

FGM/C IN THE GAMBIA.

Female genital mutilation/cutting (FGM/C) is a harmful traditional practice with severe consequences for girls and women's health and well-being. FGM/C refers to all procedures involving partial or total removal of the external female genitalia or other injuries to the female genital organs for non-medical reasons(Organization, 1998). FGM/C is acknowledged internationally as a violation of girls and women's human rights, comprising an extreme form of gender discrimination with documented health consequences. The origin of FGM/C is unclear, but a complex symbolic meaning has surrounded this practice. In several societies, the belief is that FGM/C is physical proof that confirms that a girl has been initiated through a rite of passage to adulthood, securing her femininity and ensuring that she has received all the necessary teachings to be worthy of belonging in the community.

In The Gambia, the United Nations Children's Fund multiple indicator cluster survey in 2010 indicated that an estimated 76.3% of girls and women had been subjected to FGM/C, neither prohibited nor punished by law(Kaplan, Hechavarria, Bernal, & Bonhoure, 2013). FGM/C is performed on Gambian girls from 7 days after birth up to pre-adolescence, before the first menstruation and marriage, and traditional operators perform the operations, and little use is made of non-traditional antiseptics and anaesthetics(Morison et al., 2001). The Gambia is ranked ninth in the world for the prevalence of FGM/C, with two out of three girls at risk of being subjected to the practice(Marcusán, Singla, Secka, Utzet, & Le Charles, 2016). The oppression of women in patriarchal African societies has widely been considered a significant reason for the emergence and continuation of the harmful practice of FGM/C.

Several studies conducted in the Gambia has shown numerous health consequences associated with FGM/C. The first community-based study in which clinical and laboratory-based reproductive morbidities compared with women who had traditional genital surgeries and those who have not found a higher prevalence of bacterial vaginosis (BV), herpes simplex virus 2 (HSV2) and anaemia in cut women. The same study indicated that STI prevalence was substantially higher in cut women, probably due to increased biological susceptibility to infection(Morison et al., 2001). In contrast, women with FGM/C were 1.5 times more likely to experience pain during intercourse, experience significantly less sexual satisfaction, and not experience sexual desire/pleasure (Berg, Denison, & Fretheim, 2010). During pregnancy, certain

physiological changes occur and make women with FGM more prone to complications. The tissues of the genital organs will also become more susceptible to infection, and the increased level of hormones (estrogens and progestogens) in the blood during pregnancy results in relaxation of the smooth muscles with an increased likelihood of urinary tract infection. Other several complications faced by women with FGM/C include prolonged labour, need for episiotomy, perineal tears during delivery, and an increasing need for caesarean section.(Rushwan, 2000).

According to WHO, female genital mutilation is a manifestation of gender inequality that is deeply entrenched in social, economic, and political structures. Many international laws have been made to protect women and girls against all forms of human rights violation and discrimination. Many of the United Nations human rights treaty monitoring bodies have addressed FGM/C in their concluding observations on how States are meeting their treaty obligations. The Committee on the Elimination of All Forms of Discrimination against Women, the Committee on the Rights of the Child and the Human Rights Committee have jointly condemned the practice and recommend measures to combat it, including the practice's criminalisation. The Committee on the Elimination of All Forms of Discrimination against Women issued its General Recommendation on Female Circumcision (General Recommendation No 14) that calls upon states to take appropriate and effective measures to eradicate the practice. States are further requested to provide information about actions to eliminate FGM/C in their reports to the Committee (Committee on the Elimination of All Forms of Discrimination against Women, 1990) .(Organization, 1998)

In the Gambia, the deep-rooted cultural belief in our societies and the dominant patriarchy ruling limits women's power in decision-making, which subjects them to a series of oppression and human rights violations. Those who defend FGM/C perpetuation argue that it is critical to preserve ethnic and gender identity, protect femininity, ensure purity and virginity, guarantee the “family’s honour”, assure marriageability, and maintain cleanliness health(Kaplan et al., 2013). Despite the international laws and state laws within the country to eliminate FGM/C, the prevalence remains high due to deeply rooted cultural practice often confused to religion and knowledge gap among societies on the impact of FGM/C on women's lives.

