

Female Genital Cutting and Coming of Age in Guinea

BACKGROUND

The Republic of Guinea is one of three West African countries where most young girls undergo female genital cutting (FGC). ORC Macro designed and directed a study of women's experience with FGC in Guinea with two main objectives: to provide information needed to better formulate questions and answers for the FGC section of the 1999 Demographic and Health Survey in Guinea and to refine the overall approach to the subject of FGC. The study also sought to understand how FGC fits into the process of coming of age among girls in Guinea.

The study conducted individual interviews of women in the four main ethnic groups of Guinea (Sosso, Fulani, Malinké, and Guerze) because it was assumed that ethnicity and language would affect how FGC was practiced. The interviews were conducted in the four main regions of the country: Lower Guinea, Middle Guinea, Upper Guinea, and Forest Guinea. In each of the four languages, more than 100 women were interviewed about their memories of growing up in a family, their education and training, and their experience with FGC. In addition, 76 men were interviewed about their knowledge of FGC and their perceptions of the practice, and 22 practitioners of FGC were asked about how they exercised their skills.

FINDINGS

Interviewers approached the subject of FGC indirectly by inviting women to talk about the events that had marked their youth and the initiations they had experienced growing up. With this indirect approach, women talked freely about their own experience with FGC.

Almost all of the Sosso, Fulani, and Malinké women had experienced some form of FGC. Among Guerze, about three-fourths of the women interviewed had undergone FGC. The majority of Sosso women cited "excision" (FGC) as an important event in their life, but only a few Guerze women mentioned it as such.

In each of the languages used in interviewing, people knew of six to eight terms that refer generally to the practice of genital cutting of young girls. The use of the terms depends on both the status of the person speaking and the social context. That is, some are slang terms, while others are respectful terms that can be used in any context. These terms refer to the general practice of FGC without specifying the type of cutting involved.

The women spoke of the different types of FGC with which they were familiar. Many were able to describe what had

been done to them when they were young. Sosso and Fulani women cited four types of FGC common in Guinea:

- * Total removal of the clitoris and the labia minora
- * Total removal of the clitoris (clitoridectomy)
- * Partial removal of the clitoris
- * Pinching and nicking.

In the Guerze-speaking area (Forest Guinea), women mentioned only one form of FGC: the total removal of the clitoris and the labia minora. Malinké women in Upper Guinea also cited total removal of the clitoris and labia minora, which they referred to as *sunna*, as well as the partial removal of the clitoris. They did not mention "pinching and nicking."

Sosso and Fulani women gave information on the site where the FGC was done, the instrument used in the procedure, the person who performed the procedure, the age of the respondent, and the period of instruction surrounding the event. A comparison of the experiences of younger versus older women from both groups showed that more of the younger women than older women were cut in a health facility by a nurse.

Women from all regions acknowledged that they practiced FGC because their elders had done so, and they did not question the reasoning behind it. Some women said that although the FGC procedure itself was of no benefit to women, an "uncut" woman would be laughed at by her peers. Many said that FGC promotes abstinence because a sensitive part of the body has been removed, thus reducing the desire for men.

Many Sosso and Fulani women said that FGC was part of an educational process designed to teach girls how to behave toward others and how to take care of their husband and family. These women emphasized the importance of FGC as a ritual initiation into adulthood.

The majority of the women interviewed regard FGC as an acceptable practice that purifies and socializes unmarried girls through the education and training they receive during ritual seclusion. However, younger women, particularly those living in urban areas, are more critical of the custom. The majority of men interviewed said FGC is an appropriate practice to follow since it forms part of their cultural heritage and it regulates sexual relationships between men and women.

CONCLUSIONS

Women in Guinea described four ways to practice FGC. Those descriptive phrases were used to formulate the answers to the question, What exactly was done to you? in each of the four main languages. In this way, the survey interviewers had answers they could code that were close to the answers women gave.

FGC is part of the common-sense knowledge of what needs to be done to prepare a young girl to become an adult in Guinea. Although men must approve of the practice and often provide funds for the event, women direct what happens.

Women reported that girls are being circumcised at younger ages, more often in health care facilities, and in a milder fashion than years ago. In addition, a number of women complained that girls receive less instruction after FGC than in the past.

RECOMMENDATIONS

Data collection

- ★ When interviewing women or men about FGC, it is useful to approach the subject indirectly, placing it in its social context.
- ★ In coding answers to survey questions about types of FGC, it is best to use answers that are descriptive of what was done rather than the standard World Health Organization typology.
- ★ Studies of how FGC is now being conducted should be implemented to explore the social context in which FGC occurs including who makes the decision to initiate the event, who the participants are, what their roles are, and the nature of the rituals/ceremonies associated with the event.

Information campaigns

- ★ Since FGC cannot be understood without consideration of the social context and the social relations involved in FGC events, information campaigns should discuss the social, as well as the medical, aspects of the practice. Campaigns may be more effective if they involve persons from social services and development projects as well as medical personnel.
- ★ Prescriptive FGC media-message methods should be supplemented with participatory and interactive methods conducive to a constructive dialogue in the national languages with the populations concerned.
- ★ Persons familiar with the language and social context of the communities should be trained in facilitation and intervention techniques in order to establish a dialogue on FGC and to promote change at the local level. ★

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Completed reports and current projects are available at the MEASURE DHS+ website: www.measuredhs.com