CHAPTER 1

INTRODUCTION

From October 1998 to February 1999, a qualitative research study on the practice of female genital cutting (FGC) and the coming-of-age process among girls in the Republic of Guinea was carried out by Macro International Inc. The study, implemented under the MEASURE *DHS+* project, was designed to provide information to help in the formulation of appropriate and valid questions for the FGC module included in the individual questionnaire for the 1999 Demographic and Health Survey in Guinea.

In sub-Saharan Africa and in the Near East, FGC has been practiced by some societies for a long time. Sometimes called "girl's circumcision," the practice is typically carried out on young girls during initiation ceremonies in preparation for marriage and adulthood.

Although the practice of FGC has long been known to researchers and scholars, there has been a lack of systematic and reliable national-level data on FGC in the countries where it occurs. Most reports on the subject in English or French are limited in scope and take the form of personal narratives or anecdotes; or else the research is limited to a small region of a country. Researchers have been forced to estimate national prevalence levels based on limited population data. With the exception of the DHS surveys that were conducted in eight African countries[2] and in Yemen, there is little data at the national level on the prevalence and types of FGC.

Studies concerning the consequences of FGC—especially the more radical forms of the procedure—for women's health have focused on individual cases of women who have visited health clinics. Considering the variety of types of FGC that exist, the full effect of the procedure on women's lives is not known, but there is reason to believe the consequences of FGC are serious and substantial. Since many governments and NGOs would like to obtain reliable information on FGC, the collection of data on the form, frequency, and extent of the practice in various countries is important. From this perspective, the first objective is to improve the way data on FGC are collected.

A research project was designed in Guinea that would allow better understanding of the local logic underlying the practice of FGC and the personal experiences of women during the process of coming of age and preparation for marriage. The overall purpose was to examine the social context of FGC in order to define its role in the community and the consequences of the practice for girls, women, and men who participate in or support the practice

1.1 Background

The Republic of Guinea is located on the west coast of Africa, north of Sierra Leone and south of Senegal and Guinea-Bissau; its borders also touch Côte d'Ivoire, Liberia, and Mali.

Guinea's history and geography have combines to create a complex mosaic of diverse ethnic groups. However, there are three large, relatively homogeneous groups: the Sosso (speaking Sosso), the Fulani (speaking Fulfulde), and the Malinke (speaking Maninka). The Sosso predominate in Lower Guinea, the Fulani in Middle Guinea, and the Malinke in Upper Guinea. The forest region (Guinée Forestière) is inhabited by more than ten ethnic groups, including many Malinke and Fulani The largest groups in the

[2] The Central African Republic, Côte d'Ivoire, Egypt, Eritrea, Kenya, Mali, Niger, and Northern Sudan

forest region are the Guerze (or Kpèllè), the Kissi, and the Toma. The four regions of Guinea are known as "natural regions," each being characterized by a distinct ecology and specific ethno-linguistic groups.

The ecologies and economies of the four regions vary greatly. Lower Guinea (Guinée Maritime) is made up of the alluvial basins of the coastal rivers and extends some 300 kilometers along the Atlantic coast. Abundant rain fall has favored the development of food and cash crops, such as bananas and pineapples, as well as fishing. Middle Guinea (Moyenne Guinée) is a region of mountains and plateaus where the tropical climate is transformed into mountain micro-climates. The land is favorable for grazing pastures, citrus orchards, and vegetable gardens. The predominance of animal husbandry over farming has led to a stratification of social structure in Middle Guinea.

Upper Guinea (Haute Guinée), which is made up of savanna and plateau, is crossed by the Niger River. The Niger and its tributaries cut the moist plains into terraces suitable for growing rice. The plains also favor farming and animal husbandry. The area has a long dry season with high temperatures. The fourth region, Forest Guinea (Guinée Forestière), is characterized by dense vegetation and high mountains, as well as abundant rainfall. It is an agricultural region that produces tea, cocoa, coffee, and palm oil. Tropical wood is also exported from this region.

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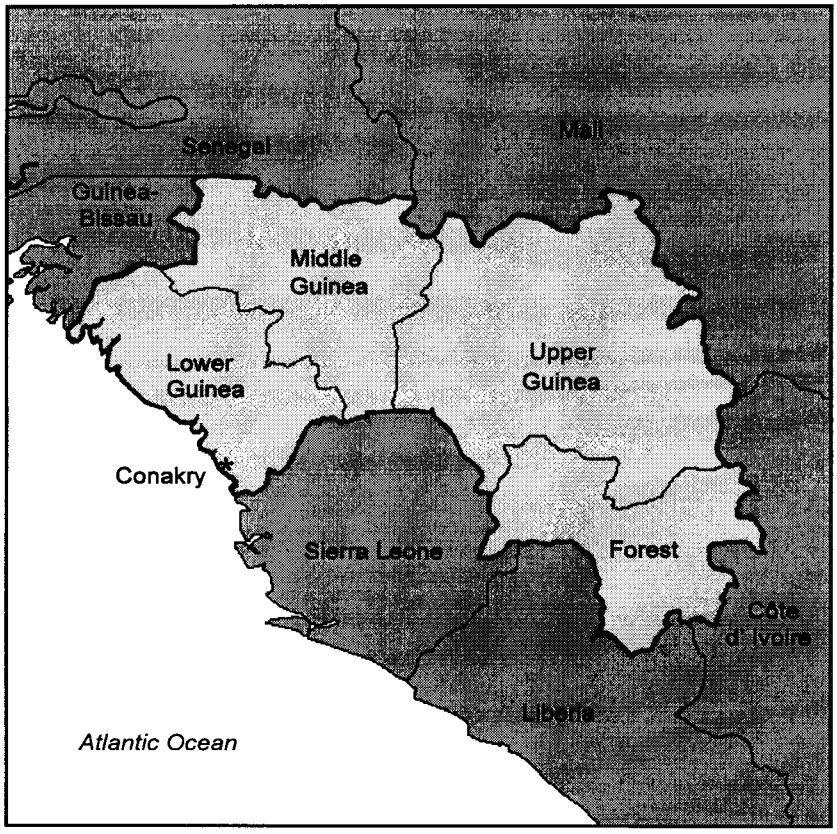

The 1983 national census estimated the population of Guinea at over 4,600,000 inhabitants; the results of the 1996 census have not yet been made official. Since the total fertility rate (TFR) of women between 15 and 49 years of age is estimated at 5.7, it can be assumed that the population in 1999 exceeded seven million. According to the Guinean National Bureau of Statistics and the United Nations Population Fund, 82% of the population are Muslim and 8% Christian. The same survey found that 36% of the population identified themselves as Fulani, 23% as Malinke, 17% as Sosso, and 7% as Guerze or Kpèllè.

The DHS survey conducted in 1992 using a national sample of 6,065 women between the ages of 15 and 49 indicated that 84% of women were married or in union, 79% had never been to public school (some had attended Quranic school), and 89% did not know how to read. A total of 29% lived in urban areas, half of these in Conakry. Almost half the women age 15 to 24 were married to men at least 15 years their senior

Most Guinean societies are hierarchically structured and divided by caste (Devey 1997), and marriage between nobles and the lower castes or the descendants of former captives is problematic. Social stratification tends to weaken with migration and urbanization, but it is quite visible during public or family ceremonies. Guinean society is also polygynous: The 1992 DHS survey indicated that 30% of married men had more than one wife and 50% of married women had co-wives.

At the beginning of the study, it was not known to what extent ethnicity and residence were associated with initiation practices regarding girls' coming of age However, considering the marked linguistic and social differences between the four regions, it was decided to conduct the research by region in the four national languages in order to capture regional variations.

1.2 Issues Regarding FGC

Female genital cutting—which is practiced in over 25 African countries and in parts of the Near East and Asia—has existed in some societies for centuries, but its origins are obscure. Gerry Mackie states that "the geographic distribution of FGM [female genital mutilation] suggests that it originated on the western coast of the Red Sea," and that there was an association between infibulation and the trading of slaves by Egyptian rulers (Mackie 1996:1003). It is a phenomenon cloaked in mystery for most foreigners, who find it difficult to understand why a society would sanction a tradition that involves the removal of part of the external genitalia of young girls More a secular than a religious phenomenon, FGC is found in both Muslim and Christian societies. It is not known when the Sosso, the Fulani, and the Malinke in Guinea adopted the practice According to Simon Ottenberg—an anthropologist specializing in the art and religion of the Limba people in northern Sierra Leone and on the Guinean border—the Limba in the far north of Sierra Leone did not begin practicing FGC until the beginning of the 20th century, during the reign of Chief Alymamy Fana in Bafodea (Ottenberg 1994: 364).

FGC became a controversial issue in the late 1970s when many Western and African women mobilized to protest what they considered a danger to women's health and a violation of their civil rights. Neither fully understood nor clearly articulated, FGC remains an issue that resists simple explanation outside the societies where it is practiced. A number of Western countries with immigrant populations from West Africa have banned the practice.

In fact, specialists do not even agree on the terminology used to define the phenomenon, on how to judge the medical and psychological consequences, or on the best way to interpret the existing data. The following are two examples of the confusion surrounding FGC·

1) A paper given at the 1991 Demographic and Health Surveys World Conference (Kheir et al 1991.1697) opened with the statement "Female circumcision is practiced in almost all African countries " This is not accurate, since FGC is rare or unknown in at least twenty African countries

2) Many believe the Quran demands girls be circumcised, but in fact the Quran makes no mention of the practice. In the Islamic countries of Saudi Arabia, Iran, Pakistan, and Tunisia, the practice does not even exist Therefore, it would seem difficult to make a case for FGC as a Muslim prescription And yet, in Asian countries such as Indonesia and Malaysia where a less severe form of FGC is observed, the practice was introduced by and is perpetuated by Muslims, and is not observed by the indigenous populations (Trangsrud 1994).

The vocabulary used to describe FGC varies widely The terminology used most frequently in English text is *female circumcision, female genital mutilation, female genital cutting,* and *female genital surgery* Many researchers and authors prefer not to speak of *circumcision*, which, they argue, mistakenly suggests that FGC is analogous to male circumcision. The majority of English speakers dealing with the subject use the term *female genital mutilation* (FGM), which emphasizes the permanent physical damage done to the female genitalia The more descriptive term, *female genital cutting* (FGC), is preferred by some researchers and is used in this document

French speakers generally use the term *excision,*[3] although most are aware that the word can describe any surgical excision, as well as any of the four types of "female circumcision" defined by the World Health Organization (WHO). Based on the recommendations of Dr. Nahid Toubia (1994), the classification adopted by WHO to identify the four types of FGC is as follows·

- total or partial removal of the clitoris (clitoridectomy),
- removal of the clitoris and part of the labia minora (excision),
- removal of the clitoris, the labia minora, and the labia majora, with stitches closing the vulva (infibulation), and
- any variant of the above

Infibulation, the most radical and the most dangerous form of FGC, has immediate and often long-term detrimental effects on the subject's health The intervention leaves only a small opening for the passage of urine and menstrual blood and the wound takes a long time to heal. It can be assumed that—between a small incision on the prepuce of the clitoris (with token blood flow) and excision of the genitalia with infibulation—there is a substantial difference in the degree of pain endured and the severity of the consequences to health.

Articles in scientific journals and in the popular press have demonstrated that:

- FGC is frequently detrimental to women's health
- The issue is invariably controversial and a source of contention.
- FGC is frequently an integral part of rites and prescribed acts to prepare a young girl for marriage

[3] This report generally uses the term female genital cutting (FGC) to translate *excision* except in cases of direct translation from the interviews, when the French nomenclature has been kept, or when the term *circumcision* appeared more appropriate

In 1998 Carla Obermeyer analyzed over 400 articles and reports published between 1966 and 1996 dealing with the prevalence of FGC and its medical consequences for women. According to her study (Obermeyer 1999), most of the sources included anecdotes and individual narratives about FGC, but were not based on actual field studies and did not include information on the frequency of FGC. However, the study did include data on the medical consequences of FGC, as documented in a 1996 WHO report. The consequences described were·

- short-term effects such as pain, hemorrhage, shock, and infection;
- long-term effects such as urinary infection, scarred tissue, fertility problems, and complications during child birth, and
- long-term effects on the woman's sexuality and her social and affective relationships.

In fact, there is little reliable information available on the current prevalence of FGC and its change over time in the societies where it occurs The most reliable and extensive prevalence data at the national level comes from DHS surveys conducted in eight African countries and Yemen (see footnote 3) Toward the end of the 1980s, the DHS program included a module on "female circumcision" in the questionnaire for the DHS survey in northern Sudan. Some of the questions were later incorporated into the questionnaires used for seven other African countries. In the context of questions asked about women's health, women were asked whether or not they had ever been circumcised.

DHS researchers did not expect the high frequencies of FGC they found in the surveys. In Egypt, Eritrea, and Mali percentages ranged from 94% to 97%. In the Central African Republic and Côte d'Ivoire approximately 45% of women had undergone FGC, and in Kenya 38%. Niger, where the practice exists in only one or two ethnic groups, showed the lowest prevalence (5%).

In order to evaluate the nature and extent of FGC in a given society, it is necessary to know how it occurs most often, that is, at what age is it done, whether it is done to individual girls or groups of girls, who performs the procedure, and what types of FGC are practiced. In so far as possible, frequency data should be classified by the type of FGC performed—using local descriptive terms—rather than grouping the different types together. However, such precise information is rare. Lori Leanard's article on FGC (which she calls "female circumcision") among the Sara in Chad is unusual in that the author gives details about the practice and situates it within the social context (Leanard 1996).

To obtain this type of information on a national scale requires an initial study in the languages of the country to understand the terms and concepts defining the practice as it is currently performed This is followed by a survey of a representative sample of women, using questions appropriate to the way they view FGC that allow them to recall and talk about their experiences. In other words, the instrument used in the survey must be capable of eliciting valid responses. Women who perform FGC also need to be interviewed to obtain descriptions on how it is done.

To better grasp the complexities of this phenomenon, more information is needed than that provided by figures on prevalence and forms of the practice. FGC must be examined as an event and approached as a social act. The social relationships underlying the event need to be studied. These may vary from community to community depending on the context in which FGC is customarily practiced. When it is performed on infants, as typically occurs in Eritrea, a limited number of people participate, primarily the immediate family. In Guinea, FGC is often performed on girls who are nine or ten years of age, in groups of ten to fifteen girls, and it is accompanied by public ceremonies involving many participants, resources, and ritual acts. The girls spend several weeks or even months "on the mat," that is, in a designated area

where they are instructed by specialists, learning songs and dances as well as how they are expected to behave in society

In order to examine the nexus of issues associated with FGC in the context of Guinea, a qualitative research study was designed with two major focuses the social context in which FGC occurs, and women's personal experience with FGC The closely related issue of male involvement in FGC—i e , how men think about FGC and their role in the continuation of the custom—was included in the study

1.3 Objectives

The research was undertaken with the objective of (1) refining question formulation in the FGC section of the questionnaire for the 1999 DHS survey in Guinea, and (2) improving the over all content of the FGC module. This effort to assure the validity of the FGC questions and to thus increase the quality of the data is part of a general revision of the DHS core questionnaire and the modules that will be used in the next phase of the DHS program being carried out under MEASURE *DHS+* It is believed that by obtaining direct information on FGC, how it is carried out and how it fits into local society, it will be possible to formulate better questions, which would result in improved quality of responses. It is hoped that the understanding of FGC gained through the Guinean study will help to refine the questions on this subject included in the questionnaires of other countries.

If the overall objective was improving the quality of data obtained from DHS surveys, the most immediate objective was to obtain precise information on women's experience with FGC in Guinea Stated briefly, the study set out to explore the events that mark the preparation for marriage and adulthood among young girls in Guinea Although it was assumed that FGC would often be included among these events, the researchers sought to find out what the women themselves considered important and how they perceived the coming-of-age process and preparation for marriage in Guinea The study sought to understand women's experience with FGC through their own words

The immediate objectives of the study were the following·

1) To understand the coming-of-age process among young girls, to learn what they had been taught in their family, in public or Quranic school, and in other formal and informal learning contexts, and what instruction they received during the time they were "on the mat " The researchers also wanted to find out to what extent FGC has a role in the rituals and ceremonies carried out by families to prepare their daughters for marriage.

2) To construct a picture of the social context in which FGC occurs The researchers sought to find out which persons were involved in the process of preparing girls for adulthood and marriage, who did what and when, and for what reason

3) To discover how participants spoke of the event, the vocabulary used and the concepts referred to when discussing FGC

4) To gather personal testimonies from women who had experienced FGC, to learn how much they recalled and could share about the event.

5) To obtain descriptions and comments from women who perform FGC on their procedures and their opinions of the significance of the procedure

6) To compare the accounts of women and men concerning the coming-of-age process and the social importance of FGC.

If the six objectives above were met, the information obtained would be useful to NGOs and government organizations in Guinea in their campaign against FGC

1.4 Preliminary Questions

In a contextual framework, female genital cutting is a step in the socialization process of girls. It is one of a series of social activities organized at a certain stage of a young girl's development. Some authors consider that the practice demonstrates the perpetuation of male dominance over women in patriarchal societies (Trangsrud 1994). It can be argued that men continue the practice through their expectation that girls will be excised before marriage Nevertheless, as numerous researchers have noted, the custom is also perpetuated by women, who are the main directors of the event.

The researchers looked at FGC in Guinea from both the women's and the men's perspectives in order to discern how the events associated with FGC unfold in the context of women's coming of age The interviewers collected statements from younger and older women concerning their personal experiences with FGC, recorded narratives of recent FGC activities, and obtained descriptions of the practice from *exciseuses,* the traditional practitioners of FGC The researchers also sought to examine women's and men's opinions about the practice. The preliminary questions posed in the study were.

1) What are the steps in the training and initiation of young girls before their marriage?

2) What terms are used in local languages to describe FGC?

3) How do women of different ages describe their FGC experience?

4) In the local communities—cities, villages, and neighborhoods under study—were there any FGC ceremonies in the past or current year? How did these unfold?

5) How do the women performing FGC describe the operation?

6) In the opinion of men and women in the study, what are the benefits and dangers of FGC to the woman?

1.5 Assumptions and Hypotheses

The designing of any research project must take into account the assumptions and hypotheses that guide the project. Some of these assumptions are explicitly recognized as premises, others are inferred assumptions. In the interest of the research, the study designers develop and express directly what the assumptions are, so that readers can follow the evolution of the project. The assumptions greatly influence the development of the research and bear on the way questions are asked, discussions are facilitated, and responses are given. Researchers inevitably use personal assumptions in orienting their work, whether or not they are aware of the role these play in shaping the study.

In developing a research strategy, the authors laid out certain assumptions and hypotheses to be tested that were based on existing literature about FGC and what was known of daily life in Guinea These assumptions and hypotheses were fundamental in the preparation of guidelines for the individual interview.

Assumptions

- A woman who has undergone FGC will remember the experience.
- A woman can furnish more details about the procedure if she was five or six at the time than if she were much younger.
- FGC produces a physical and psychological shock in the young girl
- FGC as an event is arranged by the girl's family

Hypotheses

- In societies where girls undergo FGC in groups, the event is followed by a period of instruction of several weeks to several months.
- Women who support the practice of FGC do so because they believe the community as a whole desires and values it
- Women who want to stop FGC have realized the detrimental effects of the practice through direct experience and/or through the experience of young girls they know
- Women who experience difficulties during childbirth do not necessarily see any relationship between this and the scarring or health problems that result from FGC.
- Most men say FGC is "women's business."

In the analysis phase of the research, these hypotheses were evaluated to see how they corresponded to the data gathered. This was done to determine the degree to which the initial hypotheses and assumptions correspond to the findings.

1.6 Political Context of FGC

In the last ten years the government of Guinea has adopted a clear position in regard to FGC· the practice is condemned. Article 265 of the penal code adopted in 1969 explicitly forbids the mutilation of the genital organs of both men (*la castration*) and women (*excision*) and the crime is punishable by imprisonment for life However, no one has ever been indicted for this crime.

In 1984 a group of volunteers founded an organization called *Cellule de coordination sur les pratiques traditionelles affectant la santé des femmes et des enfants* (CPTAFE) (Coordination Unit on Traditional Practices Affecting the Health of Women and Children) to combat female genital mutilation CPTAFE is the Guinean branch of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, a non-governmental organization founded in Dakar in 1984

Since 1984 CPTAFE has conducted numerous interventions in their campaign to eradicate FGC in Guinea In addition to organizing training sessions on FGC for traditional birth attendants (TBA)—called *matrones* in Guinea—and awareness workshops for government workers and other interested parties, CPTAFE has produced four videos and a play, and continues to develop messages broadcast on Guinean radio and television CPTAFE advocated for the official condemnation of FGC and their proposal was adopted by the government in 1989. Many practitioners of FGC confirmed to the interviewers that female genital mutilation was banned in Guinea