The Gambia: The practice of female genital mutilation (FGM); treatment of people and NGOs who oppose the practice; state protection provided to victims and to people who oppose the practice (2016-May 2018) 
Research Directorate, Immigration and Refugee Board of Canada, Ottawa

1. Statistics

According to the Demographic and Health Survey (DHS) of 2013, published by the Gambia Bureau of Statistics and ICF International (ICF), a consulting services company whose clients include the public sector (ICF n.d.), 75 percent of Gambian women aged 15 to 49 have undergone FGM (The Gambia and ICF Sept. 2014, 221).

The United Nations Population Fund (UNFPA) reports in January 2018 that the percentage of females aged 15 to 49 who have undergone FGM went from 78.3 percent in 2005-2006 to 76.3 percent in 2010, and then to 74.9 percent in 2013, while that of girls ages 15 to 19 went from 79.9 percent in 2005-2006 to 77.1 percent in 2010, and then to 76.3 percent in 2013 [1] (UN Jan. 2018, 106).

1.1 Age Groups

According to an analysis of data from the DHS 2013 by UNICEF, among women aged 15 to 49 who have undergone FGM, 55 percent were aged 0 to 4 when the FGM occurred, 28 percent were between 5 and 9, 7 percent were between 10 and 14 and 1 percent was aged 15 or older; 9 percent of the data was unknown or missing (UN Feb. 2016). That same source states that the data on prevalence for girls under age 15 is an underestimation because some girls who have not been cut may still be at risk of experiencing the practice (UN Feb. 2016).

1.2 Regions and Living Environment

28 Too Many, a charity to undertake research and provide knowledge and tools to those working to end FGM in Africa and around the world (28 Too Many n.d.), states that [28 Too Many English version] “FGM is practised across all eight Local Government Areas (‘LGAs’) in The Gambia” (28 Too Many [2017]). Sources report disparities in the prevalence of FGM depending on the regions (28 Too Many [2017]; Kaplan et al. 12 Apr. 2016, 104; The Gambia and ICF Sept. 2014, 222). The data from the DHS 2013 establishes the percentages of women who have undergone FGM for each of the regions: Basse (96.7 percent); Mansakonko (94 percent); Brikama (77.6 percent); Janjanbureh (74.7 percent); Kanifing (69.7 percent); Kerewan (58.6 percent); Kuntaur (57.1 percent); and the capital, Banjul (47.4 percent) (The Gambia and ICF Sept. 2014, 222).
According to the DHS 2013, the prevalence of FGM is higher in rural regions (79.1 percent) than in urban regions (71.6 percent) (The Gambia and ICF Sept. 2014, 222). 28 Too Many notes that the Basse region is [28 Too Many English version] “the most rural region” of the country and Banjul is the “most urbanised” (28 Too Many [2017]).

1.3 Ethnic Groups

A study on the changes and trends among health care professionals, published in *International Journal of Women’s Health*, states the following: “[t]here is ample evidence that FGM/C [female genital mutilation/cutting] is closely tied to ethnic affiliation, which seems to be the most decisive factor for its prevalence” (Kaplan *et al.* 12 Apr. 2016, 104). The data from the Multiple Indicator Cluster Survey (MICS) of 2010, published by the Gambia Bureau of Statistics and UNICEF, reports the following prevalence rates among women aged 15 to 49 based on the ethnic group to which the head of household belongs: Serahule [Sarahule] (97.8 percent), Mandinka/Jahanka (96.7 percent), Bambara (92.1 percent), Fula/Tukulor/Lorobo (87.3 percent), Djola/Karoninka (87 percent), Serer (43 percent), Wolof (12.4 percent), Creole/Aku Marabou (25 percent) and Manjago (18.1 percent) (The Gambia and UN June 2012, 164).

28 Too Many also reports the following:

The Basse region [where the FGM prevalence is the highest] is predominantly inhabited by the Sarahule, Mandinka and Fula ethnic groups, whereas the coastal areas of Banjul and Kanifing are predominantly inhabited by the Wolof (among whom the prevalence of FGM has historically been the lowest among The Gambia’s ethnic groups) and the Mandinka. (28 Too Many [2017])

1.4 Religion


1.5 Level of Education

According to the data from the MICS 2010 survey, the percentage of girls aged 0 to 14 who have undergone FGM/C is 43 percent among daughters whose mothers have no education, 45.8 percent among daughters whose mothers have primary education and 35.9 percent among those whose mothers have secondary education and above (The Gambia and UN June 2012, 166).

1.6 Practice

According to the DHS 2013, 95.7 percent of FGM is performed in The Gambia by a “traditional circumciser”, 1.2 percent by a “traditional birth attendant,” and 0.3 percent by a medical professional; in 2.8 percent of cases, the data is missing or unknown (The Gambia and ICF Sept. 2014, 223). 28 Too Many, stated the following in March 2015:

FGM is traditionally carried out by older community women, in unhygienic conditions in isolated settings, but there is a worrying trend towards medicalisation in The Gambia. Although this is currently a small proportion of those having FGM, it is advocated by the pro-FGM lobby and supported by some healthcare professionals who already carry out FGM. (28 Too Many Mar. 2015, 5)

The study on changes and trends also reports that “[u]sually performed by specially designated female traditional practitioners, FGM/C is also reported to be carried out by health care professionals, prompting an intense debate on medicalization” (Kaplan *et al.* 12 Apr. 2016, 104).

2. Social Perception

UNICEF reports that according to the data from the MICS 2010, 65 percent of girls and women aged 15 to 49 in The Gambia who have heard about FGM think the practice should continue (UN Feb. 2016). An article
published in the magazine *Obstetrics and Gynecology International* reports that 61.8 percent of Gambian men think that the practice should continue and 60.7 percent of them intend to have it performed on their daughters (Kaplan *et al.* 2013, 4).

UNICEF reports that “FGM/C is performed in line with tradition and social norms to ensure that girls are socially accepted and marriageable, and to uphold their status and honour and that of the entire family” (UN Feb. 2016). According to The Girl Generation, “[a] variety of drivers uphold the social norms which maintain the practice of FGM,” including respect for tradition and elders, high acceptance of gender-based violence, cleanliness and virginity—which are associated with FGM—and religion (the perception varies significantly across ethnic groups, and so religion is not an independent driver in itself) (The Girl Generation Jan. 2016, 5). The study of changes and trends also reports that “[d]espite the fact that FGM/C has no religious origin or justification, the practice is commonly perceived as an Islamic duty in The Gambia, constituting one of the main arguments invoked for its continuation” (Kaplan *et al.* 12 Apr. 2016, 104-105).

Amnesty International reports that “[t]he [Gambian] government and development partners developed a communication strategy to further educate communities about the harms of FGM” (Amnesty International 22 Feb. 2018). In correspondence with the Research Directorate, Adriana Kaplan, Professor of Health Anthropology at the Autonomous University of Barcelona (Universitat Autònoma de Barcelona, UAB), who has also consulted on issues related to FGM/C for various international agencies in The Gambia [2], explains that in The Gambia, NGOs are raising awareness of FGM in the population and that “[a] good share of the population, ... in rural and urban communities, has been sensitized and trained to know the harmful health effects of the practice” (Kaplan 3 May 2018).

A blog published in February 2016 on the UNDP site, written by a UNDP Resident Representative and UN Resident Coordinator in The Gambia, reads:

[t]raditional and religious leaders, men, women, children, policy makers, law enforcement agents and circumcisers [have been trained] on the health and human rights effects of FGM/C. Once convinced, Islamic leaders and scholars became powerful advocates against FGM/C with influence at both the policy and community levels.

FGM/C has been successfully integrated into the health professional school curricula. ... The involvement of youth in the advocacy has been key in ... amplifying[ing] key messages [in social media]. The formal and informal media also have served as invaluable complementary tools. ... The different interventions ... prompted enough communities to reach a consensus and make public declarations to abandon FGM/C. Since 2009, a total of 1,015 communities have publicly declared their rejection of FGM/C; and 158 circumcisers have abandoned the practice, contributing to the reduction of the national FGM/C prevalence from 92.2% to 75%. (UN 18 Feb. 2016)

### 3. Treatment of Persons and NGOs Opposing FGM

Information on the treatment of persons and NGOs opposing FGM was scarce among the sources consulted by the Research Directorate within the time constraints of this Response.

In its Information Note on The Gambia, the United Kingdom (UK) Home Office reports that “[a] person who is the parent of a minor child who is opposed to them undergoing FGM may face societal discrimination and ostracism for going against cultural or family traditions” (UK Dec. 2016, 6).

Adriana Kaplan states that those who see FGM as their culture, tradition and religious obligation are “always defensive” and see NGOs fighting for the abandonment of the practice as “people paid by Westerners to convince them to leave or go against their cultural practices”; in that respect, that same source states that some NGOs have shown “aggressiveness” and, for example, showed images and films that shocked the local people (Kaplan 3 May 2018). However, she added that the more “cultural sensitive approaches” of the country were welcomed in The Gambia (Kaplan 3 May 2018).

Sources report that in February 2018, an anti-FGM march was organized in The Gambia by Jaha Dukureh [Mapenzi] (3) (The African Courier 28 Feb. 2018; ES 2 Feb. 2018); in this context, Jaha Dukureh stated the following: “In Gambia you used to not be able to talk about FGM. It would have been unimaginable for us to do anything at this level a few years ago. But we are expecting more than 1,000 people, and students...
have been given permission to join us” (ES 2 Feb. 2018).

An article from the Gambian newspaper *The Point* reports that the Gambia Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP), a Gambian women’s rights NGO that works against FGM (GAMCOTRAP n.d.), is supported by the Gambian government and the UNFPA in its awareness activities in the North Bank Region on educating the population about the consequences of FGM and popularizing the *Women’s (Amendment) Act 2015* (*The Point* 28 Mar. 2017).

4. State Protection

4.1 Legislation

Sources report that FGM was officially banned in The Gambia in 2015 (AfricLaw 19 Jan. 2015, 71; UN Feb. 2016). Sources report that the *Women’s (Amendment) Act of 2015* was enacted December 2015 (UN Jan. 2018, 31; 28 Too Many [2017]). According to sources, sections 32A and 32B of the Act prohibit FGM (UN Jan. 2018, 30-31; 28 Too Many [2017]; The Girl Generation 4 Jan. 2017). A copy of the *Women’s (Amendment) Act of 2015* could not be found among the sources consulted by the Research Directorate within the time constraints of the Response. The US Department of State’s *Country Reports on Human Rights Practices for 2017* indicates that, according to the legislation of 2015, anyone found to have “circumcised” a female child will be sentenced to a term of imprisonment of not more than three years and/or a fine of 50,000 dalasis [about C$1,361]; if the child dies, the penalty is life imprisonment (US 20 Apr. 2018, 12). According to that same source, failure to report the practice may lead to a fine of 10,000 dalasis [about C$272] (US 20 Apr. 2018, 12). Similarly, in an article published on AfricLaw [4], Satang Nabaneh, lecturer at the Faculty of Law at the University of The Gambia explains as follows:

The Act uses the term ‘circumcision’ instead of ‘mutilation’. However, in defining circumcision, it lists female genital mutilation. Section 32A makes it an offence for any person to engage in female circumcision and whoever contravenes it is liable on conviction to an imprisonment for a term of three years or a fine of fifty thousand dalasis .... The Act also stipulates a life sentence in prison when the circumcision results in death.

The Act also addresses those who commission the procedure in section 32B. It states that “a person who requests, incites or promotes female circumcision by providing tools or by any other means commits an offence and is liable on conviction to imprisonment for a term of three years or a fine of fifty thousand dalasis ...” In addition, a fine of ten thousand dalasis ... as provided in section 32B of the Act is levied against anyone knowing about the practice and failing to report. (AfricLaw 19 Jan. 2016)

UNFPA reports that the law does not specify whether a penalty is imposed when FGM leads to disability or when it is performed by “(para) medical personnel” (UN Jan. 2018, 42). That same source reports that the national law “do[es] not specify if FGM is illegal, regardless of the consent of girls or women” (UN Jan. 2018, 37).

4.1.1 Application of Legislation

According to Adriana Kaplan, “[t]he law is not forcefully implemented by the Government” of The Gambia (Kaplan 3 May 2018). That same source explained that recently “the emerging popular opinion” is that banning FGM will not necessarily be respected by the current government, because the 2015 legislation was enacted by the former government that left power in January 2017 (Kaplan 3 May 2018). Similarly, a Gambian newspaper article in *The Standard* states that “since the fall of [Yahya] Jammeh [former president], activists [fighting against FGM] said some Gambians are disrespecting the law [against FGM] on grounds that it was a Jammeh law” (*The Standard* 21 June 2017). According to the statements of human rights groups, reported by Reuters, “many people have been misinformed” and “[i]f you go into communities they tell you that the law went with the former president” (Reuters 23 Jan. 2018). However, *The Point* reports that The Gambia’s Vice President “said the country’s position on the former government’s laws that were enacted to ban the deep-rooted cultural traditional practice of ... FGM/C will remain unchanged despite change of government” (*The Point* 8 Feb. 2018).

Reuters states that a Gambian female from the working-class outskirts of Banjul recounted the following: “Before the [FGM] ban, all my three daughters were circumcised. By the time I had [my fourth daughter], the ban was in force and no one was doing it here” (Reuters 23 Jan. 2018). Sources report however, that FGM is still common in The Gambia, despite the legislation prohibiting it (US 20 Apr. 2018, 12; Amnesty International 22 Feb. 2018). In a 7 March 2018 article published by the Agence de presse africaine (APA News), it states that an anti-FGM activist reports that the legislation banning circumcision [translation] “has not ended this
practice that is still performed in hiding” (APA News 7 Mar. 2018). Sources state that many are hesitant to report FGM cases (Kaplan 3 May 2018; US 20 Apr. 2018, 12), either because they do not agree with the law or because they are uncomfortable reporting family members or neighbours (US 20 Apr. 2018, 12). Adriana Kaplan explains that reporting close relatives could result in legal consequences as “accomplices” (Kaplan 3 May 2018). The Girl Generation reports the following:

The inclusion of FGM in the Women’s Act may deter people from engaging in the practice due to the punishment attached to it, subsequently leading to a reduction in the practice.

However, in the short and medium term the Act assists in breaking the culture of silence around FGM by raising awareness of the issue, and showing full government support for ending the practice. Importantly, it also punishes accomplices – those that incite or promote the practice as well as those that know that the practice is about to take place and fail to inform the relevant authorities. This means there is significantly greater protection for women and girls at risk of FGM. (The Girl Generation Jan. 2016, 9)

According to Adriana Kaplan, “[s]omeone refusing to undergo, or have their daughter go ... through FGM can report to the police or the Child Protection Alliance [CPA] so that those inflicting the threat may be prosecuted,” but the reality is “nobody will play this role and FGM is going underground and girls [will be] taken at an earlier age” (Kaplan 3 May 2018).

Sources state that in The Gambia, FGM is deeply rooted in culture, making eradication of the practice difficult (US 20 Apr. 2018, 1; The Point 8 Feb. 2018). According to The Girl Generation, grandmothers in The Gambia are regarded as “the main decision-makers” on FGM (The Girl Generation Jan. 2016, 5). Similarly, according to the study on changes and trends, “[p]erceived as a women’s affair, the FGM/C decision-making process is led by female elders, who are key figures in the ceremony arrangements as custodians of the tradition, whereas men are rarely informed about it” (Kaplan et al. 12 Apr. 2016, 104). A report by the Asylum Research Consultancy (ARC) states that according to a European Asylum Support Office (EASO) workshop on FGM/C, held in Malta in October 2016, and that bases its data on interviews with families in Senegal and in The Gambia, mothers stated the following:

[B]y and far the most powerful people in this [FGM] decision-making were the grandmothers. If a woman's mother-in-law says, 'Now it is the time for circumcision', the younger women in the family have to. They can send messages and say what their opinions are, but they are not the most powerful people in the conversations, but rather elder women in the families. ...

The blithesome responsibilities for the girls are held by the entire extended family. So if a mom was saying, 'We are not going to cut this girl!', and then the mum is at the market and an aunt comes, or the grandmother, and takes the girl to the circumciser, there was nothing in terms of common law or written law about this. That was not a police matter: that is their right to do so. It is one thing if an entire extended family wasn't onboard with a no-cutting decision. For a mom to be able to enforce that ..., she would have to be with that young girl 24 hours a day, holding the baby, never handing the baby over to anybody else. The idea that she would be able to protect that girl indefinitely and if that girl were to marry into a family that cuts would still be risk-free, just wasn't feasible. (ARC 11 July 2017, 3)

4.1.2 Prosecution

Sources report that two cases of FGM have been brought before the courts since the Act was adopted in 2015 (Kaplan 3 May 2018; UN Jan. 2018, 46). Sources report a case brought before court after a five-month old baby died as a result of FGM in Sankandi Village (UN Jan. 2018, 46; The Point 11 Mar. 2016) in February 2016 (The Point 11 Mar. 2016). The ARC states that according to a report prepared by Adriana Kaplan and Abdoulai Drammeh, on behalf of Wassu [Gambia] Kafo, the second case involved a grandfather who authorized a circumciser to perform FGM/C on his granddaughter while both parents of the child were at work (ARC 11 July 2017, 5-6). According to the same source, both suspects were arrested in February 2017 and released on bail in the sum of 50,000 dalasis; according to the police, the case is pending investigation and the suspects are charged for “conspiracy” to commit an offence (ARC 11 July 2017, 6). ARC states that according to an article on the Gambian Foroyaa Newspaper website, in the second case, “[t]he commissioner lamented that he lacked the Women’s Amendment Act on FGM 2015 at their disposal but have now received copies of the Act which will be useful in this case” (ARC 11 July 2017, 7-8). UNFPA stated in January 2018 that the two cases were still pending (UN Jan. 2018, 46). Adriana Kaplan also noted that no one has been convicted yet (Kaplan 3 May 2018).
This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection. Please find below the list of sources consulted in researching this Information Request.

Notes


[2] Adriana Kaplan has been a consultant on FGM/C issues for UNFPA, UNDP, UNICEF and the EU (UAB n.d.). She is also the Director of Wassu-UAB Foundation, which has two research centres, in Spain and in The Gambia, that work to prevent FGM/C (UAB n.d.).


[4] AfricLaw is an Internet platform where “[a]ll areas of law applicable to Africa are covered,” both international and national (AfricLaw n.d.). According to AfricLaw, legal academics and students, researchers, civil servants, legislators and politicians, legal practitioners and judges, as well as those who have an interest in law “are welcome to participate in the discussions” (AfricLaw n.d.).

[5] ARC provides a country of origin information research service to support asylum claims (UN 15 May 2018).


References


Kaplan, Adriana. 3 May 2018. Correspondence with the Research Directorate.


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**Additional Sources Consulted**

**Oral sources:** Gambia Committee on Traditional Practices Affecting the Health of Women and Children; professor of development geography who researches feminization of poverty; Safe Hands for Girls; Think
Tips on how to use this search engine.

Internet sites, including: eci.net; Gambia – Office of the President; Human Rights Watch; UN – Committee on the Elimination of Discrimination Against Women.