

FGM surveys on Knowledge, Attitudes and Practices in the Gambia

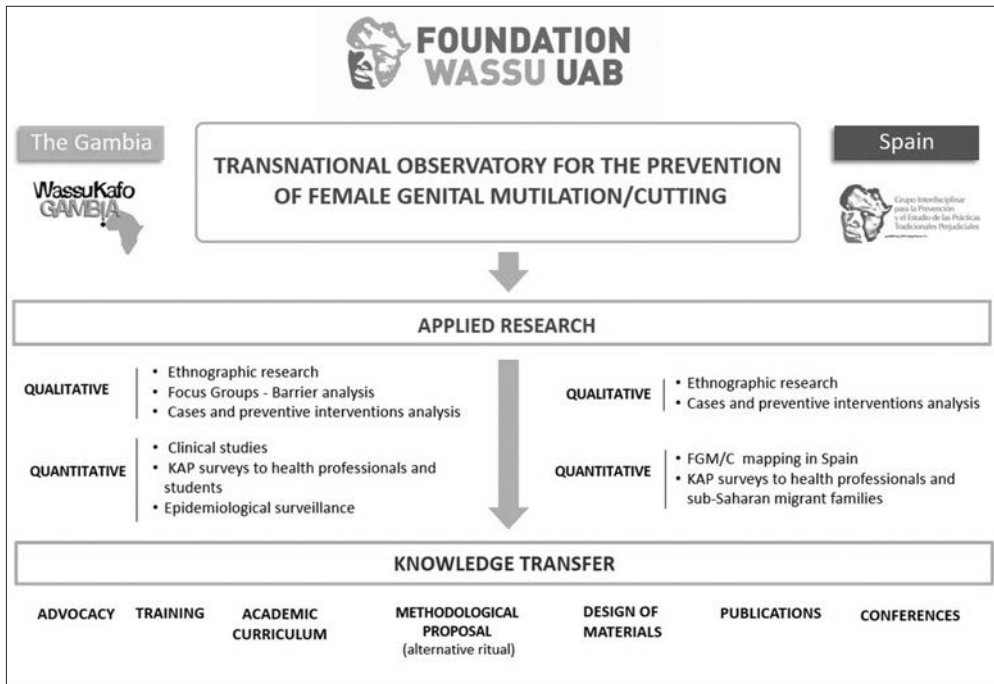
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The overall prevalence of Female Genital Mutilation (FGM) in the Gambia is estimated at 76.3 % – meaning that it affects approximately 3 out of 4 women. 78.3 % of the women have had it performed and 71.1 % believe FGM should continue. However, this global figure obviates important discrepancies within regions and ethnic groups. It is also important to understand this data within the context of gender-based violence in the country, where 74 % of women believe a husband is justified in beating his wife/partner (GBoS, 2011).

Wassu Gambia Kafo (WGK) is a local NGO that promotes development and cooperation between the Gambia and Spain in the fields of health, research and education. WGK is one of the Research and Training Centres of the Transnational Observatory of Applied Research to New Strategies for the Management and Prevention of Female Genital Mutilation/Cutting (FGM/C) hosted by the Wassu-UAB Foundation, at the Autonomous University of Barcelona (UAB), in Spain. The Transnational Observatory works for the management and prevention of FGM through anthropological and medical research applied to knowledge transfer.

- Its vision is to improve the living conditions of women and girls, recognising their right to personal integrity and freedom based on social equality.
- Its mission is to design, develop and implement a scientific methodology to transfer knowledge in order to draw attention to the consequences of FGM/C and promote the abandonment of the practice through preventive strategies both in Africa and among the Diaspora.

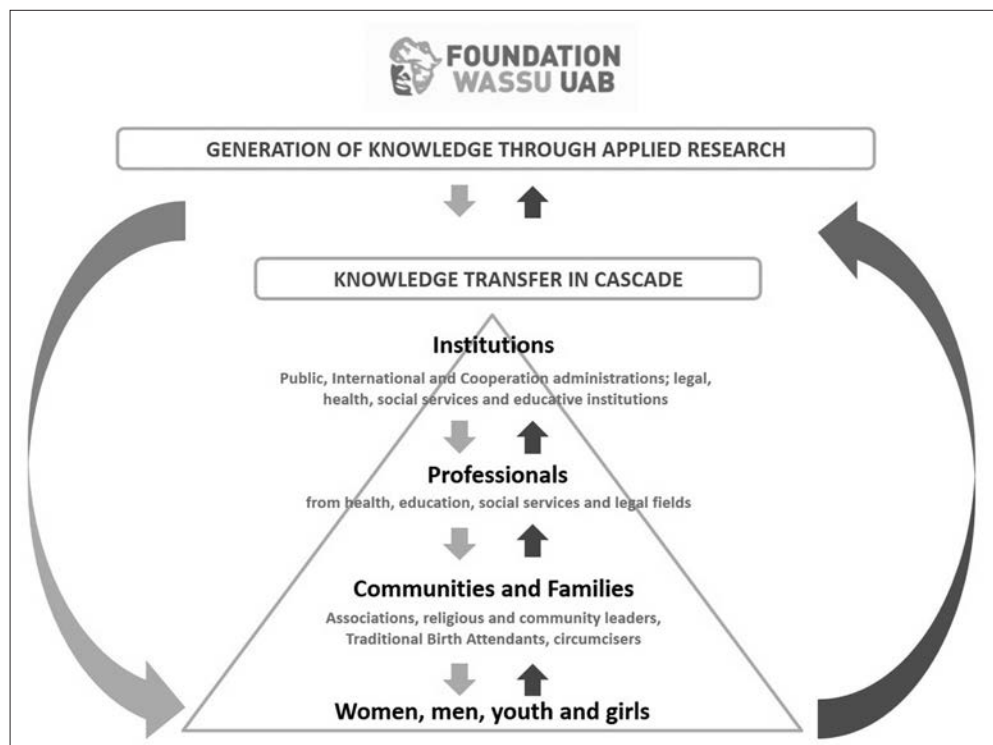
Figure 2 Transnational Observatory



Since 1989, research has been carried out in order to develop a comprehensive, innovative, sustainable and pioneering methodology that is evidence-based, culturally sensitive and results-oriented, and that focuses on the management and prevention of FGM/C. Based on a unique model, applied qualitative and quantitative research is conducted that enables cascade knowledge transfer to key agents.

At the request of the Vice-President of the Gambia, WGK conducted the first local clinical study between 2008-2009 focusing on the ethnic groups practising FGM, the types practised and the health consequences as revealed in health facilities (Kaplan et al., 2011). The results obtained from a sample of 871 women and girls were published in 2011 and demonstrated that FGM was still practised in the six regions of the country. Moreover, type I was the most common, followed by type II. The study also proved that all forms of FGM (including type I) produced significant percentage rates of health complications (particularly infections).

Figure 3 Generation of Knowledge



The second clinical study (Kaplan et al., 2013a) collected information about 588 women who attended hospitals and healthcare facilities in the Western Region. 75.6 % of the women had undergone FGM and had a higher prevalence of suffering long-term consequences compared to the ones who had not undergone FGM. This study proved that women who have undergone FGM are four times more likely to suffer complications during delivery and for the new-born child, showing a clear link between health consequences and the practice of FGM (often unacknowledged in the Gambian health system).

A study on the Knowledge, Attitudes and Practices of Health Professionals about FGM in rural areas (2008-2010) revealed that 42.5 % supported the practice, and that medicalisation was already a reality in the country (Kaplan et al., 2013b). In 2016, a comparative study was published between the first KAP survey (2008-2010) and the second (2011-2014) among 1,288 health professionals in order to explore

trends, measure and determine changes in knowledge, attitudes and practices. The study shows a positive impact of the National Training Programme for Health Professionals on FGM, designed and developed by WGK and implemented in close collaboration with the Ministry of Health and Social Welfare through an MoU. The comparison confirms that professionals today are more able to identify the health consequences of the practice (41 % < 62 %); they give less support to the perpetuation of the practice (42 % > 25 %); and the link between FGM and religion has diminished (54 % > 25 %). At the same time, the study highlights an increase in medicalisation trends (8 % < 10 %) (Kaplan et al., 2016).

A further KAP study focused on exploring Gambian men's perceptions of FGM was conducted. It revealed that only 8 % of men took part in the decision about the performance of the practice on their daughters, and that 71.7 % were unaware of its health consequences. 51.6 % thought men had a role to play in its prevention (Kaplan et al., 2013c).

Since 2010, with strict observation of the results of applied research, WGK has trained over 6,800 key agents (mainly health professionals, students, community and religious leaders and traditional birth attendants) in all regions of the Gambia. Knowledge is transferred in close collaboration with Gambian institutions with Memorandums of Understanding in place (Women's Bureau, Ministry of Health and Social Welfare, the Cuban Medical Mission and all Health Sciences Schools in The Gambia). The Gambia is the first country in Africa where FGM is integrated in the academic curriculum in all health science studies in order to train future health professionals on this issue.

The trainees are shown in figure 4.

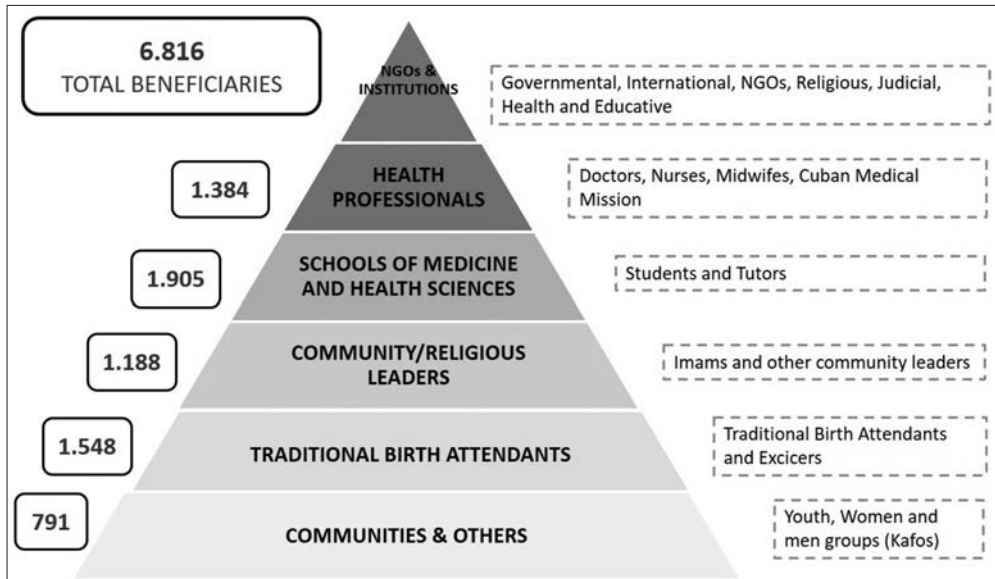
Since 2012, the methodology of using applied research in cascade knowledge transfer has scaled up to Kenya and Tanzania, and FGM has been incorporated in the Academic Curriculum of Degrees in Health and Social Sciences in cooperation with four universities (between 2012 and 2015).

The main impact and results of WGK's interventions are as follows:

- The promulgation of a Fatwa in 2011 expressing the commitment of Islamic authorities to preventing FGM and organised by UN agencies through a Colloquium with West African Religious Leaders in Mauritania.
- The training of Religious Leaders in the Gambia between 2011 and 2016, which created room for dialogue about the negative consequences of the practice (organised by the Women's Bureau).
- The design and the implementation of the unique National Training Programme for Health Professionals on FGM (2011-2020) through the Ministry of Health and Social Welfare with the support of Unicef and WHO.

- The scaling up of Wassu’s methodology to 4 universities in Kenya and Tanzania (2012-2015).
- Provision of evidence through research to the Gambian government to enact a law against FGM/C (December 2015).

Figure 4 Total Beneficiaries



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