of 15 years, it can be a challenge to demonstrate the progress that has been made since the law against the practice of FGM/C was passed in 2015.

Sadly, despite the ban in 2015, UNICEF has reported that the prevalence of FGM in the Gambia has not changed significantly[9]. This is because FGM/C is a deeply rooted cultural tradition and a social norm that is reinforced by peer pressure and the threat of stigma from communities[10]. Additionally, The 2018 MICS[11] highlighted that due to the patriarchal nature of Gambian society, the practice of FGM/C is erroneously linked to religious and cultural obligations, making it even more difficult to eradicate. In most Gambian communities, FGM/C has been reported to be seen as a rite of passage, and it is considered as a marriage prerequisite[12]. Others believes that FGM ensures girls remain virgins and clean, whilst others hold the believes that

[7] Government of The Gambia (2015) Women's Act (Amendment) 2015.

[8] The 2019-20 Gambia Demographic and Health Survey (2019-20 GDHS), Available at https://dhsprogram.com/pubs/pdf/DM180/DM180.pdf

[9] https://data.unicef.org/wp-content/uploads/country_profiles/Gambia/FGM_GMB.pdf

[10] fgm and social norms: a guide to designing culturally sensitive community programmes (june 2019), A Report by 28 Too Many, available at; https://www.fgmcri.org/media/uploads/Thematic%20Research%20and%20Resources/Social%20Norms/fgm_and_social_norms_report_v1_(june_2019).pdf

[11] Gambia Bureau of Statistics (2018) Multiple Indicator Cluster Survey, Available at https://www.unicef.org/gambia/media/776/file/The%20Gambia%20Multiple%20Indicator%20Cluster%20Survey%202018.pdf

[12] https://gambia.actionaid.org/sites/gambia/files/publications/Obstetric%20outcome%20of%20FGM_final.pdf

FGM ensures that girls uphold their status and honour and that of the entire family[13] [14] [15]. Due to these deeply rooted believes mentioned above, FGM/C continues to be practiced despite the ban. In August 2023, the country registered the first successful prosecution against FGM after three women were found guilty of practicing FGM/C in The Central River Region (CRR)[16]. The conviction which was celebrated as a landmark in the fight against FGM[17] suddenly sparked a controversy among religious leaders, resulting in Gambian MPs tabling of the Women's Amendment Bill 2023[18]. After it's second reading, a vote was passed to take the Bill to the Joint Committee On Health, Women, Children, Disaster, Humanitarian Relief And Refugees Of The National Assembly Of The Gambia, to consult and gather evidence and perspectives from different subject matter experts and stakeholders working around FGM/C and shared their findings with the National Assembly Members (NAMs) before the final vote scheduled for July 2024.

1.2 Rationale and Purpose of the Study

Whilst FGM/C has been linked to many health complications including both short-term and long-term[19], medical records and autopsies to linking death or morbidity to FGM/C are scarce in The Gambia. As such, the inadequate documentation of FGM mortality and morbidity, as evidence in the fight to eliminate the practice in the Gambia, has been an obstacle. For example, during the debates and discussions around the Women's 2024 (amendment) Bill, which seeks to lift the ban on the practice, one of the main contentions by proponents of the Bill was that there is no evidence to back the claims that FGM causes harm survivors and in some instances can lead to death.

This study was commissioned to provide first-hand information on the health hazards of FGM and document deaths that may have been caused by the practice on girls and provide and to present these findings to Gambia National Assembly Members before the final voting on the Women's 2024 (amendment) Bill. The study also intends to provide valuable feedback coming directly from communities on the status of FGM/C at the community level, to inform policy and programmatic actions against FGM/C in The Gambia beyond the MP's debate .

[13] https://www.fgmcri.org/country/the-gambia/

[14] https://data.unicef.org/wp-content/uploads/country_profiles/Gambia/FGMC_GMB.pdf

[15] https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/The%20Gambia/the_gambia_country_profile_v1_(march_2015).pdf

[16] https://gambia.unfpa.org/en/news/landmark-convictions-signal-progress-fight-against-fgm-gambia

[17] https://standard.gm/3-women-sentenced-for-fgm-in-crr/

[18] https://www.reuters.com/world/africa/gambia-mp-defends-bid-legalise-female-genital-mutilation-2024-04-08/

[19] World Health Organization (2018) Care of women and girls living with female genital mutilation: a clinical handbook. Geneva.

1.3 Objectives of the Report

The objectives of the report are as follows:

i. To document reported deaths or severe cases of morbidity as a result of FGM among communities in The Gambia
ii. To inform the debate and decision of National Assembly Members on The Women's BILL (amendment) 2024;
iii. To contribute to data and evidence gathering on FGM/C in The Gambia and inform policy and programming aimed at tackling FGM/C as anticipated by The UNFPA-UNICEF Joint Programme on the Elimination of FGM/C

1.4 Structure of the Report

The report structure is as follows:
Chapter 1 sets out the background and rationale for the study.
Chapter 2 Literature Review
Chapter 3 Sets out the approach and methodology of the study.
Chapter 4 Presents the study findings and discussion.
Chapter 5 presents the conclusions and recommendations of the study.

2. Literature Review

The focus of the literature review was to gauge the data and evidence on FGM/C including prevalence, drivers and complications associated with the practice both at the national and global level. The literature review was conducted analyses available data on FGM/C both at the national and global level and to provide a better understanding and applicability of the verbal autopsies as an approach to document mortality and morbidity.

2.1 FGM at a global glance

The World Health Organisation defines FGM/C as a procedure that involves partial or total removal of the external female genitalia, or other forms of injury to the female genital organs for non-medical reasons. Evidence gathered around the globe shows the profound emotional and physical health effects of FGM/C[20]. According to a recent report by UNICEF, 230 million girls and women worldwide have undergone FGM/C[21]. The majority of the cases documented are in Africa. In 2024 alone, 4.4 million girls are at risk of FGM/C globally, that is more than

[20] World Health Organization (2018) Care of women and girls living with female genital mutilation: a clinical handbook. Geneva.
[21] https://www.unicef.ch/en/current/press-releases/2024-03-08/over-230-million-girls-and-women-have-been-subjected-female

12,000 cases of FGM/C daily[22]. The World Health Organization (WHO) categorises FGM into four major types[23]:

Type I. Partial or total removal of the clitoral glans (clitoridectomy) and/or the prepuce. To distinguish between the major variations of Type I FGM, the following subdivisions are used:
Type Ia. Removal of the prepuce/clitoral hood (**circumcision**).
Type Ib. removal of the clitoral glans with the prepuce (**clitoridectomy**).
Type II. Partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without excision of the labia majora - the outer folds of skin of the vulva (**excision**).
Type III. Narrowing of the vaginal opening with the creation of a covering seal by cutting and appositioning the labia minora or labia majora with or without excision of the clitoral prepuce and glans (infibulation).**Type IV**. All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization.

Effects of FGM from the Literature

The immediate and short-term physical health complications of FGM include[24]:

- severe pain and injury to tissues;
- haemorrhage (severe haemorrhage can lead to anaemia);
- haemorrhagic shock;
- infection and septicaemia;
- genital tissue swelling;
- acute urine retention; and
- Death.

If these immediate and short-term physical health complications are not treated with urgency, they could lead to death, due to severe bleeding or septicaemias. The lack of proper hygiene alone could lead to severe infections and septicaemias[25]. Additional WHO guidelines for treating these complications can be found in the "*WHO guidelines on the management of health complications from female genital mutilation*[26]".

The WHO guidelines mentioned above have stated that severe bleeding and Septicaemias can cause death in infants and young girls who have been subjected to ANY TYPE of FGM, INCLUDING FGM Type 1!

[22] UNFPA (2024) International Day of Zero Tolerance for Female Genital Mutilation https://www.unfpa.org/events/international-day-zero-tolerance-female-genital-mutilation (accessed 19/05/2024).
[23] WHO (2018) Care of women and girls living with female genital mutilation: a clinical handbook. Geneva.
[24] World Health Organization (2016) WHO guidelines on the management of health complications from female genital mutilation. Geneva.
[25] A systemic disease caused by pathogenic organisms or their toxins in the bloodstream. Also called "blood poisoning."
[26] World Health Organization (2016) WHO guidelines on the management of health complications from female genital mutilation. Geneva.

The long-term effects of FGM include (WHO 2016):

- Caesarean section;
- Postpartum haemorrhage Postpartum blood loss of 500 ml or more;
- Episiotomy;
- Prolonged labour;
- Obstetric tears/lacerations;
- Instrumental delivery;
- Difficult labour/dystocia;
- Extended maternal hospital stay;
- Stillbirth and early neonatal death;
- Infant resuscitation at delivery;
- Genital tissue damage;
- Chronic genital tract infections;
- Menstrual problems;
- Reproductive tract infections;
- Urinary tract infections, often recurrent;
- Painful urination;
- Post-traumatic stress disorder (PTSD);
- Anxiety disorders;
- Depression; and
- Sexual dysfunction.

FGM is a form of Gender-Based-Violence (GBV). The term gender-based violence constitutes 'any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females[27]. It includes acts that inflict physical, sexual, mental and economic harm or suffering; threats of such acts; coercion; and deprivations of liberty whether occurring in public or private life.

According to the "*Gender-Based Violence in Emergencies Operational Guide*" by UNICEF (2019) female genital mutilation/cutting (FGM/C) is a form of Gender-Based Violence (GBV) and a fundamental human rights violation against infants and underage girls.

2.2 FGM in The Gambia

FGM/C continues to be widely practiced on infants and girls up to the age of 15 in The Gambia. on average, 75% of women and girls aged 15 to 49 have undergone FGM/C[28]. According to

[27] Inter-Agency Standing Committee (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

[28] Gambia Bureau of Statistics (2018) Multiple Indicator Cluster Survey, Available at https://www.unicef.org/gambia/media/776/file/The%20Gambia%20Multiple%20Indicator%20Cluster%20Survey%202018.pdf

the UNFPA FGM/C Dashboard (2024)[29] URR and LRR have the highest rates of over 80%, while some parts of CRR and WCR have 60-70 %. The UNFPA dashboard also shows that the prevalence of FGM varies by ethnicity. Sarahulehs have the highest rate (76%) followed by Mandinkas/Jahankas (54%) and Bambaras (50%). The Wolofs have the lowest rates (4%), followed by Manjagos (9%) and Sereres (11%). According to the MICS survey 2018[30] 44 % of girls aged 15-49 think FGM should continue, compared to 49% who think it should not continue.

Evidence from across the world[31] has indicated the complications, both short and long term, associated with FGM/C and data on FGM/C complications in The Gambia mirrors that of the global data. For example, a study by Kaplan et al., 2013b[32] found that out of the 588 women attending facilities for delivery and ante-natal care, women who had undergone FGM/C had higher rates of complications compared to women who had not undergone FGM/C. Complications such as perineal tear, prolonged labour and stillbirths during delivery surged from 11.7% among women with no FGM/C, to 39% of women with Type I, and 65.9% for women with Type II FGM/C. In an earlier study, Kaplan et al in 2011[33] conducted an evaluation to identify the magnitude of health consequences of FGM/C among 871 female patients who had undergone FGM/C and were consulted for any problem requiring a medical gynaecologic examination in The Gambia. They found that *299 (34.3%) of the 871 cases presented health complications related to FGM/C. These complications were because of recent FGM (within ten days of being cut) included infections (96 cases), haemorrhage (40 cases) and anaemia (42 cases). They reported that the highest percentages for immediate complications were observed in patients who had undergone Type II FGM. The authors also reported scarring, (with a total of 189 women presenting with scarring), however, the highest percentage of cases were women with Type II FGM (88.7%).*

Additionally, an observational study to assess the obstetric outcome of 1,569 parturient (pregnant women in labour) in four major health facilities was conducted in The Gambia, with 23% of women having had no FGM/C and 77% of women having had FGM/C)[34]. The observation found that FGM/C was linked with severe obstetric complications. The observers

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[29] UNFPA (2024) Female Genital Mutilation Dashboard (FGM) - Gambia https://www.unfpa.org/data/fgm/GM (accessed 19/05/2024).

[30] Gambia Bureau of Statistics (2018) Multiple Indicator Cluster Survey, Available at https://www.unicef.org/gambia/media/776/file/The%20Gambia%20Multiple%20Indicator%20Cluster%20Survey%202018.pdf

[31] WHO (2018) Care of women and girls living with female genital mutilation: a clinical handbook. Geneva.

[32] Health and birth complications experienced by mothers and newborns according to type of FGM (Kaplan et al., 2013)

[33]https://www.researchgate.net/publication/51689391_Health_consequences_of_female_genital_mutilationcutting_in_the_Gambia_evidence_into_Action

[34] https://gambia.actionaid.org/sites/gambia/files/publications/Obstetric%20outcome%20of%20FGM_final.pdf

found that the risk of postpartum haemorrhage was double among women with type 1 FGM/C, tripled for women with Type II and increased by 5-fold for women with FGM Type III and IV. The same research also found that the risk of Caesarean section tripled for women with any type of FGM/C. In additional to the complication to the mother, the study also found that FGM/C type I was also associated with a 2-fold increase in risk for neonatal resuscitation and that risk increases to a 4-fold rise in FGM/C type III.

These studies have all highlighted the negative health outcomes of FGM/C, yet there seem to be a denial on the impact of FGM/C on women and girls, especially that it can lead to deaths. This argument has been used by several proponents of the FGM law repeal in The Gambia. In their 2013 study, Kaplan et al[35] argued that there is an inability to recognise and connect FGM/C with health complications. In their findings, they reported that this was observed among of Health Care Practitioners (HCP) with whom only 40.9% engaged reported treating a girl with FGM/C.

2.2 Testimonies of Medical Personell

Testimonies from medical doctors

The Joint Committee On Health, Women, Children, Disaster, Humanitarian Relief And Refugees Of The National Assembly of The Gambia, in pursuit of their mandate to gather evidence on FGM, invited medical doctors to share their perspectives and experiences on FGM/C from a medical point of view. In his testimony to the committee on 8th May 2024, as reported in the Foroyaa Newspaper[36], Dr. Babanding Daffeh, a gynaecologist, presented evidence which showed that out of a total of 2017 deliveries entered in the central register in The Gambia between January to April 2024, 83% were FGM survivors, thus with the range of the national figures presented on previous sections of this report. Dr. Daffeh presented 11 documented cases he was directly involved with, including death of a 5 year old FGM/C victim caused by bleeding, in 2015.

Case story Narrated by Dr. Daffeh

"An eye witness death-related FGM/C registered in 2015, a young girl of 5 years old. She was brought to Kanifing General Hospital while I was on duty. According to the relatives, she was circumcised a day prior and bleeding could not stop. She bled the whole night and by the time they arrived at the hospital the girl was dead. She was paper white pale with no sign of life. She was confirmed dead. **In this case, the girl went into shock as a result of the sudden loss of blood due to continuous bleeding which led to her death**."

Dr. Daffeh also confirmed that many pregnant women who had undergone FGM/C had to undergo C-Section, and that he had carried out de-infibulation on many FGM/C victims.

[35] Health and birth complications experienced by mothers and newborns according to type of FGM (Kaplan et al., 2013)

[36] By Momodou Jarju, Foroyaa Newspaper (2024) Dr. Daffeh presents evidence to lawmakers showing FGM/C is harmful https://foroyaa.net/dr-daffeh-presents-evidence-to-lawmakers-showing-fgm-c-is-harmful/ (accessed 19/05/2024).

As reported in the newspaper, Dr. Daffeh explained that for women who undergo FGM/C type 2 ' *because of the way they are cut, people may think they are stitched, however, he stated that this is not the case. He pointed out that the circumcisers allow the blood to clot in the place that has been cut and then they allow the woman to bind her legs so that there is no wound drainage*. Another Gambian consultant urologist and reconstructive surgeon; Dr Abubacarr Jah, as reported in the Foroyaa Newspaper[37] told the select committee on Wednesday 8th May 2024, gave an example of a case of FGM/C that he treated that remain stuck with him. The case involved a girl between 18 or 20 years old, who could not pass urine for almost 24 hours and was in a lot of pain. With all the lighting in the clinic it took him 2 to 3 hours to identify where the urinary opening was to complete the reconstructive surgery.

These two testimonies from the two renounced Gambian doctors confirmed the long term health complications associated with FGM/C as identified by the literature both at the national and global level.

2.3 Gender In-Equality in The Gambia Context

Gender inequality is prevalent in The Gambia. According to the 2022-2023 Labour Force Survey, despite women constituting more than half of the entire population of the Gambia (52.6%), they only account for 43.1% of the employed population[38]. The 2022-2023 Labour Force Survey also revealed that the labour Force Participation Rates (LFPR) is higher for males (47.9%) than for females (39.6%) in all age categories[39]. The formal sector, consisting mainly of the Civil Service, employs only 21% of women[40]. Similarly, despite women making up 57% of The Gambia's registered electorate, only 5 of the 58 National Assembly Members are women. And presently, only 3 of the 22 cabinet ministers are women. This trend continues at the local government level where only 7% are women[41].

[37] Foroyaa Newspaper (2024) Dr Abubacarr Jah Says FGM Cannot be Medicalised https://foroyaa.net/dr-abubacarr-jah-says-fgm-cannot-be-medicalised/ (accessed 19/05/2024)
[38] Government of The Gambia (2018) The Gambia Labour Force Survey 2018. Banjul, GBOS.
[39] https://www.gbosdata.org/data-stories/population-and-demography/the-2022-23-gambia-labour-force-survey.

[40] African Development Bank (2011) The Gambia: Country Gender Profile. Abidjan, Quality Assurance and Results Department Gender and Social Development Monitoring Division.

[41] United Nations The Gambia, Press Release (August, 2022), Available https://gambia.un.org/en/194076-conversation-political-empowerment-women-gambia

Furthermore, literacy level among female adults is relatively low, 52.3% compared to 65.3% for men[42]. With the introduction of compulsory primary education, the primary school enrolment gap between boys and girls has largely diminished in recent times, with girls completing primary school at a higher rate (69%) than boys (61%). However, the female completion rate drops to 27.8 % compared to 30.8% for males at secondary school, and the gap widens further at tertiary level. A contributing factor to this trend is that many girls drop out of school because of forced early marriage, teenage pregnancy and lack of encouragement to pursue secondary and tertiary education[43].

The UNICEF publication '*The Gambia Education Fact Sheet 2020 | Analysis for learning and equity using MICS data*' shows a consstent pattern of higher out-of-school children at all levels of education for children from poorer and rural communities.

2.3 Child Marriage and Teenage Pregnancy

According to UNICEF data[44] West and Central Africa holds the highest rates of child marriage in the world, on average, 4 out of 10 girls in the region are married before they turn 18. This regional trend is no different in The Gambia. According to the 2018 MICS[45] 23% of women aged 20 to 24 years marry before age 18. Additionally, the GDHS[46] indicates that Women in rural areas marry 2.3 years earlier than women in urban areas (17.9 years versus 20.2 years) with CRR and URR having the highest rates at 51-70% and 41-50 %, respectively.

Similar to child marriage, evidence shows that teenage pregnancy is also very high among Gambian communities. For example, The Gambia DHS 2019-20[47] revealed that 14% of young women are already mothers or pregnant with their first child by age 15-19. Like child marriage, the survey also found that young women in rural areas age 15-19 are twice as likely

[42] https://genderdata.worldbank.org/en/economies/gambia-the
[43] https://data.unicef.org/wp-content/uploads/2021/08/Gambia-Education-Fact-Sheet-2020.pdf
[44] Child marriage in West and Central Africa: A statistical overview and reflections on ending the practice (UNICEF, 2022), Available at https://data.unicef.org/resources/child-marriage-in-west-and-central-africa-a-statistical-overview-and-reflections-on-ending-the-practice/

[45] Gambia Bureau of Statistics (2018) Multiple Indicator Cluster Survey, Available at https://www.unicef.org/gambia/media/776/file/The%20Gambia%20Multiple%20Indicator%20Cluster%20Survey%202018.pdf

[46] The 2019-20 Gambia Demographic and Health Survey (2019-20 GDHS), Available at https://dhsprogram.com/pubs/pdf/DM180/DM180.pdf
[47] The 2019-20 Gambia Demographic and Health Survey (2019-20 GDHS), Available at https://dhsprogram.com/pubs/pdf/DM180/DM180.pdf

to have begun childbearing as urban young women (20% versus 11%). By LGA, teenage childbearing ranges from a low of 9% in Brikama to a high of 29% in Kuntaur.

Overall, the review shows gender disparity skewed against women, and a high rate of FGM across the country, with highest rates recorded in URR, LRR and CRR. Child Marriage and Teenage Pregnancy is also highest in these regions.

Evidence suggest that there may be a link between the FGM/C and Child Marriage.For example, A UNICEF publication (*UNICEF 2021, Understanding the Relationship between Child Marriage and Female Genital Mutilation: A statistical overview of their co-occurrence and risk factors*) has determined that '*In some cases, the two harmful practices are linked'*.

2.4 Sexual and Gender-Based Violence

The Gambia has a high prevalence of Sexual and Gender Based Violence (SGBV). According to a Policy Brief prepared by UNFPA "The Parallel Pandemic: Domestic and Gender Based Violence during COVID-19 in The Gambia[48]", 1 in 4 women aged 15-49 years will become a victim of sexual and gender-based violence. The 2019/2020 GDHS[49] found that, 40% of ever-married women have been subjected to either physical, sexual, or emotional violence by their current or most recent partners, 9% of women between ages 15 to 49 have experienced sexual violence. In The Gambia, violence against women is still normalised and seen as a private matter. Such is the normalisation that 51% of women, and 35% of men agree that wife battering is justifiable. As such only a limited number of women seek legal recourse due to the patriarchal nature of Gambian society, which expects women to be submissive and normalises violence towards them[50].

2.6 The 'Recovery-Focussed National Development Plan and Gender (2023-2027)

The Gambia government has recognised and acknowledged the inequality between men and women in the country. According to The Gambia National Development Plan (RF-NDP 2023-2027), about 55.5% of women are economically inactive. In addition, the RF-NDP states that women reach lower education levels and show a lower awareness and understanding of financial products than men. It states further that Women's low level of participation in the

[48] UNFPA (2020) The Parallel Pandemic Domestic and Gender Based Violence during COVID-19 in The Gambia.
[49] The 2019-20 Gambia Demographic and Health Survey (2019-20 GDHS), Available at https://dhsprogram.com/pubs/pdf/DM180/DM180.pdf
[49] UNFPA (2020) The Parallel Pandemic Domestic and Gender Based Violence during COVID-19 in The Gambia.

[50] Alhaji Jabbi, Bakary Ndow, Thomas Senghore, Edrisa Sanyang, Jainaba Catherina Kargbo & Paul Bass (2020): Prevalence and factors associated with intimate partner.

economy and their low level of literacy and skills have exacerbated their poverty. Such is the urgency that The Gambia National Development Plan (RF-NDP 2023-2027) designated '*Outcome 6.1: Empowered Gambian women economically, socially, and politically'*[51] within '*Pillar VI: Empowerment, Social Inclusion - Leaving No One Behind*' in The Gambia National Development Plan (2023-2027). In addition to The NDP (2023-2027), The Gambia Government over the years have domesticated many regional and international laws to safeguard and protect the rights of women and girls including the law against FGM/C. These will be discussed next in the report.

2.4 Legal and Policy Responses to FGM

International and Regional Legal and Policy Responses

FGM violates some fundamental human rights, such as the principles of equality and non-discrimination on the basis of sex, right to life (when the procedure results in death), right to freedom from torture or cruel, inhuman or degrading treatment or punishment, and rights of the child.

To protect these rights, 'the Member States of the United Nations have agreed to declare FGM a violation of the human rights of girls and women, including every person's right to the highest attainable standard of health'[52]. Accordingly, The Gambia has ratified several key international and regional Conventions and Protocols that seek to protect the human rights of women and children in the past. These include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)[53], The African Charter on the Rights of Women in Africa (Maputo Protocol)[54], The Convention on the Rights of the Child (CRC)[55], the Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment[56], and The Rome Statute of the International Criminal Court[57], which enumerates a broad range of sexual violence and gender-based crimes as crimes against humanity, in Articles 7(1) (g) and 8 (2) (b) (xxii) and (e) (vi).

[51] Government of The Gambia (2024) Recovery Focussed National Development Plan (RF-NDP) 2023-2027
[52] WHO (2016) WHO guidelines on the management of health complications from female genital mutilation. Geneva.
[53] United Nations General Assembly (1979) Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979, United Nations, Treaty Series, vol 1249.
[54] African Union (2003) Protocol to The African Charter on Human And People's Rights on the Rights of Women in Africa.
[55] United Nations General Assembly (1989) Convention on the rights of the child, United Nations Treaty Series, vol 1577.
[56] United Nations General Assembly (1984) Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Treaty Series, vol. 1465.
[57] United Nations General Assembly (1998) Rome Statute of the International Criminal Court, United Nations Treaty Series, vol. 2187.

The Gambia also signed up to the United Nations Sustainable Development Goals, including Goal 5, Target 5.3 that aims to eliminate all practices, such as child, early marriage, early and forced marriage and Female Genital Mutilation, by 2030[58].

National Legal and Policy Responses

The Constitution of the Republic of The Gambia, 1997 ensures fundamental rights and freedoms for all citizens, including Rights to Life and Rights for Women and Children[59]. These rights are protected without distinction based on ethnicity, gender, language, or religion.

In 2010, The Gambia domesticated provisions in the international instruments mentioned above in the Women's Act 2010[60], and before that in 2005 the Children's ACT 2005[61], amended in 2016[62]. Recognizing the grave health and human rights implications of FGM, the government of The Gambia took a significant step in 2015 by amending the Women's Act and enacting legislation to explicitly ban the practice of FGM/C. This legal framework signalled the government's commitment to honour international agreement and protect the rights and well-being of women and girls and promote gender equality.

The government of The Gambia also developed a National Gender Policy[63] in 2010, to enhance the overall government strategy of growth through poverty eradication, one of the main missions of which is to eliminate all forms of discrimination and gender-based violence.

3. Methodology

The Study comprises of a qualitative to collect information and data on morbidity and mortalities caused by FGM using the principle of Verbal Autopsy. As indicated in section 2, a literature review on FGM/C, including the assessment, review and analyses of secondary data was conducted. The focus of the literature review was to gauge the data and evidence on FGM/C including prevalence, drivers and complications associated with the practice both at the national and global level. A further literature review was conducted to provide a better understanding and applicability of the verbal autopsies as an approach to document mortality and morbidity, this will be discussed in details below. The Literature review was complimented by the data collected from communities through interviews and focus group discussions.

3.1 Study design

[58] UN (2015) Transforming Our World: The 2030 Agenda for Sustainable Development. Resolution Adopted by the General Assembly on 25 September 2015, 42809, 1-13. https://doi.org/10.1007/s13398-014-0173-7.2
[59] Government of The Gambia (2002) Constitution of The Republic of The Gambia, 1997.
[60] Office of the Vice President and Ministry for Women Affairs (2010b) Women's ACT 2010.
[61] Government of The Gambia (2005) Children's ACT 2005.
[62] Government of The Gambia (2016) Children's (Amended Act) 2016.
[63] Government of The Gambia (2010) The Gambia National Gender Policy 2010- 2020.

The study adopting a qualitative research method using structured interviews and Focus Group Discussions (FGD), the study derived inspiration from the verbal autopsy method to collect information on FGM/C related deaths and morbidity.

3.2 The Verbal Autopsy

Verbal Autopsy (VA) is defined by WHO as '**a method used to ascertain the cause of a death based on an interview with next of kin or other caregivers**'[64] that can be applied for deaths without certification of medical cause of death. In a literature review comparing different papers on VA, Thomas L-M, D'Ambruoso L, Balabanova D (2018) stated that 'VA's main objective is to deliver a simple identification of cause of death at community or population level in countries where no other functional registration system is in place and/or where many people die at home without contact with the health system'[65].

VA has been successfully used in countries with low rates of medical records and autopsies, to contribute to the understanding of the causes of death, health outcomes and shaping public health policies and strategies. Examples of studies that successfully applied the VA approach include:

a. Verbal autopsy studies across multiple sites in Africa and Asia[66] have contributed to understanding causes of death in low-resource settings and informing public health policies.

b. Million Death Study (India)[67]: In India, the Million Death Study used verbal autopsy to estimate causes of death across the country. By interviewing family members, they gathered data on mortality patterns, leading to insights into major causes like cardiovascular diseases, infections, and injuries.

c. Child Health and Mortality Prevention Surveillance (CHAMPS)[68]: CHAMPS, operating in several countries, including Bangladesh and Mozambique, uses verbal autopsy to investigate child mortality. The findings help design targeted interventions to reduce child deaths.

[64] World Health Organization (2022). Verbal autopsy standards: the 2020 WHO verbal autopsy instrument. Geneva: World Health Organization.
[65] Thomas L-M, D'Ambruoso L, Balabanova D (2018) Verbal autopsy in health policy and systems: a literature review. BMJ Glob Health 2018;3:e000639. doi:10.1136/bmjgh-2017-000639
[66] Hinga, A., Marsh, V., Nyaguara, A. et al. (2021) The ethical implications of verbal autopsy: responding to emotional and moral distress. BMC Med Ethics 22, 118.
[67] Jha P, Gajalakshmi V, Gupta PC, Kumar R, Mony P, et al.(2006) Prospective study of 1 million deaths in India: Rationale, design, and validation results. PLoS Med 3(2): e18.
[68] Sacoor C, Vitorino P, Nhacolo A et al.(2023) Child Health and Mortality Prevention Surveillance (CHAMPS).

d. Global Burden of Disease (GBD) Study[69]: The GBD study combines verbal autopsy data with other sources to estimate global mortality and disability. It informs health policies and resource allocation worldwide.

In its present form VA typically consists of two main stages. First, information is collected via structured interviews with family members and caregivers of the deceased on their signs, symptoms, medical history and circumstances at and around the time of death. Following that, interview data are interpreted by physicians or using automated methods that use algorithms and probability theory, to obtain probable cause(s) of death[70].

As discussed later, the approach had to be modified to accommodate legal complications due to the ban on FGM, ethical and socio-cultural considerations in the context of the study.

3.3 Focus Group Discussions and Interviews

3.3.1 Study settings

The study was carried out in The West Coast Region, North Bank Region, Lower River Region, Central River Region, Upper River Region and Kanifing Municipality Council. As FGM/C is practiced across all the different regions of the country[71], it is important for the study to collect information from all the different regions to ensure inclusivity of both rural and urban areas across the country.

3.3.2 Study population, participants and sampling

The study engaged 151 participants across the different regions, comprising 28 men and 123 women. To recruit participants, the research assistants worked closely with women and youth leaders within these communities and informed them about the objectives of the study and selection criteria for participants. As the primary gatekeepers within their communities, the women and youth leaders became an entry point to the communities. They helped the team of research assistant in recruiting participants to take part in the interviews and FGDs. The focus group discussions and interviews were held in a venue identified by the community themselves where they felt privacy and confidentiality will be assured.

Because of the high prevalence of FGM in communities in The Gambia and the fact that the practice of FGM/C is common among most communities the inclusion criteria of the study included targeting regions with high prevalence of FGM/C and participants over the age of 18 years and above for consent reasons. Participants included men and women and rural and urban areas.

[69] Global Burden of Disease Collaborative Network (2024) Global Burden of Disease Study 2021 (GBD 2021). Seattle, United States: Institute for Health Metrics and Evaluation (IHME).
[70] Thomas L-M, D'Ambruoso L, Balabanova D (2017) Verbal autopsy in health policy and systems: a literature review. BMJ Glob Health 2018;3:e000639. doi:10.1136/bmjgh-2017-000639
[71] https://www.fgmcri.org/country/the-gambia/

3.4 Research Assistant/Numerators

All the research assistants that supported the data collection went through a training to understand the Verbal Autopsy (VA) principle as outline in the 2022 WHO Verbal Autopsy Instrument[72]. They were provided training on FGD, interviews and an overview of the Verbal Autopsy process and the 2022 WHO VA instrument. The aim was for the research assistants to understand the purpose of VA and the importance of using the WHO VA instrument as a guide. The research assistants were also trained on the data collection tools developed by the lead researcher and familiarised with administering the interviews using the VA communication techniques and principles in a sensitive manner. All the research assistants were also familiarised with ethical consideration, including how to handle information and consent with participants. The research assistants had the opportunity to conduct mock interviews and focus group discussions before they went to the field to collect data.

3.5 Data collection

Data was collected through structured interviews and FGD, using local languages to capture the perspectives of the participants especially as many in the rural areas had a low level of literacy, in addition to English where applicable. At the start of each interview or FGD, the research assistants gave all participants information on the study and seek consent for their participations and for recording of interviews. After they consented, the interviews or FGDS started.

The FGD were facilitated by a team of two people who took turns to facilitate and take notes. Focus group discussions were limited to a maximum of 10 participants per group and held for no longer than two hours per discussion. The structured interviews were conducted through a face-to-face interview of maximum duration of 45 minutes to 1 hour per interview. Due to the sensitive nature of FGM/C, a male consultant was engaged to support interviews and discussions with male participants.

Interviews and FGD were audio-recorded (upon consent) and later transcribed into English by the research assistants who conducted the interviews and FDGs. Transcripts were anonymised before data analysis, to ensure the confidentiality of the participants as consented to. All recordings were deleted once the information was transcriped and all personal data was removed for confidentiality purpose.

3.6 Ethical Considerations

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[72] 2022 WHO Verbal Autopsy instrument; Available at;

https://www.who.int/publications/m/item/2022-who-verbal-autopsy-instrument

There are potential ethical issues about conducting VA, as discussed in Hinga, A., Marsh, V., Nyaguara, A. et al. (2021) [73], which must be borne in mind when conducting Interviews and FGD with women regarding FGM and its complications. These include:

- Because the issue of FGM is very sensitive, participants might be reluctant to talk about it.
- Asking questions about complications and deaths of close family members might bring back memories of unpleasant experiences.
- FGM is illegal in The Gambia therefore, there may be legal and ethical implications from the interviews.

The main ethical concern with regards to this study is the sensitivity of talking about FGM. Nevertheless, Dickson-Swift et al. 2008[74] have argued that doing research on sensitive topics enhances the understanding of the issues that affect people in today's society. The authors arg that the decision to avoid research on sensitive topics could be viewed as evasion of responsibility. This argument was also highlighted by Sieber J and Stanley L 1988, who stated that most pressing social issues of society are addressed by sensitive research. Therefore conducting research on FGM/C is a responsibility that requires a sensitive approach, tact, and agility.

The second ethical issue is that women might be upset during the interviews, because of flashbacks to experiences or memories of the practice of FGM. WILL's program manager and one of the research assistants who was part of the data collection team are trained on providing psycho-social support, so they were on standby to support participants when needed. Participants who reported ongoing health complications were provided with information regarding available support services such as the one stop centres for women.

Finally, on the issue of legal implications, WILL consulted the Female Lawyer's Association - Gambia (FLAG), to seek advice on any potential legal implications that may arise from conducting the interviews, given that the FGM is still illegal. They provided advice and guidance on how to handle such cases and offered to provide legal advice, should the need arise.

In consideration of the above, the data collectors made sure they observed ethical guidelines during interviews and FGD.

Guided by ethical values, the research assistants ensured that all participants who took part in the study were informed of the aim of the study, the duration of the interviews or FDGs, and their right to refuse to be interviewed or FGD. Participants were also informed that they could withdraw at any time during the interview. An information sheet for participants was provided

[73] Hinga, A., Marsh, V., Nyaguara, A. et al. (2021) The ethical implications of verbal autopsy: responding to emotional and moral distress. BMC Med Ethics 22, 118

[74] Dickson-Swift V, James L.E and Liamputtong P (2008); Undertaking Sensitive Research in the Health and Social Sciences. Managing Boundaries, Emotions and Risks. Cambridge University Press.

detailing the purpose and nature of the study. All participants were given information orally in local languages at the start of each interview and FGD and asked to consent by thumbprint or through signing the participant attendance list.

Participants were asked for permission to record the conversations and told they can seek clarification and ask the facilitator and research assistants questions. Participants were clearly informed that they do not need to participate in this study, and that even if they decide to participate, they will have the right to refuse to answer any questions, or to revoke their consent and cease participation at any time they wish without giving any reasons. Participants were made aware that participation was voluntary and that there was no payment attached to taking part in the process. All participants were provided with snacks and refreshments and a token to cover their travel cost.

3.7 Study instruments

The following study instruments are attached as annexes: Participant information Sheet (***Annex 1***), Focus Group Discussion Theme /Topic guide (***Annex 2***) and Structured interview guide ***Annex 3***),

3.8 Method of Analysis

All interviews were audio recorded and data transcribed with agreement from interviewees. In order to interpret the data, thematic analysis was used for both the focussed group discussions and the interviews. The data is grouped into themes that give insight into the findings to be analysed sort by gender, region and/or community.

Limitations and Application of Verbal Autopsy in the Context of This Study

The literature search did not reveal any previous study that used VA for FGM, or an issue that has been outlawed such as the case of FGM/C in The Gambia. Consequently, the application of Verbal Autopsy in the context of this study was complicated by the sensitive nature of FGM/C, the ban of the practice and the potential legal and ethical complications associated with disclosure of morbidity and mortality which came to light after the first interviews and FGD. For example, it quickly became apparent that except for one case, participants did not feel comfortable to share incidents of FGM/C that resulted to deaths in their own families. Participants were sharing experiences in the third person or giving examples of cases that were not personalised, especially when it came to the reporting of deaths. This may be explained by the fear of potential backlash, stigma and shame, and re-traumatisation or prosecution.

In addition, it became apparent that pinpointing the cause of death from long term effects of FGM/C is more challenging compared to short term effects (within few hours to ten days) after the cutting of girls took place as long term complications of FGM/C can also be associated with other factors.

After encountering and reflecting on these challenges, the team sought legal advice from both The Female Lawyers Association and The National Human Rights Commission, on the legalities of reporting deaths or even FGM/C cases especially those that took place after 2015 when the practice was banned. Both entities confirmed that there are legal implications of reporting deaths linked to FGM/C after the ban in 2015, and anyone proven to have had knowledge of these deaths without reporting them, including witnesses and medical personnel, could be considered complicit to these crimes.

lessons learnt around the potential legal and ethical implications during the study necessitated adaptation of the methodology as such, it was not possible to use Verbal Autopsy in the manner prescribed by WHO 2022 guideline[75] as intended at the outlining of this study, which would have also required that a medical doctor or computerised systems to verify the causes of death.

Nonetheless, a further literature review was conducted on other studies that had used a combination of other qualitative research methods with verbal autopsy. The review found that Verbal Autopsy has in fact been combined with focussed group discussions in other studies, including a recent study in Malawi[76], one in Kenya[77], and one in South and Southeast Asia[78]. Drawing inspiration from the mixed methods that combined Verbal Autopsy and other qualitative methods of data collection such as FGDs, this study opted to use a combination of structured interviews and focus group discussions, without directly interviewing family members or consulting medical doctors, to collect information and data on FGM related morbidity and mortality among communities across the Gambia.

Through the interviews and FGDs the project's approach fulfilled its primary goal and main objective; to collect evidence and reports on deaths and morbidity associated with FGM/C among communities as reported by participants who took part in the FGDs and interviews. During interviews and FGDs participants gave verbal narratives and described deaths or level of harm amongst children including (severe bleeding) within hours or days of being cut. Despite not being verified by medical doctors, these narratives can be considered as verbal autopsies as they have been able to associate a link between these incidents to shortly after these young girls being cut. Furthermore, whilst the narratives where not verified by a medical doctor due to the ethical and legal implications identified in the study limitation, the testimonies of the participants correspond with Dr. Daffeh's eye-witness death-related FGM/C registered in 2015, which he gave narrative of during his testimony with the Select Committee at the

[75] 2022 WHO Verbal Autopsy instrument; Available at; https://www.who.int/publications/m/item/2022-who-verbal-autopsy-instrument

[76] J. Whitaker et al. (2024) Health system assessment for access to care after injury in low- or middle-income countries: A mixed methods study from Northern Malawi 10.1371/journal.pmed.1004344. eCollection 2024 Jan

[77] Hinga, A., Marsh, V., Nyaguara, A. et al. (2021) The ethical implications of verbal autopsy: responding to emotional and moral distress. BMC Med Ethics 22, 118

[78] Htun NSN, Perrone C, Phyo AP, et al (2023) Ethical and cultural implications for conducting verbal autopsies in South and Southeast Asia: a qualitative studyBMJ Global Health 2023;8:e013462

National Assembly. Furthermore, the participants narrations of the incidents and symptoms correspond with The WHO guidelines on the management of health complications from female genital mutilation[79] including severe bleeding or septicaemia as an immediate risk associated with FGM/C. Therefore, the narratives of the participants in this study are parallel with Dr. Daffeh's testimony as well as the WHO guidelines mention that associate FGM/C with morbidity and mortality.

4. Findings and Discussion

4.1 Findings

The research team conducted 7 Focus Group Discussions with a total of 63 participants. Each FGD consisted of 7-10 people. Apart from the Kanifing Municipality Council, at least one FGD was held in each of the regions visited. In addition to the FGD, a total of 88 interviews were held. Participant consisted of men 28 men and 123 women all between the ages of 20 to 45years.. and women between the ages of 20 to 45 years. As women are the primary victims of FGM, the study targeted more women and girls. The research team was specifically looked for cases of FGM that resulted in deaths or severe morbidity with incidents happening within shortly after the cutting (ranging from immediately after cut to a week 10 days of the cutting of a girl). Additionally, the study also provides valuable feedback coming directly from communities on the status of FGM/C at the community level, at a crucial time when the Women's 2024 (amendment) Bill is to be voted on at the National Assembly, including; level of awareness of the impact of FGM/C, drivers of FGM/C at the community, the potential impact of the ban on FGM/C and perspectives on mitigating the effects of FGM/C from communities, to inform decision making, policy and programmatic actions against FGM/C. Several themes emerged from the study and they are discussed below as the findings.

4.1.2 Theme 1: FGM/C Related Mortality and/or Morbidity

One of the objectives of the study was to identify cases of FGM/C which resulted in deaths or morbidity. Participants from both the focus group discussions and individual interviews reported severe complications associated with FGM/C and incidents where girls died shortly after being cut. A total number of Six (6) deaths were reported; one (1) in NBR, one (1) in CRR, one (1) in LRR and three (3) in WCR.

In a FGD in Essau, a woman shared a story about a child who was reported to have died after being cut. Below is a quote from the women;

[79] World Health Organization (2016) WHO guidelines on the management of health complications from female genital mutilation. Geneva

Case story #1 from Essau, North Bank

"Once I attended a community dialogue where I heard a woman tell this story. She said that in her community, an infant that was just a few weeks old was taken to get circumcised without the consent of her parents. The infant was taken to a N***yansinba*** who performed the practice. However, the baby wouldn't stop bleeding. The women who performed the act tried all they could to stop the bleeding. They knew that what they had done was unlawful and that they could potentially get into trouble for what they had done to the child. Unfortunately, they had neither the expertise nor the resources to stop the bleeding. Once they realized there was nothing they could do, they finally conceded to taking the baby to the hospital. Even then, they refused to divulge what had actually happened to the baby and tried to come up with excuses. Though the hospital did all they could, the baby unfortunately died due to excessive blood loss. The perpetrators were taken to the police, but they were never prosecuted for their crime. The family decided to handle the issue internally and, in the end, those women got away with what they had done."

Another woman in an interview in CRR (Janjanbureh) also shared a case of FGM/C where a child was believed to have bled to death after being cut. The woman also reported another 3 cases that resulted to severe bleeding

Case story #2 from Janjanbureh, Central River Region

"When we used to practice FGM openly here, there was a time when three of our children were taken for circumcision at a very early age. After they were circumcised, they were bleeding, and we could not stop the bleeding. The girls were rushed to the hospital. Upon arrival we met another girl from the community, was reported to have died due to similar circumstances. Luckily the three girls we took to the hospital immediately, were treated to stop the bleeding and so they survived. But from then we saw how circumcision is dangerous. I took a vow that I would stop because, what would I have said if those girls died in our hands?..... It's not worth it"

During engagements with communities in LRR, one participant reported a case of FGM/C that she believed resulted in a death. The participant who took part in the FGD reminded

Case story #3 A Young Woman from LRR

"The story of that the baby that died after being cut is not a secret to anyone in this gathering, we all knew of that case in this community which really shake us all. She was only 5 months old when her grandmother decided to take her to the Nyansinba to have her cut. Rights after they returned her, she started bleeding a lot. They took her back to the Nyansingba but still the bleeding did not stop. Both her grandmother and the Nyamsinba were scared to take her to the hospital. But when the bleeding continued, they rushed her to the hospital, but it was too late and she died. So we are all aware of this experience and how bad FGM/C is because that child was lost because of the circumcision"

participants of the case of a woman whose baby sister died after she was cut.

In addition to the narrated cases of death, participants also reported 5 cases of near misses; one (1) in NBR, three (3) in CRR and one (1) in URR. In an interview, a woman in Essau reported the case of a women who took her niece to be cut, despite her sister's refusal. She shared;

Case story #4 Essau, North Bank

" I come from a family where FGM is normal practice. I had taken all my kids through it and when my sister had a baby I was determined to also take the baby to get circumcised. My sister, however, didn't agree because her husband is a Wolof and doesn't believe in the practice. When the girl turned 10, I was still waiting for the opportunity to discretely get her circumcised. I was finally able to take her when her father wasn't in the country. We left for the N***yansinba*** in the morning and the practice went on as usual. I thought everything had gone without a hitch and that I had gotten away with it. Unfortunately, around 5pm that same day, my niece started bleeding excessively. The bleeding wouldn't stop, and I was petrified. I didn't know what to do and I screamed for the neighbours to come and help me. We took her back to the N***yansinba*** who had performed the practice. Fortunately, she was able to stop the bleeding and my niece was spared and has now almost graduated from high school. However, I cannot say with certainty that my act hasn't caused her other complications like those that have been highlighted. But I am always hoping that no additional harm will come to her as a result of what I had done. From that incident years ago, I was determined never to partake in FGM, because I had witnessed its detrimental effects firsthand. Now I advocate against the act as vehemently as I used to advocate for it. FGM should be stopped completely."

In another interview, a woman in Basse, Upper River region also reported complications and a near miss after her daughter was cut. The woman reported the horror of seeing her daughter bleeding excessively after being cut. Below is the narrative;

Case story #5 from Basse, Upper River Region

"The ***Nyansinba*** in our area is a very old woman. There have been multiple reports of her making errors when cutting girls. However, she refuses to retire because it is her only source of income and people still use her services. When my daughter was just a few weeks old, I took her to get circumcised. After she was cut and we took her home, she wouldn't stop bleeding. I was so scared because there was a lot of blood. We ended up taking her back to the ***Nyansinba*** who did the cutting because I had no choice. The ***Nyansinba*** mixed some herbs ("laalo") and pasted it on the open wound. That is how we were able to keep the bleeding under control. However, the wound took such a long time to heal, and I can still remember the pain my baby went through even though she is now 4 years old. I hope that if I have another daughter, I will be able to protect her from this practice"

Similar cases were also uncovered in the KMC Area, where we conducted individual interviews with 5 survivors of FGM/C who gave testimonies of their experience of FGM/C. The women were both between the ages of 25-35 years. They reported experiencing FGM/C and two were infibulated. In their interviews, the women reported complications in their marriage due to their dysfunctional sex lives as well as the experiences of recurrent infections, miscarriages and difficulties in getting pregnant. Below is a quote from one of the participants;

Case story #6 A Young Woman from KMC

"I did not know I was stitched until I got marriage and my husband could not penetrate in me. We tried everything and after my husband told his mother who spoke to my aunties. It was later that they discovered from my family that I was closed when I had FGM. I was later taken to the Nyansingba who opened me…….I will never forget that pain and suffering. I used to have a lot if infections growing up, but I did not know it was linked to my circumcision. It is only later that I found out. Now I am married, and I continue to suffer, and I have not been able to get pregnant. I am convinced that it is because of all the complications I have been suffering because of this FGM. I don't have my own child but if I have a daughter, I will never cut her"

4.1.3 Social and Behavioral Norms influencing the practice of FGM/C within the community

Within North Bank Region (NBR), participants in Essau manifested a high degree of understanding of the health implications associated with FGM/C, including complications during child birth, disruption of healthy sexual life, excessive bleeding and need for de-infibulation when women marry. The participants engaged were also very familiar with the Women's Act (Amendment) 2015 and the current discourse on the law. They emphasized the need for the law to stay, because they believe that the practice has reduced significantly due to communities awareness of the impacts of FGM through awareness raising activities that targeted their communities. They raised concerns that the repeal of the FGM law could trigger more losses to children's and women's rights in the country. Some of the participants participated in the FGD also suggested for continued advocacy efforts to ensure the law remains and identify best practices in regions such as in NBR (West). These practices which they believes helped in the reducing FGM/C cases include; the establishment of a "Community based Facilitators" to police the community and ensure that the law is upheld; awareness raising activities that educate communities on the impact of FGM/C and the provision of alternative income options for Nyansinbas, the cutters.

Within the same region of NBR (East), the team also engaged participants in Kerewan where participants strongly support the practice of FGM/C and the repeal of the law. The participant who included both men and women expressed strong support for the practice and categorically denied any complications arising because of the practice of FGM/C. In fact within Kerewan, there were no reports of FGM/C relared deaths or complications associated with the practice. Participants in Kerewan claimed that any morbidity or death of survivors is not as a result of the practice, instead they explain such tragedies using superstitious beliefs or non-scientific reasoning. Participants believe that FGM/C is a religious requirement and that it is a tradition that has been within their communities for centuries. Men reported that FGM/C makes women clean and faithful. In one of the interviews, a man from Kerewan reported;

Narrative #1 from Kerewan, North Bank

"For us here we believe that we should be allowed to circumcise our girls, this practice we found here from our great great grandparents who were in fact stronger and had many children with no problems even though the women were circumcised……. For now we are waiting to see what our leaders say, if they bring a law to say we should not cut the girls then we have no choice but to respect that, but if that does not happen we will be very happy because we can resume with the cutting"

Similar to Kerewan, men engaged in Bansang and Foni also reported that they did not believe that FGM/C had any effects on women and girls. They mostly argued that the practice has been a part of their culture and tradition for decades without any complications ever being reported. During an interview, a young man in Foni stated:

Narrative #2, Male participant in Foni

"I do not believe that circumcision give women any problems. Until someone shows me the evidence through videos or health experts I will not believe it because our mothers and grandmothers practice this for many years without any complication. So, if you want me to believe you, you have to prove it to me"

Most of the men wanted to see the practice continue, because they believe it is a religious and cultural practice that prevents women and girls from promiscuity. Nonetheless participants in Kerewan despite the strong support acknowledge that the practice has decreased since the enforcement of the law on 3 women in CRR.

The FGDs and interviews in Janjanbureh within the Central River Region (CRR) revealed a high understanding of FGM/C including its impact to women and girls health. Of all the 20 women engaged in Janjanbureh, only one wanted the practice to continue using culture, religion and the prevention of teenage pregnancy as a justification. All participants were aware of the Women's Act (Amendment) 2015**.** They reported that overall they are not a practicing community because they respects the rule of law. The 5 men who were interviewed also revealed that the cutting of their girls within their communities was not even up for discussion as they are a community that generally respects the rule of law. And hence FGM is illegal they abide by the law. Both the men and women acknowledge that there might be cases of FGM practiced but even on such instances these would be done in secret compared to before the ban when the community use to have large gatherings and mass cutting of girls. The women who took part in the FGDs however emphasised the value of celebrating the cultural aspects of FGM/C (Rites of Passage) and suggested supporting communities to celebrate this without the cutting. Information and Data Gathering

In Bansang, we also observed that there was a good understanding of the FGM/C and the women know about some of the complications of FGM such as excessive bleeding, difficulty for girls that have been stitched to get open after marriage and complications related to birth such as prolong labour. Both the women and the men engaged were familiar with the FGM/ ban and the ongoing discourse on lifting the ban against the practice. Interestingly, all women engaged in Bansang were in support of Women's Act (Amendment) 2015 to be upheld. However, similar to other communities, 9 out of the ten men in attendance were in favour of the law to be repealed. .The reasons given for their support includes; FGM/C prevents girls from being promiscuous, and that the practice is religious and cultural obligation. The men who support the repeal of the law also denied that FGM causes complications or affects women's sex life. For the men, they reported that the only acceptable compromise is to medicalize the practice and allow those who want to continue with the practice to do so freely.

Similar to the other communities, we found the same trend in Basse, URR where awareness arounf FGM/C and its impact on women and girls being high. The particpnats were also very familiar with the current debate around the legislations. Like the other regions, the women of URR expressed strongly that the ban should be uphold. In the FGD, the women stressed that

the impact of FGM/C is being realised by many women in the communities and as such they do not want to put their daughter through such harm. The men on the other hand shared similar sentiments as observed in other regions. The men participated actively in the discussions and all of them express the desire for the law to be repealed. Similar to the men in Foni, WRC, the men in Basse also asked for evidence or data from medical professionals showing the harmful effects of FGM/C. Similar to Bansang, the men in Basse want to see FGM/C medicalised and gave similar reasons such as chastity, religious and cultural justifications for the continuation of the practice.

The trend continued in The West Coast Region where women who took part in the FGDs and interviews showed strong awareness of FGM/C and its impact on women and girls as well as the law on the ban and the current debate. Of the 20 women engaged in the WCR, 16 wanted the law to remain giving reasons around the impact of the practice on women and girls particularly in their "marriage lives" and during childbirth. The 4 participants that that wanted to continued the practice again gave justifications such as culture and prevention of girls from teenage pregnancy and shaming of their families.

4.2 Discussion

Since the Women's Act (Amendment) 2015 was established in law, there has not been any active monitoring of the effect of the ban on the number of FGM cases, apart from the incomplete record held at maternity wards for women delivering babies. The information gathered from the Focussed Group Discussions provides anecdotal evidence that the ban has had a positive impact on reducing the number of FGM cases. For example, in Essau, the community took it upon themselves to set up a monitoring committee and prohibited the practice in the community and actually reported at least one case to the police, but the perpetrators were released without charge. The community of Essau reported low levels of FGM/C. Similarly, In Janjanbureh the female participant in Janjanbureh claimed that theirs is no longer an FGM practicing community. They indicated that parents, especially men, were fearful of breaching the law and therefore no longer allowed their daughters to be subjected to FGM.

> "In Kerewan the group, unanimously against the ban, reported that the number of cases has decreased since the first successfully prosecuted case in 2023, which sparked the FGM debate, and they are now awaiting the outcome of the parliamentary vote to decide whether they will continue the practice or stop. This is a clear testimony that repealing the Bill will put the lives of more infants and girls at risk".

Participants in all the group discussion cited religion and culture as the main reasons for subjecting infants and girls to FGM. It is a well-established fact that the vast majority of people supporting the ban on FGM, who happen to be mostly men, use Islam to justify their support for the law to be repealed. According to the Gambia Bureau of Statistics (GBOS), The Gambia is a Muslim-majority country, with Muslims constituting 96.4% of the population, 3.5% are

Christians and a small percentage (0.1%) practices other religions, including African Traditional Religions. It is therefore not surprising that the majority of male FGM active supporters are Muslims.

Religion and culture are intrinsically intertwined in The Gambia. There is evidence in the literature, which demonstrates that FGM predates religion, and is not recommended in Islam[80], or any of the religions practiced in The Gambia. FGM is not mentioned as a requirement in the Holy Quran or Bible. The Hadiths that are often referred to in justifying the practice are all considered to be weak by Muslim scholars[81]. Perhaps the most convincing indicator that FGM is not a requirement in Islam, is that the Holy Prophet Muhammad (PBUH) has not subjected any of His daughters to the act.

Regarding promiscuity the group from Janjanbureh reported that the argument that FGM curtails promiscuity is at variance with what they are seeing. In other words, it is not stopping under girls from engaging in sexual activities.
The fact that some ethnic groups that are predominantly Muslim do not practice FGM whereas some Christian communities and groups practicing African Traditional Religions practice FGM is a clear indication that the practice cuts across religions and culture is a more common denominator. Furthermore, the Rites of Passage that are an integral part of the FGM practice as conducted in The Gambia are embedded in a cultural context and not based on religious practice.

Traditionally women are generally brought up to respect patriarchy, the system whereby men are the custodians of power at the household, community, and national level. Societal gender norms that derive from patriarchy often hold women back from making decisions independently and breaking the intergenerational cycle of FGM. For a long time, there has been a culture of fear and silence around FGM because of the patriarchal setting of Gambian society, and the propagation of religious misinterpretations that cause women to fear "committing a sin" by rejecting the practice of FGM, which some religious leaders are erroneously preaching as a recommendation in Islam. However, this trend is changing.

The study has shown a surprisingly growing trend of Gambian women breaking away from the culture of fear and silence, to abandon the practice of all types of FGM and support the Women's Act (Amendment) 2015. All the women participants under the age of 35 and half of the men in that age group want to maintain the ban on FGM. This is quite significant, given that 60% of Gambians interviewed in the 2019-2020 Gambia Demographic and Health Survey were under the age of 30. One of the participants from Basse, whose 4-year ols daughter went through a painful ordeal of bleeding said "**I hope that if I have another daughter, I will be able to protect her from this practice**"

[80]Ibrahim Lethome Asmani, Maryam Sheikh Abdi (2008) De-linking Female Genital Mutilation/Cutting from Islam
[81] Dr. Mohamed Selim Al-Awa (2018)FGM in the Context of Islam 92018.

All the women who participated in the group discussions in Essau, Janjangbureh, Bansang, Base, and Sintet were aware of some of the negative health impacts of FGM and they voluntarily gave examples of FGM related deaths caused by bleeding. This signifies two thing, first, it indicates that the advocacy against FGM by CSOs and other stakeholders is having an impact on communities. Second, it shows a significant level of preparedness to engage in open and honest dialogue on the negative impacts of FGM in their communities.
In contract, the group of women from Kerewan did not acknowledge that FGM can cause harm and even death. Instead, the Kerewan group opined that there are supernatural causes for the death of girls on whom FGM has been performed. In fact, by their own admission, albeit inadvertently, deaths do occur, only that they ascribe the cause to supernatural phenomena and not the health conditions of the victims; a clear manifestation of perceptions and belief, without due consideration to medical facts. It is also important to note that the Kerewan group did not mention any benefits of FGM to support their position.

All the cases of death narrated by participants are caused by bleeding soon after the procedure was performed on the victims. AS discussed in Section 2, bleeding is one of the short term complications of FGM, which can occur, regardless of the type of FGM performed. Although the stories did not confirm the type of FGM performed on the deceased, there is no reason to doubt that some cases might have involved Type 1 FGM. Whether that is the case or not, the fact remains that FGM Typ1 can cause excessive bleeding and therefore can cause deaths. The case story from Basse about the old **Nyasingba** in Basse, who is prone to making mistakes when cutting girls, brings into sharp focus the additional risks involved in FGM in communities. The same is true for **Nyasingbas from** all the other regions.
FGM and child marriage often co-exist in certain contexts. In the context of The Gambia FGM is often perceived as a means of "preserving" girls to marry as virgins. Indeed parents who support FGM tend to encourage girls to marry early to avoid "shaming" their families by losing their virginity before marriage. The MICS 2018 data shows the co-existence of FGM and Child Marriage as being particularly elevated in CRR, URR and LRR. This intersectionality between FGM and Child marriage exacerbates the challenges of empowering Gambian women economically, socially, and politically, as desired under Outcome 6.1 of the RF-NDP 2023-2027, thus severely hindering the achievement of gender equality and opportunities for women later in life.

An important point of observation is that all the participants, men and women, were aware of the ban on FGM and the ongoing attempts to repeal the ban. Besides all participants, including the men, were open and keen to engage in the discussions. This is an indication of a heightened level of interest on the matter, nationally, and regardless of the reason behind their interest, it could signify preparedness for a more extensive national dialogue on FGM, beyond the vote on the proposed Bill.

The Gambia being a signatory to international agreements and protocols that are intended to protect the human rights of children and women, has an obligation to respect the agreements it signed up to. Failing to do so, it will fail in its obligations to its most vulnerable citizens and the international community. As a country in democratic transition, admired and often cited as

a template for transitional justice, repealing the ban on FGM will be seen as a retrogressive step that sets a bad precedent for the rest of the world and a significant barrier to the achievement of SDG 5, Target 5.3 that aims to eliminate all practices, such as child, early marriage, early and forced marriage and Female Genital Mutilation, by 2030. The consequences can be dire and detrimental to the country's development trajectory and international standing as a model for transitional justice.

The argument of giving supporters a choice to practice FGM fails to recognise that it is not the victims of FGM who will be making that choice, but their parents. Since it is internationally accepted that FGM/C is an infringement of the fundamental human rights of the infants and young girls who will be affected, it cannot be a matter of choice by their parents. On the same token, medicalising FGM/C will be an infringement of the ethical code of medical professional, because the case for benefits of FGM/C has not been made by the supporters of the practice, whereas the health complications and deaths have been confirmed by the participants of the focussed group discussions and in the literature.

5. Conclusions and Recommendations

5.3 Conclusions

The study applied a hybrid method which combines a simplified Verbal Autopsy method focussing on deaths that occur shortly after the cutting of girls, which can clearly be ascribed to the FGM/C procedure, coupled with focussed group discussions, to shed light on prevailing perceptions and beliefs around FGM/C, the level of awareness of communities regarding FGM/C and its effects on health, cases of death caused by FGM/C and the general feedback from communities with regard to the Women's Act (Amendment) 2015 and prospects of eradicating FGM.

Although the study is limited by the number of participants, it covered the regions of the country. The participants of the study included women and men of ages ranging from 19-over 45, and both supporters of the ban on FGM/C and those against.
The study conclusions are summarised below:

i. The feedback from the communities identified Religion (Islamic practice) and culture as the main reasons why FGM/C is practiced in The Gambia. The cultural aspect, which cuts across ethnicity and religious belief, includes cutting as a mark of belonging, Rites of Passage to prepare girls for marriage and adulthood, and avoidance of promiscuity.

ii. All participants were aware of the Women's Act (amendment) 2015 and the ongoing consideration at the National Assembly on whether to repeal it or not. The evidence gathered suggests strongly that the ban has caused a reduction in the number of FGM cases across the country, because of fear of being prosecuted. FGM/C was still practiced secretly though. The group from Niumi emphasized the need for the law to stay, because it has helped in policing their community to stop FGM. As the feedback from Kerewan clearly shows supporters are awaiting the outcome of the Women's Bill

(amendment) 2024 to decide whether to stop the practice or continue freely, thus increasing the risk to infants and young girls.

iii. The study found that almost all the women who participated in the group discussions were aware of some of the health complications associated with FGM/C, regardless of whether they support the ban or continuation of the practice. Whilst those in support of the ban accept that the effects are due to the practice, those against the ban deny that FGM can harm women, and they point to superstitious reasons for any complications or deaths arising from FGM. The men, on the other hand were not as informed about the harmful effects of FGM/C, and some denied that it causes harm. Out of the six communities that participated, only one wants the FGM law to be repealed.

iv. The findings of the study are aligned with what is found in the literature, namely, that FGM/C causes harm to women and girls and does not have any health benefits. Even the group that wants the ban to be repealed did not provide any health benefits in FGM/C.

v. Empirical data suggest a link between FGM/C and Child Marriage, both of which, separately or together contribute to girls being out of school early, thus limiting their opportunities and choices in life.

vi. Five cases of deaths as a result of severe bleeding and loss of blood were confirmed from the group discussions guided by Verbal Autopsy methods, and one death was confirmed by a medical doctor; in total, six deaths. Three near misses (when bleeding was stopped just in time to escape death) were reported, involving 6 survivors; three in Janjangbureh, two in Niumi and one in Basse. The psychological effects and trauma associated with these cases are obvious.

vii. The information from the medical doctors and revelations about the near misses, and the old, error-prone Nyasingba in Basse and others highlight both the risks involved in the procedure and in providing effective after care, such as the bleeding after the procedure and the long-term effects of FGM.

viii. **Surprisingly, the majority of the women want the ban on FGM to stay**. This is contrary to the narrative that it is the women who want FGM/C to continue. Only in Kerewan did the participants unanimously want the ban to be repealed. Also, the absolute majority of the man want the ban to be repealed. There are significant lessons to be learn and shared from Niumi and Janjanbureh in pursuing the goal of eradicating FGM by 2023.

ix. All participants were keen to engage in discussion around FGM/C, regardless of their stand on the ban. And the absolute majority of women and men below the age of 35 want the ban on FGM/C to stay. This is quite significant, because this group constitutes about two thirds of the population. The collective willingness to engage and their

support of the ban together with the older women who want the practice to stop, gives hope that FGM/C can e eradicated by 2030, as envisaged in SDG 5, Target 5.3.

x. FGM is an assault on the human rights of infants, young girls, and women. There is a growing expression of concern coming from the international community, that if the ban on FGM/C is repealed it will bring more girls and women in the way of harm and hinder the eradication of FGM globally. This will derail The Gambia's development and negatively affect the country's standing and status as a global model for Transitional Justice.