

2015-06-12

## Fråga-svar

### Gambia. Könstympning inom stammen fula

#### Fråga

1. Finns det någon information om stammen fulas inställning till och utövande av kvinnlig könstympning i Gambia?
2. Finns det någon information till stöd för att könstympning endast ska gälla flickor födda utanför äktenskapet?
3. Vem är det normalt sett i familjen/stammen som bestämmer att en flicka ska utsättas för könstympning?

#### Svar

##### 1. Könstympning inom stammen fula

Källorna nedan redogör för att könstympning av kvinnor är vanligt förekommande i Gambia och inom stammen fula, men att inte alla inom gruppen fula praktiserar könstympning. Den rekommenderade åldern för könstympning inom stammen fula är 7 år men det förekommer även i tidigare åldrar. Sju av nio etniska majoritetsgrupper utförde könstympning på flickor från nyfödda upp till 16 år. Den typ av könstympning som praktiseras av fula uppges vara typ 3 samt 4, se WHO:s indelning av könstympning nedan.

Se information om könstympning i Gambia och uppgifter om stammen fula från GAMCOTRAP (2015), en organisation som arbetar för att könstympning ska upphöra:

Although the Fula ethnic group has the second highest rate of practice of FGM in the country, not all categories of Fula are engaged in the practice. (s. 5)

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In the Fula communities the recommended age for FGM is seven years as the child should be able to recall some of the things taught during the initiation process. (UNICEF SITAN 1999). However Fulas in the Upper and Central River Region of The Gambia have been influenced by other ethnic groups as they now operate on their daughters at a very young age. (s. 5)

US Department of State (2014):

The law does not prohibit FGM/C, and the practice remained widespread. A 2005-06 survey by the UN Children's Fund found that almost 80 percent of girls and women between the ages of 15 and 19 had undergone FGM/C and that seven of the nine major ethnic groups practiced FGM/C on girls from shortly after birth until age 16. (s. 23)

Enligt UN Population Fund (2013) är förekomsten av könsstympning inom gruppen fula/tukulor/lororbo 46 procent för döttrar i åldern 0–14 år samt 87 procent för kvinnor i åldern 15–49 år.<sup>1</sup>

Storbritannien. Home Office (2013):

The Fulas (18 percent of the population) engage in a practice analogous to Type III that is described as "vaginal sealing" or Type IV on girls anywhere between one week and 18 years of age. (s. 51)

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Type III (commonly referred to as infibulation) is practiced among only a small percentage of women and girls. Type IV (described in The Gambia as vaginal sealing) is also practiced. These practices are rooted in tradition and custom and cross ethnic, religious and cultural boundaries.' 177 (s. 53)

Canada: Immigration and Refugee Board of Canada (2013):

According to the Multiple Indicator Cluster Survey conducted by UNICEF and the Gambia Bureau of Statistics in 2010, 76.3 percent of Gambian girls and women ages 15 to 49 have been subjected to female genital mutilation (FGM) (Gambia and UN June 2012,

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<sup>1</sup> UN Population Fund, *Female Genital Mutilation/Cutting Country Profile: Gambia*, 2013, <http://www.refworld.org/docid/527a04724.html> (hämtad 2015-06-12)

163). The prevalence of the practice has decreased by two percent since 2005 (UN July 2013, 96). According to the Gambia Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP), a Gambian NGO founded in 1984 that defends the rights of women and fights against the practice of FGM and other harmful traditional practices, the most common form of FGM is the removal of the clitoris, with or without the partial or total removal of the labia minora (n.d., 1, 3). In addition, a partial sealing of the vaginal orifice is carried out by some groups belonging to the Mandinka, Sarahule and Fula ethnic groups (GAMCOTRAP n.d., 3).

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According to the Multiple Indicator Cluster Survey of 2010, over 80 percent of girls and women 15 to 49 years old belonging to the following ethnic groups have been subjected to FGM: Mandinka/Jahanka, Sarahuleh, Bambara, Jola/Karoninka and Fula/Tukulor/Lorobo [belonging to the Peulh group (UN July 2013, 36)] (Gambia and UN June 2012, 164). A report published by GAMCOTRAP states that "[a]ll these ethnic groups are hooked to the practice and the prevalence rate range[s] [from one ethnic group to another]" (n.d., 4). The data from the survey indicates similar results: the prevalence of FGM is about 12 percent among the ethnic group with the lowest rate in the country, compared with about 98 percent in the ethnic group with the highest rate (Gambia and UN June 2012, 164). However, GAMCOTRAP points out that the prevalence of FGM may also vary between the sub-groups of the same ethnic group (n.d., 5).

Freedom House (2012):

Female circumcision was once common among some members of Mandinka, Fula and Jola ethnic groups, but growing opposition to it by NGOs and gender activists scored numerous victories toward ending the practice.[16]

World Health Organization (WHO, 2008):

Type III — Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type IIIa, removal and apposition of the labia minora;

Type IIIb, removal and apposition of the labia majora.

Type IV — All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

## **2. Könstympning på flickor födda utanför äktenskapet**

Ingen information om att seden med könstympning skulle skilja sig åt beroende på om flickor i stammen fula är födda inom äktenskapet eller inte har hittats.

## **3. Vem inom stammen/familjen bestämmer om könstympning**

Women News Network (2014) rapporterar om könstympning i Gambia. De uppger att könstympning är en tradition som upprätthålls av kvinnor:

The perpetuation of female circumcision occurs because the mothers and grandmothers insist upon it. It is a traditional practice, maintained by women on young girls so that everyone fits in and no one is considered a 'freak'. In many communities it would be unthinkable to not be circumcised.

Community identity is important. One must conform to the community's rules and traditions. Being circumcised is considered a necessary part of this. The mothers and grandmothers who perpetuate this practice are not doing so out of cruelty. They are simply re-enacting an age-old custom so that their daughters and granddaughters will become accepted members of society.

I en forskningsartikel i Obstetrics and Gynecology International (2013) ingår stammen fula i undersökningen om mäns inställning till könstympning i Gambia. Författarna konstaterar att en minoritet av männen deltar aktivt i att bestämma om könstympning men menar samtidigt att beslutet tas i ett komplext sammanhang där den patriarkala strukturen befäster traditionen. Beslutet om kvinnlig könstympning kan därmed fattas av flera aktörer: män, kvinnor, släktingar och samhällsmedlemmar:

A minority of men take part in this decision-making process, especially if they are not married (married 39.3%, single 21.1%, ). Only 8.0% take the final decision towards subjecting their daughters to the practice, and 6.2% join the wives in this decision (Table 4). FGM/C appears mainly as a women's choice (75.8%) or a decision of other relatives and community members (10.0%).

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The fact that the majority of men are not active in the decision making process concerning the practice does not mean that they do not have the power to influence it. The finding that 60.7% of men intend to have FGM/C performed on their daughters in the future, but only 34.8% actually participate in the decision-making process and a few 14.2% take the final decision, alone (8.0%) or with their wives (6.2%), suggests that decision-making is not a simple one-way process. Indeed, field work evidence reveals that women who decide that their daughters will not undergo the practice face, not only peer pressure, but also feelings of helplessness when not actively supported by their husbands, as well as other influential male leaders from their communities. In a patriarchal society, although men might not be actively participating in FGM/C decision making process, they are still decision-makers.

The finding that decisions concerning FGM/C can be made by multiple actors including women, men, relatives, and community members corroborates the results achieved by Shell-Duncan et al. in a study recently conducted in The Gambia and Senegal [14]. These authors explain that the multiplicity of decision makers and peer pressure among women makes individuals less able to act upon intentions to carry on with the practice or not. In the secret world of women, avoiding discrimination is a powerful motif to perpetuate FGM/C, and this social force must be acknowledged. However, men's power to influence it should also not be disregarded.

WHO (2010) rapporterar i en studie om könsstympning i Gambia och Senegal att beslutet om könsstympning tas av flera familjemedlemmar i en kontext av social press och förväntningar:

Decisions about FGM are usually made by multiple family members, including most often mothers, fathers, grandparents and aunts. These decisions occur in a context marked by extensive social pressure and strong expectations to comply with the practice of FGM.

Differences of opinion, also within decision-making groups, are often extensive. Fathers were generally less supportive of the continuation of FGM than mothers, and were often involved in decisions where daughters remained uncut.

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In the study areas, the prime motivating

factor for the continuation of FGM was an intergenerational peer convention and peer pressure among women. FGM serves as a signal to other women that a girl or woman has been trained to be obedient, respects the authority of her cut elders and is worthy of inclusion in their network for social support. In this manner, FGM facilitates access to social capital by younger women and an accumulation of power and prestige by elder women.

The multiple decision makers and broad social pressure to conform renders individuals less able to act upon intentions to abandon FGM. In the Gambia 65% of the mothers agreed with the statement, "Whether or when female circumcision is practiced depends mostly on what the other decision-makers want, not what I want."

Se även National Women's Bureau, The Gambia (2002) som uppger att beslut om könsstympning fattas inom den kvinnliga sfären med liten inblandning från män:

Existing studies (Bafrow 1999, Gamcotrap 1999, Daffeh et alit. 1999) are conclusive on the fact that in The Gambia, FGM is a woman's affair as women make the decisions themselves with little or no male involvement. (s. 10)

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Studies in The Gambia that have tried to explore the process of decision-making in FGM have highlighted the centrality of the nuclear family - parents and other siblings - or extended family - aunts, uncles, grandparents - (Touray 2001, Gamcotrap 1999, Bafrow 1997). Since the studies have conclude that FGM is a woman's business, decision-making for undergoing the operation is in large part made by mothers although there are instances where it is a joint decision by both mother and father with the latter "only informed to obtain his blessings". Other decision-makers are female members, particularly grandparents. (s. 12-13)

### **Konsulterade källor**

Sökning har gjorts i följande källor:

Dow Jones Factiva  
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Google

Denna sammanställning av information/länkar är baserad på informationssökningar gjorda under en begränsad tid. Den är sammanställd utifrån noggrant utvalda och allmänt tillgängliga informationskällor. Alla använda källor refereras. All information som presenteras, med undantag av obestridda/uppenbara fakta, har dubbelkontrollerats om inget annat anges. Sammanställningen gör inte anspråk på att vara uttömmande och bör inte tillmätas exklusivt bevisvärde i samband med avgörandet av ett enskilt ärende. Informationen i sammanställningen återspeglar inte nödvändigtvis Migrationsverkets officiella ståndpunkt i en viss fråga och det finns ingen avsikt att genom sammanställningen göra politiska ställningstaganden. Refererade dokument bör läsas i sitt sammanhang.

## Källförteckning

Alla källor hämtade 2015-06-12

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