



NEAR EAST UNIVERSITY  
INSTITUTE OF GRADUATE STUDIES  
INTERNATIONAL RELATIONS PROGRAM

**UN PROGRAMS ON RAISING AWARENESS AGAINST FGM IN THE  
GAMBIA: READING THROUGH STRUCTURAL VIOLENCE AND  
ONTOLOGICAL SECURITY**

ANNA MARIE BABEN

MASTER'S THESIS

NICOSIA  
2021

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NICOSIA

2021

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## DECLARATION

I, Anna Marie Baben hereby declare that this dissertation entitled 'UN Programs On Raising awareness Against FGM In The Gambia: Reading through Structural Violence And Ontological Security has been prepared myself under the guidance and supervision of 'Assistant Professor, Dr., Assel Tutumlu' in partial fulfilment of the Near East University, Graduate School of Social Sciences regulations and does not to the best of my knowledge breach and Law of Copyrights and has been tested for plagiarism and a copy of the result can be found in the Thesis

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## ACKNOWLEDGEMENTS

Throughout my studies I have received numerous, love, support and prayers from family members and friends who I have cross paths during my studies, if not for them I will not would have make it, the degree is dedicated to you people.

First and foremost, I thank the Almighty God for giving me the Grace and strength to thrive in the most challenging times, Father I thank you and may your name be glorified now and forever more.

Special dedication goes to my Parents Mr. Edward Baben and Mrs. Mary, words cannot express how much I appreciate you guys, for the moral support and encouragement, as well as financially, and I believe your baby girl has did you proud. Indeed, I am blessed to have been born into a Family like Baben Kunda, Ya Therese Baben Gomez, my Elder sister you have given me counsel and advice throughout my studies I thank you. Diminga, MarieMadeline, Marian, Paul Baben and Paul Bass, not forgetting Etienne my son and Sang, I am grateful your support.

I own a lot of gratitude to my supervisor Assist. Prof. Dr. Assel Tutumlu for the moral support, encouragement and tools and guidance throughout out my thesis writing, most especially for not giving up on me during the thesis writing and I echo your words 'Anna Marie We have to work harder and remember you can do it' and I did it. I sincerely thank you from the bottom of my heart, you will always be in my heart and I will always remember you.

To my extended family uncle Francis and aunty Emily and the rest of the Gomez Kunda most especially Marcilia for your assistance during my thesis Work.

To you Sharon my Zimbabwean sister not in wildest imagination will ever thought that meeting you I will find a great friendship and sisterhood, for the many times you have supported and been there every step of the Journey I thank you, for lifting me up during my most frustrated times during the thesis writing. My prayer is that that the Lord would continue to bid us together.

To my best friends Joseph Ndecky and Susan Jatta you guys have ever been there and I am grateful for your friendship, not forgetting Sulyman and Ndey Fatou I will always have love for you guys.

To the people I meet during this journey I ever indebted making my studies a memorable one.

Last but not the least I thank you Father Victor, Father Cornelius and father Tenislas for your prayers and counsel throughout this Journey, may the grace of the lord be sufficient in your Lives Amen.

## ABSTRACT

### UN PROGRAMS ON RAISING AWARENESS AGAINST FGM IN THE GAMBIA: READING THROUGH STRUCTURAL VIOLENCE AND ONTOLOGICAL SECURITY

This research deals with the question “Why UN Programs on Raising Awareness against FGM in Mandinka Culture are ineffective despite the Ban of 2015 in Gambia”. FGM is a long-term practice done generations and thus is deeply rooted in the culture of the Gambian society. It aims to show that even though the UN managed to put pressure on the Gambian government to amend the Constitution in 2015 criminalizing both the practitioner and the accomplices as well as launching awareness programs, FGM continues to exist. Previous research answered the question of why the practice of FGM still persists through the eyes of structural violence as the practice done to subornate and discriminate women in the society. While other scholars interpreted it as the violation of human rights of women and debated over what causes the practice to persist. This research will show that they did not pay attention to the following hypothesis that the UN programs on raising awareness against FGM fail to address ontological security of Mandinka women. The research relies on the theory of structural violence and ontological security. It treats UN awareness programs against FGM as a matter of structural violence, which explains the structure that forces the society to continue the practice. However, such approach fails to address ontological security of women and explains FGM practice as a matter of identity, i.e. what defines the nature of Mandinka women, despite knowing the harmful effects. The research used the mixed methodology research design and relied on purposeful sampling of 34 Mandinka females who filled an online survey and used the factor analyses through the use of charts and tables to analyse the data. Responses were anonymous so their identities were protected.

**Keywords:** Female Genital Mutilation (FGM), structural violence, ontological security, patriarchy society, Mandinka

## ÖZ

### UN PROGRAMS ON RAISING AWARENESS AGAINST FGM IN THE GAMBIA: READING THROUGH STRUCTURAL VIOLENCE AND ONTOLOGICAL SECURITY

Bu araştırma, "Mandinka Kültüründe Kadın sünneti konusunda Farkındalık Artırma Konulu BM Programları, Gambiya'da 2015 Yasağına rağmen neden etkisizdir" sorusuyla ilgilenmektedir. FGM nesiller boyu yapılan uzun vadeli bir uygulamadır ve bu nedenle Gambiya toplumunun kültürüne derinlemesine kök salmıştır. Rapor, BM'nin 2015 yılında hem uygulayıcıyı hem de suç ortaklarını suç sayan Anayasayı değiştirmesi için Gambiya hükümetine baskı yapmasına ve farkındalık programları başlatmasına rağmen, FGM'nin varlığını sürdürdüğünü göstermeyi amaçlamaktadır. Önceki araştırmalar, toplumdaki kadınları alt etmek ve ayrımcılık yapmak için yapılan bir uygulama olarak, feminizmin gözünden kadın sünneti uygulamasının neden hala devam ettiği sorusunu cevapladı. Diğer bilim adamları bunu kadınların insan haklarının ihlali olarak yorumlarken, uygulamanın devam etmesine neyin sebep olduğu konusunda tartıştılar. Bu araştırma, BM'nin kadın sünnetine karşı farkındalık yaratma programlarının Mandinka kadınlarının ontolojik güvenliğini inşa etmekte başarısız olduğuna dair aşağıdaki hipoteze dikkat etmediklerini gösterecektir. Araştırma, yapısal şiddet ve ontolojik güvenlik teorisine dayanmaktadır. Yapısal şiddet, toplumu uygulamaya devam etmeye zorlayan yapıyı açıklar. Ontolojik güvenlik kadın sünneti uygulamasını bir kimlik meselesi olarak açıklarken, zararlı etkileri bilmesine rağmen Mandinka kadınlarının doğasını tanımlayan şey. Araştırma, karma metodoloji araştırma tasarımını kullandı ve çevrimiçi bir anketi dolduran ve verileri analiz etmek için çizelge ve tablolar aracılığıyla faktör analizlerini kullanan 34 Mandinka dışısının amaçlı örneklemesine dayandı. Yanıtlar anonim olduğundan kimlikleri korundu.

**Anahtar Kelimeler:** Kadın Sünneti (KS), yapısal şiddet, ontolojik güvenlik, parşik toplum, Mandinka

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## ABBREVIATIONS

FGM            Female Genital Mutilation

UN             United Nations

UNICEF        United Nations International Children's Emergency Fund

UNFPA         United Nations Population Fund

## **INTRODUCTION**

### **Statement of the Problem**

This research deals with the question “Why UN Programs on Raising Awareness against FGM in Mandinka Culture are Ineffective despite the Ban of 2015 in Gambia”. The study seeks to understand how FGM is related to women’s identities, with FGM practice being deeply rooted in the culture of the Gambian society. It aims to show that even though the UN has managed to put pressure on the Gambian government to amend the Constitution in 2015 criminalizing both the practitioner and the accomplices and launched awareness programs, FGM continues to take place. The research will show that the UN programs to on raising awareness against FGM tried to prevent FGM by addressing collective norms, but by doing so they failed to undermine the individual ontological insecurity of women in the Mandinka society where FGM is still prominent. In other words, the main paradox that this thesis wants to address is why although women knew from the UN awareness programs that FGM is physically insecure; they continued to undergo the procedure.

### **Objective of study**

This research seeks to demonstrate the argument that there is a complexity of the nature of FGM, a cultural practice that is deeply rooted in the Gambia and especially in the Mandinka community. FGM allows a girl who is mutilated to be accepted in the society. Being a societal norm, the practice is regarded as a necessary norm, which is difficult to eradicate despite the UN awareness programs to show the effects of the practice on women. Furthermore, to prove the following hypothesis “if the UN programs on raising awareness against FGM define FGM as a practice of against women criticizing patriarchal society and social hierarchies within female communities, then these programs fail to provide ontological security for women in Mandinka society.”

Another aim of the study is to ascertain key issues relating to the fact that the UN for over 25 years has been working closely with communities urging them

to abandon the practice, but, because FGM influences women's identity and their sense of belonging to the community, has made it difficult to eradicate.

In addition, the work aims to show that even though the UN managed to put pressure on the Gambian government to proclaim FGM practice as unlawful in 2015 that is to criminalize both, the practitioner and the accomplices, this declaration has had little impact on ending FGM in the country. Although it is a criminal offense to practice FGM, it still continues in secret and few have been prosecuted. The ontological insecurity, which is visible through the culture silence, has prevented people from speaking up or report any cases of FGM, and the few that were reported were not prosecuted. The research will further uncover how many cases of FGM were reported and how much of these have ended with legal action.

The research also aims to show that to this date little literature is available in journals and books with regards to FGM among the Mandinka community in the Gambia, thus the research will contribute data on subject matters for further referencing.

### **The significance of study**

The study will approach the FGM through the prism of ontological security of what it means to be a Mandinka woman in society, in the condition when both men and women know the implications of the practice of FGM. Despite the UN awareness programs, the theory of ontological security gives a new insight into the why the practice is still persistent in the Mandinka society. The research would show a new perspective about how to understand the topic of FGM, but, considering attempts made by the UN to end it, different theories have been used to describe the practice of FGM. These is would explain how UN projects aimed at ending FGM in the country have not been adequately discussed. The study will show that these programs are alienating because FGM defines what it is to be a woman. The Lack of FGM leads to multiple stigmas and insecurity, which is translated in the culture of silence. In other words, the study is to show how people are bound by culture and that because of this and through their



affliction with culture, FGM makes people to be quiet in speaking out about FGM.

## **The justification of the study**

### ***Social Implications***

Since the prevalence of FGM among women between the ages of 15 and 49 in Gambia is 74.9 percent, the issue of FGM has clear social significance. (Too Many, 2015). Basse, the most rural area in the country, has the highest prevalence (96.7% of women aged 15-49); Banjul, the most urbanized province, has the lowest prevalence (47.4%) with 28.1% of girls aged between five and nine years (Too Many, 2015). The most popular FGM procedure practiced is 'cut, flesh removed' and 95.7% of FGM is done by 'ordinary circumcisers' (Too Many , 2015).

Various NGOs pointed out that “FGM is heavily regulated by social standards”, which serve as the “intangible laws... that uphold the social traditions” (Profile, 2015). Eradicating this practice is important, as well as identifying ways of changing UN awareness mechanisms not only in Gambia but other parts of the world.

### ***Contextual Background***

The author decided to concentrate on Mandinka women because it is the most prominent group in Gambia where FGM is performed. Mandinka is one of West Africa's largest and most prominent ethnic groups, also known as Mandingo or Malinke. They have an estimated population of more than 11 million, spread across the entire country of West Africa. It is likely to find Mandinka citizens in Guinea Bissau, Mali, Sierra Leone, Cote d'Ivoire, Senegal, Burkina Faso, Liberia, Niger, Chad, and many of them live in Gambia. They are descendants of the Kingdom of Mali, which under the reign of King Sundiata Keita rose to prominence. They make up one of the main ethno-linguistic groups called the Mande, with more than 20 million members, including Dyula, Bozo and Bambara (David, 1987).

It is an important case study since for the children of Mandinka, rites of passage are held to mark the beginning of adulthood. Both male and female babies ritually have their genitals cut; they are separated into age groups between the ages of four and fourteen. Mandinka community in Gambia is also highly traditional. FGM is conducted in secluded bushes and lasts between three and four weeks. During this time, children learn about parental roles, standards of behaviour, cultural identity, links between gender stereotypes and social cohesion. Part of the training is performed by music, dance and drumming. Traditional families live in a household led by a male who takes choices about the household (David, 1987).

## **DEFINITIONS OF KEY TERMS USED IN THE STUDY**

### ***Structural Violence***

This thesis criticizes UN's understanding of FGM as a matter of structural violence where people die or suffer as a result of gender inequalities that prevent them from ending the practice (Tickner, 1995). It uses UN definition, which rests upon two key characteristics. First, it points to the existence of ***patriarchy***, which is generally defined as "a system of social structures and practices in which men govern, oppress and exploit women" (*Do you know What patriarchal violence is?*, 2004). Second, it attributes patriarchy, which justifies FGM, to cultural ***tradition***. FGM is believed to be age-old or eternal and leads people to internalize them, and because traditions are vested in legitimacy they are difficult to challenge (Graburn, 2016).

In contrast, this thesis argues that such definition is incomplete because it fails to recognize an important component of individual acceptance of women in the community. As a result, women in Mandinka community experience ***ontological insecurity***. According to Anthony Giddens, ontological security refers to the "fundamental sense of security of a "person" in the universe." When such security is missing, women no longer possess the necessary "confidence to sustain a sense of psychological well-being and prevent existential anxiety" (Shani, 2017).

**CHAPTER ONE**  
**LITERATURE REVIEW**  
**1.1 INTRODUCTION**

Numerous researchers offered various interpretations and pointed to deep controversies on FGM over the years. FGM has been and continues to be the focus of the studies and debates across academic disciplines, the media battled by fervent anti-FGM activists as well as FGM supporters. There are numerous myths concerning culture and FGM. Many individuals, for instance, associate FGM with a single region, typically in sub-Saharan Africa. However, the ritual is still found in North America, Asia, and the Middle East, and refugees have spread their practices far and wide. (Toubia 1995, 21; Obiora 1997, 298). A similar misconception is that female genital mutilation (FGM) is embedded in and found only in a certain culture, which is far from the case. There are a host of reasons that FGM is carried out in a very wide variety of cultures. (Kawous et al., 2020; Meyers, 2019).

In academic discourse the situation is better since many scholars are better informed about the nature of this practice. A decade-long debate about FGM is mainly between the feminists who define FGM as an act of subordination of women to men in a patriarchal society (Diop et al., 2017; Haver, 2018; Hopgood, 2016; Meyers, 2019; Morrison, 2008; Rezaee Ahan, 2013; Sissoho, 2008). And relativists who defend FGM as a matter of cultural authenticity (Earp, 2016; El-sissi et al., 2013; Nyangweso, 2016). Echoing academic debates, international organizations, including United Nations also take side in the polemics. United Nations defines it as an act of the violence of human rights of women. The involvement of the UN to end FGM by 2030 through UNFPA, jointly with UNICEF since 2008, leads the largest global programme to accelerate the elimination of female genital mutilation. The programme which involves community-based projects has put the issue in larger spectrum. Over the years there have been various UN awareness programs to eradicate the practice.

But despite the success in some communities, it is clear from the statistics on the number of FGM practiced in the world, not enough has been done, especially in the case of the Gambia. The country is among the leading states where the practice is largely conducted (UNICEF, 2018). The purpose of this analysis is to examine scholarly discussions between scholars on the issue, to

analyse the role of the UN and on-the-ground policies, and then to look at the Gambia FGM, which focuses mainly on Mandinka society. In Gambia, FGM is commonly practiced in Mandinka, with a 96.7% prevalence rate among women between the ages of fifteen to nineteen. Some Mandinka communities use the sealing practice which is similar to Form III attempting to ensure the virginity of their daughters before they are married, with 5.9 per cent of women and 4.8 per cent of daughters reported being sewn closed (Profile, 2015).

## **1.2 SCHOLARLY DEBATES ON FGM**

### ***Feminism and FGM***

Feminist hypotheses are the most powerful theories used to examine the role of women and men in society, while at the same time seeking to bring about a shift in the subordination of women triggered and reinforced by gender inequality in patriarchal cultures. Elinor Burkett (2018) defines feminism as “the conviction that gender equality is social, cultural and political” (Elinor Burkett and Laura Brunell, n.d.). Feminism as a theory originates in the West as a social movement and ideas that aim to enhance women’s status and power in society. It seeks to show that women are also equal with their male counterparts, if given the same opportunities in a patriarchal (i.e. male-dominated) society, which places more value on male than female members. Feminist perspectives are the most powerful theories used to examine the role of women and men in society. Western feminists claim that this approach strengthens the superiority of men over women and creates discrimination, including female genital mutilation (Diop et al., 2017; Wade, 2009).

The topic is closely related to feminist interventions and intra-feminist conflicts that began in the 1980s to the present day (Bamberg et al., 2018). Western feminists claim since clitoral mutilation weakens the sexual desires of women, FGM is carried out to regulate female sexuality (Rigmore& Denison, 2012). The Western feminist perspective condemns FGM as a denial of the freedom of women, which must be seen as the universal rights of women. They maintain that it is appropriate to ban a cultural practice. Western feminists contend that this procedure increases the dominance of men over women and

produces disparities, increasing the superiority of men over women and promotes inequality (Hosken, 1979). The Western feminist viewpoint opposes FGM as a denial of the rights of women that must be viewed as the fundamental rights of women and insists that cultural activity must be forbidden.

African feminists opposed FGM, but refused to treat it as a rigid binary between men and women. They channel their protests against the FGM's western feminist framework. As they pick up on words like barbarism, horror, brutality, torture, etc, they condemn their racist and neo-colonial attitudes (Wade, 2006). African feminists contend that African women's bodies cannot be isolated from their cultural identities, pointing to the weakness of Western feminist perspectives on FGM (Thiam, 1995; Diop et al., 2017).

These discussions have been summarized as a debate between Universalist views mainly rooted in Western scholarship, and relativistic cultural approaches. Both parties are unable to meet their own aims (Bamberg et al., 2018). Specifically, diverse feminist viewpoints have been used to add to the understanding to FGM practice but have yet to be incorporated into a more consistent context, thus making it difficult to address the issue of why women are still affected by the practice. In order to unpack fundamental difficulties of such academic debate, the thesis will look at the debates over human rights and culture.

### **1.3 HUMAN RIGHTS AND FGM**

One of the key arguments that FGM is still dominant is that of human rights (Goldstein & Pavehouse, 2014). One civil rights approach is that rights are universal. Regardless of where a person lives, his or her racial nationality, or his or her local faith, ethnic, or clan customs, the person has some rights that must be upheld. Whereas the other human rights perspective is also defined as relativism. According to this definition, due care should be paid to local customs and tradition, as this means limiting the rights that others deem important in the local context. (Goldstein & Pavehouse, 2014).

FGM is regarded globally by international bodies as a violation of the human rights of girls and women, according to the WHO. This illustrates widely rooted gender inequality and represents an extreme form of abuse against women and children. It is almost often performed on minors without their consent, which is an infringement of their rights. The practice also violates the rights of a person to health, security and physical integrity, the right to be free from abuse and cruel, degrading or abusive punishment, and the right to life if the proceedings lead to death. (UNICEF, 2010). The universalist argues that "equal rights are found in the most legal structures and religious practices in the world, including the Buddhist, Christian, Hindu, Islamic and Jewish cultures" (Robinson 1998, 118; Nagengast, 2015). Other researchers suggested that universalist interpretation of human rights exhibits ignorance of African humanist practices or aversion to them and underpins the belief that the human rights definition is exclusively European (Khosla et al., 2017; Yoder et al., 2017) making it a Western agenda and a new form of colonialism" (Hopgood, 2016). Human rights are therefore "fundamentally Eurocentric [thus ignoring the] norms anchored in non-Western cultures and societies" (Mutua, 2002, p. 11–12; Nagengast, 2015, p. 722). While relativists logically point out that much of the history and creation of definitions of human rights was Western in origin (Moyn 2010). There are various philosophical practices of non-Western cultures and they may choose to prioritize community or family rights (Goldstein & Pevehouse, 2014, p. 266).

In practice, even though the UDHR and its subsequent treaties provide a framework that promotes peace, freedom and justice, it still collides with traditional and indigenous societies like the Gambia. According to Bisset (2016) Article 3 of the UDHR states that "everyone has the right to life, liberty and security of person" it cannot be fulfilled, even though states parties have ratified it... [prompting] the UDHR... to adopt a relative framework in areas of Sub-Saharan Africa" (Bisset, 2016) that suits the needs of the traditional African society in the Gambia with FGM being no exception.

#### 1.4 CULTURE AND FGM

Culture can be described as a collection of shared spiritual, material, intellectual and emotional characteristics of human experience that are produced and developed in the sense of social practice (Council, 2007). As such, culture is closely related to the different ways in which social classes culturally, socially and politically construct their everyday lives. It thus accepts both the traditional meanings that enable daily activities to proceed and the conflicting meanings that galvanize progress over time (Council, 2007, p. 8). People are bound by culture and because of their affliction with culture of FGM; it makes people to be quiet in questioning and/or condemning the practice, because if they talk, they may be perceived as betraying their culture, which is the fabric of the society. Community, which is embedded in our societal background, schooling, religious values, social interactions, and many other influences, provides learners with an appreciation of what is right and wrong, good and poor morality in general. Thus, without discarding the concept of cultural relativity, the universality of morality cannot be asserted. (Rezaee Ahan, 2013).

According to Okin (1990 and 2017), feminism and multiculturalism can be easily reconciled. Her work clearly shows that there is a tension between the two ideologies even though these two promote cultural diversity. A few words to explain the terms and focus of the argument. She defines feminism as an idea that women “should not be oppressed by their gender, that they should be treated as having human rights in the same manner as men, and that they should be allowed to live as happy and as openly chosen as men” (Okin, 2017). She further argues that the tradition of multiculturalism may at times inadequately protect minority cultures or ways of life (Okin, 2017). She points out that certain cases of sexism against women for cultural purposes are never likely to occur where courts can uphold their rights. Such practices may be branded by political theorists as illiberal because they fail to develop community rights and allow those minority cultures to maintain themselves (Okin, 2017, p. 23), but since nearly all states are multicultural, it is



important to keep the debates over individual vs. collective rights at the heart of the eradication of FGM.

Despite these conclusions, the bulk of the research conducted in scientific and medical journals were epidemiological studies(Mpinga et al., 2016). According to Mpinga (2016) Only about one-sixth of the articles reported on the activity's socio-economic ramifications, resulting in a small number of publications in social science journals, which are more likely to grasp the socio-economic context than the consequences.(Mpinga et al., 2016, p. 6).But the socio-economic context is important. FGM practice is seen as an integral step in becoming a socially identified woman in certain cultures such as Gambia and is a way of maintaining independence and retaining a strong social status in the society(Profile, 2015; Shell-Duncan et al., 2011) and it remains a very important religious and cultural tradition that must be adhere to. The infliction of pain often ensures subordination and sustained recognition of the social hierarchy in which these girls and women are forced to live.

### **1.5 FGM IN THE GAMBIA**

FGM is performed in Gambia in girls aged between birth (seven days) and pre-adolescence, and usually before menstruation and marriage.(Wassu Gambia Kafo, 2018). According to studies conducted socio-demographic influences such as race and religion tend to affect levels of participation and funding for FGM,. (28 too many, 2015; Kaplan et al., 2013; Profile, 2015; Wassu Gambia Kafo, 2018). Others pointed out that for upholding the ritual and positioning themselves as suspects, both men and women blame each other. A new research with health care practitioners in Gambia showed that FGM found increased support among males(Kaplan et al., 2013). While women would lend the deep cultural origins of culture greater power, men tended to prefer a spiritual outlook, giving preference to the fact that religious activity is obligatory and mitigates the sexual feelings of women, and leads to family honour(Kaplan et al., 2013).

The Women's (Amendment) Act 2015, which adopted Parts 32A and 32B of the 2010 Women's Act, is the principal legislation criminalizing FGM in Gambia (Wassu Gambia Kafo, 2018). A research by the 2010 United Nations Children's Fund multiple predictor cluster survey found out that the prevalence of FGM remained as high as 76.3 percent in women aged 15-49 years, despite being criminalized in the country. Another research showed that FGM was still performed in all six regions of Gambia and resulted in different types of injury/damage in one of the three women and girls studied. (UNICEF, 2012). Both types of FGM, including type I, cause a high number of complications, in particular haemorrhoid-related infections. (Kaplan et al., 2011).

FGM is predominant in women between the ages of 15 and 49 in Gambia, with the highest prevalence (96.7 percent of women between the ages of 15 and 49) in Basse, the country's most rural district, and the lowest prevalence (74.9 percent) in Banjul, the capital city and most urbanized province (47.4 percent). Nearly 55 percent of women between 15 and 49 years of age were less than 5 years of age; 28.1 percent were between 5 and 9 years of age. 95.7 percent of FGM was done by "traditional circumcisers in almost all situations. Nearly 65 percent of women who learned about FGM agree that the procedure should proceed. (Wassu Gambia Kafo, 2018).

This research seeks to demonstrate the argument that there is a complexity of the nature of how FGM is deeply rooted in the cultural practice of the Mandinka tribe in the Gambia and to help break the silence of the problem. Statistical disparity roughly 60% of Mandinka believe FGM to be equal to male circumcision, a parallelism formed by 47.3% of Jola, 43.8% of Fula and 33.3% of Serahule (Kaplan et al., 2013). Although 75% of Serahu and 72.8% of Mandinka think that the ritual is binding on Islamic teachings, only 56.0% of Fula and 36.4% of Jola do so (Kaplan et al., 2013). Serer and Wolof, both Muslims, but historically non-practicing sects, do not see a correlation between practice and Islam, nor do they see a parallel between FGM and male circumcision, with approximately 95% of Wolof and 90% of Serer rejecting it. (Kaplan et al., 2013).

The dynamics of how the practice is conducted over the past generations have changed due to many factors. Previously girls are mutilated when they reached adolescent age before marriage, but these days they are cut before they reach their fourth birthday. Which can be attributed to the parents' belief the wounds heal faster than if they are young. Specific ceremonies take place behind the doors after the party rite in the "bush." According to field experience, the standard knife used to perform FGM on a number of girls without being sterilized is being replaced by individual razor blades as a part of HIV/AIDS awareness projects. Likewise, the application of new medications to treat bleeding, alleviate pain, and speed up the healing process complements the use of old herbs and charms. (Kaplan et al., 2013). Nowadays, some babies and girls are sent to health facilities where, as opposed to the anonymity that marked the time of seclusion in the past, health problems cannot be handled at the community level. Health professionals themselves often conduct FGM: medicalization of the practices already a reality in the country(Kaplan et al., 2013).

## **1.6 LAW ON FGM IN THE GAMBIA**

In the original Women's Act 2010, FGM and female circumcision were not applied to. It gave the government a responsibility to protect women from violence, to ensure equality and to protect women's rights, including the right to the dignity and honour of their people. The Women's (Amendment) Act 2015 resolved the issue of dangerous procedures for the first time in Gambia by introducing Section 32A (Prohibition of female circumcision) and Section 32B (Accomplices to female circumcision), which criminalize the procedure as follows:

- Section 32A (1) – 'female circumcision' is prohibited;
- Section 32A (2) – a person who engages in female circumcision commits an offence and is subject to punishment;
- Section 32A (3) – female circumcision includes: (a) the excision of the prepuce with partial or total excision of the clitoris (clitoridectomy); (b) the partial or total excision of the labia minora;

(c) The partial or total excision of the external genitalia (of the labia minora and the labia majora), including stitching;

(d) the stitching with thorns, straw, thread or by other means in order to connect the excision of the labia and the cutting of the vagina and the introduction of corrosive substances or herbs into the vagina for the purpose of narrowing it;

(e) Symbolic practices that involve the nicking and pricking of the clitoris to release drops of blood; or

(f) Engaging in any form of female genital mutilation or cutting.

- Section 32B(1) – a person who requests, incites or promotes female circumcision by providing tools or by any other means commits an offence and is subject to punishment;

- Section 32B(2) – a person who knows that female circumcision is about to take place or has taken place and fails, without good cause, to warn or inform, as the case may be, the proper authorities promptly, commits an offence and is subject to punishment (Government of The Gambia, 2010).

The law has little impact on the ending FGM in the country. To show that despite that it is an offense to practice FGM, it still continues in secret and few have been prosecuted. The culture of silence that has made people not to speak up or report any cases of FGM and the few cases that were reported, no charges or prosecutions has taken place. Despite the Act of 2010, UN puts pressure on the Gambian government to amend the Constitution 2015 to criminalize both the practitioner and the accomplices. The next section will evaluate approaches of the UN towards FGM in Gambia.

## **CHAPTER 2**

### **UNITED NATIONS CHAPTER**

#### **2.1 Introduction**

Female genital mutilation for non-medical reasons is a form of discrimination and a form of abuse, according to the United Nations. Due to the health effects, suffering, and threats involved, it is internationally recognised as a violation of

girls' and women's human rights and constitutes an extreme form of violence against women. (UNFPA, 2014).

The United Nations refers to FGM as a form of violence that comes from the "harmful cultural or traditional practices" (United Nations, 2009) Other activities, such as female infanticide and reproductive sex preference, child marriage, forced marriage, dowry-related abuse, acid attacks, so-called "honour" violations and widow intimidation are all manifestations of violence in addition to FGM. (United Nations, 2009). WHO Accords to FGM covers all operations requiring, for cultural or other non-therapeutic purposes, the complete removal of the external female genitalia or other damage to the female genital organs. (WHO, 1997).

There are four to five types of FGM depending on which parts are cut from the genitalia. Girls who undergo FGM have to be tied up for two weeks as a post operation procedure (Raafat, 2017). In 1995, the World Health Organisation categorized FGM into four sections, which were updated in 2007.:

- Type I, partial or total removal of the clitoris and/or prepuce (clitoridectomy)
- Type II, partial or total removal of the clitoris and labia minora, with or without excision of the labia majora (excision)
- Type III, narrowing of the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
- Type IV, all other harmful procedures done to the female genitalia for nonmedical purposes, e.g., pricking, piercing, incising, scraping, dry sex, and cauterization (Who, 2001).

They recognized it is performed on infants, a few days old, on children between the ages of 6 and 10, rarely performed on adolescents and in adulthood. Furthermore, the World Health Organisation identified global reasons why the practice is done in different communities and it varies from in area to another. It is categorized broadly into psychological, sociological, hygiene and aesthetic, myths and religious reasons, explained below:

- I. Psychological reasons : The delicate tissue of the outer genitals, especially the clitoris, is diminished or removed in order to alienate the female body's sexual appetite. It is assumed that before marriage, FGM would preserve the girl's chastity and purity and guarantee fidelity during marriage and increase sexual appetite for men.
- II. Sociological reasons: they believe that the practice associated with identity represents a rightful passage to womanhood (the girl transits to become a woman in the society) and a cultural heritage. FGM is considered as upholding generational culture. Thus the practice maintains social integration and social cohesion in the society.
- III. Hygiene and aesthetic reasons: FGM is conducted to ensure the cleanliness and attractiveness of the female organ in cultures where female organs are deemed unsightly and filthy.
- IV. Myths: it is believe that FGM increases fertility and promotes child survival during child birth.
- V. Religious reasons: FGM is practiced by all religions (Christians and Muslims), including animist and non-believers. But, is it predominantly carried out by Muslims. Some Muslim communities have believed that it is demanded by the Islamic faith, so by conducting FGM they are fulfilling the teachings of Islam. FGM, on the other hand, predates Islam and there is no evidence that it is a religious necessity in Islam. (WHO, 1997, p. 4).

For these factors, the World Health Organisation reports that 140 million women and girls are victims of some sort of FGM worldwide and that about three million girls are at risk every year. (World Health Organisation, 2012). It exists mostly in 28 countries in sub-Saharan Africa, as well as parts of the Middle East and Asia (Yemen, Oman, the United Arab Emirates, Bahrain and Northern Iraq, as well as India, Malaysia and Indonesia), as well as in Europe, the United States and Australia, as well as in several other countries where refugees continue their culture. (Who, 2001). The most common form of FGM observed in various countries, according to WHO, is the excision of the clitoris and the Labia Minora, which account for 80% of cases. Infibulation is the most severe type, accounting for around 15% of procedures. It is found mainly in

Djibouti, Somalia and Northern Sudan, and is also reported to be present in southern Egypt, northern Ethiopia, Kenya, Nigeria and Mali (WHO, 1997, p. 5).

For the United States, attention to these manifestations of abuse cantered on their effects on women's and children's well-being, as well as the importance of marriage, with an emphasis on the intended partner's full and voluntary consent. According to the Handbook on Violence against Women "Harmful practices" are the product of gender discrimination and patriarchal legal, cultural, and religious norms, as well as customs relating to the role of women in the home, culture, and society, and the regulation of women's rights, including sexuality. (United Nations, 2009). Although certain cultural values and traditions encourage women and advance their human rights, others are often used to justify violence against them. (United Nations, 2009).

Why are harmful activities, considering substantial attempts made to facilitate their abandonment, still widespread? In places where views towards them have shifted, why do they persist? Such questions have been regularly raised about female genital mutilation, a dangerous and possibly life-threatening practice for women and girls in many countries (UNICEF, 2010). According to the UN, FGM this a form of violence against women that persists because of different factors, but primarily because governments have failed to implement what they had agreed on in the treaties or live up their expectations to protect women from discrimination and violence. The case of FGM is no exception. This answer informs UN's programs and projects. They are largely targeted towards increasing monitoring capacity of the government as awareness campaigns and trainings against tradition and patriarchy.

Since the UN Secretary-in-depth General's report on violence against women in 2006, national legislative approaches to these aspects of violence against women have varied. The bulk of them concentrated on the criminalization of women's violence in these respects. States also implemented legislation that go beyond criminalization in recent years to enact education, therapy, and assistance to victims/survivors. While progress has been made, legal

responses around the world remain fragmented and inadequate. (United Nations, 2009).

The UN work against the FGM has long historical roots. UN has explicitly recognised FGM since the 1990s as manifestations of abuse against women that constitute gender inequality and violate the human rights of women (United Nations, 2009). In 2012, the UN General Assembly passed a resolution titled *intensifying global efforts for the elimination of female genital mutilations*. Following that, the United Nations proclaimed February 6 as "International Day of Zero Tolerance on Female Genital Mutilation." At its Addis Ababa meeting in 2003, the Inter-African Committee on Cultural Practices Surrounding the Protection of Women and Children pioneered the date. ". The proposed Sustainable Development Goals, predecessors of the 2015 Millennium Development Goals (as Item 5.3): "Eliminate all negative behaviors such as childhood, early and forced marriage and genital mutilation of women." The United Nations' clear contribution to the global abolition of FGM following two decades of work by campaigners is a landmark, making FGM part of the formal agenda. This landmark was achieved nearly ninety years after the first anti-FGM activists, including Western missionaries, initiated a systematic attempt to eradicate FGM in Africa. (Hopgood, 2016).

One of the major criticisms is that the UN involvements in increasing international concern for FGM and in doing so have produced numerous publications to this effect. This study, however, focuses largely on the prevalence, physiological consequences and management of FGM and occasionally on the social and economic impacts of the practice. This lack of knowledge deprives valuable evidence from science planners, decision makers and city officials that will encourage success in avoiding FGM (Mpinga et al., 2016). The section below will elaborate on the UN anti-FGM programs to illustrate their approach to challenge it.

## **2.2 Global UNFPA-UNICEF Joint Programme "Female Genital Mutilation/Cutting Accelerating Change"**



The UN institutions, the UNFPA and UNICEF established a Joint Programme "Female Genital Mutilation/Cutting Accelerating Change" in 2007 to protect girls and women by accelerating abandonment of FGM and providing care for the consequences that are associated with the practice. The Programme boasted a "novel, culturally sensitive, human rights-based approach" to "leverages social dynamics in favour of abandonment" (The European Parliament, 2014). It was implemented in 16 African countries, including Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, and Uganda in three phases. The first phase lasted from 2008 to 2013, while the second phrase ran from 2013 to 2017. The third phrase was launched in 2018 to last till 2021 with the goal of:

- Increasing the role of regional political bodies in order to establish a more enabling atmosphere,
- Develop gender equality by increasing electoral openness at the state level and exploiting the potential of young people and
- Put an end to FGM by scaling up anti-FGM the social movements (The European Parliament, 2014).

The program secured funding of \$77,000,000 with the goal of "fulfilling the rights of girls and women by realizing social and gender norms transformation by 2021". In Gambia, in 2019 the following money was spent on the programme:

	Budget	Expenditures	Expenditure Rate
UNFPA	347,109.98	324,109.34	93.3%
UNICEF	175,000.00	151,674.56	87.0%
Total	522,102.98	475,783.9	91.0%

Table: country Budget from 1<sup>st</sup> January to 31<sup>st</sup> December 2019

The UNFPA Strategic Plan 2018-2021 clearly illustrates the language of discrimination and violence. Outcome 3 of the program calls for the "Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings" (The European Parliament, 2014, p. 8). UNICEF's Strategic Plan 2018-2021 shares similar

goals. For example, its Goal 3 states that “Every child is protected from violence, exploitation and harmful practices” calling to engage all vulnerable girls “with UNICEF-supported multispectral at-scale programmes to address harmful practices, namely [female genital mutilation] and child marriage” by 2021 (The European Parliament, 2014, p. 8)

### **2.3 UN IN GAMBIA**

Despite being illegal in the region, the prevalence of FGM in women aged 15 to 49 years was found to be as high as 76.3 percent in a 2010 United Nations Children's Fund multiple predictor cluster study. FGM is still performed in all six regions of Gambia, according to another study, and has resulted in different types of damage/injury in one of the three women and girls studied. (UNICEF, 2012). Much focus was on the introduction of effective regulatory and legislative changes, capacity development for service providers and the use of new ways to involve populations to affect cultural transformation against FGM during Phase II of the FGM programme (The European Parliament, 2014). In the fight against FGM, methods such as constructive deviants, stepping stones and Magnet Theatre/forums, the engagement of young girls and boys, the use of school clubs, youth networks, the participation of the national assembly and the national children's assembly (CNAG), the targeting of girls and women by empowerment forums and the involvement of religious leaders were used (The European Parliament, 2014).

After decades of fighting for the end of FGM in Gambia and years of opposition, as the first sentence of the Joint Programme, great strides were made on the legislative front. FGM was banned in the country in 2012, due to support for the development of national legislation. Despite provisions that oppose harmful traditional practices in both the 2005 Children's Act and the 2010 Women's Act, which ensure the rights of women and children are respected, the sponsorship of strong alliances among key national actors has enabled the development of national strategic and action plans to support legislation. The UN, on the other hand, claimed that there is no clear guideline on compliance that ensures that FGM parties are prohibited in the region. The Gambian Steering Committee against FGM, which convened 12 times in 2012,

strengthened stakeholder cooperation, culminating in the finalization of both a draft Bill and a National Action Plan against FGM. (Profile, 2015). The proposed bill was developed through a collaborative effort involving 7,000 (Profile, 2015) Before being validated by the National Assembly, grassroots people, including women, men and youth, religious and traditional leaders and security officials,.

In the first phase of the Joint Programme, the United Nations provided capacity-building, technical support, advice and cooperation to the national organizing body of local UNFPA personnel for the abandonment of FGM campaigns to promote the legislative process.

- They enlisted the support of widely regarded and prominent community figures, such as the Council of Elders, religious leaders, and medical practitioners, to convince people to stop practicing FGM.
- The use of the media is meant to increase awareness and educate the public for the proposed legislation criminalizing the procedure. To encourage lawmakers to receive support from their constituents, neighborhood advocacy forums focused on the proposed bill against FGM are required.
- It is important to develop and disseminate popular versions of the legislation to ensure that everyone is aware of its content and how it impacts their lives.
- Although legislation that explicitly addresses FGM is necessary, it is by no means sufficient (Briefing, n.d.).

Although legislation that explicitly addresses FGM is necessary, it is by no means sufficient. Collective efforts of various stakeholders that include awareness raising, education, dialogue with communities and public statements are also essential in abandoning the practice.

The second phase led to The Women's (Amendment) Act 2015, which adopted Parts 32A and 32B of the 2010 Women's Act, is the principal legislation criminalizing FGM in Gambia (Wassu Gambia Kafo, 2018). Much emphasis was placed on effecting appropriate legal and policy reforms, capacity building of service providers and the use of innovative approaches to

engage communities to influence behavioural change towards FGM. Criminalization of the practice of FGM has led to the adoption of the specific laws to prosecute FGM perpetrators and their supporters, made some progress within the broader policy and institutional framework which includes the FGM Steering Committee. Also, community-level structures, such as the network of journalists; Children's National Assembly have been contributing to creating the enabling environment for the dissemination of harmonized messages on FGM and protection of the survivors FGM following the principles of "Do No Harm", and a decentralized system of child protection.

Although a law against FGM was enacted in 2015 and institutions against FGM were established, hardly any violation of the law has been prosecuted. Enforcement of the FGM law could have served as a deterrent to perpetrators of the practice. Beyond intensifying the community mobilization and public declaration to abandon FGM, the law enforcement mechanisms and procedures on FGM need to be strengthened. The recognition that "FGM is illegal and a crime against women and girls" is a single most effective step towards its elimination. Unless individuals, communities, institutions work simultaneously to stop the practice, ending the practice would remain a challenge (Gambia, n.d.).

As a result, the UN introduced the third phase of the project in order to offer a deeper set of changes and address the cultural and traditional norms.

## **2.4 Theory of Change**

Since its inception in 2008, the UNFPA-UNICEF Joint Initiative on Female Genital Mutilation/Cutting has recognized that FGM/C cannot be addressed as a stand-alone issue. A multisectoral, systematic approach that is driven by the perspective of a social standard and responsive to cultural constructs is important for successful programming to transform hearts and minds and to achieve continuous abandonment of work. In co-operating for both societal traditions and religious purposes, the philosophy of reform was introduced to eliminate the tradition, which still exists.

The United Nations realized that traditional practice within a culture needs to change (Programme et al., 2012). Phrase 3 accepts that FGM's is centuries-old practice which is a societal custom, underpinned and profoundly rooted in history by underlying gender roles and power ties. The decision to end female genital mutilation must come from within the community. It should be produced by women, men and political leaders who will shape and continue this transformative social transformation together. By engaging groups in self-examination and conversations and empowering them to act together, the Joint Initiative attempts to set this process in motion. (Programme et al., 2012).

The UN's approach to FGM was primarily based on the social norm principle, which clarified how some negative social practices became self-enforcing and immune to reform social conventions. Furthermore, the principle discusses how to coordinate a convention's mass abandonment in a timely manner. (John LeJeune, 2009). Thomas C. Shelling proposed the principle of self-enforcing social norms in 1960, and Gerry Mackie applied it to both foot binding in China and female genital mutilation in Africa in 1996. The theory offered insights into why such behaviours continue and helped to establish community-based FGM abandonment strategies. This idea was further refined by Mackie and LeJeune, who provided a philosophical framework for interventions aimed at facilitating the abandonment of FGM while fostering civil rights and upholding the history and traditions of local societies.

Three social factors, in particular, hegemony, community (ethnicity and religion), and marriage eligibility, all contribute to the perpetuation of FGM within societies. (John LeJeune, 2009). The basic principle of the theory of change is that for the permanent elimination of FGM requires adoption of the new norm of keeping girls intact. UN members reasoned that if program efforts succeed in giving those who have committed to the new standard of holding girls intact a stronger voice, exposure, and resonance, then exploration and dialogue would be encouraged, increasing the campaign to end the practice. (2015 Annual Report UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change, 2015). In Phrase III, the Joint Plan implemented the following cross-cutting strategic measures in order to increase the efficacy of the programme, drawing on the programme's strategy:

- Strengthen the enabling environment by holding governments accountable for the development of policies and legislation, and for ensuring adequate resources to end FGM;
- Scale up the amplification of social norms change interventions that support expanding collective knowledge and strengthening champions for the elimination of FGM using a broad range of interpersonal and innovative mass/social media communications strategies;
- Address gender norms in support of gender equality and girls' and women's rights;
- Expand youth engagement to harness the strengths and advantages of demographic growth and empower them to drive the end of FGM in their communities and countries;
- Address the trend of medicalization by galvanizing health professionals to champion the end of FGM as a human rights violation; and
- Establish a global knowledge hub for the measurement and dissemination of social norms and good practices captured by the Joint Programme for policymaking and improved programming.
- At the heart of the programme is the recognition that eliminating FGM on a large scale requires a collective and coordinated choice so that no single girl or family is disadvantaged by the decision. The Joint Programme seeks to collectively create new social norms by creating a supportive and enabling environment
- That is an environment that is conducive to and facilitates change, as well as removes bottlenecks that inhibit change at the household, community, organizational and policy levels. For this reason, the Joint Programme's approach continues to be holistic, with domains of change or outcomes that are complementary and mutually reinforcing (The European Parliament, 2014).

In Gambia, the Joint Programme aided and enhanced the efforts of Tostan campaigners and other NGOs collaborating with groups to obtain mutual public declarations to end the activity. This work, through the Gambia Committee on Cultural Activities Influencing the Welfare of Women and Girls, intensified the bottom-up demand for social reform (GAMCOTRAP),

which was influential in gaining support for the elimination of FGM. A radio hotline, where people could dial anonymously, also helped to get the topic out of the darkness.

In recent times the Gambia Joint Programme developed four strategic outcomes that followed the eco-social framework, such as individual, family, interpersonal or community-level changes, institutional and social-policy level changes to influence the existing normative structures that support the practice of FGM.

- a) **Meaningful Engagement of Children and Adolescents:** With the technical support from UNICEF, local partners established and strengthened the Children's National Assembly of the Gambia (CNAG) to promote the meaningful participation of children, who constitute a vulnerable group in society when it comes to FGM perpetration in The Gambia. This is done through introducing FGM in school curriculums.
- b) **Empowering Women and Girls through Transformative Social and Gender Norms:** The Joint Programme is focused on changing the social and gender norms by targeting the *Change Agents within Communities*. This is done through involving, traditional opinion leaders, women's council members, health workers, teachers, students and mothers' groups and the use of social media were used to accelerate the abandonment of FGM.
- c) **National Level System Strengthening:** Already Gambian Government has formulated relevant FGM laws to criminalize the practice and in the recent programmes a FGM Steering Committee is formed to add drive to the campaign against for the practice to be abandoned. Furthermore, a decentralized community child protection case management system led by UNICEF has been established to further facilitate the engagement of local governance authorities through community structures to provide prevention and response services for children against FGM.
- d) **Strengthening the Access and Availability of Information and Services:** efforts were made to strengthen integrated services for FGM

survivors whilst also serving as a deterrent to the medicalization of FGM through active engagement with the Ministry of Health, Ministry of Women, Children and Social Affairs and Department of Police. Information shared through this partnership is used to convince communities, women and perpetrators of FGM of the negative effects and consequences of FGM on girls and women among other things. Information sharing on FGM needs to continue and an integrated referral pathway sustained for every region.

However, the Joint Programme still faced number of challenges encountered in the campaign against FGM, which can be summarized as follows;

- I. Evidence suggesting an increase in anti- Western sentiment which can adversely affect the perception of the work and motivations of NGOs in country
- II. 'Fluctuations' in government position regarding FGM – and threats to those campaigning against the practice
- III. Powerful religious stance that is supportive of FGM continuation
- IV. The limited enforcement of FGM laws and regulations due to strong social and gender norms that favour FGM practices.
- V. Reported friction and a lack of collaboration and cooperation amongst different organisations working on FGM
- VI. There is also not enough understanding of the main drivers of FGM in the country, which implies the necessity for an in-depth normative study.
- VII. The Ministry of Women, Children and Social Welfare, which has been established as a new distinct Ministry in-charge of gender equality, women's empowerment and the eradication of FGM, is comparatively very new in The Gambia. Previously, the FGM programme was coordinated and implemented by the Women's Bureau under the Office of the President. This shift caused a delay in the development of the National Strategy and Costed Action Plan for FGM which would have guided most interventions in the campaign against the practice.
- VIII. Limited availability of data on FGM to guide planning in the campaign against the practice was also a challenge. The introduction of an FGM



tracking tool could provide an opportunity for the collection of data on FGM on a routine basis(Gambia, n.d.).

With multi-stage programming that involved several UN bodies and various government offices in Gambia, the practice of FGM has declined in the Gambia. However, significant numbers are still practicing it due to some inherent challenges. Firstly, socio-cultural beliefs that promote the practice of FGM remain entrenched in most Gambian communities. Many Gambians continue to believe that FGM is sanctioned by their culture and religion, hence the need to continue to circumcise girls. For young girls over the last two years 0 to 14 reveals a lower number of 51%. Significant proportions of the population continue to believe that the practice should be continued. About 48.9% of the women aged 15-49 years believe that FGM practice should be continued (MICS, 2018). Despite the significant efforts by the UN, pledged assistance and multi-year commitment against the practice, it failed to influence the desired change in the popular attitudes(The European Parliament, 2014).

## **CHAPTER 3**

### **THEORETICAL FRAMEWORK**

#### **3.1 INTRODUCTION**

The earlier chapter has shown the historical roots of how the UN aimed to end FGM in recent programs, which rely on the social norm theory in order to induce change in FGM practice in communities and societies. The hypothesis of the social norm theory of change by the UN in the joint program suggests that the perpetuation of harmful behaviours and the development of new ones may be attributed to societal motives that often include the values and behaviour of the whole society rather than only people and their families. It looks at two types of values: beliefs of what other people do (typical behaviour) and what others think people can do (appropriate behaviour) (John LeJeune,

2009). The theory of social norms has been an influential paradigm for interpreting health-related practices and has had an impact on the nature of programs aimed at generating social change in recent years (Shell-Duncan et al., 2018, p. 2). They take collective and preventive approach to FGM. Such programs are especially important for the Mandinka tribe in Gambia, which has had the highest rate of girls with FGM in the Gambia, but has remained largely ineffective.

The aim of this chapter is to show that although this theory provides a pathway for how society and communities are supposed to change, it is ineffective since the UN only paid attention to the prevention of the practice by changing collective behaviour and failed to address the benefits individual women gain after the practice. In other words, there remains an important gap between their definitions of FGM as violence with cultural collective factors to blame and the individual security these norms guarantee when FGM persists. My study will add to the existing literature providing an alternative interpretation of how else the phenomenon can be studied. The question then becomes how well do we understand the meaning and function of the FGM in the context of communities and members who obey this custom (Haver, 2018). In particular, the research takes a different angle to show that the UN awareness programs provide preventive measures but do not provide alternative measures for those women in the society who decide to abandon the practice. The theory of ontological security can be used to explain why there is still the prevalence of the practice of FGM despite the ban in 2015 in the Gambia. The theoretical framework will first, discuss the core assumptions of ontological security and then apply them to the study of FGM.

The theory of ontological security which deals with the fact that a Mandinka men and women know the implications of the practice of FGM highlights the importance of remaining accepted in society and ability to remain secure in freely expressing him/herself. The theory of ontological security gives a new insight why the practice is still persistent in the Mandinka society. The theoretical framework is divided in two sub-sections each highlighting the theory I am using to interpret the FGM.

### 3.2 Ontological Security

This dissertation notes that the correlation between FGM prevalence and identity has been delved into only in limited studies (Haver, 2018, p. 12). The concept of ontological security, over the years have gained prominence and has been applied to various studies in the humanities and social sciences to understand security dimensions beyond physical security. Ontological security was first introduced to the discipline of International Relations (IR) by Jef Huysmans (1998). Jennifer Mitzen and Brent Steele have both comprehensively theorized how ontological security could be applied to IR. Joenniemi (2017) citing Mitzen and Steele (2006: 342) define it as

The desire to perceive oneself as a whole, continuous person in time, as existing rather than continuously shifting in order to understand a sense of agency... [Further adding that] people need to feel secure in who they are, as identities or themselves.

Any fundamental ways of ambiguity challenge this security of identification (Browning & Joenniemi, 2017, p. 6). The uncertainty of community responses and sanctions and potential unfit into social norms of the community is a powerful practice that hierarchies use to keep control over their members. Steele (2008) shows that community members will “pursue social actions to serve self-identity needs, even when these actions compromise their physical existence” (Browning & Joenniemi, 2017; Steele, 2007).

In relation to this thesis, ontological security will be studied on the basis of the analytical framework of Stuart Croft, who operationalized ontological security as a need to construct biographical continuity, establish a web of trust relations in the community, self-integrity, and a continual struggle against insecurity (Kirke & Tom, 2016). According to scholars, ontological security answers the question of why actors, such as states and individuals, do things that are costly to their physical security. They contend that before they can do anything else, actors must protect their social life (Pratt, 2017).

Ontological security investigates what motivates people to protect their self-identity. Ethnicity is the most important factor in the occurrence of FGM, cutting

through socio-economic groups and levels of schooling. Members of such ethnic groups also observe the same social rules, including whether or not to practice FGM, irrespective of where they reside (UNFPA, n.d.). According to Brent, the ethnic factors that motivate people to conduct FGM are mortality and honour. Mortality in the Mandinka society refers to the valued authentic good culture, which should be secured for future generations, i.e. a tradition that needs to be upheld. Furthermore, the honour practice vests pride into the girl child to be mutilated: the moment the girl entered the bush and undergoes FGM she comes out as a woman.

The study for the thesis is focused on the Mandinka ethnicity. Where most Mandinka girls between the ages of four and ten perform an initiation ceremony called *nyaakaa*, which includes FGM. (28 too many, 2015; Profile, 2015). Girls are converted from *solima* (uninitiated girls) in this ritual into girls who know the secrets of the ritual that will later in life ready them for marriage and motherhood. Over a period of several weeks of seclusion, girls learn the values of reverence, obedience, endurance and privacy/discretion, as well as realistic talent, poems, dances, proverbs and secrets of femininity. The key aspects of learning involved in Mandinka (*nyaakaa*) initiation are the reasons why FGM has been carried out, as well as the virtues of female behaviour. (Profile, 2015). Respect (*horomo*), secrecy (*suturo*) and endurance (*sabati*) are collectively understood as "knowing the eye" and are closely interlinked (Skramstad, 2008). The first and last principles are taught through the agony of the initiation ritual, while the training of pain tolerance begins before initiation, when young girls' hair is braided (a painful process that is taught to suffer in silence) (Profile, 2015). This ritual is incorporated into the social structure and mentality of community people such that those that are circumcised earn praise, respect and inclusion. The strong element of peer pressure between generations to fit into their immediate group and be accepted; to receive the honor associated with the practice.

Thus, honour practice is a sign of womanhood in the culture, allowing one to associate with other female counterparts in the community when it comes to decision-making. Girl's contribution is welcomed. The theory further gives an explanation of why parents are under pressure to honour what the ethnic norm

requires them to do, especially mothers, despite knowing the consequences that FGM has on their daughters. The norm is a force that coerces them individually to honour the practice, because they would not be recognized as complete in their female identity otherwise. In other words, since the practice is regarded as generational custom to be continued for this society to have a sense of identity, FGM as a norm needs to be protected. It is really difficult to break out of a tradition in the Mandinka community as every ritual is regarded as the fabric of culture, no matter how hard the women try, or may want to try, to break out of a tradition, to break out of thought and action patterns that are integral to their culture.

UN scholarship on FGM fails to interpret FGM as an identity protection, where society refuses to accept change despite the knowledge of the practice been harmful. The theory of ontological security explains the reasons why Mandinka men and women, conscious of the fact that there are implications that the practice has on girls, prefer to conduct the practice, because their individual identity of who they are will be affected. The theory shows that the power of culture forces people into specific patterns of thought and behaviour, because of the internalized conceptions of morals, ethics and beliefs adopted through communication and interaction with other cultures. These habits do not really serve the person, as in the case of FGM, but no one is persuaded to challenge those customs because the practice is seen as part of their individual identity. In relation to authority the theory shows how men's authority in the society is an identity that acts as a way to control and preserve sexuality in the context of FGM and exhibiting the patriarchal nature of community, handed down from generation to generation. Because of the patriarchal structure that may sanction their individual ontological security, they tend to reject all possible means to end FGM in their communities.

In particular, sanctions can vary and exist in various dimensions of social life. Ontological security is closely related to routine security in terms of environments and relationships, as well as the promise that there will be no delays. Esteem takes the person away from negative emotions and ideas, such as fear and danger. Such negative emotions stem from the uncertainty of everyday life, which provides us with a multitude of choices for any decision

we must make. If they represent a certain degree of freedom of choice on the one hand, they often represent the possibility of making a bad decision due to insecurity or a lack of criteria on the other. To be ontologically stable, according to Giddens, ontological insecurity is the product of crucial circumstances, radical and unforeseen disjuncture that challenge or break the principles of institutionalized routines (Giddens 1984, 62). As a result, the practice makes identity construction of the internal representation of the woman that allows her to survive without stigma. While Non-FGM women may be physically uncut, however they are stigmatized within the society. The stigma is aggravated by the fact that the UN fails to address changes in the society, particularly because of the environment where FGM is associated with anti-HIV, and other challenges.

### 3.3 ONTOLOGICAL SECURITY VERSUS ONTOLOGICAL INSECURITY

In order to clarify the theoretical framework, the table below summarizes operational criteria for ontological security and insecurity in the Mandinka with regards to the practice of FGM.

Ontological Security	Ontological Insecurity
<p><b>WOMANHOOD</b></p> <p>That the practice is deeply rooted of what it means to be Mandinka Girl in the society they live in. FGM allows her to acquire a particular cultural identity.</p>	<p>The fear of individual stigmatization and ostracism is strong and the community seems to be so immovable that the practice simply persists. One is risked being excluded from certain female activities and functions. No one will respect an uncut woman because they perceive her as a child,</p>
<p><b>MARRIAGE</b></p> <p>Marriage is viewed as noble, caring and elevates the role of a woman within the society and circumcision is inseparably related to marriage,</p>	<p>A woman risks staying unmarried without submission to FGM. The sanctions may also include</p>

so it is an honor to be identified as a woman eligible for marriage.	additional attributes of being 'dirty', carrying HIV, etc.
<p><b>CHILDBIRTH</b></p> <p>Practicing cultures such as the Gambian Mandinka societies see FGM as important as a rite of passage to womanhood as it enhances the fertility rate of females promotes smooth delivery of children and leads to different healing forces.</p>	<p>If an unmarried woman without FGM delivers a child, she will no longer receive the support of the family, society. Because the society forbids them from engaging in decision-making and communal events and also finds them to be children who cannot behave according to social standards and expectations.</p>
<p><b>PARENTHOOD</b></p> <p>In the Mandinka society the perceived notion that womanhood requires the cutting of the vulva, women who are not cut will always be routinely omitted because of the perceived notion that womanhood involves the cutting of the vulva(Haver, 2018, p. 36).</p>	<p>The general opinion that their daughters are cut off by proper and reliable parents as the practice is considered to be an essential and important part of life. Parents would not want to risk been alienated as going against tradition and failing to be decent.</p>

Table 1: ontological security versus ontological insecurity

The gap in the literature mentioned above shows that identity tends to be seen as relationally linked to dispositions, descriptions and judgments that we and others make about ourselves. Thus, international organizations, such as the UN fail to acknowledge the role of individual ontological insecurity for those who choose to stay uncut.

## **CHAPTER 4**

### **RESEARCH METHODOLOGY**

#### **4.1 INTRODUCTION**

The purpose of this chapter is to outline the various research strategies utilized in the study, justify the various ways and methods of data collection and data analysis. All of these will be based on ensuring validity, reliability and replicability of our research design. This research will rely on the mixed method design in order to get and analyse the data to sustain the validity of primary and rival hypotheses.

#### **4.2 METHODOLOGY**

As mentioned earlier the research will rely on the mixed methodology design to prove the hypothesis, mixed methods of study imply the implementation of a research approach using more than one form of method of research. A combination of qualitative and quantitative methods, a mixture of quantitative methods or a mixture of qualitative methods may be a method (Brannen, 2018).



An in-depth analysis of a single research topic is a case study used to analyse the hypothesis as well as to establish theories and to authenticate a process (Sudhakars, 2008). In testing whether a given hypothesis and model really corresponds to a real-life phenomena, the design of case study analysis is also useful.

### **4.3 RESEARCH PARTICIPANTS**

This study relied on the type of non-probability sampling technique, the **purposeful sampling**. Non-probability sampling focuses on methods of sampling where the units analysed are based upon the decision of the researcher. The purposeful sampling of primary studies for synthesis is one way to obtain a manageable amount of data (Ames, 2019). The sample group was requested to complete questionnaires that aided this thesis in proving the hypothesis.

### **4.4 DATA COLLECTION**

In this research, data collection has been conducted through the questionnaire administered through Google forms. These questionnaires were distributed to 34 Mandinka girls around the age of 18-45 in the grater Banjul area. Beforehand, participants were notified regarding the study and their consent was obtained. Participants have been advised that participation is optional and that all participants have the right to withdraw from the study at any point of the data collection process. All participants were free to take as much time to answer the questions as they wanted.

### **4.5 DATA ANALYSIS**

The purpose of the study is to classify those important to the response to a specific research question (*APA thematic analysis pre-pub*, n.d.). The thesis used a simple factor analysis to analyse the relationship between one independent variable and one dependent variable. The research used the Google docs statistical package to analyse the data of the responses made by Mandinka women who experienced FGM and have filled the survey.

Furthermore, the research utilizes thematic analysis is a tool for the analysis of qualitative evidence It applies to a set of texts in this thesis, such as the work that the UN has been undertaking and all the details available on the programs that it performs. The researcher systematically examined the knowledge in order to understand general trends, terms and sense patterns of concepts that often occur (Jack, n.d.). There are two approaches to thematic analysis which are the inductive and deductive approaches: an inductive approach requires allowing evidence to decide the themes. A deductive approach involves going to the data on the basis of theory or actual knowledge and some preconceived themes you want to see reflected there (Jack, n.d.). The research relies on the deductive method to analyse the data from the survey to measure the notions of patriarchy and structural violence and compare them with the importance of ontological security and insecurity from the theoretical framework.

To prove the hypothesis, the gathered data from the online survey is reviewed specifically through the Mandinka group. The data analysis of the work grouped different survey questions accordingly which come up with themes major which are:

- **Ontological security versus insecurity** why women despite knowing the effects of FGM and still take their daughters to be mutilated. In doing it will answer how FGM does influences women identity and a sense of belonging in the Mandinka community.
- What meaning is attributed with FGM as a ritual in the Mandinka context?
- Why do Mandinka women are reluctant to speak on the issue of FGM in the society.
- **The questionnaire also wanted to measure the relevance of the theory of structural violence** and if the men make major decisions in the household; if they do not agree if their girl child will not to be mutilated, which may contribute to the decline of the practice in the community. Furthermore, structural violence and ontological security

are sanctioned by the **traditions and culture** contributes to the prevalence of FGM in the Mandinka society.

- Thirdly it will show that the UN has dedicated resources to fight the prevalence of FGM in the Gambia for years. Campaigns and workshops are held to create awareness of the health implications of FGM and how it violates women and girl's universal human rights. However, the UN fails to acknowledge the role of individual ontological insecurity for those who choose to stay uncut. Furthermore, that most people are not aware of UN awareness and the UN are not doing enough to eradicate the practice in the Mandinka community (Haver, 2018).

## **CHAPTER 5**

### **DATA PRESENTATION ANALYSIS AND DISCUSSION**

#### **5.1 INTRODUCTION**

The purpose of this chapter is to present the available data that was collected during the qualitative survey, analysis and tries to answer the following themes why FGM persist despite the UN awareness programs in the country. Data collection was done through an online base survey (Google survey), where targeted participants of Mandinka filled the questionnaire. To analyse the data, the study used a factor analysis method. It factored and deduced arguments which were highlighted in the theoretical framework, to prove the hypothesis and the gap in the literature review. The study employed the use of charts, graphs and tables to present its findings. It will discuss and shows that the persistence of FGM in the Mandinka community is as a result of the ontological security of identity with FGM being part of their culture. Furthermore, it shows that the society is structured as a patriarchy making it difficult for the FGM to be eradicated, since most decisions are made by men. The first part of the analysis begun with the presentation of the socio-demographics of the

participants and then present three key areas to prove the hypothesis of the study.

## **5.2 RESEARCH PARTICIPANTS AND RESPONDENTS SOCIO-DEMOGRAPHIC CHARACTERISTICS**

This section gives the general description of the respondents who completed the online survey and gives the description of the women in the Mandinka community. The table below also indicates that majority of the females ages ranging from the 26-35 years group and it accounts for 59% of the respondents.

Age Group	Number of Females
18-25	12
26-35	20
36-35	2

Table 2: *Age ranges of Mandinka women*

From the data only two females did not undergo FGM and 94% of them have undergone the procedure, which proves that FGM is highly practiced in the Mandinka society.

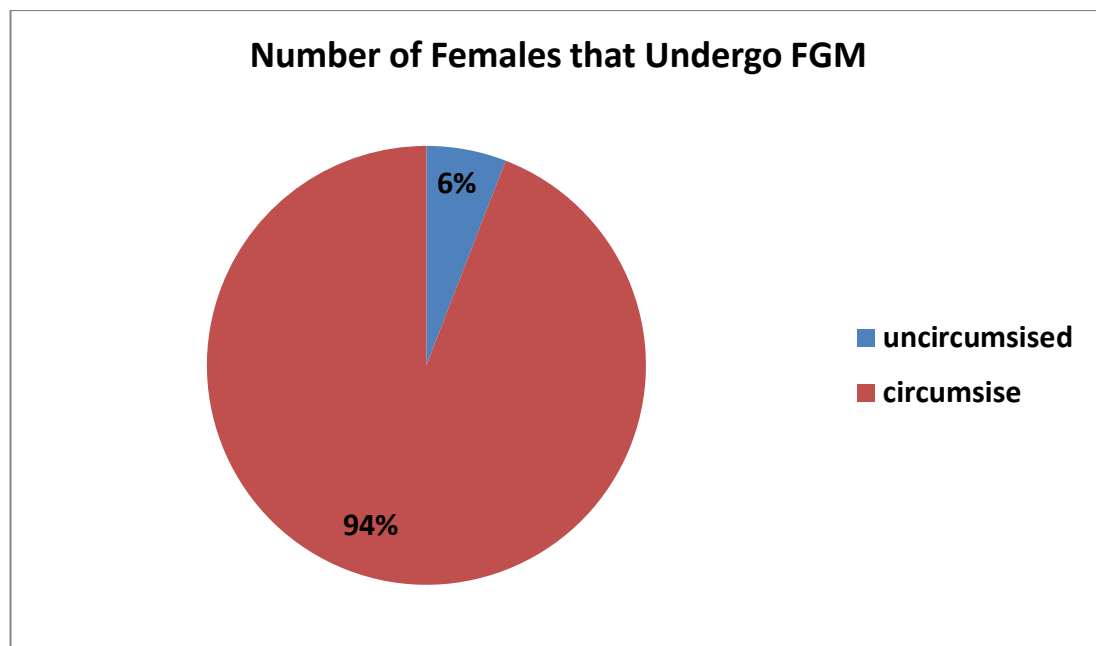


Figure: 1 *percentage of girls that undergo FGM*

### **EDUCATION LEVELS OF PARTICIPANTS**

The educational level of the participants were also included in the survey, and where categorized into primary education, high school education, Bachelor degree, master's degree, and PHD. Few respondents have the Master's Degree level and 68% of them attained a bachelor's degree. The study making the assessment on their level of knowledge of formal education shows that despite them being educated, they still decide to conduct FGM on their children.

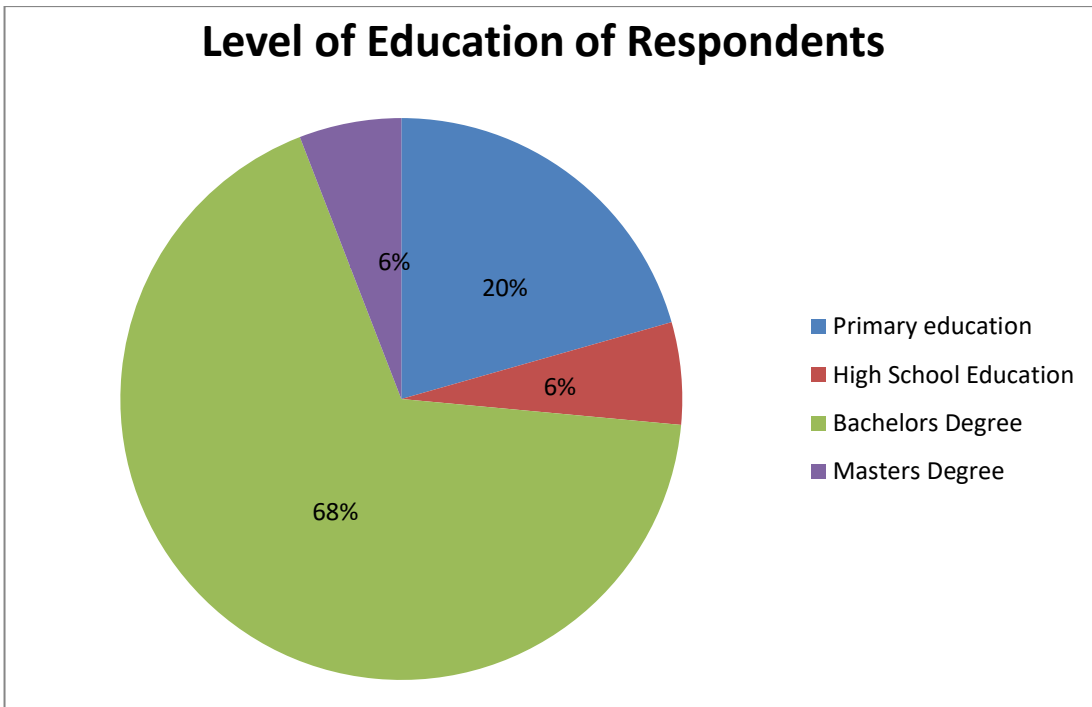


Figure 2: level of Education of respondents

**MARITAL STATUS OF PARICIPANTS**

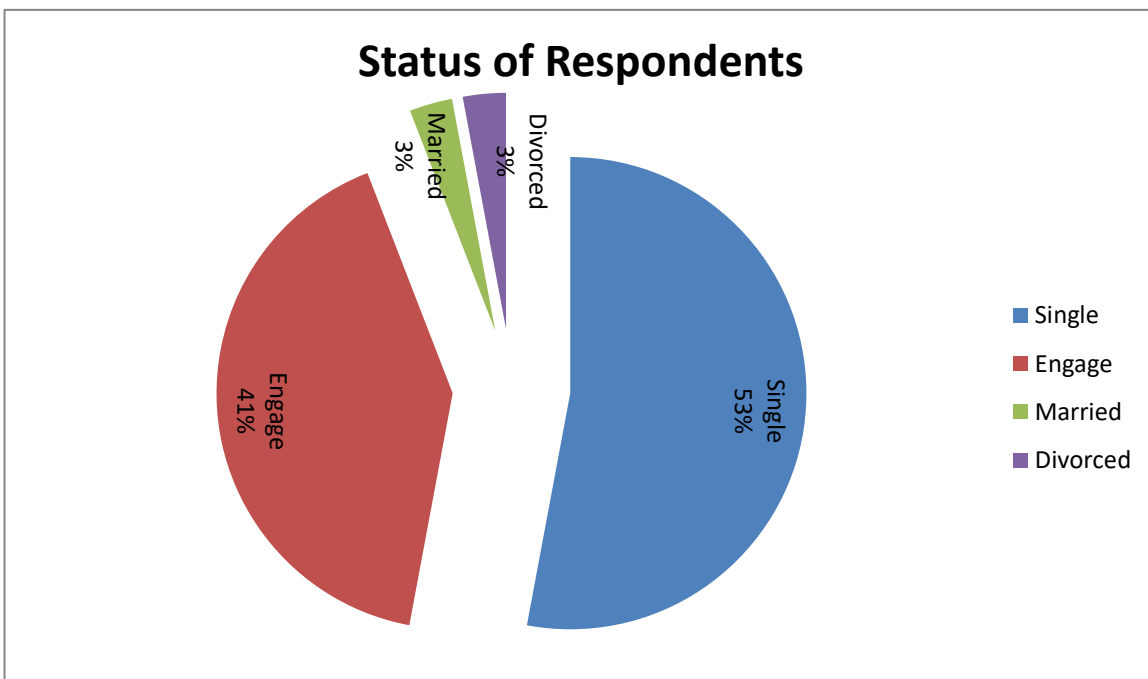


Figure: 3 statuses of respondents

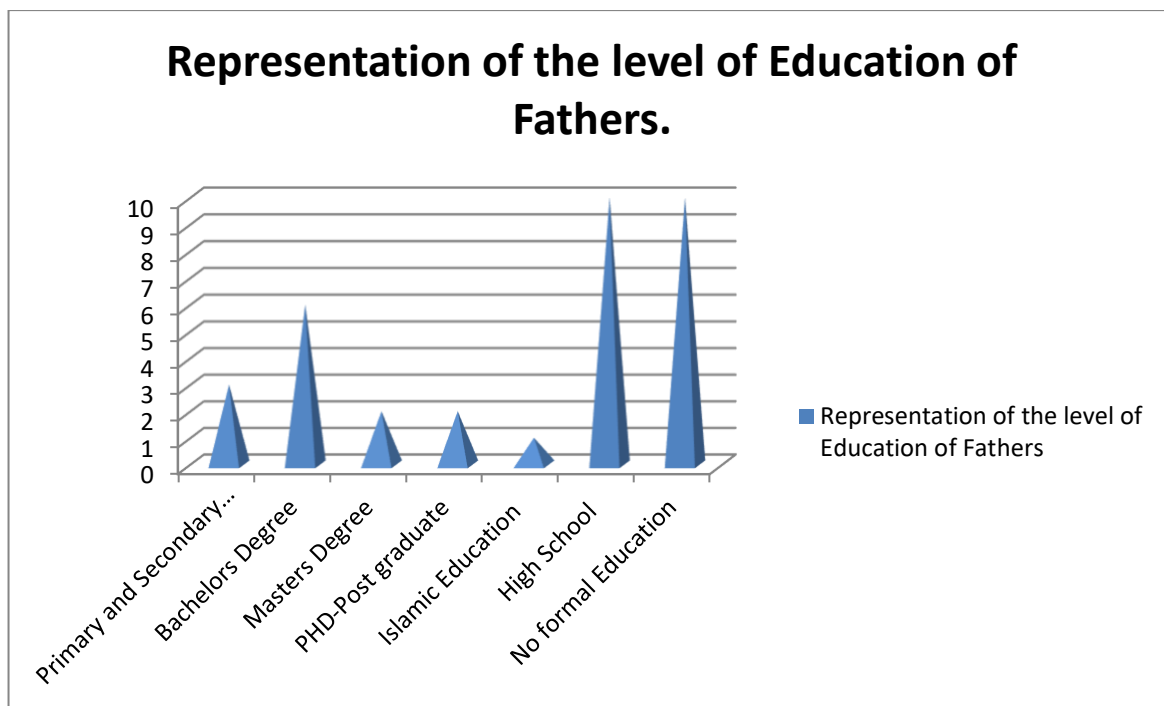


Figure: 4 level of education of Fathers

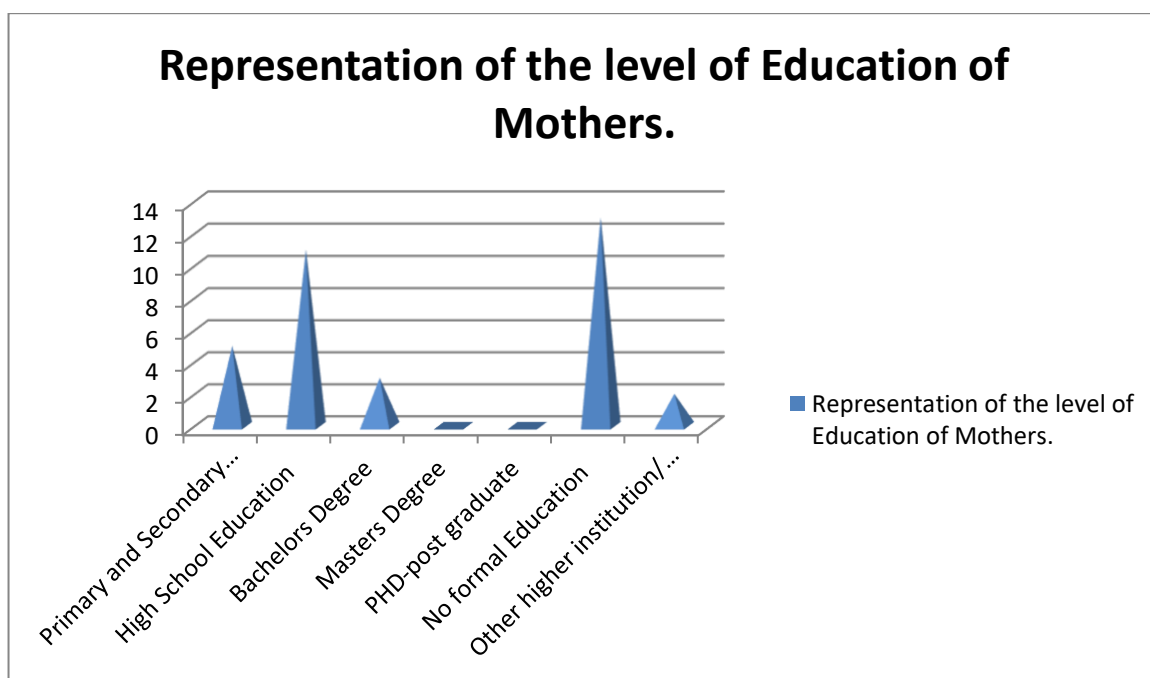


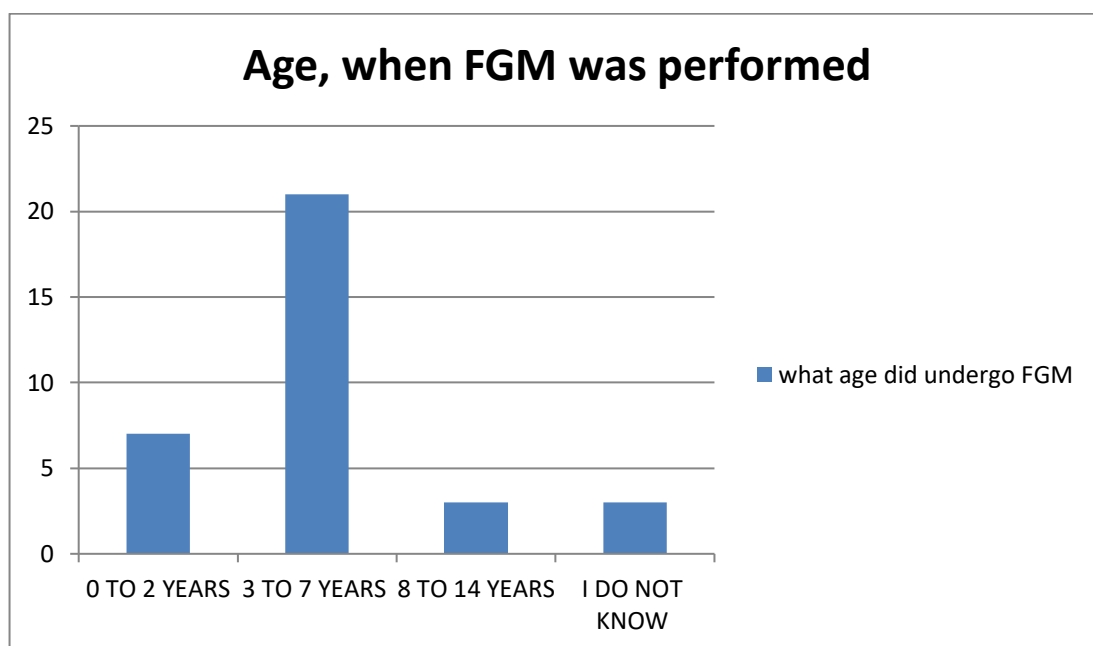
Figure 5: level of Education of Mothers

According to graphs above, high percentage of girls who responded and have undergone FGM have mother's who have no education, showing that the lack of education may have impacted their level of understanding of the practice to their daughters. While that is the same case for the fathers as

the first graph indicated most of the fathers have received formal education and know the effects of the practice but still will approve for their daughters to be cut.

### 5.3 ONTOLOGICAL INSECURITY: PATRIARCHY AND FGM

This part of the analysis proves that patriarchal nature of the Mandinka society, contributes to their reluctance to talk about the issue of FGM in the society. According to Burke and Stets (2009), role identities are the internalized meanings obtained partially from the cultural context and partly from the individual's interpretation of the character (p. 114). In Mandinka society women are subordinate to men and only have a minimal say in matters that are relevant to their lives(Haver, 2018) thus men make the decisions that women should follow.



*Figure 6: Age respondents undergo FGM*

Most of the children before the age 7 have undergone the procedure, the above chart proves that society has violated the rights of the child subjecting them to this practice without their consent.



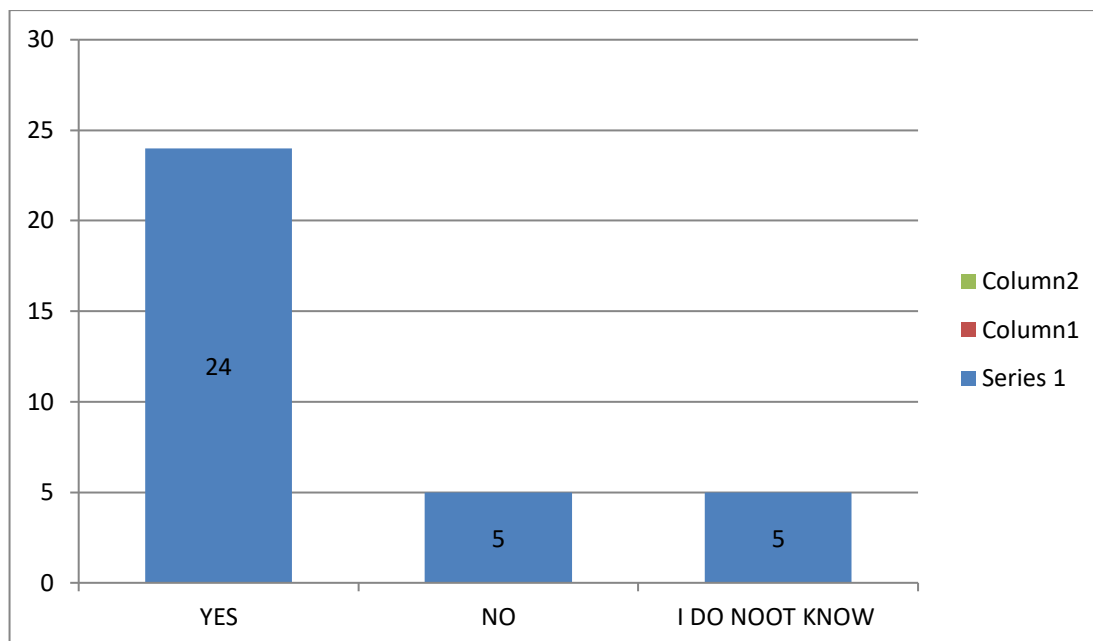


Figure 7: Was your father Aware when FGM was conducted on you

Out of the 34 participants, 71 percent attest to the fact that their fathers are involved in making the decision whether to be cut or not. It proves that fathers have a dominant role in favouring of the practice in the community.

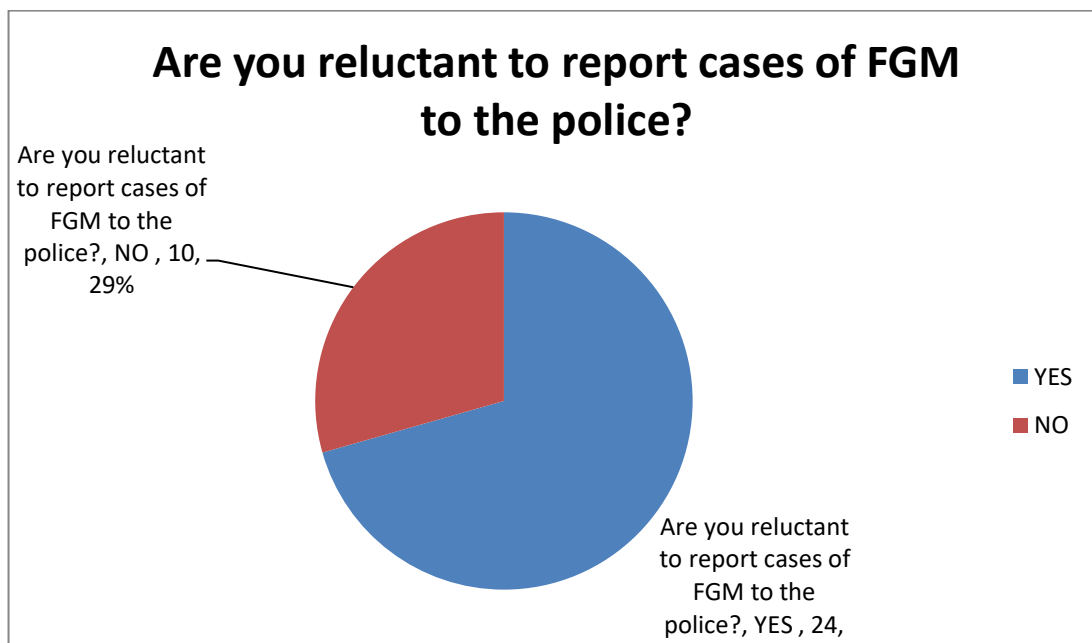
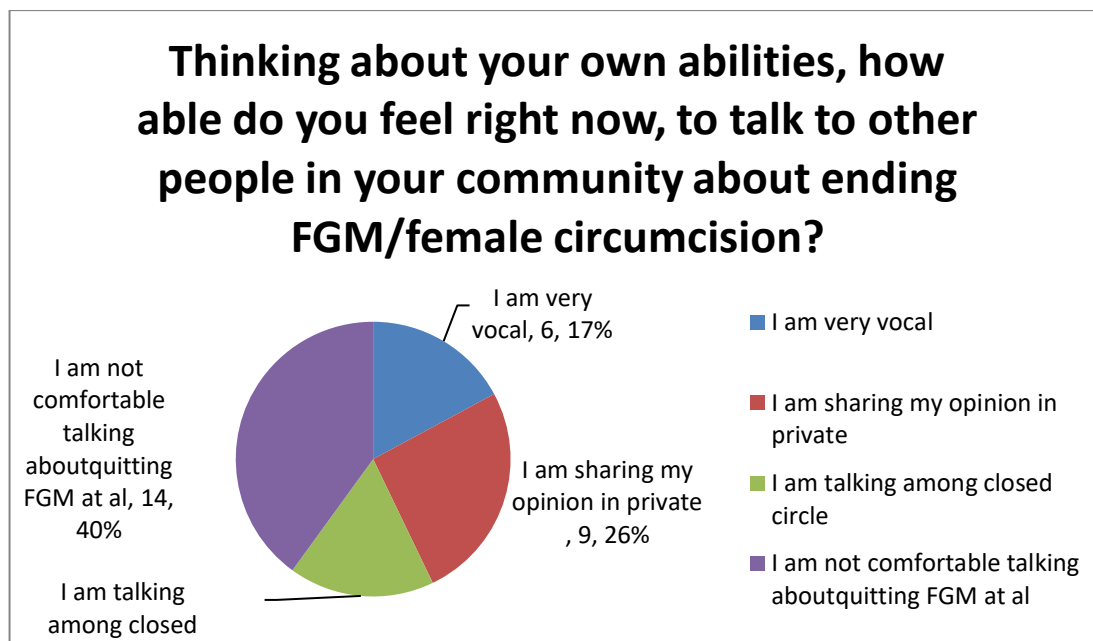


Figure 8: Reluctance to report cases of FGM

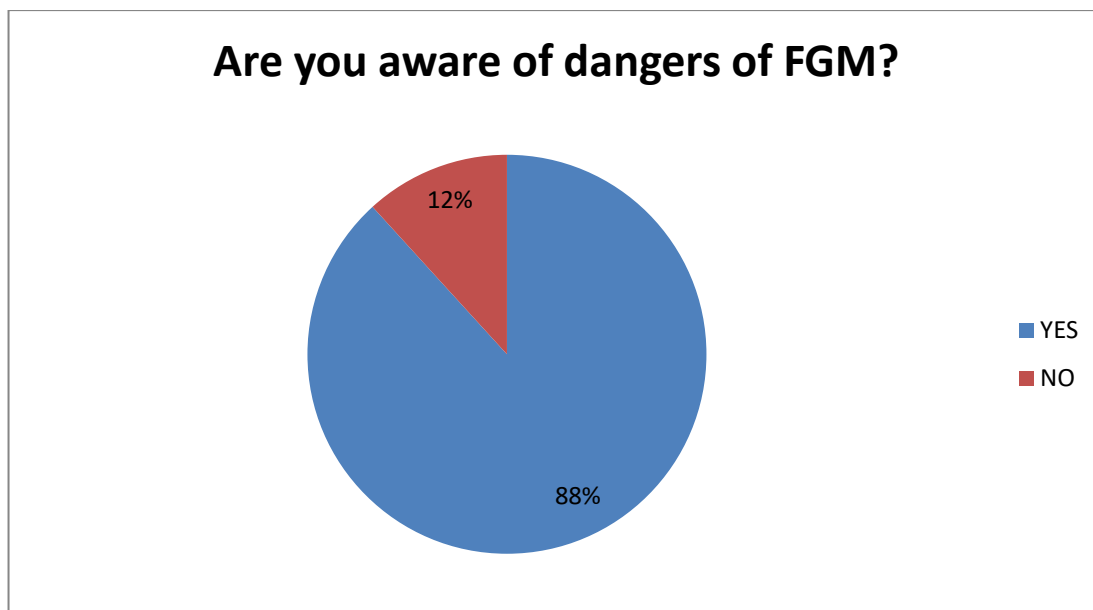


*Figure 9: Abilities to talk about FGM*

Some of the responses highlighted that “They do not talk about...” or that” they will go to these programs against FGM but still take their female children for them to be cut”. One participant cited that ‘They are the mothers, so they make the decisions but however they refuse to speak of because of society pressure’. The above charts and responses prove that the society is structured in a way that women find it very difficult not to take their daughters to be mutilated. Society pressures women to talk about the issue of FGM to the authorities many see it as a betrayal to talk to the police.

#### **5.4 FGM AS A RITUAL IN THE SOCIETY**

In the Mandinka society ceremonies and rituals play a vital role in their culture and signify as part of the identity. They believe in the essential rituals of they believe is to be kept and distinct them to be Mandinka, for example there is a ritual call the’ Maayo Bitoo’ a ceremony that is done to a woman who is married, a practice which signifies that you are now a proper bride in your husband household. The practice of FGM in the Mandinka culture signifies the transition into woman by a female child.



*Figure: 10 are you aware of the Dangers of FGM*

In the above chart, the question “are you aware of the dangers of FGM”, it shows that out of the 34 respondents, 88 percent of them responded yes. According to the table below respondents despite knowing the dangers of the practice, believe the practice should be continued because of culture and insecurity associated of breaching it.

Reasons why the practice continues	Number of Respondents	Percentage
Tradition and culture	21	62%
It Is about a Girl's Chastity/Moral Cleanliness	9	12%
Religious Belief	4	26%

Table 2: Why do you think FGM is performed in your community?

Out of the three responses the reason why FGM is performed in the community from the above table it should proves that despite them knowing what the implications of the practice it is done because it is part of their tradition and culture. Ontologically they prefer to preserve the culturally sanctioned identity because it allows them to be recognized as a Mandinka woman.

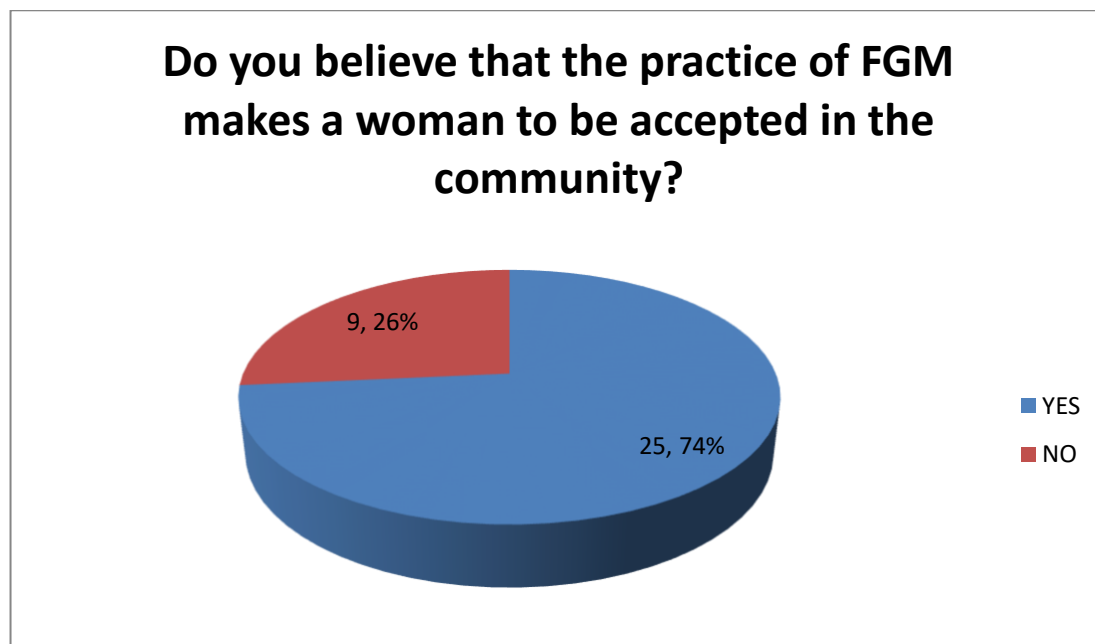
Girls who are uncut face lot of challenges in the Mandinka society and are often segregated from activities that are done by women in the community and most times seen as little child who are unable to make decision as some highlighted “when grown women talk children should listen”. The cutting gives the woman assurance that she is a part of the woman community; this has prompted women to conduct FGM on their daughters. According to some of the responses of participants it further proves that FGM is associated with the woman’s identity in the community. “Because it makes you a woman you are clean and can control yourself sexually. It is has been a culture for generations...it is the ritual passage to womanhood” (survey data). While many emphasize that “Most families take it as a pride that their child is mutilated”. Furthermore, “It is essential ritual to the Mandinka culture because it is belief that girls will control their sexual desires until marriage”. It is because traditionally it is believed that women who pass through the ritual are the real women in the society and ‘It is essential in the context that, most families see it as a thing of honour’. Another participant made mention that ‘In the Mandinka culture it makes you a woman until if you are not circumcised, you are call names and considered as nobody in the society’ and ‘because they believe it’s an important part of their culture’.

These responses refer to the transformation into womanhood, as the first stage in the list of cultural activities. A circumcised woman is respected by his husband, in-laws and the community because only a girl who undergoes rite of passage to womanhood is accepted in society. When a girl child is not circumcised, the community regards her as an unclean woman. The respondents echoed this argument by citing the following about FGM: “it makes you clean”, “it ensures virginity before marriage and fidelity after marriage”, “it makes you a woman and you are taught in the bush,”“helps you not to act like a child anymore”. In addition, numerous respondents pointed these ideas out in the following statements:

- If an individual who is not circumcised cannot attend woman activities in the society; it is an essential ritual if not conducted, your parents will be insulted which forces them to make you circumcised.

Other responses highlighted the generational factor that “Because many of them say they see their grandmother do it that's why they continue doing it” and “Yes, the practice should continue because it has been there since our great grandparents” (Survey Data). And “in the context that every household sees it as a compulsory ritual, it always has to be done” (Survey Data).

### FGM AND ACCEPTANCE OF WOMAN IN THE COMMUNITY



*Figure: 11 Do you believe that the practice of FGM makes a woman to be accepted in the community*

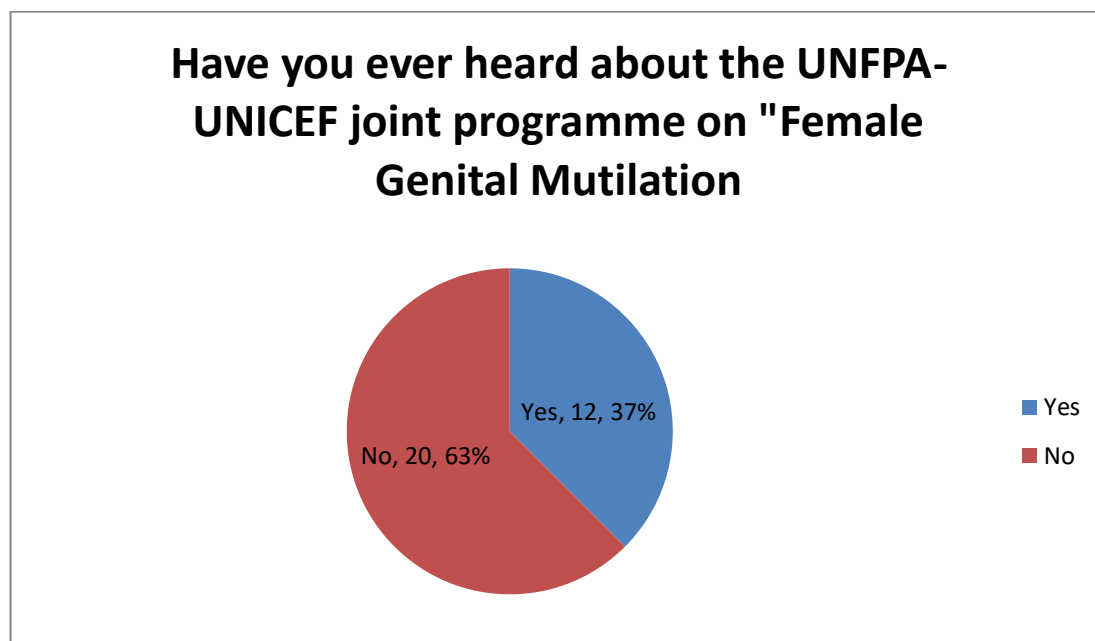
From the above chart 11, the study tries to highlight that whether the practice of FGM plays a vital role of how women are perceived in the community. Out of the 34 respondents, 74 percent majority attest to the fact that FGM is considered to make a woman accepted in the society.

Some of the respondents in their own words if you decide to speak to end the practice: “You are considered mad for even talking about it; it is taboo because it is believed it entails secrecy that nobody should know”. Respondents feel: insulted, humiliated, outcaste, ostracized, and regarded as immoral” (Survey Data). Women also mentioned that girls who talk about it, “will be trolled over adopting western culture “and that “the elders will seems like you're violating their norms and cultures and exposing girl child

to early sexual acts”. They echoed similar sanctions that were mentioned before, that as an outcome, one can be “insulted and excluded from the community; excluded from certain female activities; no one respect you because you are seen as a girl not a woman no matter your age” (Survey Data).

Furthermore, a participant responded that “talking about FGM makes one pointed out as someone who is against culture and incurring white culture onto our society. [As if] She'll be side lined by everyone in the community” (Survey Data). One person who confirmed that they have spoken up reported that she has “lost a lot of friends due to disagreements and have a lot of relatives brand me as ‘white’ [cautioning] that you will create many enemies” (Survey Data).

#### 4.4FGM AND UN AWARENESS PROGRAMS



*Figure 12: Have you ever heard about the UNFPA- UNICEF joint Programme on FGM*

According to the respondents in the chart above majority of the respondents are not aware of the UN programs in the society, meaning these programs are not targeting or cover relevant areas in the Mandinka culture.

In the survey when participants were asked if they can describe the UN awareness programs, most of the respondents cited they cannot remember, and others responded they do not have any idea. Few give answers that 'To create awareness of the complications of FGM' and to sensitize people about FGM.

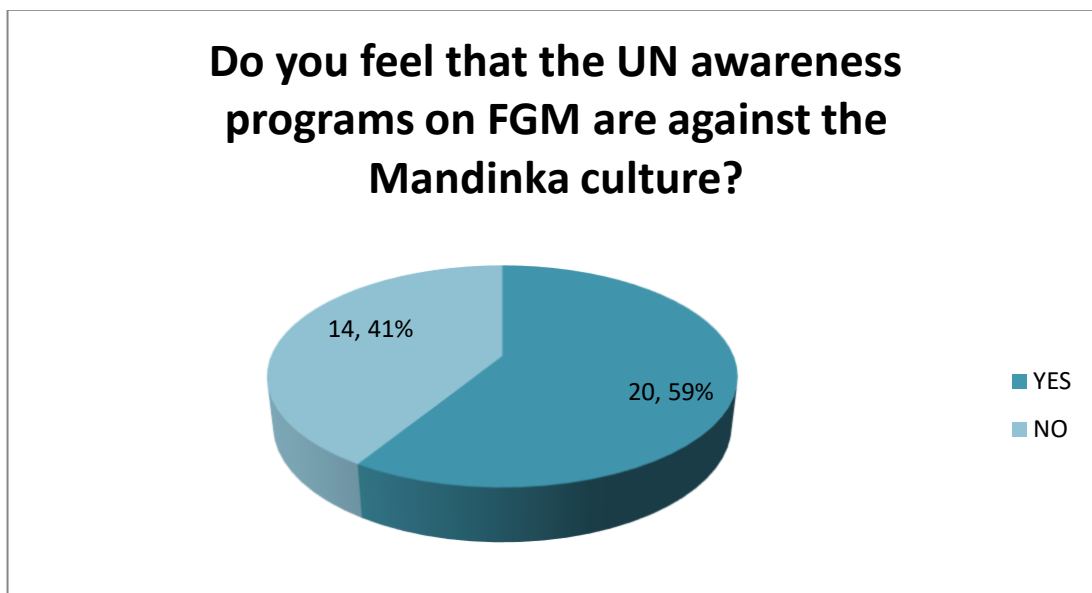


Figure 13: Do you feel that the UN awareness programs on FGM are against Mandinka Culture

From the above highlighted chart the study proves that people may be aware, whilst also many are not aware of UN awareness programs in the community.

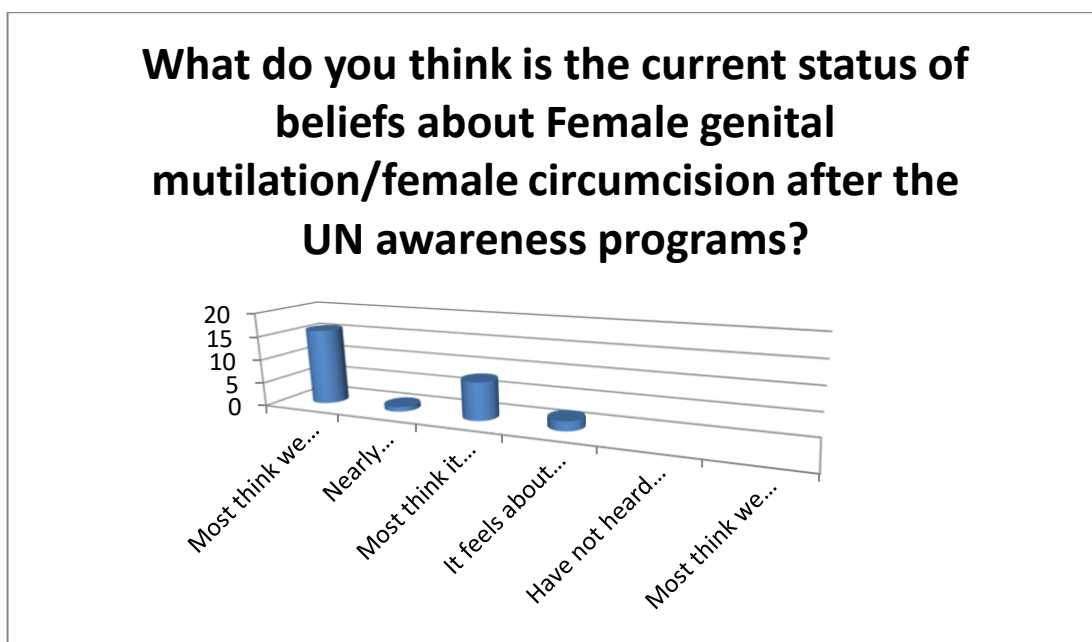


Figure 14: What do you think is the current status of beliefs about FGM after UN awareness programs?

The above chart shows that the UN awareness programs are not efficient in eradicating FGM in the Mandinka culture.

In this particular chapter, survey data presented and highlighted what the research tries to prove: UN awareness programs are ineffective in preventing FGM in Mandinka society. In addition, the patriarchal nature of their society imposes severe sanctions on women who refuse to undergo FGM or even speak about it in the community.

## **CONCLUSION**

This part is the final part of this study summarizes the different chapters. The research question “Why UN programs on raising awareness against FGM in the Gambia: reading through structural violence and ontological security” confirms that the UN has defined FGM as structural violence in the society and uses different programs and policies to address it, but argues that they fail to understand the value of FGM. Which has made women ontologically secure and what women will ontologically insecure if they are not cut, which makes them refuse to challenge the cultural patterns in the society. As a result, the UN awareness programs are ineffective as seen from the responses obtained from the survey.



These findings are important since literature review covered in chapter two shows that although FGM is defended by African feminists against Western ones, the theories and concepts as well as different interpretations of the subject FGM prevent adequate analysis of the practice. The chapter further highlighted that the UN view on FGM, is rooted in Western concepts that are portrayed as universal and coated in the language of human rights. In the general overview of FGM in the Gambia, the thesis illustrated some progress made by the UN, particularly, the Law (2015) that bans and criminalizes FGM in the country. However, FGM continues to exist.

The third chapter is the theoretical framework, which discusses the theory used to interpret the reasons for the practice of FGM in Mandinka community, which has the highest rate of girls with FGM. Showing that while the existing theory has enriched understanding of why FGM persists, the study uses the theory of Ontological Security to study the gap between what is said and what is done. It adds value to the existing literature providing an alternative interpretation of how else the phenomenon can be studied.

The fourth chapter highlighted the different research tools that have been utilized to prove the hypothesis of the study. It offered a mixed method design in order to analyse the data that was collected through the survey filled by participants recruited through a purposeful sampling targeting only Mandinka girls in the greater Banjul area.

While the fifth chapter presented data collected and illustrated various factors, which are important for women to engage in FGM shedding the light on the paradox that a physically safe women are ontologically unsafe in the society, which sets a number of uncountable sanctions on their ability to remain and to be recognized as women. Future research can be conducted to study other physically unsafe practices, such as abortion of baby girls, which may help us understand why individual communities resist abandoning their traditions, despite the awareness of harmful potential effects it has on women (Haver, 2018).

## **Recommendations**

The following recommendations were derived from the thesis:

- The research recommends that any researcher should use different research tools, such as interview and the use of narrative analysis which people in their own words can better explain why the practice still continue and to further prove the extend of the validity of the topic of the subject matter which is FGM.
- Organizations and institutions, including the UN must target sanctions against uncut women and activists who attempt to challenge existing social cultural believes in their awareness programs.

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## **APPENDIX 1**

### **The UN awareness programs are ineffective in the Gambia structural violence vs the culture of silence in the Mandinka community**

#### **Participant Information Sheet and Informed Consent Form**

Dear Participant,

You are asked to participate in a research study that we are carrying out in order to prove why UN Programs on Raising Awareness against FGM in the Gambia is ineffective, in the Gambia despite been ban in2015 . The data collected through this study will be used to prove the hypothesis that the UN programs to on raising awareness against FGM fail to undermine the culture of silence in the Mandinka society where there is still the prominence of the practice of FGM.

By filling in the following survey, you agree to participate in this study.

Please note that your participation in the study is voluntary and the survey is anonymous. The data collected during the course of this study will be used for

academic research purposes only and may be presented at national/international academic meetings and/or publications. You may quit participating in this study at any time by contacting us. If you opt out of the study, your responses will be deleted from our database and will not be included in any further steps of the study. In case you have any questions or concerns, please contact us using the information below. The survey will take approximately 10-15 minutes to complete.

Asst. Prof. Dr. Assel Tutumlu

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Asst. Pro Dr. Assel Tutumlu

International Relations Department, Near

East University

Tel: +905338307360

E-mail: [assel.tutumlu@neu.edu.tr](mailto:assel.tutumlu@neu.edu.tr)

By signing below, you agree to take part in this study.

Full Name

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX 2

### SURVEY QUESTIONNAIRE

UN PROGRAMS ON RAISING AWARENESS AGAINST FGM IN THE GAMBIA: READING THROUGH STRUCTURAL VIOLENCE AND ONTOLOGICAL SECURITY.

**Dear Respondent,**

I will be very grateful if you will take your time to participate in this survey, which will take about 15 minutes of your time. The survey aims to evaluate “the effectiveness of the United Nations awareness programs regarding the female genital mutilation (FGM) among Mandinka women in the Gambia”. You have been identified as one of the participants to respond to the questionnaire used in this research. Please know that your participation is voluntary, and you are free to withdraw at any time. Please feel free to answer the questions honestly without withholding any vital information. I assure you that the information you provide will be treated on the anonymous basis. Your responses will not be shared with anyone. The responses will be used solely for academic purposes.

**A. Socio-demographic characteristics of study participants**

1. Age: 18-25 years  26-35years
2. Which ethnic group do belong to: Mandinka  Fula  Wolof   
Jola  Akus  Serahuleh  Serere  Other
3. Level of education: No School  Primary Secondary and High School   
University  uneducated  unemployed  Other
4. Education level of the father: Primary School  Secondary School   
University Or Institute Degree  other
5. Education level of the mother: Illiterate  Read And Write   
Primary School  Secondary School  University Or Institute Degree  Other

6.

## Personal experiences

7. Have you undergone (FGM) :Yes  No 

8. Who took the decision for you to be circumcised?

- My Father Yes  No
- My mother Yes  No
- Neighbors/ community Yes  No
- Both parents Yes  No
- Relatives Yes  No
- Other Yes  No

9. At what age did you undergo (FGM): 0-2 Years  3-7 Years   
8-14 Years  15-18 Years  Adult  I Do not know 

10. Where did you undergo FGM

In The Initiation Bush  in the Hospital  other .....  
.....11. Was your father aware when FGM was conducted on you? Yes  No 

12. Why do you think FGM is performed in your community?

Tradition/ Culture  Religious Belief  It Is about a Girl's Chastity/Moral  
Cleanliness   
Health  I do not know  other

13. Who conducted (FGM) on you: Mother  Grand-Mother  Female  
Relative  Neighbor  Nurse Midwife  Doctor  Other I Do not  
Know

14. Are you aware of the dangers associated with FGM? If yes please state them  
below

Yes  No

15. Are you aware of any benefits of FGM? Yes  No,  
Please specify:

16. Do you think the practice of the FGM should be continued? If yes/no why. Yes  
 No

.....

17. Do some of your neighbors practice FGM? Yes  No

18. Who in your community supports (FGM)? Please select all that applies  
My father  my mother  All Women  Older women  Older  
men  community leaders  other

19. Is FGM in accordance with religious teachings in your community?  
Yes  no

20. Do you believe that the practice of FGM makes a woman to be accepted in the  
community? Please list the benefits of such acceptance

.....

21. What are the implications if a woman decides to speak publicly against the issue of FGM in the community?

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**FGM and UN awareness programs**

22. Where do you hear about the negative impact of FGM to the girl child?

Local Media  Internet Health service  School Neighbors/Friends/Family  NGOs awareness programs

1. Are you aware of UN Champaign Programs about FGM in the community?

Yes  No

2. Do the community feel that UN awareness programs on FGM believe to be against the Mandinka culture?

3. Statements

Which of the following statements do you agree with?

An uncircumcised woman has no (or less sexual) self-control.

Strongly agree	Agree	Undecided	Disagree	Strongly disagree

i. Men only like circumcised women.

Strongly agree	Agree	Undecided	Disagree	Strongly disagree

ii. Men like uncircumcised women.

Strongly agree	Agree	Undecided	Disagree	Strongly disagree

iii. An uncircumcised woman is not accepted in society.

Strongly agree	Agree	Undecided	Disagree	Strongly disagree

iv. FGM supports a women's cleanliness.

Strongly agree	Agree	Undecided	Disagree	Strongly disagree

v. FGM improves sexuality for men.

Strongly agree	Agree	Undecided	Disagree	Strongly disagree

vi. FGM improves sexuality for women.

Strongly agree	Agree	Undecided	Disagree	Strongly disagree



vii. FGM is bad for sexual pleasure for men.

Strongly agree	Agree	Undecided	Disagree	Strongly disagree

viii. FGM is bad for sexual pleasure for women.

Strongly agree	Agree	Undecided	Disagree	Strongly disagree

**Intervention Evaluation**

1. Are you reluctant to speak about FGM to the police?

Yes  No

why .....

For this section tick your response

What do you think is the current status of beliefs about Female genital mutilation/female circumcision **in the community**?

7	6	5	4	3	2	1
Nearly Everyone thinks it should be done	Most think it should be done, but some are starting to change their views	Many think it should be done, but a significant number are starting to change their views	It feels about half and half pro versus anti FGM now	Many think we should end FGM but a significant number still support it	Most think we should end FGM but there are some who think it should continue	Almost No-one thinks it should be done

What do you think is the current status of beliefs about Female genital mutilation/female circumcision after the UN awareness programs?

7	6	5	4	3	2	1
Nearly Everyone thinks it should be done	Most think it should be done, but some are starting to change their views	Many think it should be done still, but a significant number are starting to change their views	It feels about half and half pro versus anti FGM now	Many think we should end FGM but a significant number still support it	Most think we should end FGM but there are some who think it should continue	Almost No-one thinks it should be done

Thinking about your own abilities, **how able** do you feel right now, to talk to other **people in your community** about ending FGM/female circumcision?

7	6	5	4	3	2	1
Very able to	Able	A little able	Neither able nor unable	A little unable	Unable	Not at all able

Thinking about your own abilities, **how able** do you feel right now, to talk **to people you know well** about ending FGM/female circumcision?

7	6	5	4	3	2	1
Very able to	Able	A little able	Neither able nor unable	A little unable	Unable	Not at all able

How much do you **want to talk** to other **people in your community** about ending FGM/female circumcision?

7	6	5	4	3	2	1
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Very much      A lot      Quite a lot      A fair amount      A little      Not really      Not at all

How much do you **want to talk to people you know well** about ending FGM/female circumcision?

7      6      5      4      3      2      1  
 Very much      A lot      Quite a lot      A fair amount      A little      Not really      Not at all

### Identity Questions

4. Do you believe that the practice of FGM is an essential ritual to the Mandinka culture?

Yes  no

Please justify your answer

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5. In what way do you think women play a contributing role in the society for FGM remaining as a practice in the community?

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I really appreciate for filling out the forms to enable conduct my research once more thank you for taking the time to complete the survey.

**PLAGIARISM REPORT**

20182783 Anna Marie Baben UN PROGRAMS ON RAISING AWARENESS AGAINST FGM I N THE GAMBIA: READING THROUGH STRUCTURAL VIOLENCE AND ONTOLOGICAL SECURITY.

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**ETHICS COMMITTEE APPROVAL**

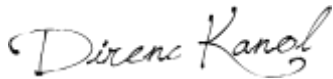
10.08.2020

Dear Anna Marie Baben

Your application titled “**The UN awareness programs are effective in the Gambia structural violence vs. the culture of silence in the Mandinka community**” with the application number YDÜ/SB/2020/773 has been evaluated by the Scientific Research Ethics Committee and granted approval. You can start your research on the condition that you will abide by the information provided in your application form.

Assoc. Prof. Dr.DirençKanol

Rapporteur of the Scientific Research Ethics Committee



**Note:** If you need to provide an official letter to an institution with the signature of the Head of NEU Scientific Research Ethics Committee, please apply to the secretariat of the ethics committee by showing this document.