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Degree Thesis

Bachelor of Science in Social Work

**Preventive and supportive measures towards the abandonment of Female
Genital Mutilation/Cutting**



- **A Minor Field Study in The Gambia**

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Abstract

The aim of the study was to examine how advocacy workers from different governmental and non-governmental organisations work with female genital mutilation/cutting (FGM/C) and gender equality in The Gambia. We further examined their experienced difficulties and the provided support to women exposed to FGM/C. The study was based on field observations of events, meetings and educational events, as well as semi-structured and open-ended interviews with ten participants. Through a thematic analysis, findings show that counselling were the main form of support, and the most experienced difficulties was the male dominance, the cultural belief and the culture of silence. Education, traditional forums and advocacy were therefore used as informative tools regarding gender roles, power positions and the harmfulness of FGM/C. Thus, findings confirm the importance of the continuous work with the gender roles, the social exclusion of the uncut women and the gatekeeping roles hindering the abandonment of the harmful practice.

Keywords: Female Genital Mutilation/Cutting, FGM/C, Gender-based violence, Gender equality, The Gambia

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1. Introduction

This chapter will present an introduction of female genital mutilation/cutting that is occurring in the low-income country The Gambia. Additionally, subsequent sections will describe the purpose of the thesis and the research questions.

Gender-based violence (GBV) or violence against women and girls, is a global pandemic that is one of the most frequent and common worldwide human rights violations (United Nations Population Fund, 2017). One form of violence is Female Genital Mutilation/Cutting, a practice that incorporates “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons” (WHO, 2008). The survivor suffers from severe consequences both short and long term, at times even death. Some face other consequences when entering marriage or during childbirth (WHO, 2008). FGM/C is a global dilemma with a varying prevalence between ethnic groups and continents. The United Nations International Children’s Emergency Fund, states that the practice has affected at least 200 million girls and women worldwide and has been occurring in more than 30 African countries (2021), more so in rural areas where agriculture is a contributing aspect to the inequalities (UNFPA, 2017).

In the aim to achieve worldwide sustainable development, the United Nations member states developed Agenda 2030, a universal goal that consists of 17 sub-goals (Landin & Botnen Diamant, 2020). Gambia was ranked 178 out of 189 in the Human Development Index 2018 (United Nations Development Programme, 2020) but is working towards agenda 2030, to break out from poverty and the negative aspects it causes. According to the world population dashboard, The Gambia’s total population was estimated at 2.5 million, of which 43.8% are under 14 years of age (UNFPA, 2021). The statistics shows that 75% of the female population have undergone some form of FGM/C in The Gambia with a varying prevalence between the regions (UNFPA, 2013). Moreover, changes have been made in The Gambian legislation as it was reformed 2015 to incorporates women’s and girls' the fundamental human rights and prohibiting FGM/C.

An essential element in this study is development goal 5 that strives for gender equality along with empowering girls and women to access their own autonomy. In order to achieve equality through a collective abandonment by 2030, both genders must have equal rights, conditions and their own power to create their lives and contribute to the development of society. Goal 5 aims for a fair distribution of power, influence and resources in society as well as ending girls and women's subordinate power position. Violence in all forms against women and girls affects both the individual and society by prohibiting equality and development. In order to achieve equality, the gender norms, conditions and violence against women and girls need to be changed, since it reduces their opportunities regarding education, establishment, and employment (United Nations Development Programme, 2022). To achieve gender equality and empowering women's anatomy, in accordance with goal 5, it requires a multi-sectoral approach on macro, meso and micro levels which involves legislation and education systems, communities and individuals (Abidogun et al. 2022).

1.1 Relevance for social work

The study is essential for advocacy workers who meet girls and women with African descent or who are from countries, cultures, or communities where FGM/C is practiced. FGM/C is a complex social phenomenon with clear connections to human rights violations. It is occurring in both privileged and unprivileged societies for people without power influence, who are constantly violated and stigmatised. The significance for advocacy workers and professionals within social work to be aware of the issue, its social context and connection to different types of violence cannot be stressed enough. Overall, this thesis adds value to the debated subject of FGM/C and the global discussion of the girls and woman's human rights since it highlights a context that has not been researched enough. Additionally, it is valuable for upcoming social workers who may encounter survivor where a possible ignorance can cause devastating consequences.

1.2 Purpose and research questions

The purpose of this study is to examine how advocacy workers in governmental and non-governmental organisations are working to eliminate FGM/C in The Gambia. The aim is to examine the work methods as well as the advocacy workers' experienced difficulties in their

work to reach gender equality and empower all women and girls' autonomy, namely in line with goal 5 in Agenda 2030. In addition, the aim is to examine what support is provided to girls and young women within the ages of 14-24 who are exposed to or are at risk of being exposed to FGM/C.

1.2.1 Research questions

- What working methods do the advocacy workers use to prevent female genital mutilation/cutting among girls and women?
- How are the organisations or advocacy workers supporting victims or those at risk of female genital mutilation/cutting?
- What difficulties regarding cultural traditions do the advocacy workers face in their work against female genital mutilation/cutting?

2. Background and Central concepts

2.1 Gender-based violence

The World Health Organisation (WHO, n.d) defines violence against women as: “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” Furthermore, gender-based violence (hereafter GBV) is hidden within a stigmatic, shameful and silenced culture with a result that cripples the victim’s dignity, anatomy, security, and health (United Nations Population Fund, 2017). The violence is defined by women forced subordinate position with gender as a driving factor that shows the historical manifestation of inequality between the genders and an abuse of power in the society. Honour-related violence is a form of discrimination towards women, defined by gender inequality and prevention of women’s human rights, thus both forms of violence relate to harmful practise (Our Watch, 2021). Thus, GBV is prominent through various forms of honour related violence such as child marriages and the subject of this thesis, Female Genital Mutilation (FGM/C) (General Assembly Resolution, 1993).

2.2 Honour-related violence and oppression

Honour-related violence and oppression exploits and limits mostly girls and women as well as young men and young LGBTQ-person's fundamental human rights and freedom. The violence and oppression are expressed through physical, psychological, and sexual violence as well as a controlling behaviour (Sinisalo & Moser Hällén, 2018). The act is exercised with motives to keep or restore a family's social reputation which is dependent on the woman's chaste behaviour. Honorary norms are built on patriarchal and normative notions that limit girls and women’s daily lives regarding clothes, freedom of movement, choice of education, marriage etcetera. The individual’s interests are often subordinate to the family's interest, thus limitations and upheld control through constant pressure and violence (Cihangir, 2013).

Violence that is characterised by honour-related control will eventually be perceived as a norm according to the normalisation process (Korteweg, 2012). FGM/C forced- and child

marriages are specific types of the collectivistic acts in the honour-related violence. Whereas the victim understands the violence, motives, and condition and therefore, perceives it as something normal (SafeLives, 2017).

2.3 Female Genital Mutilation/Cutting

Female Genital Mutilation (FGM/C), also known as “Female Genital Cutting and “Female Genital Mutilation/Cutting”, is a practice that is classified as: (WHO, 2008)

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II: Partial or total removal of the clitoris and the 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 a positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization. (WHO, 2008, p. 4)

FGM/C is a practice deeply rooted in social, cultural, and religious aspects. The decision-making regarding the practice has a collective element since it includes the parents and near relatives, although women are the performers of FGM/C. The mutilation is recurrently sustained by traditional leaders, religious leaders, elders, circumcisers and at times medical personnel which constitutes the local structures of power and authority (Khodary & Hamdy, 2019). According to Cihangir (2013), FGM/C women and girls who deviate from the practice risk social exclusion from their society in forms of prejudice, harassment, and exclusion. The mutilation is regarded as a necessary ritual to raise girls, prepare her for womanhood and is an expectation when entering marriage. Considering the social expectation on men that they should only marry a woman who has undergone FGM/C.

2.4 Gambian legislation

The Constitution of the second Republic of The Gambia (1997) is a fundamental legislation that consists of multiple chapters and sections to ensure the citizens a participatory democracy, their human rights and freedom. Human rights are specifically described in multiple sections in Chapter IV; *17 Fundamental rights and freedoms, 18 Protection of the right to life, 21 Protection from inhuman treatment, 28 Rights of women and 29 Rights of children.*

The Women's (Amendment) Act (2015) further compliments the constitution with the addition to further guarantee the protection of women's rights. The act incorporates and enforces the United Nations Convention on the Elimination of all forms of Discrimination against Women (CEDAW), the Protocol of the African Charter on Human and Peoples' Rights of the Rights of Women in Africa (Maputo Protocol) and implements the legal provisions of the National Policy for the advancement of Gambian Women and Girls. Section 32A and 32B prohibits all types of FGM/C, any form of engagement and explains possible offences or convictions for those who engage, request, initiate, promote, or even know about the circumcision without alerting authorities.

2.5 Gender Equity

UNFPA (2005) explains the term gender equity as a process to ensure fairness. Considering women's social and historical disadvantage, conjointly with the hindrance for an equal playing field, gender inequity is being upheld. To reach gender equity and compensate women for their disservice, strategies and interventions must be presupposed. The lack of gender equity encourages a lack of gender equality.

2.6 Gender Equality

Equality is a part of the 2030 agenda and means equal rights, obligations, and opportunities. It is about a fair division of power, resources and influence inclusive of a change in social norms, values, attitudes etcetera that might affect the genders. Equality is also regarding discrimination and hurtful traditions (Globala målen, 2021). To achieve gender equality women must be included in relation to both public and private decision-making, in a way that is no longer weighted in men's favour. Women need to be empowered to identify and rectify

their autonomy and power imbalances. Gender equality is for an equal enjoyment of socially valued goods independently and unconstrained by the sexes, all to ensure an equal participation in productive and reproductive life (UNFPA, 2005).

3. Previous research

The following chapter covers relevant publications related to the selected area of the study. Thus, the chapter presents the genders' attitudes, influences and feminist discourse on the practice.

3.1 FGM/C and human rights

Twum-Danso Imoh (2012) asserts that many African communities are trying to adapt long-held values and follow the United Nations conventions while still maintaining the essence of their culture with regards to FGM. The study emphasises public seminars where the practice is showed as an act, to educate inhabitants of the FGM/C controversy. However, the method is most effective in countries or communities where FGM/C symbolises adulthood and if done correctly, highlights local participation and that they themselves can eradicate or adapt their local practices to human rights. Twum-Danso Imoh implies that cultures and its values can be changed, by conversing, engaging and developing partnerships with local communities and stakeholders, rather than imposing change.

Cloward (2015) argues that a way to achieve local-level norm change is by integration of practising groups with non-circumcising groups and elites among the groups of forward and critical thinkers who are first to change. The clash of international and local norms coerces the individual to make hard decisions, more so when the norm is profoundly conspicuous to the collective identity. The individual will find itself in a situation where their own beliefs or values stand against the groups and where their decision whether to act upon it can mean diversion from the local norm. International norms when colliding with local norms can have an impact on individuals. The same principal is applicable regarding FGM, international norms where the practice is unacceptable and understood as a human rights violation can influence individuals in practicing communities to abandon the practice. The study accentuates the approach of chance aimed towards individuals instead of larger populations because of minimal cost and the belief in heterogeneous impact on individuals.

3.2 Traditions and patriarchy

Shell-Duncan, Wander, Hernlund & Moreau (2011) study women from both practicing and non-practicing traditions and the importance of FGM in relation to marriageability. The findings show that FGM is actively promoted by the practicing communities. It indicates pressure from the collective and substantial harassment from circumcised women of all ages. Research shows that the celebratory traditions are fading and that the practice instead is being done to younger girls at their homes, yet the degree of cutting in Gambia remains unchanged. The findings illustrate a system where women signal their subordinate position to elders to gain entry in the social network. It may be seen as a circle where the young women as they age benefit from the practice of younger girls. Therefore, by heightening the community's power they also heighten their social capital and participate in the hierarchy of power. Marriage also plays an important role in this since it is connected to Gambian women's social capital.

Shell-Duncan, Moreau, Smith & Shakya (2021) study the males two conflicting roles in FGM/C where they are portrayed as culprits as a manifestation of patriarchy or as relatively uninvolved in a practice described as women's business. Highlighting a complex male involvement where the conflicting roles cannot be explained separately. Men, fathers, and husbands expressed a self-interest in the practice and have influenced decisions regarding excision either directly or indirectly. The supporters of the practice discuss woman's respectability and the community impression of them if they do not undergo the practice. Uncut women are perceived by males as a threat to their virility and less enjoyable to engage in sexual activity. The study indicates FGM/C connection to patriarchy and matriarchy, since the men gain power as they become head of households and women gain power as they age. As well as FGM/C being a women's business since it is arranged and carried out by older women. However, men are far away from being uninvolved considering their great influence in decision-making and power to negotiate in a respectable manner with older women. Therefore, it is a gender issue where fathers and older women need to be engaged to end the practice.

Kaplan, Njie, Seixas, Blanco & Utzet (2013) study shows that most male participants intend to have FGM/C performed on their daughters but only one third are a part of the decision-

making. Only 14.2 percent of the men take the final decision. Their findings show that the decision-making is not a simple one-way process however the men's non active involvement does not mean they lack the power to influence it. Women who do not wish for their daughters to undergo practice face pressure, feelings of helplessness when not supported by their husbands and other influential male leaders in their communities. In a patriarchal society, although men might not be actively participating in FGM/C decision-making process, they are still decision-makers. As a result, the men's intention to have their daughters undergo FGM/C will most likely still have an influence even though they seem uninvolved in the final decision. The study also shows that a male awareness of FGM/C health complications is prone to positively influence men's willingness to play a role in its prevention.

3.3 Gender and perceptions

Kaplan, Hechavarría, Bernal & Bonhoure (2013) multi-ethnic study examines how gender influence attitudes towards FGM. Contrary to what has been discussed above the study indicates women being slightly less supportive of FGM than men. The study indicates FGM being correlated to women's social identity considering the lacking social value and women's discriminatory attitude towards uncut women. Women have developed their identity within repression by adding value to the elements that configure it. The results show a high risk for type 4 of FGM in The Gambia as gender inequity remains a reality. Therefore, the researchers recommend powerful but gender and culturally sensitive programmes where gender roles and ethnic identities are taken into consideration to further reduce the practice in The Gambia.

Kaplan, Riba Singla, Laye, Secka, Utzet, & Le Charles (2016) research is a continuation of the multi-ethnic study in 2013. The findings show a significant difference in younger professionals' perceptions of FGM in The Gambia as most participants deem FGM a harmful practice. However, women were still more opposed to the practice than men. Even with an increased percentage of men being opposed to the practice, a concerning rate of 42,5% still support FGM and declare they want the practice to continue. Further it shows a decrease in discriminatory attitudes, sense of social obligation and peer pressure. With women taking a

firmer stand on the continuation, the gap between the genders is narrowing down and men are now also willing to take part in the prevention.

3.4 Feminist critiques of FGM/C

Njambi (2004) highlights the controversy of FGM and the dividing sides of the debate where FGM is either discussed with an empathetic or primitive position. Those who advocate for the elimination of the practice often emphasise the barbarism and harmfulness to women because of male social dominance and female oppression. The anti-FGM discourse illustrates a western perspective and strategy that has been influential in the promotion to eliminate FGM and describing it as mainly practiced by Africans. The report states the western world portraying Africa as tortures and compare FGM to modern slavery and human sacrifice. By using statements as 'Fighting Female Mutilation' and 'A Form of Child Abuse', the western world implies a universal image of passive African women who must be rescued. Meanwhile portraying themselves as "the land of freedom and liberty". However, FGM is a complex issue that exceeds the barbarism and primitivity. A selective and narrow discussion of FGM loses complex aspects and important reasonings to the practice. The article, therefore, supports the idea of addressing the contradictions when studying and discussing FGM.

3.5 Summary of previous research

In this chapter, we have discussed how non-beneficial cultural and traditional practices can change through local-level norm change by blending practising groups with non-circumcising groups. Contrary to what has been discussed above previous research indicates women being slightly less supportive of FGM than men. Thus, the controversy needs to be discussed to challenge the genders different perceptions, women's subordination and heighten male awareness.

4. Theoretical framework

This chapter presents the study's theoretical framework that will be used as support to illustrate and analyse the findings at different societal levels. Due to the complexity of FGM/C in The Gambia, these theories helped us understand the importance of social interactions, gender and relationships.

4.1 Social ecology theory

Urie Bronfenbrenner developed the theory “*The ecology of human development*”, also named “social ecology theory”. The theory is used when studying social phenomenon since it implies that human development happens in social context, when different environmental factors interact with each other (Payne, 2015). The social ecology theory consists of four levels of analysis: micro-, meso-, exo and macro levels. That explains how environmental factors at different levels affect and construct different social phenomenon when interacting and are not connected to a system based on hierarchy.

The *microsystem* is characterised by the child's interaction with its close environment, meaning its family, school, or other nearby surroundings. The individuals near environments interact with each other on the next level, which is the *mesosystem*. Those in turn integrate themselves with conditions outside of the individual's direct daily reality at the next level. The exosystem implies an integration at an organisation level with, for example, the school's organisation, the parents' workplace, or local politics. Organisational level, when interacting with the child or its surroundings can indirectly affect the child's or person's development. All these levels also interact with social conditions, norms and values that are in play at the national level, namely the *macrosystem* (Bronfenbrenner, 1987).

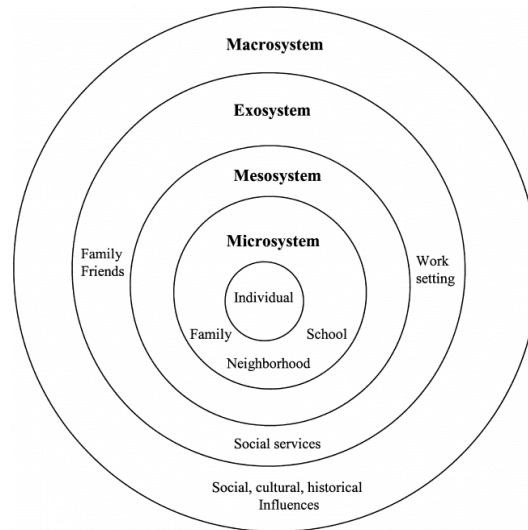


Figure 1. Bronfenbrenner's socio ecological systems theory (Phillips et al., 2003).

Bronfenbrenner highlights that the environment cannot be viewed separately from the individual. He writes that a situation has an ecological and social explanation and to understand the individual, it is imperative to look at them simultaneously (1997).

4.2 The gender system theory

Gender system theory is a dynamic system describing women's subordination in society. Hirdman (1988) describes the term gender as two central concepts where it implies cultural or social gender. Gender system theory describes gender as an order structure that places people in categories and different *hierarchical* levels. These structures may lead to patterns and therefore act as a basis for social, political, and economic structure. The genders form an imaginable contract between the genders in every society and time in three levels. The first level is about the ideal type of relationship and describes how the relationship between a man and a woman should be. The second level, social integration, means that there is an abstract category that is about a gender contract on division of labour and departmental level. The third level, socialisation, or individual level means a concrete description of the gender role in their exchange with each other, for example in marriages. The gender contract is about how the genders should relate and behave towards each other in different contexts based on these levels.

There are two pattern structures within the gender system called the *dichotomy* and hierarchy. The dichotomy means separation, that is, distinction between what is defined as male and female. The separation between the genders occurs everywhere, for example in the division of labour. The hierarchy is characterised by men being defined as a norm. Furthermore, the logic of separation is the factor that develops the male norm. The female subordination is based on the dichotomy and the hierarchy. The distribution between the genders is a power creation and gives it a meaning. Hirdman explains the distribution as a divided, subtle, and complicated society, increasing the distinction between the genders whilst contributing to the male norm being actualized (1988).

The social ecology theory helps us understand FGM/C as a social phenomenon. The theory provides a gender image concept that is compensated with Hirdmans gender systems theory who contributes to an identification of the dichotomy and hierarchy in a Gambian social context. Thus, the combination of these theories helps us students analyse the professionals reasonings for their methods, offered support and met difficulties in relation to the Gambian contexts.

5. Method

In this chapter we discuss our pre-understanding of the field prior to our embarking on a nine-week long ethnographic journey and we also touch on our positioning in the field after gaining access. In addition, we describe the weeks-long fieldwork, the different methods it entailed and the participants and organisations that were included. Finally, we discuss how we have analysed our data and finalise the chapter with some methodological and ethical considerations.

5.1 Pre-understanding and positioning

Our pre-understandings of FGM/C were negative, based on assumptions and prejudice, not necessarily connected to The Gambia as a context, and was our primary reason for conducting this study. We were aware of FGM/C being practiced in the Gambia but lacked knowledge about FGM/C, how, when and where it is practiced, to what extent, the reasonings and collective aspects. Portrayals of FGM/C as wrong and as barbarism, which is in accordance with Njambi's (2014) description of the anti-FGM discourse from a Western perspective contributed to our pre-understandings. Our ambition was to understand the social phenomenon, to focus on the organisations in the Gambia and their attempts to eliminate FGM/C and therefore decided to try to leave our pre-understandings behind and told all participants to view us as blank sheets.

Along the process we noticed that the terms circumcision and cutting were used to refer to the practice. Feminist and human rights movements use the term FGM/C since it considers both the psychological and physical harm associated with the operation, hence our decision to use the term. Thus, our ambition was to understand the social phenomenon to focus on the organisations in the Gambia and their attempts to eliminate FGM/C.

The outsider-perspective can be an advantage at times because of the opportunity to view or understand the phenomenon differently (Czarniawska, 2014). Traditional ethnographers seek to describe the experiences from an insider's understanding or perspective (Balcom et al., 2021). The insider-outsider continuum is relevant to consider in terms of how we were

positioned by our participants in the field and the information and interactions this did or did not enable. We became aware of our intentional or unintentional positioning by attending and following the advocacy workers during educational events. When we for example had meetings at the UN office, we wanted to dress appropriately to fit the description of formality. We found ourselves trying to act, behave and look professional by the Swedish standards. However, the Gambian culture is different as the formality in clothing also can be their traditional dress code. On Fridays most dress up and wear their traditional clothes which we towards the end also found ourselves wearing.

One of us students is of Gambian descent and speaks one of the biggest native languages, Wolof. The already reasonable understanding of the culture was often an advantage during translations to its partner, led to an acceptance, openness in the field and at times simplified the insider access. Marcus (1995) expresses the essentiality and benefit of knowing the language spoken in the field to guarantee the integrity and to prevent the loss of context or subaltern perspective. Gambia has nine natives' languages, but English is the official language, therefore all interactions, observations and interviews were done in English. However, a language barrier was experienced when participants spoke other native languages we did not master. Mostly the context was understood, but when having difficulties, the informants translated to Wolof or English for all other participants who did not speak the other native languages as in Mandinka. The insider-outsider process was confusing, but towards the end we understood that we were in what Knezevic (2020, p.9) explained as "In-Betweenness" but were leaning towards being insiders.

5.2 Design

The purpose of ethnographic research is to engage in the participants' social environment for regular observations for a period and to understand phenomenon's that cannot be observed otherwise (Bryman, 2018). Traditional ethnography is characterised by the curiosity of "the other" and participant observations of activities and discussions with practitioners (Gillingham et al., 2020); Czarniawska, 2014). This Minor Field Study was narrowed down to with the focus on a detailed understanding of the professional's work methods, support methods experienced difficulties regarding in FGM/C.

Our ethnographic study was based on an inductive and explorative approach. According to Glaser & Strauss (2006) an inductive approach means discovery of a phenomenon from reality. Thereby, its relevance in ethnographic studies and social work practice considering the context-dependent data the study convenes (Gillingham & Smith, 2020). Due to our limited knowledge about advocacy work concerning FGM/C in the Gambia and our unfamiliarity with FGM/C from a Gambian perspective we wanted to have an overview of the social context and advocacy workers work, ahead of the data collection. Our ambition was to use the context as a starting point when theorising the field, thus our choice of the inductive and explorative approach.

5.2.1 Field access and establishing a contact in The Gambia

Bryman emphasises the access to the field's social environment that is of relevance. The researcher most often accesses the requested field through a person of a higher hierarchical position called a “gatekeeper” because they can provide or deny the needed access (2018).

In the initial phase, the establishing process began with a recommendation from mutual acquaintances to contact Mrs. Maimuna Denton from UNFPA. The contact was at first made from our country of residence, Sweden, through a phone call in Wolof to present ourselves as students and the aim of the study. Further contacts were held by email in English where a draft also was presented of the study aim, research questions, method, and ethical considerations. However, a continuous contact was held with as Mrs. Denton as she became our supervisor in The Gambia.

We planned to do an eight-week study, but with unplanned flight cancellations did a nine-week study, excluding the four weeks of establishment process. One of us students travelled to The Gambia four weeks in advance to meet Mrs. Denton and begin the establishment process. We were initially met with immense difficulty and lacking results when trying to access our requested field. For example, we encountered a gender equality specialist before arrival who promised to support and take us on trips upcountry, but later was discouraging and showed resistance which halted our process. Balcom et al. (2021) emphasises the importance to remain flexible and open to opportunities in order to gain access to the field. Because of the time limitations efficiency was of essence, as the time pressure, “waiting” for

opportunities and late invitations quickly became a known difficulty. We wanted to interview individuals that work closely with gender equality and FGM/C, however, since they were not available, had to find other participants which shortened the observation time. Mrs. Denton and Mr. Lamin Camara as gatekeepers, facilitated contacts, and provided willing organisations and participants. The support led to a broader network and additional gatekeepers who helped us surpass our stagnation to continue the establishing process and data collection.

5.2.2 Participant description and organisations

Considering encountered difficulties, in total ten informants, six women and four men were selected with the inclusion criterion to work with FGM/C. In this thesis all participants who work with FGM/C are named “advocacy workers”. The participants have different educational backgrounds as in public health, police officer, social development, psychology, where most have an academic qualification with a bachelor’s or master’s degree in social development or psychology. The informants had different positions and roles in their organisations, including a Chief Executive Officer, National Coordinator, Project Coordinator, Programme analyst and nursing. Regardless of degree or specific legitimisations, all participants described themselves as experts in the phenomenon of FGM/C.

The participants were recruited from seven organisations, two governmental and five non-governmental organisations both national and international. The NGOs are non-profitable but with a funding from international humanitarian organisations or from the Gambian Government. They all work with awareness raising, education, and social services with the aim to eliminate all forms of harmful traditional practices, such as FGM/C. They work to reduce inequalities through sustainable developments and towards the UN conventions to promote, protect, and empower Gambian women and girls’ human rights. The organisations are successful at varying levels and work with gender issues in different ways, however they all work with FGM/C.

The participants were selected through a purposeful sample; according to Bryman the sampling is a strategic selection of participants that are of relevance to the formulated

research questions (2018). Our intent with the sampling was to reach a holistic view. In addition to having participants, those who were interviewed are referred as “informants”. The informants were all working with gender-based and honour related violence within GO’s or NGO’s. Their target group consists of all ages, yet this study is limited to youths within the ages of 14-24.

5.3 Field study

In order to develop a deeper understanding, reports, articles, documents, statistics, and general information issued by different GO’s and NGOs were collected, ahead of departure. Swedish and Gambian laws were reviewed to gather knowledge regarding the study and ethical requirements. An interview guide was formulated and used as support during the interviews (see Appendix 3). Lastly, pictures, videography and field notes were collected during the observations. In addition to this, our material also consisted of ten transcribed interviews.

5.3.1 Field observations

The Gambia consists of six regions whereas we travelled in two urban regions, The Greater Banjul Region (the capital) and The Western Region, during working hours and partly on weekends to interview and observed advocacy workers in their natural environments. We also travelled to a village in the North Bank, a rural region, to experience and observe an educational event from a rural perspective.

Participating or non-participating observations can be useful starting points when discovering an unfamiliar field. This entails imitating the subject of the observation, open video recording, or shadowing and stationary observations (Balcom et al., 2021; Czarniawska, 2014). Flexibility was an important component since most observations were based on invitations planned with just a few days or hours' notice. We observed the advocacy workers in their authentic environment, meetings, a conference, a private movie screening of “SIRA - Film for Child Protection & Social change”, a case management and activities. During the observations we looked for work methods, implementations, partnering organisations and support for the survivors. The observations were mostly based on the professionals’ way of

interacting with others, their reflections, and standpoints on certain aspects of FGM/C. We also mingled and discussed with advocacy workers from different organisations.

Complete field notes are detailed notes of situations, events, and conversations, whereas short notes capture phrases, keywords, citations etcetera. Both can capture emotional experiences and first impressions (Bryman, 2018). Our ambition was to make detailed field notes with awareness of suitability. We noted the group's reaction to the advocacy workers, as well as the advocacy workers wordings, sentences, behaviour, observed difficulties, work- and conversational methods. For example, all participants continuously referred to women who had undergone mutilation as “survivors” as a positive term and claim that it resonates with them since women are survivors of the mutilation they underwent as children. Therefore, from this point we changed the term “victims” to “survivors”. We also made smaller notations in moments that required active participation, especially in crowded events. We took videos and pictures when given permission to capture difficult-to-explain moments. We did not hide any notations and made sure everybody was informed but made sure to not make notations of survivor’s private stories or anything sensitive that was not of relevance for the study's purpose.

Nevertheless, the minor field study meant that we could observe and identify social patterns in The Gambia which resulted in detailed findings. The observations strengthened and validated the interviews which is an opportunity we most likely would not have had in the same way with another method. Bryman describes a dilemma with the transparency since the researcher's approach might not always be understood and clear to others (2018). We had the opportunity to live and immerse ourselves in the very environments we were studying and understand the various dilemma for ourselves. We probably would not understand how deeply rooted this dilemma is with another research method and the findings would not illustrate the different levels of effect.

5.3.2 Interviews

The interviews were conducted with an interview guide to accumulate more profound data regarding our research questions to better understand the observations. The questions were both semi-structured to limit irrelevant information and to enable follow-up questions.

According to Bryman, the order of the questions can vary depending on the conversation. This form of interview gives the informant the opportunity to freely formulate the answers based on their own experiences or what they think is of relevance. Questions that are not included in the interview guide can be asked if the researcher can connect to something that the respondent says (2018). The interviews were held in English by both of us interviewers and recorded on a Dictaphone and later transcribed. It was challenging to find a quiet setting with the loud and colourful Gambian culture, which heightened the pressure to take good, detailed notes during the interviews.

5.4 Data analysis

In this study we used a thematic analysis method to identify, analyse and report found themes within its collected data through overall themes, and sub-themes. A theme captures the patterns or meanings within the data that are of most importance in relation to the research questions (Braun & Clarke, 2006). Considering the explorative approach, this analytical methodology seemed appropriate to highlight and explain the study's most important findings, differences and commonalities while unbound to specific theories. We at first made a table of all relevant information relating to the research questions and purpose to identify the common denominators, and thereafter made multiple mind maps to find the connections and the true meanings. Initially we made separate coding's and coded the data together after comparisons. Organising the vast data collection during an extensive period according to the study's purpose and research questions proved difficult. A lengthy process of revisiting the field notes and transcriptions to preserve context led to the identification of themes and sub-themes (see figure 2).

5.5 Trustworthiness and authenticity

Bryman (2018) describes four sub-criteria of trustworthiness for qualitative research, that we put into consideration during the study despite our ethnographic study. The first criterion credibility reflects the findings compatibility with the participants or the social reality that has been studied. Therefore, we choose to have a combination of observations and interview. In that way our data will provide a deeper holistic view about a subjective phenomenon.

Bryman also describes a participant validation process where the goal is to mediate the results to the participants to ensure that the social reality has been understood correctly (2018). We have both been present during all interviews to minimise misunderstandings and had continuous conversations to validate our understandings and findings. Dependability implies the study's transparency to achieve a high level of reliability (Bryman, 2018) thus, this study's choice of method has been described in detail and with transparency.

Another criterion is a study's ability to be generalised and applicable in other social contexts (Bryman, 2018). In our case, the aim is to describe the findings and find common patterns, not necessarily generalise them in a global context. The study examines individuals' understandings of social and cultural dilemmas in the Gambia and can therefore not be generalised for an entire population. The final sub-criterion confirmability is another word for the researcher's objectivity (Bryman, 2018). Throughout our study, we have in a reflexive manner considered from an insider-outsider perspective, and finally from a position of in-betweenness, how we might have affected participants and our study in different ways (see Pre-understanding and positioning). Weeks-long time in the field brought us closer to the terminologies of our participants which implied rewritings, like we discuss above in relation to "victim" versus "survivor".

6. Ethical considerations

This study was based on the ethical aspects on the Swedish laws of ethics (2003:460) considering its relevance to this study, even though the law is for more advanced research (Vetenskapsrådet, 2017). To prevent ethical dilemmas, only adults and professionals' participants were included in the study, with the exception to observe the professionals in their interactions with the survivors. All participants were informed and handed information letters about the study and its purpose before consenting to participate (please see appendix 1 and 2). The letter stated our previous ambition to examine child marriages, however we after the exploratory phase decided to exclude child marriages to delimit the study. All participants were informed about this change. The collected data from the interviews will be destroyed when the thesis gets a passing grade.

Anonymity and confidentiality were main aspects in this study to prevent possible negative consequences for the participants, including that no information is shared unwillingly. Since The Gambia is a small country with an estimated residential population of two million and tight knitted communities, we want to protect the participants identity and minimise the chances of anyone identifying them or their organisations. Therefore, we chose to not describe the names of the organisations and their specific locations. Instead, we gave the participants pseudonymous names and describe the regions where our field study was conducted. The downside of anonymity is that it unjustified the participants' roles and the level of their positions. We met people with incredible knowledge and interesting professions that strengthen the findings, but this level of credibility in the participants and organisations had to be balanced with another principle, that of ethics (see below).

Additional ethical considerations were considered. It was of uttermost importance that cultures, and stigmas were respected, and the student of Gambian descents prior awareness of the cultural norms was helpful. This cultural sensibility was of great advantage during interviews and participant observations as we tried to avoid posing sensitive or disrespectful questions to participants in the field (Please see appendix 1 for ethical consideration).

7. Results

This chapter presents the results from the study. After transcribing and analysing the collected data three themes were identified. The first theme “Changing perceptions through dialogue” consists of two sub-themes: “Ataya chat” and “Dimensions of engaging children, elderly, and leaders”. The second theme “Cultural barriers” consists of sub-themes “Unbearable stigma (Solima)” and “Culture of silence”. The third theme is “No authority, only facilitating”, with the sub-themes “Managing limited resources” and “Traditions and beliefs over their duty to the law”. The research findings are presented below, see figure 2.

Figure 2. *Themes and sub-themes*

Changing perceptions through dialogue	Cultural barriers	No authority only facilitating
Ataya chat	Unbearable stigma (Solima)	Managing limited resources
Dimensions of engaging children, elderly, and leaders	Culture of silence	Traditions and beliefs before their duty to the law

7. 1 Changing perceptions through dialogue

The first essential theme highlights that all participating organisations have programs, activities, and events in both rural and urban communities, for educational purposes. The programmes are offered for survivors or the communities in groups based on factors like gender, age etcetera with varying approaches depending on the participants. Central for the programmes, activities and events is the aim to create a safe space for dialogues with respect regardless of perceptions of FGM/C.

7.1.1 *Ataya chat*

This sub-theme highlights the connection between FGM/C practice and male influence, wanting to control women's sexuality and male non-responsibility. The advocacy workers discussed how men are in position of power whilst claiming a passive role in the practice. This theme illustrates work approaches with men as the target group, to discuss FGM/C openly and nonjudgmentally, and then depending on their coordinator or a community activist to continue the advocacy.

The Ataya chat is an activity, where the advocacy workers and a group of men discuss human rights, accountability, and transitional justice in a non-judgemental environment. In The Gambia, men normally meet in daily gatherings and drink the traditional Gambian tea called "Ataya". By using the Gambian culture, traditions, and an already existing environment to their benefit and as an educational tool, the advocacy workers can involve men. In the observations we noted how the participants explained men as a central aspect in the continuation of the practice. The professional explained that men "don't use the word mutilation intentionally because it doesn't resonate with them". Even though there are men who claim that they are against FGM/C, the results show that many do support FGM/C and do not hesitate to express their opinions.

They say it's a woman's business or a woman's issue but during activities or programmes the men are the ones challenging us. They were defending the practice, defending the pain, and connecting it to Islam when in fact the religion does not say anything about condoning FGM. The religion says you are supposed to care for the woman and not harm her in any way, so how can you justify this. [...] - Awa

Further, Awa explained that men try to justify the practice even though they have never witnessed a mutilation and the harmful process. Another participant also confirmed the male justification by stating that she would get attacked on social media by men, especially youths, for being against FGM/C.

Our participants claim that men are decision makers who influence the FGM/C decision-making process, despite not actively participating in the mutilation. Several participants describe the male attitude as apathetic towards FGM/C, presumed being uninterested in how

their attitude and decisions affect women since it is a way of controlling girls and women's sexuality. One participant explained that men often argue that “[...] they don't think it's their responsibility, if it's happening it's happening, if it's not happening it's not happening.” Thus, FGM/C is being used to protect the woman's virginity and the family's honour, which is establishing a gender power relationship, meaning that men's power to influence the process should not be disregarded.

[...] men say oh we don't make the decisions the women make the decisions, whereas we know that men are the one that says that they will not marry a girl who is not cut. - Awa

In the private movie screening, “Sira”, that the advocacy workers plan to use as an educational tool, there was a scene showing a group of men drinking *ataya*, conversating about FGM and the woman's sexuality and comparing her to a “used car”.

Think of it as a car, a brand new one versus an old used one. Any man loves a car, right? And who would not want a new car compared to an already used car? You know that brand new smell of a new car. The new shiny leather and clean car. That's how a circumcised woman is. When it's your turn to drive the car, you will know if it's been used, and who wants a used car? Nobody wants that - Sira movie

The movie demonstrates a glimpse of how FGM/C is discussed and viewed by men in the Gambian society. It painted a narrative of the mutilation process and how FGM/C is communicated in the family. In one scene Sira's mother started a conversation with her husband and told him that the mutilators approached her earlier, meaning that Sira is one of the girls to be mutilated in the next ceremony. While the father nonchalantly told the mother to prepare Sira for the mutilation, the mother in less words tried to explain the pain she endured and that she did not want Sira to endure the same fate. Even though the woman initially was portrayed as the decision-maker whilst the male's role was minimised, the ending showed the mother's powerless position and inferiority in the final decision-making. After the movie, one participant explained that they have developed the “couple stone approach” where these aspects are discussed.

Mother - They have come for SIRA.

Father - Okay, so prepare her.

M - I think we should think about it.

F - Are you going against me?

M - No, I'm not saying anything, all I'm saying is that I think we should think about this.

F- What is there to think about? I already said to prepare her. - SIRA movie

The movie showed that men do not take part in planning the date, setting or even the actual cutting and therefore explain it as a women's issue. However, the participants highlight the man's superior power position as head of households and decision-makers. A professional, Badou, explained that “the man can say no, and no one will go against it. But many don't say anything, they take a passive role and act like they do not have any say or part in it.”. Men have a requirement for their daughters to undergo the mutilation and even though they have the power to say no, many don't, even after the mutilation it is still not acknowledged. Further the participants say that whilst some men are unaware of the practice until it has happened to the woman, most are aware. According to Musa [...] most of the time men complained that our own women would not help us stop it. They say we go to work, and we come back home to see our grandmother took our child to do FGM.”.

If a man, husband, or father says no, it means no. Nobody will go against his word because he is the head of the household. Even the elders will respect his word, which is why it's very important that men get involved to end the practice. They can respectfully and directly tell the community or elders that nobody is allowed to even touch their daughter and people will listen. - Badou

Further, power point presentations, pictures and videos were used as tools to educate both genders of the mutilation process. When shown a video of a baby being mutilated, we observed the survivors' reactions where some could not bear to watch. Informants describe that some men tend to change their minds when shown a video and realise what their silence regarding their true opinion or their direct decision means. Many are unaware about the consequences until they are married and are awakened when witness their wife's sufferings, complications during childbirth or having struggles during sexual intercourse.

7.1.2 Dimensions of engaging children, elderly, and leaders

This sub-theme illustrates advocacy workers, engaging religious leaders, traditional leaders, and community leaders to raise awareness of their power position and to join forces in the pivotal fight against FGM/C. As well as preventive work with younger generations in and out of school to involve the children and provide necessary tools early.

The observations show advocacy workers, working with FGM/C at a national level to influence governmental change and lawmakers. We observed a conference about FGM/C and other social issues where all organisations working with FGM/C in The Gambia were invited. During this conference, statistics, prevalence rates and evidence-based research of the Gambia was presented. Binta explained that it is important to educate everyone, hence the Ministry's work with the UNFPAS gender programme where they try to reach policymakers, leaders and individuals of all genders in society as a holistic approach. *“The Ministry (of Women, Gender and Children) plays an accommodating role. We organise meetings with the NGO’s Committee so that together we can reflect on achievements and difficulties”.*

We observed an educating event about a report written by TRRC, The Gambia's Truth, Reconciliation and Reparations Commission. The report described illegal happenings during former precedency, including FGM/C. The purpose was to use *Kanyelengs*, an already existing social network and cultural entertainment as an educational tool to inform both illiterate and educated individuals about the content in the report. Kanyeleng involves women locally known for dissemination information at community level through theatre and songs. Ebrima for example said that “they are few, if not the only ones, in society that can openly discuss taboo subjects that otherwise would be forbidden.”. Aminata explained that some of the Kanyeleng women participating in the event are FGM/C practitioners and mutilators as a profession. The older generations participation, belief in the practice, desire to safeguard the women and preserve the tradition was described as vital in the continuation of FGM/C as most elders who support and choose to practice FGM/C are uneducated about the mutilation's health consequences. This event was a way of teaching the women of the consequences due to the mutilation in a non-judgemental manner. Further, Musa explained how the organisation *Gamcotrap* give milling machines to ex-circumcisers, who argue that FGM/C is the way of living, as an alternative income.

The results show advocacy workers advocating at grassroot level to change people's perceptions of FGM/C by traveling all around the country since it is so deeply rooted and associated with religion and traditions, even if it is not religious. The organisations have a coordinator who does the sensitisation and mobilisation ahead of a programme through the community structure, as well as service providers who are trained to see red flags, report alarm scenarios and intervene if a mutilation or any other forms of GBV were to happen. The entire community is invited to participate, but since religious and community leaders are respected and influential in their communities the advocacy workers have them as targets group during events. Mariama explained that some religious leaders describe FGM/C as *Sunna*, meaning a religious duty or a religious tradition just like *Haraf* (male circumcision). One participant described the religious misconception as a major barrier for the activism, as a result of illiteracy and the dividing sides that are preaching the same religion. “It is a fight between the religious leaders from the non-practising communities like the Wolof, against the religious leaders from the practising communities.”.

Moreover, they have community activities and advocacy centred to the younger generations, both in and out of school. The organisations now have permanent school activities about FGM/C, its harmfulness, legal and health aspects due to its successfulness and a remodelling of the school curriculum. However, Awa explains the importance of their out-of-school activities to reach children who do not go to school. “Not all villages have a high school or junior school, so many kids stop at grade six. And the parents are not sure about their female children travelling there because it's not safe, they have to walk by foot to get there”. Therefore, the NGO Gamcotrap started a kid's programme called the *Girls and boys club* to target kids in primary school where the purpose is to “catch them young”, meaning to involve the children and educate them early.

The proudest moment was when a girl in a village 45 kilometres away contacted us. Keep in mind we have not even reached that village yet; no organisation has reached that village yet. But the dad was so amazing, he drove with his daughter behind him on a moped all the way to camp where we were. The fact that we reached one little girl in a village somehow and that the father trusted us to take care of her and let her participate was a huge milestone. - Aida

This sub-theme demonstrates the organisations being unified in their work methods as they have case management, meetings, and conferences to demonstrate Gambia's statistics and progression. It highlights the advocacy workers using robust and educating leaders and people of influence or in power to work together as a nation since they are essential in the movement. Throughout the observations the participants' work towards the younger generations was emphasised because of their view of them as the future and partly because of elderly acting as gatekeepers complicating their work.

7. 2 Cultural barriers

This theme highlights the professional psychosocial support through events, helplines, a shelter and in extreme cases medical support. Considering the culture, tradition and social construction, the results show how the advocacy workers form their support measures in accordance with the Gambian context.

7.2.1 Unbearable stigma (*Solima*)

This sub-theme highlights all organisations offering psychotherapy, counselling or a meeting with a psychologist. Considering most women have been mutilated as young children, psychotherapy is the central offered support in different ways. Another form of support are referrals of women needing medical support to Network against Gender Based Violence. They have the opportunity the help women with severe complications of FGM/C to receive medical attention, do police reporting's, providing a lawyer and in some cases financial support for payments and travelling.

During a case management, the participants discuss the helplines 199 for cases concerning children and 1313 on commission by the Ministry. The helplines are for everyone in The Gambia where survivor of GBV, relatives or anyone aware of any form of violence can call. The purpose is to assess the individual case, provide psychosocial support with the opportunity for the society to report possible children at risk of FGM/C or other cases of violence. The study illustrates the relation of FGM/C to gender-based violence and the gender roles. All participants repeatedly explain the girl's role in society as she is raised and taught

how to cook, clean and care for her future husband. This is the case even more so in rural areas than urban areas where girls have more opportunities to get an education simultaneously.

Back in the days there was a three-month ritual where the girls were cut, trained, and prepared to be a good wife. When they leave most are married off, but that is very outdated now. Nowadays people just circumcise their daughters when they are very young, in one case the child was only one week old. -
Adamma

While discussing the newly opened shelter for female survivor of all types of GBV, the participants explained the aim to provide a maximum of 3 month sheltering, psychological support and nursing for those in need with the ambition is to help women back into society. However, the time period depends on the individual situation. We observed how the participants support women through phone calls, advice and tried to give them tools to handle their exclusion. In one activity Ebrima explained parents' decision to not mutilate their daughter affected their entire family. They were no longer invited to social events, gathering and the neighbours did not want the children to play together. The reasoning was the collective fear of the daughter and family influencing the other children in the society to also be against the practice. A practice that the collective deems as something good and mandatory especially for the girls' cleanliness.

Because one, if you are in a practicing community and you did not practice FGM on your daughter or yourself you are labelled, stigmatised and you are often isolated by your community. And because of that you are forced to do it, because otherwise you will not belong to the community. - Ebrima

During the observations, we kept hearing the word *Solima* and how it was connected to women's social value. The participants explained it as a degrading and derogatory word in Mandinka that describes uncut women. It represents uncleanliness, odour, impurity and a woman not fully entering the community's definition of womanhood. *Solima* is the opposite of “a pure Mandinkan girl” that represents the honour of the collective. Mariama explained a scenario where a woman “decided to be circumcised at 45 years of age”. Ebrima also stated “you are forced to do it so you can get married because the men won't marry you.”

It was an instance, a child in the central river region was being married off and when her husband found out that she had been circumcised he paid the family extra 300 Gambian Dalasis. It was like a token of appreciation for protecting and saving her purity I guess - Aminata

Further, Mariama stated that the most obvious form of exclusion is the woman's marriageability, with a higher significance in rural areas. Since FGM/C is a part of the collective element, it is quickly known in the society who has been mutilated and who has not. In that way everyone in the village can take part in the stigmatisation, rumour spreading and excluding the individual. Therefore, girls and women are forced to undergo FGM/C because they do not want them to be excluded from the collective.

[...] for instant you go to a typical practicing community they will tell you that if you are a woman and you do not practice FGM/C you will smell and you are no good. The irony is that they are the only ones who feel the smell. So anytime you pass by they will say she smells, she smells [...]. Some say if you are not cut, your clitoris will grow like a tail [...]. Some even believe that if you're uncut and give birth you will have a child with mental retardation. - Ebrima

We observed advocacy workers providing women a forum to converse, share their personal experiences and the opportunity to support each other. The purposes were to have an open and accepting forum to discuss subjects deemed as taboo whilst trying to understand and show consideration, rather than demanding change. All the women participating had undergone FGM/C as children, and some of the Kanyeleng attendees are current and ex-mutilators. The women experience the culture of silence and stigmatisation as their families tried to keep the family's dignity by neglecting the woman and pushing the problem under the rug. The advocacy workers used motivational speech by encouraging the women to not “lose hope, be there for each other”. Mariama also encouraged the women to not “contribute to the stigma by pointing fingers and talking negatively about each other. How are we going to let society know if we should never break the silence?”.

We observed the women sharing stories they have never expressed before. They sat on the ground, hugged, and cried for each other. The Kanyeleng retold the women's stories and experiences through drummings, drama and songs. They at times had slow songs displaying the emotions the women shared and up-tempo songs where they tried to comfort the women through dance. It was an emotional experience where the advocacy workers allowed themselves to cry with the women, to sit on the ground with them and gave physical support to those needing it.

This theme points out the manner the girls and their identity were talked about and found the importance and pride of being called a Mandinkan girl. There was not necessarily a higher social value to be a part of a specific tribe, however the girl's honour will also reflect the collective honour. The results show that women who differ from the norm are seen as less valued women which lowers the family's position in the hierarchy. This illustrates the importance of the girls fitting in the collective definition of what a woman should be like, how they are supposed to act, which the advocacy workers trying to give women forums to support each other and ways to receive professional psychosocial support.

7.2.2 Taboo topic

This sub-theme was often explaining as a disrespectful behaviour to discuss FGM/C or any other provoking matters with the elders. Even within a household there is a stigma and taboo to talk about genitalia and sexuality. If the conversations need to be held then it needs to be done appropriately, respectfully and without any bluntness. The advocacy workers explained that they are affected by the culture of silence when they hold training. Those who participate in the programs, activities consider it rude to talk about FGM/C and sexual knowledge. The participants said that they always start all training by addressing health aspects before switching to genital mutilation to warm up the audience.

We tend to still be careful because, for example when we are having educations about FGM I never go straight to the topic. When I introduce the village, I say we are here to talk about women issues and apart of women issues we talk about different topics and then move to FGM. You just don't go and say,

oh hi I want to talk to you about FGM. You always have to go around the topic to be able to get to your point respectfully. - Aida

Based on field observations, we noted that girls and women were not comfortable talking about female genital mutilation. FGM/C is a taboo subject that is not discussed openly, therefore the participants explain that they divide the genders during events and programmes. The purpose is for the participants to be able to dare to express themselves freely without being ashamed. Advocacy workers explained that it mainly concerned women because they are the vulnerable target group and are most often run over by men. They are often not allowed to speak, do not dare to express themselves or the men diminish the women.

So, if you got to the household level people don't talk about it because we often find that when we go out and engage young women one of the things, they tell us is that we find it difficult to talk to our parent about FGM because we have never had that conversation and we don't know how to start the conversation. Even with victims of FGM/C themselves, the girls who have experiences it most times they are like I have never spoken about it to my family. - Awa

In an observation of an educational event in the countryside, the girls had the opportunity to fill in a form, discuss and ask questions about female genital mutilation. Surprisingly many girls supported the practice and said it was good. When some girls asked questions, we saw how other girls pushed the girl to keep her quiet. The educator later explained that the girl probably pushed her friend so that she does not seem too eager to discuss this topic or to make sure that she does not say anything that could give her problems.

The problem with us feeling shy is that many people will be blinded and not know the reality of FGM, and that will continue to practice it. People need to know so you just have to talk openly but people think we should not do that, but we are educating people. We can't lift half and leave the other half and expect to know about the other half themselves. We have to help break the silence and once the silence is broken and everyone talks about it, everyone knows about the effect. I feel many will abandon the practice. - Ebrima

During an observation of an educational event in a village, the professional used different methods and approaches. The professional was very upfront in a Gambian standard meaning words for example describing genitals were not filtered. The professional was talking very

honestly, jokingly, and lightly so that the participants could be comfortable and laugh but still get the message. When talking about religious leaders giving misinformation the professional referred to us researchers to get the point across. The professional Haroun assumed of us researchers and put us on the spot by saying “religious leaders will say, if you don't cut the clitoris it will grow like a tail. But look at them in the back, theirs has not grown. If it did, then you would be able to tell”. However, the girls understood the message that the myths might not be fully true.

In one educational program in the village, the girls were giggling, looking down, making fun of each other or the educator in a fun manner. The professional quickly pointed out that the girls were uncomfortable and were laughing to cope with the embarrassing topic.

The professional was direct during the programme and did not describe for example the female genitalia in different wordings. When the girls commented on the educator's bluntness and direct approach, the professional explained that they experience it as straightforward because of their unfamiliarity. “Firstly, we are talking about periods, sex and stuff which is tabu. Some men don't even look up at the screen because they are so embarrassed. So, to be successful we need to be in a comfortable environment.”

The professional was very direct during the programme and did not describe for example the female genitalia in different wordings. When the girls commented on the bluntness, the professional explained that they think it is straightforward because they are not used to it. “Firstly, we are talking about periods, sex and stuff which is tabu. Some men don't even look up at the screen because they are so embarrassed. So, to be successful we need to be in a comfortable environment.”

7.3 No authority, only facilitating

This main theme illustrates financial, traditional and cultural difficulties the advocacy workers meet in their work towards gender equality, empowerment of women's autonomy and the elimination FGM/C. The results show the participants managing their resources in different

ways and how they work around the lacking law implementations to the best of their abilities. As most participating organisations are NGO's, they can only facilitate because of the absence of authority. Everyone by law has an obligation to report witnessed abuse or crime, but most participants in the study do not have the mandate to act on it.

7.3.1 Managing limited resources

The advocacy workers described their collaborations with other organisations and institutions, for example, many advocacy workers explained that they sometimes refer victims or survivors to *Network of Gender Based Violence* (NGBV). According to the participants, most organisations are funded by the UNFPA or have their own finances. An emphasised difficulty were the financial resources that hinder in their work, hence the referral of survivors to NGBV for economical support for specific medical appointments, procedures and even travel to and from the appointments. Haroun specifically highlights the need to prioritise more severe and serious cases as a result of limited finances, for example severe health consequence like fistula due to FGM/C.

A key aspect in the study is the participants meeting a dilemma when their tools of support are limited. One participant explains the difficulties of helping a woman to where she feels empowered to take control over her situation. Kids and women sometimes want to take action to leave their situation. But with the social structure relying on families and only one shelter for women in the country, the girls and women sometimes have no choice but to stay in their current situation.

We work so closely with these women. Sometimes they call in the middle of the night because they need help. We work to uplift women and women's voices and encourage them to take actions of their lives and to leave. But where do they go? Do you know how many times I have taken money out of my own pocket to help a woman only for her to return to her perpetrator because there is only so much, I can do? - Adamma

During an observation of case management, the participants discussed the difficulty when whoever calls the helpline but the only support, they can offer is counselling. One participant discussed scenarios such as, "this survivor wanted to meet me to get help but it's too far for her to travel and what if they notice but at the same time it's not safe for me to travel all that

way as well.”. During our observations some participants say that they want to work with female empowerment in different ways but since they are financed by UNFPA, they have no choice but to follow their work methods. Most organisations in the study have the same approaches, and travel around the country which one participant said; “we see a way of helping women by teaching them more about the laws, politics and their human rights but we can't do that if we don't finance ourselves.”.

7.3.2 Traditions and beliefs before their duty to the law

This sub-theme emphasises the difficulties the advocacy workers meet as a result of non-reporting and legal implementations regarding FGM/C. The key aspects illustrate a fear of reporting, the family and collective trying to solve the issue among themselves and the law not being enforced when a reporting does happen.

One of the most highlighted difficulties were the fear of reporting because of the male dominance, fear of exclusion and strong social control. Badou stated that “nobody dares to report and if they do, the family goes under you, talks to the police officer and drops the case without even an investigation starting.”. The Gambian society is built on a family structure where the families and the collective are the society's safety net. Therefore, if there are any conflicts or issues, the primary solution is for the families or collectives to beg for forgiveness on behalf of the perpetrator and to try to solve the issue among themselves. The participants repeatedly call the conversational process, *Masla*, which in this context means a refined, diplomatic, and politically correct way of speaking with the purpose of burying an issue. Including advising the other to hold out, tread lightly and not to ruffle any unnecessary feathers so called *Munjil*.

The participants found this *Masla* complicated to work around whilst ensuring the individual gets needed support. The advocacy workers can go to the families and talk to the collective to ensure the problem is solved and not just swept under the rug for the time being. However, they voice a concern of what happens when they leave. Even with an active person in the community, “nobody is going to report, and we now have the cross-border mutilation plus the mutilators travel in the country, so we can't catch them or guarantee that the child won't be mutilated after we leave.” In severe cases the perpetrator or the child can be removed from

that environment, but the results show that rarely happens. Musa for example, says that he “cannot recall an occasion where that has happened. It's hard to enforce the law because of the social norms and traditions.”

The police can be dismissive when someone reports, they see it as a family affair. But they say we have a higher prevalence now because people have started reporting but often withdraw the reports, which also probably is because of the Masla Masla. It's not just FGM/C, this also happens with rape and other types of violence that women report” - Aminata

Binta explained that it is known about the withdrawn reports at governmental level. She explains that a new focus needs to be aimed at the withdraws “they are trying to open a new ministry of justice that will handle cases like these to make sure reports can't be withdrawn, that the police make further investigations and that actions lead to consequences”.

Who is going to report their grandmother, aunt or their own mother? - Badou

The findings of the study demonstrate that the lacking reporting of FGM/C is a consequence of the causeless, neglect and sensitive issue that many do not understand. During our observations of the movie *Sira*, there was a scene where the children ran to the police station to inform them about the community planning to circumcise. When the girls argue that they need help and that FGM/C is against law, the male officer responded by telling them to quit the nonsense. When the female officer confirmed the girl's statement, the male officers told her to not let the new movements fool her, “and remember that you are a Mandinkan before you ever were a police officer.”

Aside from the dismissiveness, the study illustrates a conflicting relation between the gender and different generations that the advocacy workers try to navigate. The observed events and programs were gender divided; the participants say it is because women often are silenced, do not dare to express themselves and are belittled by men. Awa explained an instance where she even shared her personal experiences of FGM/C, but the male participants kept challenging her until tears.

I accept women trying to defend the practice because I'll try to educate you but a man defending pain that is inflicted on women [...]. The opposite gender is trying to justify that pain, and to me you can't because you don't know how it feels. - Awa

In the citation above the respondent is referring to males supporting FGM/C and belittling women's painful experiences in an upsetting manner and expresses the way some men discuss FGM/C as frightening and hurtful for women. Throughout the movie *Sira*, the older women and mutilators were discussing FGM/C and explaining how it's their responsibility to uphold the tradition. In a group dynamic between only women, the mother was portrayed as strong-willed and seems to be in a power position regarding the decision. But in the dynamic with her husband her opinion is ignored and shows fear and hesitance when expressing her disapproval.

8. Discussion

The purpose of this study is to examine how advocacy workers in governmental and non-governmental organisations are working to eliminate FGM/C in The Gambia. Further, the aim is to examine their experienced difficulties and provided support to women exposed to FGM/C, in their work to reach gender equality and empower all women and girls' autonomy, namely goal 5 in Agenda 2030.

The study demonstrates all organisations holding public programmes in rural and urban communities to engage the locals to challenge the status quo and being unified in their work at national and communal level. Due to high illiteracy and uneducation they employ efficient strategies and utilisation of the Gambian culture, traditions, and pre-existing environment as tool kits. To create deeper collaborations, they involve communities, stakeholders, a range of generations, and genders. According to Twum-Danso Imoh (2012) suggestion, African communities should converse about how they can adapt their traditional practices to human rights, rather than demanding change. Further, Cloward (2015) recommends an involvement of established groups to achieve local-level change by emphasising the negative effect a clash of international and local norms can impose on the individual.

A significant factor was the non-implementations of the law regarding FGM/C due to disregard or non-reporting, traditional beliefs, fear of abandonment and betrayal. Section 32A and 32B in The Womens (Amendment) Act (2015) prohibits all acts, participation and disregard of FGM/C, yet there are no indications of any legal consequences to the harmful acts. The participants contend that most law enforcement officials and stakeholders are male, uninterested in the FGM/C issue, and prioritise their tribes' traditions and beliefs over their legal obligations. Instead of judicial convictions, the collective aspects of the community's displeasure and feelings of fear are motivating factors as nobody wants to report their own family member and risk being excluded. The participants explain that the dismissiveness by police officers and the collective use of diplomatic speech, *Masla*, is a way to surpass the legal system to withdraw the reports. Poverty is also a contributing factor to the lack of reports because of the co-dependency between the genders.

Further, advocacy workers are challenged by limited spaces at the shelter, legal and financial obstacles. There are many structures in the Gambian society upholding the continuation of FGM/C that hinder the progress of the woman's anatomy. Hence, making the advocacy workers work methods, such as conversing with the families, more challenging. Despite immense advocacy and education, the results indicate the professional's working with support *post factum* and their work being hindered by social and power structures. The advocacy workers are not reassured that the families do not perform the mutilation in their absence, even with an active person in the community, as they voice their concern of the representative being eluded, considering the legal system being undermined.

Thus, the question of how The Gambia will proceed when an individual cannot report a case of FGM/C because of fear, negligence from the community and law enforcement remains. It is important to analyse a social ecology theory system of interactions in environments beyond the immediate situation and not just a single setting (Bronfenbrenner, 1977) to understand the environment and its psychological aspects in its interaction. The non-implementations reflect FGM/C being an issue beyond just one individual. The efforts to change the individual's opinions are non-effective if the society and perpetrators know how to get around the legal system and non-reporting. Hence, the participants stress the urgent need for the institutions to deeply examine their organisations, their values and what they represent.

The results indicated difficulties with the dichotomisation of gender (Hirdman, 1988), and influence in The Gambian society, which supports the statement by Shell-Duncan et al (2021) that they are portrayed as culprits as a manifestation of patriarchy or as relatively uninvolved in a practice described as women's business. The participants described men's behaviour, perception, and decisions as self-serving. With male dominance and higher hierarchical position in society (Hirdman, 1988), it is important to observe the male dynamics and influence on each other. It can be stated that men have the power to negotiate regarding decisions that can be devastating for women. In the field observations, some men seemed obnoxious, arrogant, and completely disregarded women's feelings and experiences. There are indications of men controlling the narrative of which some women also share the belief that the mutilation is a requirement and desire for men. They hate the word mutilation and prefer

the word circumcision to minimise the practice severity. The trend of belittling and negligence is alarming for the advance of women's human rights.

On the contrary, women's involvement should not be overlooked as the results indicate that the women are committing the offences. Women are in subordinate positions (Hirdman, 1998) in both their families and the society but are contributing to their own subordination and misery due to a lack of choice and social norms. According to Shell- Duncan et al. (2011) FGM/C is actively promoted by those who practice the mutilation, which in this study is Gambian women. Kaplan et al. (2013) describes the male role in Gambian households and how they ultimately are the decision-makers. Even in passive actions, they possess power as nobody argues or disowns their decision. The participants describe women being silenced in their relationships, and their value depending on FGM/C and their marriageability. Besides men upholding FGM/C through patriarchy, Shell-Duncan et al. (2021) highlights women upholding FGM/C through matriarchy. The results illustrate Gambian women, especially older generations, acting as gatekeepers as some believe the religious misconceptions and argue that it is a profession.

Researchers such as Njambi (2004) provides us another perspective on the issue showing that feminism is a collective movement and that women can be powerful as a unit. Goal 5 in Agenda 2030 strives for gender equality along with empowering girls and women to access their own autonomy. Men and women must have equal rights, conditions, and power to shape their own lives with less submissive positions in society in order to attain equality. By supporting women's independence and decision-making they can influence whether their daughters should be mutilated or not.

9. Conclusion

In conclusion, we believe that the ambition to fully eliminate FGM/C and reach goal 5 in Agenda 2030 is hard for The Gambia to achieve, regarding the 6-year time frame since the study shows an absence of gender equality and gender equity. To help Gambian women reach their autonomy, human rights and to be treated equally to men, there must be a social and structural change where gender equity is not hindered. The survivors who make resistance will not be heard by the community who value the practice, which makes this a difficult chain to break. Due to the culture's acceptance, it can be stated that many women are exposed today, which contributes to the subject being taboo, unknown number of girls exposed, hurt or losing their life as a result of FGM/C.

For the victim, or an outsider in the community, the societal structure means a fear to speak out because there is no safe place for that person to go, especially a woman. The harmful practice contributes to unutilized women losing their value and being deemed as useless because of the high risk to remain unmarried and childless. The woman's social value is even more profound in the rural areas where the woman's marriageability is more crucial depending on the family's economic situation. The results indicate an identity crisis if they are not deemed as marriageable, then who are they as a woman and in their society? All participants and respondents saw the female social identity as a deeply rooted issue that also is the reason the practice is still practised and believed in.

In conclusion, this thesis contributes to a deeper understanding to the human rights violation FGM/C, and it shows how deeply rooted the issue is due to several traditional and socio-economic factors. We truly believe that the movement of change starts with the ambition of one person paying it forward, to achieve a positive domino effect, just as shown by the advocacy workers doing their best whilst fighting and dodging hindrance as a result of poverty, uneducation and illiteracy. Results also show the importance of law implementation, accountability, and unity to achieve agenda 2030, the year when women and girls in the Gambia can live free of violence.

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Appendix 1

Information and request about participation in an observational and interview study, with the title; Professional approaches and support in the fight against gender-based violence in The Gambia. You are hereby asked to participate in this research project.

Our names are Agi Ramou Jeng and Shewit Mulugeta. We are students studying science in social work at Dalarna University in Sweden and are currently writing our bachelor's degree project.

The purpose of the study is to see how The Gambia is working towards goal 5 in agenda 2030. How the professionals are trying to protect and support victims of female genital mutilation and child marriages, as well as their work methods. The information is collected through observations of professionals in their authentic environment and from semi-structured interviews.

The study has an 8-week duration, however the required time for each interview is approximately 30-60 minutes. The interviews will be held by both of us researchers, recorded on a Dictaphone and later transcribed. The participants are selected through a purposeful sample, with the criterion that they should be professionals or experts working with youths within the ages of 14-24.

Your participation in the research is completely voluntary. You can cancel your participation at any time without further justification. Anonymity and confidentiality are main aspects in this study to prevent possible negative consequences, including that no information is shared unwillingly. The questions will not have any disrespectful, offensive, or violating characteristics and the collected data will be safely stored and destroyed after it has been transcribed. All the participants will be able to view the finished degree project.

Regards

Students

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Appendix 2

Consent form

Consent to participate in the study

I have received oral and written information about the research and have had the opportunity to ask questions. I may keep the written information.

- I consent to:
- Participate in the study; Professional approaches and support in the fight against gender-based violence in The Gambia.
 - That information about me is processed in the manner described in the research information letter.
 - The collected information will be kept and stored until the thesis is approved.

City and date	Signature

Responsible for the study

City and date: _____

Signature: _____

City and date: _____

Signature: _____

Appendix 3



Interview Guide

- Tell us something about your organisation and your profession? How many years have you been working?
- Can you tell us about your work methods with FGM?
- What work methods or approaches do you have when working with youths? Victims, survivors, uncircumcised?
- What conversational approach do you use when speaking to youths in your organisation/in society?
- How do you talk about FGM with boys and girls? Does it vary?
- Do the conversational approaches or methods vary depending on if you are talking to a victim and its relative or the victim alone?
- What do you do if the perpetrator is a parent, partner or near relative?
- How are you as a professional working to achieve gender equality and empower girls and women's human rights?
- What do you think are the youths' perceptions of FGM regarding gender equality and human rights? What have you seen/heard about it in your profession?
- How does the genders impact the attitudes concerning FGM?
- What do you think about the relation between FGM and gender inequality?
- What do you think, are the reasons why FGM is performed?
- How do you work around the stigmas and social norms?
- How do you support a victim?
- What kind of support do you offer in specific? Economic, personal...
- Who can be supported by your organisation?
- Can you tell us about possible requirements or criterions for the victims to be eligible for support?
- How do you support a person in an acute crisis?
- What difficulties do you meet regarding FGM?
- What difficulties regarding people's perceptions or views of FGM do you meet?
- Is there anything you would like to add to this interview?

Appendix 4: Ethical self- examination

Blankett för etisk egengranskning av studentprojekt som involverar människor

Använd blanketten som en grund för forskningsetiska reflektioner tillsammans med din handledare och för att komma fram till bästa forskningsetiska förhållningssätt samt beslut om ansökan till den Forskningsetiska nämnden vid Högskolan Dalarna alternativt Etikprövningsmyndigheten behövs eller ej. Blanketten behålls av studenten och handledaren.

Projekttitel: Professional approaches and support in the fight against gender-based violence in The Gambia

Student/studenter: Shewit Mulugeta och Agi Ramou Jeng

Handledare: Eva Randell

	Ja	Tveksamt	Nej
1 Kan frivilligheten att delta i studien ifrågasättas dvs. omfattar studien deltagare som kan betraktas tillhöra en sårbar grupp t.ex. barn (under 18 år), personer med nedsatt kognitiv förmåga, psykisk funktionsnedsättning eller sådana som har en beroendeställning till den som genomför studien t.ex. som patienter eller elever till densamma?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2 Innebär undersökningen att informerats samtycke inte kommer att inhämtas (d.v.s. forskningspersonerna kommer inte att få full information om undersökningen och/eller möjlighet att avsäga sig ett deltagande)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3 Innebär undersökningen någon form av fysiskt ingrepp på forskningspersonerna?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4 Kan undersökningen påverka forskningspersonerna fysiskt eller psykiskt?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5 Används biologiskt material som kan härledas till en levande eller avliden människa (t.ex. blodprov)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6 Avser du behandla känsliga personuppgifter, som etnicitet, politiska åsikter, religiös eller filosofisk övertygelse, medlemskap i fackförening, hälsa eller sexualliv?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7 Avser du behandla personuppgifter om lagöverträdelse, som brott, domar i brottmål, straffprocessuella tvångsmedel eller administrativa frihetsberövanden?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8 Avser du att behandla personuppgifter? Observera att: <ul style="list-style-type: none"> • Samtliga uppgifter som kan kopplas till en levande person betraktas som personuppgifter, även om de är kodade eller krypterade. • I händelse av att studentarbetet INTE omfattar några känsliga personuppgifter och heller INTE deltagare som tillhör en sårbar grupp eller deltagare som INTE står i beroendeställning till den som genomför studien, behöver inte någon ansökan till Forskningsetiska nämnden vid Högskolan Dalarna göras. • Vid behandling av personuppgifter ska dock ALLTID anmälan om detta göras på avsedd blankett som sänds till: dataskydd@du.se 	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Fastställd av Forskningsetiska nämnden 2020-09-23