

Report n° 11

**The Role of Grandmother Leaders
in the Process of Abandonment
of Female Genital Mutilation (FGM) in Kandia
Velingara Department, Kolda Region, Senegal**

Study conducted by
Grandmother Project – *Change through Culture*

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"If female genital mutilation (FGM) has been abandoned, it is because the Grandmothers have put a stop to it. They are the ones who know about the ritual and all the secrets tied to the practice of FGM, just as it is the men who have mastered all there is to know about male circumcision. This is why no man will oppose their decision when they choose to put a stop to it"

Kerewane Village Chief

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EXECUTIVE SUMMARY

Ensuring the development and well-being of girls poses a major challenge in southern Senegal. In this region of Senegal, particularly in the Department of Vélingara, girls are exposed to many difficulties such as minimal schooling, child marriage, teenage pregnancy and female genital mutilation (FGM).

The magnitude of these phenomena has led the government and many non-governmental organizations (NGOs) to implement programs to better address them. The Grandmother Project – Change through Culture conducted the Girls’ Holistic Development (GHD) Program from 2008 to 2014 in 60 villages within the rural district of Kandia, in the Vélingara Department.

The program's approach is based on actively involving the elderly, strengthening communication between generations, and strengthening the skills of three generations of leaders in order to drive change within the communities, using communication methods based on dialogue and critical thinking.

This study aims to examine the process of abandoning FGM in certain villages in the Kandia district where the Grandmother Project – Change through Culture (GMP) has implemented the Girls’ Holistic Development (GHD) program.

The methodology of this study is based on qualitative research techniques through the use of individual and group interviews with different categories of community stakeholders, namely Grandmother Leaders (GMLs), Women of Reproductive Age (WRA), and Village/Religious Leaders. In total, 47 individual interviews were conducted in 15 communities, with 32 Grandmother Leaders, 13 Village Leaders and 2 WRA. Similarly, 12 group interviews were conducted with WRA (see Appendix for a table outlining the interviews conducted in the 15 communities).

Key findings from this study are:

A) GMLs are heavily involved in family and community life.

All interviewees stated that GMLs play a central role in families and in communities. Previously, the GMLs appeared to be somewhat indifferent, but thanks to GMP activities, they have changed their attitude and behaviour. They are now very involved with the children’s education. Likewise, they serve as advisors to other members of the community and are very committed to the protection of young girls/women.

B) Three main factors motivated GMLs to promote the abandonment of FGM in their communities:

1. *New knowledge changed the GMLs’ attitude towards the practice.*

Through meetings organized by the GMP, GMLs have gained new knowledge about Islam's position on FGM and the negative consequences of FGM. Expanding the GMLs' knowledge was a decisive factor in changing their attitude and commitment to the collective abandonment of FGM.

2. Discussion spaces were created.

The meetings organized by the GMP, such as intergenerational forums, represent opportunities for discussion involving all community players from both sexes and three generations, and open communication on issues such as FGM. These meetings were an important step in the process of abandoning FGM in the communities.

3. The GMLs' self-confidence has increased.

Thanks to the leadership training they have received with the GMP program, GMLs have gained greater self-confidence. Today they fully assume their roles in their communities and demonstrate a strong commitment to promoting the well-being of young girls.

Actions undertaken by GMLs to promote the abandonment of FGM:

1- GMLs organized meetings with other community members.

According to the majority of interviewees, to promote the abandonment of FGM, GMLs have organized multiple discussion meetings with all categories of stakeholders, namely Village/Religious Leaders, fathers of families, WRA and girls. During these community meetings, GMLs based their arguments on the consequences of FGM and Islam's position on FGM to convince communities to abandon the practice.

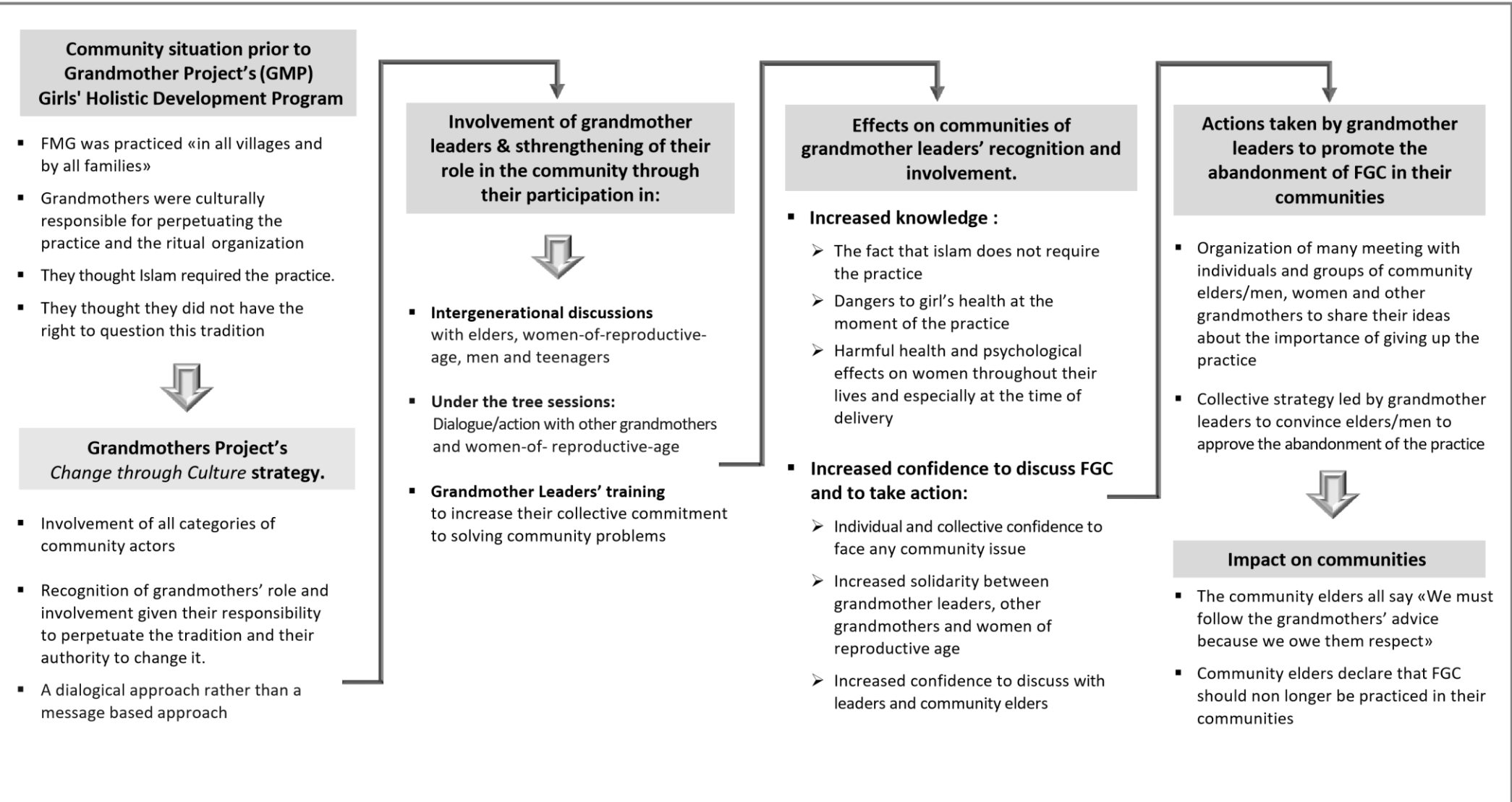
2- GMLs had a real impact on the community's decision to abandon FGM.

All interviewees stated that FGM is the business of GMLs. According to them, as soon as GMLs made a commitment to abandon the practice, the rest of the community supported this decision. This shows just how influential GMLs are in their communities as they have succeeded in getting the idea of abandoning FGM accepted. According to the interviewees, in most villages FGM is forbidden by village chiefs. Likewise, almost all fathers refuse to have their daughters submit to FGM. As for WRA, the majority no longer want this practice in place.

The following diagram summarizes the highlights of the study.

ROLE OF GRANDMOTHER LEADERS IN PROMOTING ABANDONMENT OF FGC IN COMMUNITIES INVOLVED IN GIRLS' HOLISTIC DEVELOPMENT PROGRAM

Synthesis of interviews with Grandmother Leaders, Women-of-Reproductive Age and community Elders. Velingara Dept., Kolda Region, Senegal.



INTRODUCTION

The aim of this study was to investigate the process of abandoning female genital mutilation (FGM) in the Vélingara Department, where the Grandmother Project – Change through Culture has run a program aimed at abandoning FGM since 2008. The GMP uses a systemic approach that involves all community stakeholders that have an influence on girls' education and development. It mainly relies on grandmothers, who have a proven influence on all decisions concerning girls' education and development and who are key players in promoting sustainable change in certain practices that are harmful to girls' development.

This report is made up of three chapters.

The first chapter presents the background and rationale for the study. The second chapter is devoted to the presentation of the study's methodology. Finally, the third chapter presents and analyzes the results of the study.

CHAPTER 1 - Background and Rationale

The WHO defines FGM as "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons"¹.

In Senegal, the results of the 2017 Continuous Demographic and Health Survey (DHS) show that at the national level 24% of women aged 15 to 49 have undergone FGM. In the Kolda region, which includes Vélingara, 63.6% of women, or 2 out of 3, have undergone this procedure. However, the FGM rate for girls between 0 and 14 years old is around 35%, showing a significant decline in the practice in recent years. In almost all cases, FGM is practiced at a very young age. According to the DHS, 92% of women report having undergone this procedure before the age of ten (Continuous DHS, 2017).

Female Genital Mutilation (FGM) is considered by the WHO as a violation of human rights. Many measures have been taken in Senegal to accelerate the complete abandonment of the practice of FGM, such as Law 99-05 which prohibits and reprimands the practice; the various national action plans for accelerating the abandonment of FGM for 2000-2005, 2010-2015, and the new one currently being developed. These actions demonstrate the State's commitment to putting an end to this practice.

¹ www.who.int

To support the political will of the State, other initiatives are also being undertaken by NGOs, associations and networks working in the fight against FGM. Among these organizations are the Senegalese Committee on Traditional Practices Affecting Health (COSEPRAT), the Senegalese Association for Family Welfare (ASBEF), the Network of Traditional Communicators, women members of Parliament, the Midwives Association, TOSTAN and the Grandmother Project – Change through Culture.

These organizations use different approaches. However, their strategies are broadly based on information, awareness, education, and training regarding the health and criminal consequences of FGM.

Although progress has been made, pockets of resistance still exist. Indeed, FGM continues to be practiced clandestinely in some communities, which demonstrates the limitations of the previously developed approaches, which are based mainly on repressing the practice. With this in mind, in 2008, the GMP initiated the Girls' Holistic Development (GHD) program in Vélingara, in the Kolda Region of southern Senegal, first with the financial support of World Vision and then with other partners such as UNICEF, UNFPA, and the British, Dutch and Canadian Embassies.

The program's goal is to "strengthen the capacity of communities to protect and promote the well being of girls." Through a systemic approach based on valorising cultural roles and values, the program works to promote positive cultural practices and discourage harmful ones. It advocates for girls' education while discouraging practices such as female genital mutilation. The program's flagship activities are: community intergenerational forums, grandmother tribute days, under-the-tree sessions with Grandmother Leaders, under-the-tree meetings with grandmothers and teenage girls, women's forums, and teacher-grandmother workshops.

CHAPTER 2 – Methodology of the Study

This chapter outlines the approach that was adopted in this study. The study's objectives are presented first, followed by the methods and techniques used, data collection, choice of place and interviewees, and data processing and analysis techniques.

2-1 Study Objectives

In order to elaborate the methodology of this study, a general objective and several specific objectives have been defined.

2-1-1 General Objective

To examine the process of abandoning FGM in certain villages in Vélingara where the Grandmother Project – Change through Culture (GMP) has implemented the Girls' Holistic Development (GHD) program.

2-1-2 Specific Objectives

- To analyze the role of Grandmother Leaders (GML) in families and communities, especially in matters related to girls' development and well-being;
- To know and analyze the role of and actions developed by GMLs in terms of abandoning the practice of FGM;
- To acknowledge the influence of GMLs on a community's decision to abandon the practice of FGM;
- To identify the key factors that contributed to abandoning the practice in the communities.

2-2 Methods and Techniques

This study was essentially based on qualitative research methods. Documentary review, individual interviews and group discussions contributed to the diversification of information.

2-2-1 Review of Documentation

We relied upon the documents presenting the GHD program. The study of these documents provided a significant amount of information on the program's approach and activities.

2-2-2 Individual Interviews and Group Discussions

Individual interviews focused on the Grandmother Leaders (GMLs), Village Leaders/Elders and Women of Reproductive Age (WRA). In all, 47 individual interviews were conducted with the participation of 32 GMLs, 13 Village Leaders and 2 WRA. Twelve group discussions were also held with WRA only. A total of 35 WRA participated in group discussions. Three interview guides were prepared for each of the three categories of interviewees.

The interviews allowed us to collect information on the roles of GMLs, actions they have taken to encourage the abandonment of FGM and their influence on the community's decision to abandon the practice.

2-3 Choice of Places and Interviewees

The choice of places and people to interview was made by GMP facilitators who have been working very closely with these communities for many years. Thanks to their experience and knowledge of the terrain, they identified the villages where GMLs claim to have abandoned the practice. Fifteen villages were selected, and in each village contact persons were interviewed in the following categories: GMLs, WRA and Village/Religious leaders.

2-4 Data Processing and Analysis Techniques

Data was analyzed using the content analysis technique. The interview analysis is based on thematic analysis, which consists of "identifying nuclei of meaning that compose the communication and whose presence or frequency of appearance may signify something in regard to the analytical objective chosen" (Bardin, 2007). The division of interviews into units of meaning or coding units was predetermined by an analysis grid based essentially on themes relating to the roles of GMLs, the actions carried out by GMLs to abandon the practice, the factors contributing to the GMLs' abandonment of the practice, and finally the influence that GMLs have on a community's decision to abandon the practice.

CHAPTER 3 – Presentation and Analysis of Results

3-1 Role of the Grandmother Leaders (GMLs) in communities

This study reveals that GMLs currently play a very important role in all the communities where research was conducted. In fact, GMLs have significantly changed since the GMP started to intervene in these communities. Unanimously, all categories of interviewees say they are "dynamic", "committed" and very "strongly involved in education, family and community life". Because of the knowledge they hold, they now enjoy the entire community's respect and consideration.

Nonetheless, interviewees stated that prior to the intervention of the GMP, GMLs were less involved in community activities. The following statements illustrate their status in the community before their involvement in the GMP program:

Imam of Medina Diambéré: "The truth is, before GMs were not involved. We never heard about GMs. We never saw them getting together. They were simply experienced people, but not involved in families and communities".

Kédiaw, Village Leader in Kéréwane: "Before, we never saw or heard GMLs speak out on certain issues relating to the education and development of girls or the village."

WRA from Kayel Bessel: "Before the arrival of the GMP, GMLs only focused on their daily activities. They did not tell stories, nor stay with the children, advise them or participate in community meetings."

These statements show that before the intervention of the GMP, GMLs were rather indifferent towards community affairs. They devoted themselves exclusively to daily activities at the family level.

Today, they actively participate in children's education by transmitting the values of respect, solidarity, love of work, restraint and abstinence. Likewise, they advise all members of the community and are strongly committed to the protection of young girls.

As such, positive results have been achieved through the GMP program. The GMLs are now more aware of the importance of their place within families and communities and have fully taken on these roles.

3-2 Factors that Contributed to the Abandonment of FGM by GMLs

The results of the study show that the abandonment of FGM by GMLs and communities was favoured by the combination of three factors: new knowledge, the creation of discussion spaces, and the GMLs' increased self-confidence.

3-2-1 Acquisition of New Knowledge by GMLs

GMLs, Village Leaders and WRA say that the GMLs' change of attitude regarding the practice of FGM is largely due to new knowledge gained through their involvement in the GMP GHD program.

Indeed in the past, GMLs, like other members of the community, had a certain perception of FGM. They saw this practice as a way to protect girls from dishonour. From the GM's point of view, FGM was an expression of femininity in society, but above all, they thought that it symbolized purity in their religion. The prevailing idea was that to be a pure woman, a good Muslim, girls had to be circumcised.

Fatoumata Sabaly, a GML in Kael Bessel: "Before, people thought that if a girl was not circumcised, she could not be a good Muslim. So men and women wanted girls to be circumcised. Before, in Fouladou, people did not understand the Koran very well. But increasingly, young people are learning the Koran. We now know that girls do not need to be circumcised to be good Muslims."

Today, the belief in FGM is starting to disappear. Many interviewees stated that communities have understood that the practice of FGM is not a recommendation of Islam.

Doussou, a GML from Dialakégny: "People understand that Islam does not recommend this practice. There are Muslim women all over the world who are not circumcised and that does not stop them from practicing their religion well."

Djina Balde Sare, GML in Niari: "FGM is not a recommendation of Islam; rather, it is a cultural practice that our ancestors handed down to us. It was during meetings organized by the GMP, when religious leaders were invited, that I understood that female circumcision is not based on religion."

This change in beliefs was made possible thanks to the numerous meetings organized by the GMP where GMLs had the opportunity to hear from the religious imams and leaders in their communities on the position of Islam on FGM.

From this study, it can be noted that the position of Islam on the practice of FGM is beginning to be understood and shared by communities.

Moreover, a central element that was stressed by the majority of respondents among GMLs, Village Leaders and WRA is that communities, and especially GMLs, have understood that the practice has disastrous consequences for girls. Almost everyone (GMLs, Village Leaders and WRA) argues that "the practice is not beneficial for girls". According to them, in the past it has resulted in complications or even death, but GMLs, like the others, never questioned the practice. Accidents were attributed to the divine or "evil spirits". But according to the interviewees, ever since these discussions took place, GMLs have become aware of the risks of FGM. The following comments demonstrate their understanding:

Coumbayel Mballo, a GML from Sare Niari: "We know that girls can contract diseases during FGM by using the same knife. They also have more difficulties during childbirth than those who are not circumcised. If an uncircumcised woman and a circumcised woman go to the hospital at the same time to give birth, it is the uncircumcised woman who gives birth first."

Mama Kante, GML from Diambéré Medina: "Female circumcision is not a good thing for girls. On the contrary, the consequences of this practice causes them harm throughout their life ... I've changed my mind about the practice after having information from the GMP, but also we've seen many difficulties with the girls who are given away in marriage. They are finding it very difficult to have sex with their husbands. The circumciser needs to get involved again to make it possible. Once, when I accompanied a pregnant young woman to

the hospital for her delivery, I spoke with the midwife and she told me that she had a difficult childbirth because of her FGM".

Ultimately, the increased knowledge of GMLs, both in terms of their religion and the harmful consequences of FGM, has been a determining factor in the commitment of GMLs and their communities to collectively abandon the practice.

3-2-2 Creation of FGM Discussion Spaces by the GMP

Through intergenerational forums, the flagship of the GMP program, discussion spaces have been created in communities, which was a second factor in the process of abandoning FGM. In fact, almost all the interviewees from each category (GMLs, Village Leaders and WRA) evoked the importance of the meetings organized by the GMP. According to them, all the community players, from both sexes and three generations, are involved in the meetings and freely discuss issues such as FGM. This approach marks a breakthrough compared to the methods adopted by some NGOs.

Mballou, a GML from Nettoroukas: "Many awareness campaigns were heard on the radio and during the meetings, but people had not had time to discuss them in the villages. Before, few were coming to Kandia to attend meetings about FGM. The majority of the community was not involved. People did not all receive the same information since those who attended the meetings did not share it with everyone ... It is through the GMP program that people have discovered the harm of FGM because many sessions were conducted at the clinic in the village..."

These remarks show that there had not been effective community involvement in the development programs. But with the GMP, information is widely disseminated. All categories of the population have access to the same information, particularly through activities such as intergenerational forums and under-the-tree sessions, where community players have the opportunity to collectively discuss issues and find consensus solutions.

According to the interviewees, the positive change as regards the practice of FGM is mainly related to multiple open discussions involving all categories of the population.

3-2-3 GMLs' Increased Self-Confidence

Another important factor contributing to the change is the increase in the self-confidence of GMLs. Interviewees pointed out that the GMLs' self-confidence increased with the arrival of the GMP project. According to them, it is through leadership training that GMLs have more confidence in themselves and their ability to participate in the proper functioning of the community. This is demonstrated in the comments below:

Imam Sare Samba Netty "It is through the project's activities that GMLs acquired new information that has given them a lot of confidence. This is the basis of this dynamism."

Imam Medina Diambéré: "With the GMP, they came out of their homes to play an important role in the communities."

Village Chief Kéréwane: "Before, GMLs were not at all involved in activities or community management. It's this project that put them on this path ... Now, GMs do things together."

Mballou, GML from Nettorouka: "The GMP has greatly strengthened my commitment ... it was with the presence of this NGO that I started to speak publicly ..."

Aissatou Mballo, GML from Moutoumba: "...Before, we did not have the courage to speak openly of female circumcision. Now, ever since we were trained as GMLs, we have the ability and the courage to tackle any subject with the community, even that of FGM."

These discourses show the positive impact of the project on the ability of GMLs to publicly address community problems in general and that of FGM in particular. They became more confident and began to openly discuss issues such as FGM.

Saliou, a Village Leader in Sare Boulel: "... With the GMP, [the GMs] were in charge of everything that happened. This pushed them to claim the status they have in the community, which until now has been ignored. That is why, today, they fulfil their role in community life and especially with regard to the well-being of girls."

Thus, from their involvement in the GMP's activities and especially with training, GMLs have felt more capable of fulfilling their roles and status in the community. They now take the initiative, and their commitment to overseeing and protecting girls is much stronger, reflecting a real change of attitude and mentality in GMLs, who once were responsible for the perpetuation of the practice of FGM.

3-3 Actions of the GMLs to Promote the Abandonment of FGM

To convince communities to accept the idea of abandoning the practice of FGM, GMLs mobilized all sections of the population and organized discussion meetings on the practice. According to the interviewees, GMLs organized group meetings and individual meetings to speak with different categories of the population, particularly with WRA, girls, community leaders, fathers and sometimes teachers.

Kédiaw, Village Leader in Kéréwane: "To promote the abandonment of FGM, following forums and training meetings, GMs began to meet and talk with

men, particularly those with families. The meetings multiplied and information spread in the community. This allowed women who were hesitant to abandon the practice more quickly."

In reality, the Village and Religious Leaders interviewed emphasized that they did not formally participate in these meetings. But GMLs came to meet them, either to give them information or to obtain their views on the question of FGM.

The Imam of Sare Samba Netti: "Grandmothers came to me, not to discuss topics in depth, but just to give me information or to collect information. This is how they came to inform me of certain decisions about child marriages, which they want to end in the community. They also talked about the importance of letting the girls go to school. But on FGM, they asked me what the true opinion of Islam on the issue is."

The words of this Imam are shared by almost all the Village and Religious Leaders interviewed. The consultation process undertaken by the GMLs towards the Village and Religious Leaders could thus be understood as a means to have their support and accord on the decisions they make for the well-being of girls, as well as and especially to have the arguments needed to convince other community members.

WRA in Sare Samba Netty: "... GMs discuss FGM and its consequences a lot with village leaders, community leaders, fathers, young girls and with us, WRA; they ask us to abandon the practice". As for Aissatou Balde, a WRA from Sare Niari, she said: "They organize discussion sessions with us and they tell us about the problems with this practice. They tell us that it can cause death and that it will cause future problems during childbirth. Knowing all these consequences, we don't want our daughters to be circumcised."

Fatoumata Sabaly, a GML from Kayel Bessel: "We GMs had focus groups ... We told them that female circumcision was not good for them, it causes death, that young girls suffer a lot on their wedding night and during childbirth because they are injured again ..."

According to interviewees, GMLs used strong arguments to convince communities to abandon the practice of FGM. These arguments revolved essentially around the consequences of FGM: infections or diseases contracted during the operation, complications such as haemorrhaging or sometimes death, and childbirth problems. The discussions focused not only on the consequences, but also on the position of Islam on the practice of FGM. According to them, GMLs made it clear to communities that FGM is not a recommendation of the Muslim religion. All these reasons contributed to the collective abandonment of the practice of FGM in these communities.

3-4 Discussion of Results

Analysis of the interviews shows that GMLs play an important role in all decisions affecting women and girls. Being, the "brains" behind FGM, GMs are the ones responsible for the decision to stop the practice, according to interviewees, who also agreed to abandon FGM from the moment that GMs made a commitment to stopping the practice. This is in fact what a Village Leader from Netterouka and the Imam of Sare Samba Netti said:

Bouré Sabaly, Netterouka Village Leader: "They make decisions and everyone follows them because we are convinced that these decisions or initiatives are in line with the public interest."

Imam in Sare Samba Netti: "GMs have informed me of their decision to stop the practice of female circumcision. Here too, we can only go along with it since they are the only ones involved in the decisions regarding the practice in our communities. When they make a decision, it is followed because they know what they are doing. They act for the benefit of the community."

These speeches testify to the influence of GMs in the community decision to abandon FGM. Due to the respect and consideration they enjoy in their communities, GMs have succeeded in getting many WRA, fathers, and Village Leaders to accept the idea of abandoning the practice. Many interviewees reported that in most villages, FGM is forbidden by village chiefs and almost all fathers categorically refuse to let their daughters undergo the procedure. Similarly, to safeguard the well-being of their daughters, the majority of WRA no longer want this practice.

These successful results in terms of abandoning FGM in communities have been achieved through the commitment of GMLs to ensuring the well-being of girls and women and through their open-mindedness and ability to fully assume their role as leaders in their communities.

CONCLUSIONS

The purpose of this study was to examine the process of abandoning FGM in some villages of Vélingara where the Grandmother Project – Change through Culture (GMP) has conducted its Girls' Holistic Development (GHD) program. From the results obtained, conclusions are drawn and should be taken into account in the future:

- In the context of this study, which was conducted in southern Senegal, the practice of FGM is primarily the responsibility of women, especially older ones, herein called Grandmothers (GMs). This calls into question the idea of the predominant influence of men on the perpetuation of the practice.

- GMs are culturally responsible for the continuation of the practice of FGM. Given their status and influence in the community, the central role that the Girls' Holistic Development Program (GHD) has given them in all activities has been a determining factor in the abandonment of FGM in their communities.
- In the GMP's approach, the issue of FGM was not raised vertically but rather in a global reflection on the development of girls in general. This allowed communities to approach without taboos and with confidence.
- Development programs that fight against FGM should adopt a systemic approach that involves all community players and particularly GMs, who are essential resources.
- Strengthening and improving dialogue between men, women, elders, adults, and adolescents has been a central element of the strategy used in the GHD program. This has encouraged intergenerational and intergender communication and strongly supported a discussion process for FGM which concluded in a consensus on the need to abandon this traditional practice.

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WEB SITE:

www.who.int

ANNEX

Table: Number of individual and group interviews conducted			
villages interviewed	Grandmother Leaders (GMLs)	Village/ Religious Leaders	Women of Reproductive Age (WRA)
Kandia	2		4
Bessel Kayel	3	1	3
Sare Gnary	3	1	4
Sare Faramba	3		2
Kéréouane	2	2	
Sare Samba Netty	4	2	2
Sare Adja	1	1	4
NettoRouka	1	1	2
Moutoumba	2	1	2
Dialakégny	1		1
Diambéré Medina	2	2	4
Sare Boulel	2	1	3
Lambatara	2	1	1
Pilapithia	2		2
Darou	2		3
Total interviews	32	13	37 (2 individual interviews and 12 group interviews)