coopération allemande
DEUTSCHE ZUSAMMENARBEIT

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

Female genital mutilation in Guinea: a never-ending story?

The whys and hows of a highly resistant cultural institution – and Guinean-German paths to address it

HEALTH FOCUS

March 2024

Author of the study: Dr. Mary White Kaba

Photo credits: Jean-Pierre Kaba

Study commissioned by Health Focus GmbH, Potsdam, Germany

CONTENTS

Acronyms and abbreviations

AFAF	*Association des Femmes pour l'Avenir des Femmes*
AFASCO	*Accompagnement des forces d'action socio-communautaire*
BMZ	Federal Ministry for Economic Cooperation and Development, Germany
DHS	Demographic and Health Survey
ENABEL	Belgian Development Agency
FGM	Female Genital Mutilation
GAMS	*Groupe pour l'Abolition des Mutilations Sexuelles féminines*
GBV	Gender-Based Violence
GIZ	*Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH*
IT	Information Technology
NGO	Non Governmental Organisation
PSRF	*Programme de Santé de la Reproduction et de la Famille*
RRA	Rapid Rural Appraisal
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

EXECUTIVE SUMMARY

In the mineral-rich West African nation of Guinea, the traditional practice of modifying the female genitals has barely decreased over the past 30 years – from 99% to 95% of girls and women. Despite intensive efforts by NGOs, development partners and legislators, the practice continues almost unabated. Meanwhile, female genital mutilation (FGM) is receding in neighbouring countries.

This study seeks to discover what factors are at play in maintaining Guinea's rank of second-highest prevalence of FGM in the world after Somalia, but also what measures have been taken against the practice – and how they have been received. The contribution of Guinean-German cooperation in proposing culture-sensitive paths to addressing the issue is also explored, and the study concludes with an assessment of current trends for and against the continuing practice of FGM in Guinea.

An operation to control women's sexuality

Intended to 'purify and integrate' young women, to ensure chastity before marriage and fidelity thereafter, FGM is a matter of family honour in Guinea. It is considered an 'aide to abstinence' and defying the custom leads to social rejection. The social pressures on families outweigh their concern over potential health risks. Vested interests, e.g. of traditional practitioners, and increasingly health personnel who perform the operation, as well as tacit approval from many religious leaders, contribute to maintaining the practice, which appears as a nearly impenetrable edifice.

Campaigning against FGM

Guinea's succeeding governments and their NGO and international partners have used many approaches to encourage abandonment of FGM, including information campaigns on its health risks, training and reconversion of traditional *exciseuses*, training of health personnel and of religious leaders, legal and police measures, etc. However, their voices have been largely drowned out by the multiple community-based institutions – traditional marriage, religion, clan structures – that maintain girls and women in a dependent position in the name of social stability.

A respectful dialogue

Guinean-German cooperation, starting in the years 2000, developed an alternative, culture-sensitive approach in the Generation Dialogue. Instead of one-way messages telling people to stop the practice, the Generation Dialogue gives priority to listening: allowing older and younger generations of Guineans to analyse together the cultural values that underlie this traditional practice, and reflect on positive ways forward for their community without FGM. The related, gender-transformative ACT! approach impresses many observers with its apparent effectiveness in getting participants to critically reevaluate practices and attitudes they had always taken for granted.

Cracks in the edifice?

In recent years, including through exposure to norms and values of other cultures, opposing trends have nonetheless been emerging in Guinean society. On the one hand there is what appears as a 'defensive' attitude, to preserve traditional culture against the assault of 'decadent' Western influences. On the other hand, socio-economic changes, including the experiences of the Guinean diaspora are contributing to a 'loosening' of the structures that have for so long maintained the institution of FGM. These 'cracks' in the FGM edifice present a fresh opportunity for Guineans to shape their future through constructive, transformative dialogues such as the Generation Dialogue and the ACT! action research approach.

AN OPERATION TO CONTROL WOMEN'S SEXUALITY

BOX 1. DEFINITION OF FEMALE GENITAL MUTILATION

The World Health Organization defines Female Genital Mutilation (FGM) as 'partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.'

FGM is recognised by the United Nations as a **violation of human rights**, and its eradication by 2030 is **Target No. 5.3** of the Sustainable Development Goals. February 6 has been proclaimed International Day of Zero Tolerance of Female Genital Mutilation, and numerous international and inter-African conventions (notably the Maputo Protocol) have been signed by a majority of countries, including Guinea.

Conakry, 2022. In Guinea's capital city, in a discreet courtyard shaded by high walls, dozens of small, white-robed figures are gathered in a circle.[1] After months of training on household duties and respectful behaviour towards men and elder community members, the important day has come, when these little girls will be transformed into women deemed worthy of marriage and likely to fetch their families a high bride-price. They will be showered with gifts – but first they must face the *exciseuse'*s knife or razorblade without flinching.

In the West African nation of Guinea, the traditional practice of modifying the female genitals has barely decreased over the past 30 years – from 99% to 95% of girls and women (figures, when not otherwise specified, are from Guinea's most recent Demographic and Health Survey of 2018). Despite intensive efforts by NGOs, development partners and legislators (FGM is officially illegal since 1965), the practice – commonly known as 'excision' – continues almost unabated. Families who have emigrated to other countries send their daughters back to Guinea during school holidays to undergo this operation. Even health personnel cling to the tradition – and profit from it by discreetly performing the operation under 'sanitary' conditions: a 'modern' response to the argument about the health hazards of this practice.

With FGM receding in neighbouring countries, what factors are maintaining Guinea's rank of second-highest prevalence in the world after Somalia **(**UNICEF 2023**)**?

'An act of purification and social integration'

This is how female participants in an early survey (Yoder et al., 1999) justify this harmful practice. Two more recent surveys (Bano Barry 2015 and 2017) provide insight into Guinea's particular sociocultural characteristics that make for a solid FGM architecture. Well aware of the effect of removing or permanently damaging the clitoris – the female organ of sexual pleasure – survey respondents (including women) freely admit that the primary objective of FGM is to control women's sexuality: to ensure chastity until marriage and fidelity thereafter. The following declaration expresses the sentiment of many young women:

[1] Incident related by Dr Fabienne Richard (GAMS Belgium), personal communication

'I'm glad I've had the operation. It helps me remain abstinent until marriage.'

Young unmarried woman interviewed by Bano Barry

From the perspective of the patriarchal organisation which historically has characterised the vast majority of human communities, FGM is one of a variety of mechanisms devised to reduce 'paternity uncertainty' (Becker 2019): How can men be certain that a baby is really theirs? In a society whose survival depends on men's motivation to protect their offspring, this question is of more than passing interest.[2] Compared to strategies in other cultures which limit women's freedom of movement (e.g. foot-binding, purdah, obligatory accompaniment by a male family member), or like special clothing (veil, chador, hijab) create a visual or physical barrier between the woman and potential male admirers, FGM goes straight to the heart of the matter.

At all epochs and in all settings, these restrictive practices are identified with cultural ideals of female beauty, charm and virtue (Cooper 2019), to which girls are conditioned to aspire – and to family 'honour' in 'collectivist' societies (Doucet et al., 2020 and 2022), in which the family rather than the individual is the elementary unit.

Excision – removal of the clitoris and sometimes the sensitive inner labia – aims to destroy the woman's capacity to enjoy sex: This operation has been performed on at least 58% of Guinean women (EDS 2018). At least another ten percent have even been subjected to **infibulation** (Ibid.), a procedure whereby the vagina is sewn shut leaving a tiny orifice for the passage of urine and menstrual blood. Claimed to go back to ancient Egypt (Cooper 2019), infibulation is the most widespread form of FGM in Somalia and Sudan. Like a chastity belt[3] of flesh, this barrier effectively ensures virginity until the wedding night, when a partial deinfibulation is required to enable the new husband to consummate the marriage. To give birth, further deinfibulation will be necessary, after which the vagina is again sewn up (reinfibulated), an excruciating procedure repeated at each delivery.

In this way, girls and women are conditioned to associate pain rather than pleasure with this part of their body, a further measure to counteract any desire for sexual intercourse.

BOX 2: HEALTH RISKS OF FGM

Immediate complications of FGM can include:

- severe pain
- excessive bleeding (haemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death.

[2] In matrilineal societies, this role is often assumed by the mother's brother.

[3] In medieval Europe, some crusaders are claimed to have placed a metal 'panty' on their wives to which they kept the key while away.

Long-term complications can include:

- urinary problems (painful urination, urinary tract infections);
- vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- scar tissue and keloid;
- sexual problems (pain during intercourse, decreased satisfaction, etc.);
- increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- need for later surgeries: for example, the sealing or narrowing of the vaginal opening (type 3) may lead to the practice of cutting open the sealed vagina later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks; and
- psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.).

Source: WHO (2024)

Social pressure and tradition

Painful and potentially dangerous as it is, in most ethnic communities in Guinea, FGM is a prerequisite for marriage, and marriage followed by parenthood (if possible of numerous children, particularly boys) are required to become a full-fledged, highly considered member of society. Missing any of these steps, the individual and her family will suffer an unbearable punishment, stigmatised and even ostracised from their community.

This stark reality is dressed up under a mass of **cultural trappings**: social values and expectations, myths and explanations, which together provide the 'habitus' with which the individual defines his or her perceptions and identity (Bano Barry 2015). Examples include the deceptive 'equivalence' made between male circumcision (removal of skin) and female excision (removal of a healthy organ), with the justification of 'purifying' the sexual organs of anything reminiscent of the opposite sex. An 'impure' woman, for instance, would not be allowed to prepare food for her husband. The clitoris – perceived as a 'masculine' outgrowth that has nothing to do on a woman's body – inspires particular horror. Myths abound: Contact with the clitoris during intercourse will cause the man to become impotent, during childbirth will kill the baby; if the clitoris is not removed, it will keep on growing; when extirpated, it 'wriggles on the ground like a worm'. (Conversely, positive myths justify FGM, e.g. claims that the practice prevents certain diseases, facilitates childbirth and promotes fertility.)

Such beliefs shape the aesthetic standards of community members to idealise a smooth, relief-less appearance of the vulva, compared in some cultures to a ripe pomegranate. To members of these cultures, unmodified female genitals appear hideous. A non-excised girl is an outcast. To be 'beautiful' and 'pure', girls bear the pain of the operation, proudly complying with the social expectation of self-control in preparation for their future duties as wife and mother. Coming-of-age initiation rituals of great intricacy for both girls and boys developed over the centuries in the different

communities[4]. Despite their diversity, what practically all Guinean communities have in common is the pivotal role played by FGM.

With the advent of the monotheistic religions, the ancestral focus on female 'purity' found an echo in the doctrines of Islam, and later Christianity, to the point where presently around 60% of Guineans believe that FGM is a religious requirement (DHS 2018). This association is reinforced by language: in many African languages a common word for 'excision' is '*sunna'*, referring to the oral tradition of the Prophet as written down in the *hadiths*. It can be postulated that in certain contexts introduction of Islam included introduction of FGM, interpreted as a religious requirement.

The actors of FGM and their motivations

A community, with its norms and customs, exists in a delicate balance between **social control** and **individual choice**: The tension between these two poles shapes the lives of citizens and the evolution of the society. In Guinean society, it is still very difficult to 'swim against the current' of monolithic social opinion, and there is a high price to pay. The overriding priority for all actors in the drama of FGM is therefore maintaining or gaining social acceptance and prestige:

- **Young girls** want to get married, and avoid being taunted as '*bilakoro*' (unexcised): some even ask to have the operation performed on them.
- **Mothers** (supported by female family members and associates) decide on and organise the intervention: to be able to marry their daughters as virgins (commanding a higher bride price and enhancing mother's social prestige as a good educator), preserve family honour and maintain the father's status and right to speak out in male society.
- **Other female relatives** (particularly paternal grandmothers and aunts, also namesakes of the girl) have a strong say in the decision which reflects on the honour of the entire family, and can even counter a mother's wish to avoid FGM for her daughter by 'stealing' the girl for the operation (Doucet et al., 2020, 2022).
- **Men** – fathers and future husbands – 'go along' with the practice, generally claiming 'it's women's business', though they are intended as the primary beneficiaries of a 'pure and faithful' wife.

Families' strong demand for FGM has been answered by actors with vested interests in prolonging the practice:

- **Traditional *exciseuses*:** Older women skilled at the operation and in charge of the girls' initiation rites (where still practiced) enjoy exceptionally high status in the community and are well paid for their services.
- **Health personnel** – particularly midwives and nurses – are progressively replacing the traditional practitioners in response to families' wish to reduce the health risks of FGM. This **medicalisation** of FGM is a lucrative activity for underpaid health providers, themselves excised and steeped in the same values as the rest of their community. By 2018, one in three operations on girls under 14 had been performed by a medical professional.

Community opinion leaders have no reason to question the status quo:

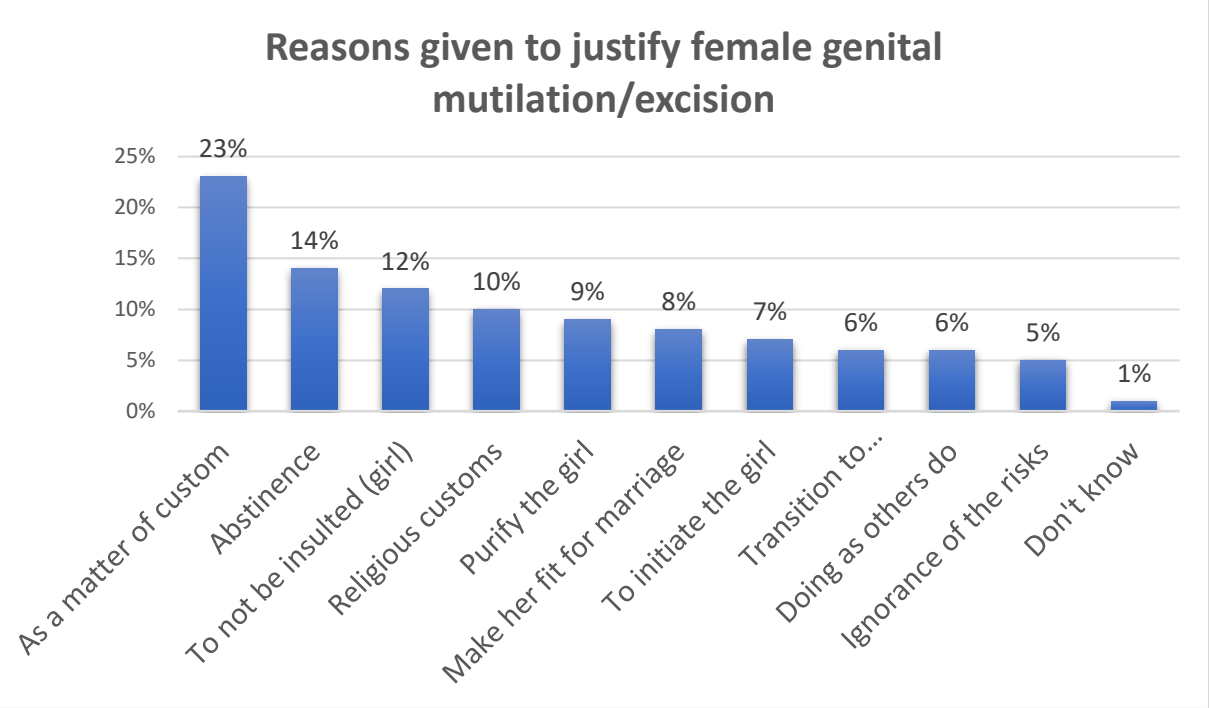
[4] These rites can also be very costly for families, requiring the young person to live for months in an 'initiation camp' under the tutelage of the *exciseuse*, whose demands for money, clothes and other supplies must be met to avoid public humiliation.

- **Religious leaders** (particularly imams) tend to approve of FGM as a measure promoting girls' and women's sexual 'purity', in line with the precepts of their religion.

As Bano Barry (2015) hints, the institution of FGM appears to have a crucial function of social control over families and their individual members. And the different segments of society are conditioned to keep it that way. Systems are resistant to change because the functions of all their elements complement and reinforce each other.

Since its independence in 1958, Guinea has lived through long periods of social and political instability, which have taken a heavy toll on the country's infrastructures, organisation of services and socio-economic development. The mineral-rich country is ranked 181 out of 193 countries and territories on UNDP's Human Development Index (UNDP 2024). In such situations, communities and individuals tend to cling all the more strongly to religion and tradition as sources of structure and stability. FGM places the weight of the social edifice on the frail bodies of young girls.

BOX 3. CURRENT JUSTIFICATIONS OF FGM



Source: Bano Barry (2015)

CAMPAIGNING AGAINST FGM IN GUINEA

Shortly after independence, in 1965 FGM was declared illegal and in the following years Guinea signed on to the many international declarations condemning the practice. In the 1980s Guinean NGOs became strongly involved in combatting FGM, and the government has taken an increasingly active role in this campaign, culminating in its National Strategic Plans 2012-2016 and 2019-2023 for Abandonment of FGM and establishment of a Platform for National Coordination of the Combat against FGM (*Plateforme de coordination nationale de lutte contre les MGF*), consisting of national authorities and technical and financial partners. To increase this platform's social acceptability, abandonment of FGM is integrated into a package of reproductive health measures focussing on Gender-Based Violence (GBV). This platform is represented in the entire country through its decentralised Multisectoral Committees against GBV, including FGM and child marriage. The government has also created a National Platform of Religious Leaders for the Promotion of Sexual and Reproductive Health, with structures on national, regional and district level.

In its efforts against FGM, Guinea's government has received the support of major international partners such as the European Union, ENABEL USAID, *Plan Guinée*, the regional UNFPA-UNICEF Joint Programme on the Elimination of FGM, as well as German development cooperation (see next chapter).

Bano Barry (2017) describes several major strategies that have been used in the combat against FGM, and gives some indications of why they have had less impact than hoped:

Information campaigns on the health risks of FGM were the earliest approach, and clearly a necessary and useful place to start, to counter 'common-sense' arguments such as 'I don't know anyone who had such problems', 'My mother and grandmother had no problems giving birth….' Nearly 100% of respondents in the 2017 survey had been exposed – via radio, NGOs or other intermediaries – to messages on the health risks of FGM. However, a perverse effect of these campaigns has been to contribute to the medicalisation of FGM as a tactic to reduce its health risks.

Training and reconversion of *exciseuses* has been a popular approach, centred on inducing these traditional practitioners to abandon their cutting instruments in a community ceremony in favour of an alternative income-generating activity, in certain cases even pursuing sensitisation against the practice as employee of an NGO. Drawbacks include the expense of funding the alternative activity and the difficulty of ensuring sustainability. Most often, the *exciseuse* would be replaced by a younger female relative or – in an estimated 21% of cases – by a health provider.

Training of health personnel to sensitise the population on the dangers of FGM makes a lot of sense, and to a large extent this takes place. At the same time, the increasing medicalisation of this operation creates an irreconcilable contradiction with health providers' ethical obligation to respect human rights and bodily integrity. Recuperation of this lucrative practice by trained health personnel increases the danger of institutionalising FGM. Appropriate training of health personnel thus becomes all the more urgent: Everyone must understand that removing a healthy organ is not compensated by use of sterile instruments and anaesthesia.

Training of religious leaders is an important aspect of the combat against FGM because of their strong influence on their community. (Guineans are about 89% Muslim and 7% Christian). Among

these potential multipliers as well, contradictory convictions are at play. The Wahhabi brotherhood (the only religious group to promote infibulation) appear least permeable to the message that Islam does not encourage FGM, while the Tijanis are open to this argument. 70% of the respondents surveyed in 2017 doubt the sincerity of religious leaders who encourage abandoning the practice, suspecting them of having been paid by the Western-supported projects. Overall, this is a delicate collaboration: Though Christian leaders reject the practice, which nonetheless affects 87% of Guinea's Christian minority, Muslim leaders are divided on the subject. Discussion is based on interpretation of religious texts, where proponents of both sides find arguments in their favour. To proponents of FGM claiming it is a requirement of Islam (as implied by the term '*sunna*'), some opponents point out that it is not a traditional practice in Saudi Arabia, where Islam's holiest sites are located.

Legal repression measures have been reinforced – on paper – with numerous new laws and regulations, but in reality very few practitioners of FGM have been accused or punished with fines or imprisonment. The health services officially prohibit performing the operation, but the few cases that attract attention tend to be handled internally with no recourse to the police or the justice system. In a situation where FGM is nearly universal, it is very difficult for prosecutors or superiors to sanction someone for doing what they themselves are 'guilty' of.

BOX 4. LEGISLATION AGAINST FGM IN GUINEA

The Guinean government introduced legislation prohibiting FGM since 1965. This legislation was followed by several decrees and ministerial orders in the 1990s and 2000s, which have since been revoked.

The main legislation currently governing FGM in Guinea is Law No. 2016/059/AN (Penal Code 2016), in which articles 258 to 261 prohibit FGM, whether carried out using traditional or modern methods.

In addition, Law L/2008/011/AN (the Guinean Children's Code of 2008) criminalises violence against children and expressly addresses FGM in articles 405 to 410.

Source: Thomas Reuters Foundation, 2018

Community dialogues leading to a public pledge to abandon FGM are carried out on village level with all segments of the population over several months, culminating in a solemn ceremony of commitment that all households will cease FGM. Hundreds of villages in all parts of Guinea participated in this approach in the first decade of the 21st Century – to the point that 45% of those surveyed in 2017 had been directly implicated in this process. But along the same lines as the conversion of the *exciseuses*, 10 years later only 6% still claimed that all participants would respect their engagement – and the DHS figures show no impact of this massive intervention against FGM.

Development of alternative 'initiation' rituals without FGM appears as a variant of the latter approach, requiring an equivalent community dialogue. As Bano Barry points out, this strategy supposes that the community is less interested in the operation on the girl than in the ceremony – the cultural trappings – surrounding it. This approach appears most relevant in the Forest Zone of Guinea, where initiation rites still take place. (Outside this zone the tendency is rather for FGM to be maintained, but the rituals simplified and even abandoned: see final chapter.) With this approach too, the same issues of time invested in the community dialogue, follow-up and sustainability remain.[5]

[5] Everyone likes a party – but is the party or the reason for the party more essential? Bano Barry (personal communication) makes the comparison with traditional marriage in Guinean societies: 'There is a lot of dancing and singing, but it is the agreed-upon bride-price changing hands from the groom's to the bride's family which is the condition for consummating the marriage.'

Why these strategies haven't brought down the rate of FGM in Guinea

It is not for want of trying. Of Bano Barry's 2017 interviewees, practically all had been exposed to one or more of these strategies to encourage abandonment of FGM, but none reported having changed their own behaviour as a consequence. According to Bano Barry (2017 and personal communication), several deep-lying factors are at play:

The messenger contradicts the message. In a country where nearly 100% of families practice FGM, the credibility of the 'establishment' promoting abandonment of the practice – legislators, police, local and national authorities, NGOs etc. – is weakened by the fact that those promoting or enforcing the new 'rules' are known to be themselves 'guilty' of the practice they are combatting. They are basically telling the public: 'Do as I say, not as I do!' The result is a form of hypocrisy or '*omertà*'[6] around the continuing practice of FGM, while those implicated pay lip service to its abandonment.

This contradiction is at the heart of the ambiguity already mentioned concerning the engagement of health personnel, religious leaders and the justice system against FGM – as reflected in the modest number of cases tried or sanctioned in Guinea. This contrasts with the example of the nearby country of Togo, which effectively used legal repression to practically eradicate FGM in less than a generation, reducing its incidence from over 10% in 1998 to 1% in 2017 (Réaux, 2018). The big difference is that in Togo FGM was practiced by a (mainly Muslim) minority, while the establishment combatting the practice was dominated by the majority of non-Muslims.

BOX 5. A MOMENT OF TRUTH AT A WORKSHOP ON FGM

'I had just finished university and an international organisation invited me to a workshop on FGM. The last day I stood up and asked two questions: "Will all participants who have not excised their daughter please raise your hands?" No hands came up. Then I asked, "Please raise your hand if you are willing to swear on the Koran that you will not have your daughter operated on." No hands were raised. Discomfort was palpable, and the organisers told me I had ruined their workshop.'

Professor Alpha Amadou Bano BARRY

Extrinsic rewards detract from intrinsic motivation. FGM will only stop if people are sincerely convinced that this is the best decision. But too often, what communities see instead is that *exciseuses* who lay down their knives are rewarded with new jobs or income-generating activities that perversely motivate them to pass on their instruments to a relative so she too can later benefit from such advantages. Other leaders gain attention and prestige if they denounce FGM. Everyone knows that the NGOs, whose members themselves practice FGM, are paid with foreign money to sensitise against the practice. This makes people cynical about the combat against FGM.

The campaign against FGM stops at the border. But most of Guinea's ethnic groups, each of which has its own customs related to FGM, extend well into neighbouring countries, where different approaches and laws concerning the practice apply. Bano Barry cites the case of the Fulani in Guinea Bissau, where the ban on FGM is strictly enforced, who cross the border into Guinea to have their daughters operated on.

[6] Pr. Bano Barry, personal communication

We are targeting the wrong people. As is often the case in matters of reproductive health, sensitisation on FGM mainly addresses women as the organisers, perpetrators and victims of the operation, forgetting that in the patriarchal system it is men who have the power to veto such a decision – if for the love of their daughter they are willing to risk their social standing and the 'inappropriateness' of intervening in what are supposed to be 'women's affairs'.

Actions against FGM are organised as 'projects' rather than as a 'programme'. Although Guinea's National Strategic Plan provides an overall framework for partner interventions against FGM, partner support is always limited in time and resources, which in practice translates into a collection of individual projects supported by diverse organisations. Each project is thus under pressure to achieve its inputs and outputs within a given period, and almost never plans time for follow-up, e.g. to check if commitments are maintained in the long term.

The initiative against FGM is perceived as coming from outside. The fight against FGM in Guinea did not originate as an internal revolt against the practice from within the local communities, but was introduced under international pressure in line with Western-inspired concepts of human rights and gender equality. Though Guinean institutions and actors committed to abandoning the practice have meanwhile been established, the impulse and funding for actions and campaigns against FGM continue to come from international partners.

Insistence strengthens resistance. In some cases, the massive, multi-dimensional campaign against FGM in Guinea backfires: On social media many young Guineans protest what is perceived as a brutal attack on their culture and identity by decadent foreigners. Bano Barry quotes one interviewee:

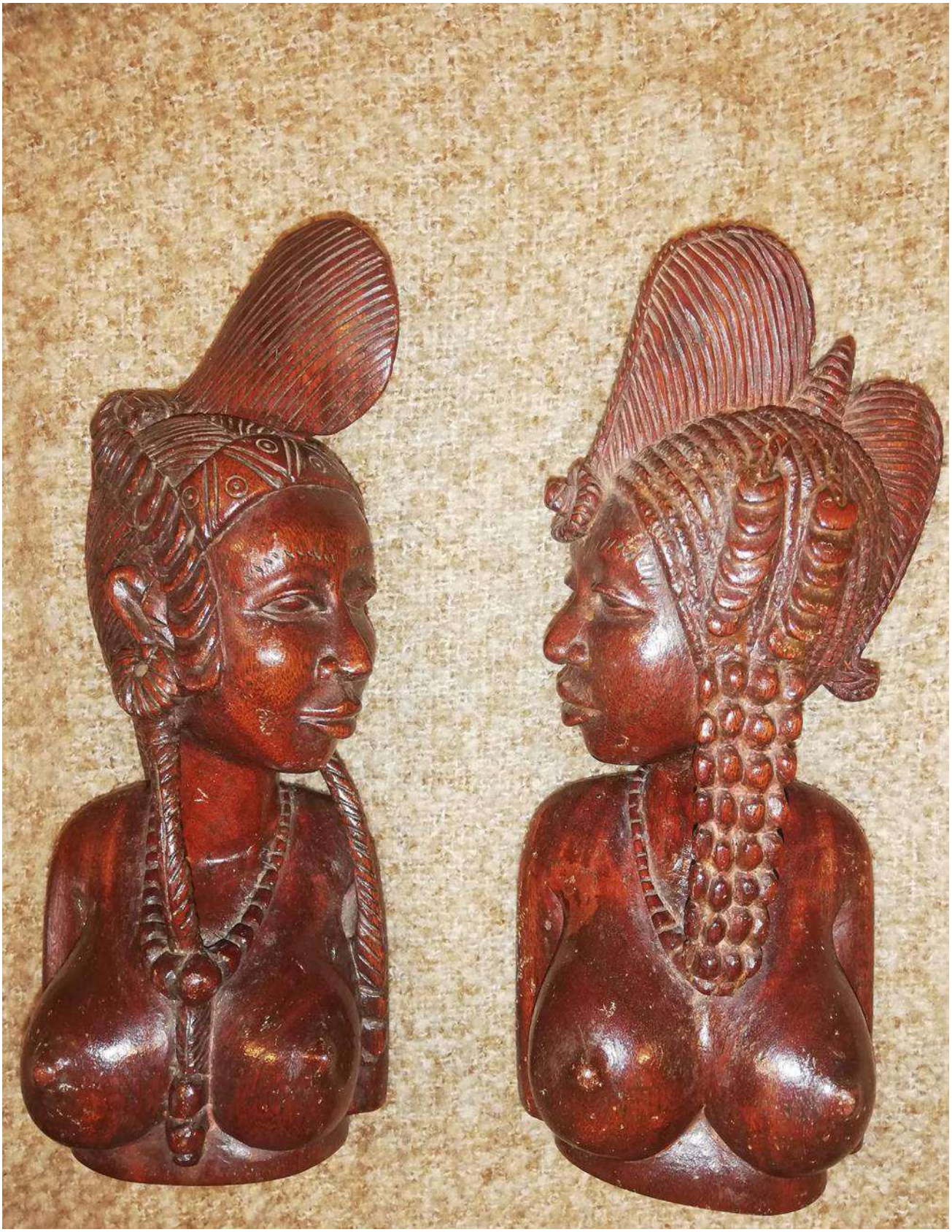
> *'The whites have transformed you, you have become their soldiers, they will never come here with weapons in hand, it's you […]. You are in their service, fighting against your own culture. Anyone who tries to put a stop to excision will be cursed, we will never be like them. We will never abandon excision. This is our life.'*
>
> *Survey respondent (Bano Barry, 2015)*

FGM has the status of a cultural value, fiercely defended by many Guineans.

Process indicators replace impact indicators

Together, these different factors have had a powerful braking effect on the efforts of the Government and its development partners to bring down the rate of FGM. Their voices have been largely drowned out by the multiple community-based institutions – traditional marriage, religion, clan structures – that maintain girls and women in a dependent position in the name of social stability. Change is almost imperceptible, as the statistics on FGM hardly change from one DHS to another.

As a result, projects and programmes combatting the practice are unable to demonstrate the impact of their activity on the rate or incidence of FGM. This obliges them to present the outcome of their efforts in the form of process indicators (e.g. so many trainings carried out, so many people sensitised) or a tally of declarations of intent to abandon FGM. These become a 'proxy' for impact indicators – with again, the challenge of follow-up over time.



A RESPECTFUL DIALOGUE

German development cooperation, mandated by Germany's Federal Ministry for Economic Cooperation and Development (BMZ), has been a partner of Guinea's since the 1990s, and – despite gaps and suspensions due to troubled conditions in the country – has been a major ally in the efforts to address FGM.

Over the years, German technical cooperation and German financial cooperation – in the domains of health, social marketing and even education (with the country's first manual for sexuality education in secondary schools) – have applied many of the strategies for tackling FGM described in the preceding chapter. Intervening in five of Guinea's eight regions and on national level, German technical cooperation, the *Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH* (GIZ), has mainstreamed a large number of measures addressing FGM, ranging from interactive radio shows, music contests, multisectoral dialogue forums and roundtables to training of religious leaders, but also health personnel. Every second health centre in the project zones now has its FGM 'specialist'.

Guinean-German cooperation has promoted Guinea's 'green telephone' – à help-line on sexual and reproductive health – and partnered with ENABEL on the creation of Kouyé, an interactive digital platform for youth, and reached thousands of young people with the German-supported Join-In Circuit.

Through IT and logistical support, Guinean-German cooperation has enhanced collaboration with the police and justice systems of the decentralised committees against VBG to bring perpetrators to justice. In 2021, 44 cases of FGM were identified in the project zones, of which over half (23) were actually judged and punished, while 8 were prevented. Many other forms of GBV such as rape, child marriage and conjugal violence were also denounced and prosecuted. Specific German-supported initiatives have led to reconversion of *exciseuses,* some becoming educators against FGM.

These measures sound familiar, and indeed, Guinean-German cooperation is one of many partners engaged in similar initiatives against FGM. What then is the particularity of German-supported approaches?

The difference is the dialogue

A fundamental tenet of German development cooperation is partner orientation. This contrasts with some development organisations which arrive with a pre-set plan for their intervention – often a blueprint destined for dozens of partner countries – and get straight to work, expecting to achieve their goals in record time. All German-supported projects are conceived and planned jointly with their partner country counterparts, so each one is actually tailor-made to fit the real conditions of the territory where the project is to be implemented. German-supported projects can last 10 years or more: both partners know that development doesn't happen overnight, and in German-supported

projects the partner country is in the driver's seat. Partner ownership is essential for sustainability of the intervention, another basic tenet of German development cooperation.

What does this mean for addressing FGM? Anna von Roenne, co-founder of the renowned GIZ-supported Generation Dialogue, points out the pitfalls of classic 'sensitisation' or 'behaviour change communication'. Both of these terms imply a one-way communication which is implicitly demeaning for the person needing to be 'sensitised' or supposedly have their behaviour changed. Rather than asking Guineans what reasons they have for perpetuating FGM, the vast majority of information campaigns assume they have no good reason for it, and if told about its negative health consequences will abandon the practice. Such 'shortcuts' reveal a lack of respect for the audience of the 'sensitisation' and help push Guineans to increasingly see FGM as a cultural good under threat.

Such one-way communication contrasts with the two-way communication – the give-and-take – of a dialogue. Both parties need to express their concerns and their convictions in order to understand one another, to adapt their communication to one another, and to advance, individually or together. Partner-oriented communication is two-way communication.

The Generation Dialogue was developed in Guinea

In the early 2000's the Generation Dialogue grew out of the encounter of two women: Anna von Roenne, a German psychologist, and Madeleine Tonno, who had founded the women's NGO AFAF (*Association des Femmes pour l'Avenir des Femmes).* As a psychologist, Anna was keenly aware of the frustration that being on the receiving end of a one-way communication could kindle:

The Generation Dialogue is different from traditional behaviour change communication approaches in which health promoters raise awareness of the consequences of certain behaviours and encourage people to abandon them. It takes as its starting point that there must be good reasons why practices with harmful effects endure – and that until these reasons and the values underpinning them are first explored and appreciated and then re-assessed by communities, they are unlikely to end.

Anna von Roenne, Co-initiator of the Generation Dialogue

It was clear that, to get Guinean women and men to reassess their ancestral practice of FGM, they would have to do the talking. As we have seen (first chapter), FGM is associated with what are perceived as positive social values in Guinean culture: marriage, children, social standing, chastity, fidelity and honour. But how to get people to open up and share their own experience with these traditional values? Would it be possible to maintain these values without FGM? How to organise this dialogue?

Because in traditional Guinean society, men and women live in largely separate social spheres, Madeleine and Anna decided to divide their participants into a women's group and a men's group, who would meet separately, so that everyone would feel comfortable expressing themselves. In each group of 12 participants, the dialogue would take place between the older and the younger

generation, since traditional values and practices are transmitted from generation to generation, yet can also be modified in the course of this transition.

The point of departure of the Generation Dialogue is deep respect for the participants and their traditional culture. From the first half-day meeting on, the accent is laid on listening and dialogue. In the second meeting, a week later, using the highly participatory approach of Appreciative Inquiry,[7] the two generations are asked to trace and compare their life paths, which they symbolise with a selection of traditional and modern objects. Anna recalls the older women wearily repeating 'That's life!' and the younger ones objecting 'No, no!'

The third meeting is the time to analyse the tradition in question (here FGM) in the light of these life experiences, reflecting also on how to preserve the positive values associated with it so as not to 'throw out the baby with the bathwater'. Between meetings, participants are asked to share their discoveries with family and friends.

The fourth session combines the men's and women's groups, where they share experiences and prepare recommendations for a community meeting. The Generation Dialogue lays the greatest emphasis on the participants' using their new skills in listening and dialogue to share knowledge with the community, agreeing on a community action plan for improvement, supervising its implementation and then its follow-up at a later community meeting, the entire process taking about 5 months.

The respectful approach of the Generation Dialogue was well received by communities:

'If you come in as an outside expert telling a community to give up what they consider to be a cultural value, people listen to you, and when you leave they just continue as before. But the Generation Dialogue respects cultures.'

Mariama Bah, National Expert, Health-Focus Nzérékoré

The Generation Dialogue rapidly became highly popular. The international NGO *Plan Guinée* in particular, together with Madeleine's NGO AFAF, scaled up the approach. Most of the hundreds of 'Community Dialogues' pledging to abandon FGM described by Bano Barry (2015) were derived from the Generation Dialogue, a trend that continues to this day in Guinea.

But the Generation Dialogue meanwhile has travelled to many other countries, and not only to address FGM. The Generation Dialogue is a time-tested approach that can be adapted to addressing any cultural challenge by bringing together older and younger generations (women and men separately) in self-reflection on their respective life paths and the role of the practice in question. The great flexibility of this approach, and the tremendous acceptability of focussing on the positive in traditional culture and ways of being make it adaptable for working through a wide variety of controversial issues.

[7] From the Rapid Rural Appraisal (RRA) toolbox.

The Gender-Transformative approach ACT! – a new star for addressing FGM

In many ways inspired by the Generation Dialogue (work in homogeneous focus groups followed by a restitution to community, regional and national stakeholders) the *Approche Communautaire Transformatrice du Genre* (ACT!) has attracted much positive attention in Guinea. Under the auspices of the GIZ-supported *Programme de Santé de la Reproduction et de la Famille* (PSRF), ACT! was introduced in 2022 by the Guinean NGO AFASCO, the Belgian NGO GAMS and the international consulting firm Health Focus GmbH in the form of an Action Research in the prefectures of Mamou and N'Zérékoré. AFASCO (Accompagnement des forces d'action socio-communautaire) is in fact the successor organisation of AFAF, and Madeleine's son Fara Djiba Kamano, himself a Generation Dialogue specialist, is its executive director.

What impresses many observers about the ACT! approach is its apparent effectiveness in getting participants to critically reevaluate practices and attitudes they had always taken for granted – and in some cases to actually change behaviours based on long engrained gender norms. Contrasting with the Generation Dialogue, whose content is flexible (any cultural challenge) and customised to the local community, ACT! focusses on promoting gender equity to prevent gender-based violence (GBV) and guides participants through a set sequence of 7 topics geared to progressively increase their awareness of their own gender conditioning and motivate them for change. Entitled 'Women's submissiveness, FGM and sexual fulfilment of the couple: Findings, analysis and perspectives for less GBV in Guinea', the findings of the action research were presented to regional and national authorities, who recommended adopting and scaling up the approach.

More information on ACT! can be found here.

Reorienting arguments against FGM towards traditional positive African values

Increasingly, the trend launched by the Generation Dialogue – addressing FGM with reference to Guineans' shared values rather than supposedly 'universal' norms – has been gaining adherents among development partners, and particularly within Guinean-German cooperation. It is to be expected that people are motivated by what is important to them.

As pointed out by Doucet et al. (2020), the argument that FGM violates the human rights of girls and women does not impress in a 'collectivist' society such as Guinea's – instead it fuels antagonism towards the perceived imposition of 'Western values'. Arguments that plead for societal and family cohesion – highly appreciated cultural values in Guinea – carry more weight. She recommends rather arguing that the physical integrity of girls – through the non-practice of FGM – will promote lasting marriages and large families, and therefore the honour of women and their families.

The traditional desire for numerous and healthy offspring is potentially a powerful argument against FGM, since the scar tissue left by the operation – especially in the case of infibulation – can severely interfere with the delivery.

Guinean society appears to be increasingly stressed by cases of infidelity, divorce and polygamy – and some think that men's (and women's) lack of sexual fulfilment in marriage might be contributing to

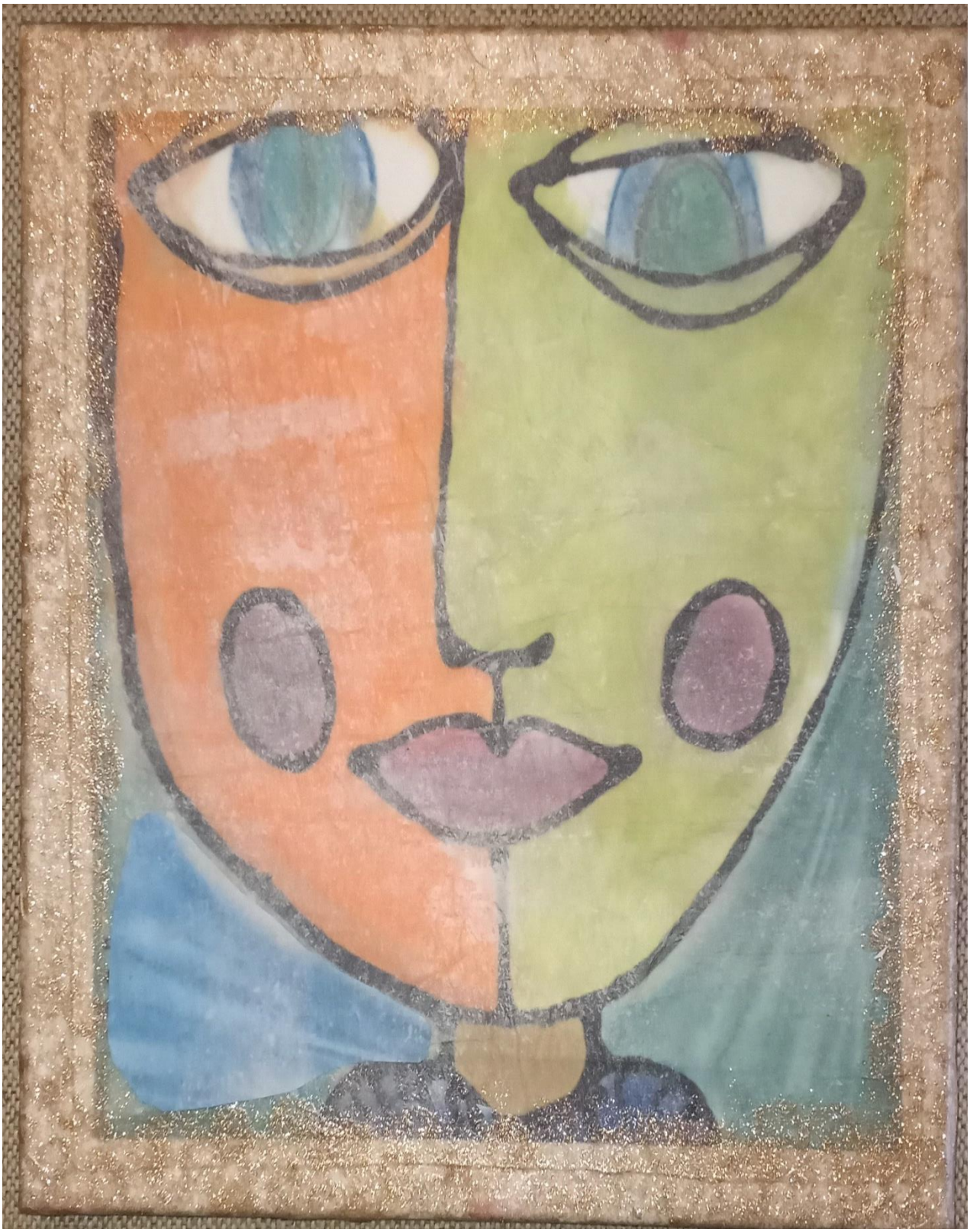
these problems. Men – officially the beneficiaries of getting a 'pure and faithful' wife – though publicly upholding the tradition, have rarely been consulted on their personal experience with wives having undergone FGM. However, Pr. Alpha Bano Barry (personal communication) reports that men commiserate with one another about their 'freezer'-like wives who may be faithful and dutiful, but who don't enjoy sex.

.'We excised women are like a piece of wood.'

Interviewee (Bano Barry 2015)

ACT!'s promise to address the 'sexual fulfilment of the couple' is one of this new approach's 'selling points'.

This issue could also present an opportunity to bring men and boys more strongly into the dialogue on VBG and FGM. In Guinea's 'collectivist' society, men, as the highest-level family and social decision-makers, are particularly well placed to promote abandonment of FGM.



CRACKS IN THE EDIFICE?

Although the statistics since 1999 show little change in the overall rate of FGM, the practice has in reality been evolving in Guinea – but in a number of different directions.

In recent years, including through exposure to norms and values of other cultures, opposing trends have been emerging in Guinean society. On the one hand there is what appears as a 'defensive' attitude, to preserve traditional culture against the assault of 'decadent' Western influences.[8] This 'backlash' trend is reflected, for instance, in the sharp increase between 2012 and 2018 in the proportion of girls under 14 subjected to infibulation, the most extreme form of FGM: from 6% to 16% in just six years, representing fully one third of all girls under 14 admitted by their mothers to have undergone FGM (DHS 2018).

On the other hand, socio-economic changes are contributing to a 'loosening' of the structures that have for so long maintained the institution of FGM. Increasing urbanisation has led to simplification and even abandonment of many traditional coming-of-age ceremonies (associated with high costs for parents), while the anonymity of urban life, where families have neighbours of different ethnic origins, makes it easier for parents to pretend that a girl has had the operation, or to have the practitioner just 'nick' her, rather than removing flesh (excision) (Doucet et al., 2020). This practice – 'symbolic' FGM – increased from 6% to 11% between 2012 and 2018. The idea, according to Bano Barry, is for the child to remember that 'something was done to her' so she believes she has had FGM and won't reveal her uncut status to others.

As we have seen, the desire to reduce health risks has accelerated the replacement of traditional *exciseuses* by health personnel who perform the operation 'in hygienic conditions' at the request of the family. In 1999 only 9% of women had been operated on by a health professional; in 2018 this was the case for 35% of girls under 14. Initiation rites and collective excisions have greatly diminished (with the exception of the largely animist Forest Region), a trend reinforced by precautions against transmitting HIV and more recently Ebola. FGM is increasingly carried out in the family home, making it more difficult for the government to control the practice.

Whereas previously girls tended to undergo the operation at adolescence – often as part of a lengthy coming-of-age ritual to prepare them for marriage and adult life – most girls are now operated on at age 5-9 years. (A justification given is that the younger they are the faster they will heal.) This appears as a significant shift: Since these little girls are easier to control physically and psychologically and too young to be initiated into the secrets of marriage, families apparently prefer using surprise – and promise of gifts – to manage them, rather than securing their willing cooperation for a process leading them to adulthood and social standing. Like the increase in infibulation, Bano Barry sees this younger age at excision as a reaction to an apparently heightened challenge of keeping young people's sexuality in check.

Furthermore, despite Guinea's overall 95% rate of FGM, the practice is not as monolithic as it appears. There are significant regional, ethnic and religious variations in its prevalence. Christian religious authorities actively discourage the practice, reflected in a lower – though still very high – prevalence of 78% among Christian girls and women. Guinea's Forest Region – the province of

[8] In a similar rejection of 'Western-imposed' norms, the nearby country of Gambia is currently considering the possible repeal of its law against FGM.

N'Zérékoré – with the highest concentration of Christians and of ethnic groups that adhere less to the practice – has the country's lowest rate of 84%. Furthermore, contrasting with other regions, where FGM tends to be performed when girls are very young (birth to 10 years), in the Forest Region the majority undergo the operation at age 10 or older, implying a greater need for the girls' informed consent.

Finally, taking a closer look at the FGM figures in the 2018 DHS, a gradual reduction in the practice is actually to be seen in the respective age groups: Where 98% of women aged 45-49 had undergone FGM, for those age 15-19 it was 92%.

What is going on with FGM in Guinea?

What to make of these apparently contradictory tendencies? Are cracks appearing in the edifice? Or is FGM in Guinea doomed to remain a never-ending story?

In appearance rigid, Guinean society is reacting to innovations introduced from various sources such as globalisation, social media and experiences of the diaspora, including interacting with and even marrying people from other cultures. A striking discovery are the dramatic surgical repairs of genital mutilations performed overseas, and there is talk of starting to offer them in Guinea. Debates rage on social media, as in these reactions to a television report on FGM:

'Stop imposing your cultures on us. Leave us and our traditions alone!'

'Let countries manage their own matters in their own way. We don't need your help!'

Reactions on social media to a report by France 24

These pressures exacerbate the tension between social control and individual choice, leading on the one hand, as we have seen, to a protective reaction against 'contamination' by 'decadent' Western social norms and possible sexual exploration by youth (early marriage to preserve girls' virginity is another manifestation of this backlash). On the other hand, an increasing number of men and women are discovering that there are other ways of being and loving and are open to learning more.

These 'cracks' in the FGM edifice present a fresh opportunity for Guineans to shape their future through constructive, transformative dialogues such as the Generation Dialogue and the ACT! action research approach. With the inexorable evolution of society, the day when excised girls will be mocked as 'old-fashioned' may not be far off.

ACKNOWLEDGEMENTS

This study is particularly indebted to Pr Alpha Amadou Bano BARRY, Scientific Director of *Laboratoire d'Analyse Socio-Anthropologique de Guinée* (LASAG) at *Université Général Lansana Conté* in Conakry and Guinea's former Minister of Education, author of two seminal studies on the practice of FGM in his country and strategies to combat it. Many thanks to him for a freewheeling discussion inspired by his research and experience!

Special thanks are due to the team of the *Programme Santé de la Reproduction et de la Famille* (PSRF) of GIZ in Guinea for their support to this research and their useful insights on the issue of FGM, starting with Katie Thayer, Head of Programme, Dr Götz Huber, Dr Adama Camara, Mr Sékou Traoré and Dr Thierno Diallo, as well as to Mme Fatoumata Barry of Plan Guinée.

Particular thanks go to the Health Focus team in Potsdam and in Guinea, first of all to its Director, Dr Alois Dörlemann, who commissioned this study and accompanied the process with much understanding and patience, Ms. Marine Kololo for her technical support and inputs, and Dr Robert Tambalou, Team Leader of the *Projet de soutien aux activités de promotion pour l'abandon de la pratique des MGF en Guinée,* who went out of his way to provide hard-to-access information.

Last but not least, special thanks go to those who have developed the paths described here for the abandonment of FGM in Guinea and were willing to share their insights about this journey: Dr Fabienne Richard, dynamic Director of GAMS (Belgium) and conceptor of ACT!, Mr Fara Djiba Kamano, Executive Director of AFASCO, and finally Ms. Anna von Roenne, Cofounder of the Generation Dialogue. Many thanks to the latter two, as well as to Dr Alois Dörlemann and Ms. Marine Kololo, for their inputs to an earlier version of this paper.

This study has also been fuelled by the writer's personal encounters with FGM proponents, opponents, practitioners and victims in West and later East Africa. To all of them my heartfelt gratitude for the insights they have shared with me on this sensitive issue.

Dr Mary White-Kaba

REFERENCES

Bano Barry A A (2015). Analyse socio-anthropologique des déterminants de la perpétuation des MGF/E en Guinée. Conakry: UNICEF/UNFPA. Available at: https://www.docdroid.net/OW1Poso/analyse-socioanthropologique-des-determinant-mgf-e-pdf

Bano Barry A A (2017). L'impact des stratégies de promotion de l'abandon des MGF en Guinée. Conakry: Ministère des affaires sociales, de la promotion féminine et de l'enfance. Available at: https://portail.sante.gov.gn/wp-content/uploads/2020/12/EVALUATION-STRATEGIES-ABANDON-MGF_aout-2017.pdf

Becker A (2019). On the Economic Origins of Restrictions on Women's Sexuality. CESifo Working Paper, No. 7770, Center for Economic Studies and ifo Institut (CESifo), Munich. Available at: http://hdl.handle.net/10419/201996

Cooper A (2019). Patriarchy and the Politics of Beauty. Lanham MD: Lexington Books.

Doucet M-H et al. (2020). Beyond will: the empowerment conditions needed to abandon female genital mutilation in Conakry (Guinea), a focused ethnography. Reproductive Health (2020) 17:61, BMC. Available at: https://doi.org/10.1186/s12978-020-00910-1

Doucet M-H et al. (2022). Beyond the Sociocultural Rhetoric: Female Genital Mutilation, Cultural Values and the Symbolic Capital (Honor) of Women and Their Family in Conakry, Guinea—A Focused Ethnography Among 'Positive Deviants'. Sexuality & Culture (2022) 26:1858–1884. Available at: https://doi.org/10.1007/s12119-022-09975-5

France 24 (2022). Guinée : pourtant interdite par la loi, l'excision reste fortement ancrée dans les mœurs. Available at: https://www.youtube.com/watch?v=AU4Zvt49mZk

Institut National de la Statistique/INS et ICF (2018). Enquête Démographique et de Santé en Guinée 2018. Conakry, Guinée, et Rockville, Maryland, USA : INS et ICF. Available at: https://dhsprogram.com/publications/publication-fr353-dhs-final-reports.cfm

Institute of Development Studies (2024). Participatory Methods. Available at: https://www.participatorymethods.org/glossary/rapid-rural-appraisal-rra

Réaux A (2018). *Au Togo, la difficile reconversion des anciennes exciseuses.* RTBF. Available at: https://www.rtbf.be/article/au-togo-la-difficile-reconversion-des-anciennes-exciseuses-9995020

Thomas Reuters Foundation (2018). *Guinée: la loi et les MGF.* 28 Too Many. Available at: https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Guinea/guinea_law_report_v1_french_(septembre_2018).pdf

UNDP (2024). Human Development Reports: Guinea. Available at: https://hdr.undp.org/data-center/specific-country-data#/countries/GIN

UNICEF (2023). Female Genital Mutilation (FGM). Available at: https://data.unicef.org/topic/child-protection/female-genital-mutilation/

UNICEF, UNFPA, UN Women (2020). Gender Transformative Approaches for the Elimination of Female Genital Mutilation. Available at: https://www.unicef.org/documents/gender-transformative-approaches-elimination-female-genital-mutilation

World Health Organization (2024). Female Genital Mutilation – Factsheet. Available at: https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation

Yoder S et al. (1999). Female Genital Cutting and Coming of Age in Guinea (English, French). DHS Qualitative Research Studies No. 2. Calverton, Maryland, USA: Macro International. Available at: https://dhsprogram.com/pubs/pdf/QRS2/QRS2.pdf