World Health Organization

Research summary

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Estimating the obstetric costs of female genital mutilation in six African countries

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Sociocultural motivations for female genital mutilation: matrimonial strategies, family motivations and religious justifications among the Al Pulaar and the Soninké in the River Senegal Valley

Introduction

No campaign to support the abolition of female genital mutilation (FGM) can be successful unless it takes into account the cultural realities of the community it is trying to reach. Before intervention strategies can even go into the planning stage, local customs, forms of organization and power distribution have to be studied carefully, as these differ from region to region and even within single countries. This study therefore sets out to document the sociological determinants surrounding FGM on a community and family level, so as to facilitate and accelerate strategies for supporting the abolishment of FGM in the region of Matam, Senegal.

The prevalence of female genital mutilation (FGM) among the Al Pulaar and the Soninké of the Senegal River area is estimated to lie between 80 and 100%. In these two communities FGM is mainly practiced on girls aged 0–2 years, so as to avoid the girls' potential refusal. The practice is planned and carried out by women, but receives tacit support from the men in the community.

More specifically this study aims to document matrimonial strategies within the context of intracaste and intraethnic endogamy as well as the locally perceived importance of virginity. The study seeks to examine family incentives, to understand the cultural context of the practice of FGM and to identify the diverging interpretations of religious texts that encourage FGM.

Methods

The study was conducted qualitatively in 2008 among the ethnic communities of the Al Pulaar and the Soninké who live in the Valley of the Senegal River in the north of the country. Although Soninké and Al Pulaar inhabit the same area and share the same religion, they see each other as socially, ethnically, culturally distinct from each other. The study was conducted in four settings, in the villages of Aéré-Lao, Médina Ndiathbé, the semi-urban area of Podor, and in the rural area of Matam.

A total of 398 people participated in the study (Podor: 109 – 83 women, 26 men; Aére-Lao: 34 – 27 women, 7 men; Médina Ndiathbé: 60 – 44 women, 16 men; rural area: 195). In-depth interviews and focus group discussions were conducted with mothers and fathers of girls who had undergone FGM. Girls were interviewed, as well as scholars of the Koran, practitioners of FGM, women of the community and daughters of families not subscribing to the practice of FGM. Targets were not selected for randomized and representational study, but specifically for an analysis of the social determinants of FGM among certain ethnic groups in this geographical region. The snowball technique was used for sampling.

Results

FGM, the locally perceived importance of virginity, the demand for fidelity and chastity are closely interlinked and underpinned by three sociological determinants: matrimonial strategies, family motivations and religious justifications.

The practice of infibulation,[1] especially, cannot be separated from matrimonial strategies and the locally perceived importance of virginity. The aim is to control a woman's sexuality and channel it into her marriage. The consummation of the marriage as a virgin protects the "hereditary" reproduction of the caste as well as cultural and linguistic characteristics of the group's ethnic identity. Once cousins have become engaged in their early childhood, it becomes clear that endogamy is at risk if the girl loses her virginity before marriage. The anxiety over this question moreover encourages teenaged marriage and has given rise to matrimonial compensation, by the means of which FGM is thought to be recompensed, while chastity and fidelity are rewarded.

The second determinant, family motivations, revolves around the negative attributes connected to the collective representation of female sexuality and specifically of the clitoris as a problematic emblem. The power of decision over the practice of FGM is culturally attributed first of all to the male part of the family, i.e. the father, followed by the mother, the paternal mother-in-law and aunts.

The third sociological determinant is religious justification. Scholars of the Koran among the Al Pulaar and Soninké believe in the authenticity of the Hadith which are subject to controversy. The weakness of their argument however induces religious leaders to also invoke other sociological determinants, such as "containing female sexuality" and "marital fidelity". Although the religious link is the weakest in the chain of arguments, it is the most powerful, as all attempts to renounce FGM are perceived among the Soninké and the Al Pulaar as an affront to their ethnic identity and their religion.

The law of 1999 that criminalized FGM has been poorly disseminated. Where information has reached the population, however, it has brought about three positive aspects: firstly it has established a feeling of fear among mothers, who know they risk imprisonment. Secondly, it has influenced the practitioners' consciences, as demonstrated by their massive refusal to be interviewed in the Podor district. Thirdly the law is perceived as a warning, and has made the debate on FGM public, which has in part disassociated it from religion and made clear that the majority of Senegal's Muslims do not practice FGM.

Together, the demand of mothers, mothers-in-law and paternal aunts who believe in the beneficial effects of FGM, the tacit support of religious and cultural leaders, the indifference of fathers and the availability of the practitioners' services hugely favour the reproduction and continuation of FGM in communities.

Policy implications

- Evidence from this study shows that most women take men's indifference or tacit support for FGM for granted. Policy should concentrate on eradicating this ignorance and indifference among men by raising awareness about the negative reproductive and sexual health consequences. Efforts to involve men in supporting abandonment of FGM should be redoubled.
- This study demonstrates that medicalization[2] has been favoured by the lack of knowledge of midwives concerning mid- and long-term health risks of FGM. Policy should concentrate on including such information in all midwife training courses. In this context, information about the criminality of FGM should be disseminated, as this can often act as a deterrent.
- The data collected by this study expose the fact that mechanisms of severe stigmatization of girls and women who have not undergone FGM are well in place. Policy should consequently focus on communities as a whole.
- Evidence shows that in the eyes of these two communities religious justification is held to be the strongest argument in favour of FGM. Policy should concentrate on an open discourse between religious leaders, raising awareness about the sexual and reproductive health risks of FGM.

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[1] Infibulation is Type III FGM: narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris.

[2] "Medicalization" of FGM refers to situations in which FGM is practised by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere.