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**Female genital mutilation in the Kolda Region of Senegal: A practice that persists** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note to broadcaster

In 2016, UNICEF estimated that at least 200 million girls and women had experienced female genital mutilation in 30 countries: 27 African countries, plus Yemen, Iraq, and Indonesia. Half of the women and girls in the world who have been subjected to female genital mutilation live in only three countries: Indonesia, Ethiopia, and Egypt, with populations of 256 million, 98 million and 89 million respectively, and where the estimated prevalence rates are 51%, 74%, and 92% respectively. In Africa, only the countries that forming a broad central band from west to east, including Egypt, are affected by FGM, but with significant differences in prevalence.

In Senegal, the region of Kolda is one of the localities most affected by the practice. It is a tradition that leaves its victims scarred with a lot of consequences: pain, hemorrhage, infection, and trauma. The after effects are persistent and can lead to frigidity, complications in childbirth, and sometimes, death.

In this radio script, a midwife, a victim, and a former practitioner discuss the different types of female genital mutilation and the consequences, as well as the reasons for the practice, and the efforts to eradicate it.

To produce a similar program on female genital mutilation, you may wish to draw inspiration from this text. If you choose to present it as part of your health program, you can use voices to represent the different contributors. In this case, please tell your audience at the very beginning of the program that the voices are those of actors and not of the actual participants.

If you are creating your own programs on female genital mutilation, talk to people who have been subjected to the practice in your area, talk to their families, talk to those who perform it, and talk to medical experts. You may wish to ask them the following questions:

* How do people in your area perceive female genital mutilation?
* What are the different procedures?
* What are the consequences of FGM?
* Is there any legislation that prohibits the practice? If so, is it effective?
* Why does such a dangerous practice still persist?

Estimated duration with music, intro and extro, is 15-20 minutes.

**HOST:** The region of Kolda, located in Upper Casamance in south-central Senegal, is one of the areas where female genital mutilation is still common. According to figures provided by the NGO Enda-Santé in October 2015, 85% of girls aged between 0 and 15 have been subjected to the practice in this region.

Practiced for traditional or at times religious reasons with a view to preserving the girl's virginity until marriage, these acts involve the total or partial removal of the external parts of a woman's genitalia. This ritual is considered by the societies that accept it as a required passage to initiate a young girl into respecting traditions, to her future life as a wife and mother, and to moral values such as modesty and discipline.

However, according to experts, female genital mutilation has enormous health and psychological consequences. In an effort to punish the perpetrators of these practices, Senegal adopted Law No. 99-05 in 1999. Unfortunately, years after its implementation, this law does not seem to deter some practitioners who continue to defy the ban. The practice is still going on in this part of Senegal.

Good morning, dear listeners, today we are going to talk about female genital mutilation in all its forms and the risks to the victims. To talk about it, we have interviewed a health worker, a victim, and a former practitioner.

Aissatou Dieng is a midwife at the Kolda health district, Mariama Gnamadio, a victim of genital mutilation, and Maimouna Kandé, a former practitioner.

**HOST:** Thank you for following us, listeners. We will start with Mrs. Aissatou Dieng. Let me remind you that she is a midwife at the Kolda health district.

Please explain to us the different types of female genital mutilation.

**Aissatou Dieng:** With regard to female genital mutilation, there are three types. In type 1, the clitoris is removed either totally or partially. Then there is type 2 in which the clitoris and the labia minora are partially or completely removed. And finally there is type 3 which is accompanied by infibulation, that is, complete removal of the clitoris, labia minora, and labia majora, in addition to suturing and narrowing the vaginal entrance.

**HOST:** What are the immediate consequences of this practice?

**Aissatou Dieng:** Regardless of the type, female genital mutilation has health consequences. In the immediate term, there is pain because the mutilation is done without anesthesia. It can thus cause trauma and bleeding. Bleeding can be heavy because the clitoris is an organ with many blood vessels.

**HOST:** So victims run the risk of infection?

**Aissatou Dieng:** Of course! There is also urine retention and the victim will always be scared to urinate, which can lead to infections in the urethra and bladder. Also, following an event that has endangered a woman’s physical or psychological integrity, she will certainly be stressed. Injuries in the surrounding area can affect the bladder and the rectum.

**HOST:** What are the medium-term consequences?

**Aissatou Dieng:** In the medium-term, there may be infections such as tetanus. These infections are due to the poor hygienic conditions of the operating equipment. Practitioners most often use unsterilized knives or blades and apply cowhide or leaves as a dressing. Hepatitis B or HIV can be contracted by victims due to the poor conditions in which the operation is performed. Anaemia\* can also be seen in the victim.

**HOST:** What about the long-term consequences?

**Aissatou Dieng:** In the long-term, the consequences are more serious. There may be abscesses\* that sometimes require another incision. Painful pelvic infections accompanied by bad-smelling discharges from the vagina can reach the uterus and fallopian tubes, and cause infertility or sterility. There can also be narrowing and shortening of the vagina, and urinary and fecal incontinence.

**HOST:** Can genital mutilation be the cause of painful periods?

**Aissatou Dieng:** Women can experience painful discharges of blood during menstruation, the absence of menstruation, pain during intercourse, and even frigidity.

**HOST:** Mrs. Aissatou Dieng, what are the difficulties that confront these women during pregnancy?

**Aissatou Dieng:**  The initial concern begins during pre-natal consultations. Some women are anxious, haunted by the pain of genital mutilation, and refuse vaginal contact. The duration of childbirth in women victims is longer and more complicated than in other women. Childbirth can last more than 24 hours. These women also experience what is called acute fetal pain\*, especially between full dilation and the time when the baby is completely out of the birth canal.

**HOST:** So, does the scar caused by genital mutilation leads to difficulties in child delivery?

**Aissatou Dieng:** Victims face difficulties related to abnormal dilation of the vulva and expulsion of the fetus. This is due to the fact that the scar from the wound becomes rigid, and during childbirth all the organs must be elastic to allow the head of the fetus to emerge. Because of the rigidity of this scar, the fetus struggles to come out.

**HOST:** Are there other consequences?

**Aissatou Dieng**: Another consequence is the tearing that is caused by the efforts of the fetus struggling to come out. The scar will open and bleed a lot, especially if it is a laceration of the perineum. Delivery difficulties can lead to consequences such as obstetric fistulas\*.

**HOST:** Are these women most vulnerable to dying in childbirth?

**Aissatou Dieng:** With difficult labour, anything can happen. If the fetus wants to come out with the uterine contractions when there is no passage, it will cause a tear that can cause a fatal hemorrhage. These women can lose their lives because of the hemorrhage or rupture in the uterus.

**HOST:** Can women who have been subjected to genital mutilation feel pleasure during sex?

**Aissatou Dieng:** The clitoris is the most sensitive organ in the body. It is the organ through which a woman can feel pleasure during sexual intercourse. If the woman is cut, she may not feel pleasure during intercourse, she may become frigid.

**HOST:** We went to the Hilel district of Kolda to talk to a victim of female genital mutilation. Mariama Gnamadio, 48, comes from a family of FGM practitioners. Today, she has become an activist for the eradication of this practice.

**HOST:** What memories do you have of your genital mutilation?

**Mariama Gnamadio:** I was mutilated when I was 10 years old. In addition to genital cutting, I was infibulated. With regard to infibulation, some practitioners leave the blood clotted after putting a stick in to allow the urine to come out. When I was urinating, I had pain in my lower abdomen. Sometimes I would interrupt the urine. My mother would give me herbal teas but the pain persisted.

**HOST:** Do you know why you had genital mutilation?

**Mariama Gnamadio:** I had to go to another village to pursue my studies. To make sure I didn't get pregnant, my mother asked that I be cut, and it was done. But when I was discussing sexuality with my Wolof friends, I realized that there was something wrong with me. I was really worried about it; I talked to one of my aunts who told me that I had been preserved for marriage.

**HOST:** And what happened on your wedding day?

**Mariama Gnamadio:** Around five o'clock, I was told to go into the bush with two of my aunts to open what had been closed. They pulled me down. Then they tore off the skin that was sealed, and we had to have sexual intercourse the same day.

**HOST:** Was that traumatic for you?

**Mariama Gnamadio:** It hurt excessively, terribly. Imagine this pain: they tore your skin, you had to have sex, and what was supposed to be a pleasure became suffering for a day that was supposed to be a happy day.

**HOST:** You were born to a woman who is an FGM practitioner. How did your family welcome your decision to take up the fight against this practice?

**Mariama Gnamadio:** I still suffer from the aftereffects of genital mutilation despite some medical help. And I have made a firm commitment that my daughters will not be cut. I decided to join an NGO that is active in the fight against female genital mutilation.

**HOST:** What was it like for you to join this NGO?

**Mariama Gnamadio:** It was difficult at first because there was a lot of pressure from my immediate circle, from my community in general. With time, I was able to gain their trust and support. I carry within me the hope of many women. And despite my age, with my motorcycle, I ride more than 160 kilometres between Kolda and Vélingara with the hope of dissuading and making our mothers aware of the serious consequences that can result from these practices.

**HOST:** With all these sensitization campaigns, Kolda still has a high rate of girls who have been subjected to this practice. What is the explanation for this?

**Mariama Gnamadio:** You know our people don't have a culture of silence. Many girls are secretly cut with the complicity of their parents. In addition to NGOs, the state authorities must do more to support awareness-raising efforts to eradicate the practice.

**HOST:** According to advocates of female genital mutilation, one of the reasons for the practice is the desire to preserve a girl's virginity. What do you think about this?

**Mariama Gnamadio:** In our country, young girls aged 12 or 13 get pregnant. Early pregnancies are more frequent among girls who have been cut. I don't see how these practices can preserve a girl's virginity.

**HOST:** Maimouna Kandé is 66 years old. She lives in the village of Saré Yoba Niampampou. Maimouna has been practicing female genital mutilation for over 20 years. Today she has turned her back on the practice and is working in a small business to meet her needs.

Mrs. Kandé, why did you abandon this practice?

**Maimouna Kandé:** When I started participating in awareness meetings about the possible serious consequences of female genital mutilation, I decided to abandon the practice. I became aware of all the harm I could do to these girls and I stopped for good.

**HOST:** How long has it been since you put the knife away?

**MAIMOUNA KANDE:** I haven't touched the knife for five years now. No more. My hands are stained with a lot of blood.

**HOST:** What instruments did you use?

**Maimouna Kandé:** I used one knife for all the girls, regardless of the number. This is dictated by tradition. I had this knife and a small calabash of water in which I would dip my hand from time to time.

**HOST:** Was the knife sterilized before the operation?

**Maimouna Kandé:** No, the knife was not sterilized. It was the knife that my father gave me to perform this practice, and I used it as it was.

**HOST:** Were you aware that this knife could transmit HIV or other diseases to the girls?

**Maimouna Kandé:** I didn't know. I didn't realize it until it was too late. The awareness meetings I had attended made me realize the seriousness of the practice.

**HOST:** Were you paid?

**Maimouna Kandé:** I earned virtually nothing, laughable amounts—500 FCFA and a rooster. I was only doing it to perpetuate a tradition.

**HOST:** What message do you have for those who refuse to discontinue the practice?

**Maimouna Kandé:** That they stop endangering the lives of these girls.

**HOST:** Thank you, my dear brave women, for making this program possible. Many thanks to the midwife from the Kolda health district who explained in detail the different types of female genital mutilation and the consequences that can result from it. Thanks also to Mariama Gnamadio and Maimouna Kandé. Despite the efforts made and the awareness campaigns, female genital mutilation seems to persist. The people seem more determined than ever to continue their tradition.

Thank you for your attention and see you soon.

**Definitions:**

*Abscess:* A localized collection of pus in tissues, organs, or confined spaces usually because of an infection

*Anaemia:* A condition in which you lack enough healthy red blood cells to carry adequate oxygen to your body's tissues. Having anemia can make you feel tired and weak.

*Fetal pain:* During childbirth, the baby may suffer from a lack of oxygen.

*Obstetric fistula*: A hole between the birth canal and bladder and/or rectum caused by prolonged, obstructed labour without access to timely, high-quality medical treatment.

## Acknowledgements

Contributed by: Amy Keita, journalist, Dakar, Senegal

Reviewed by: Diao Hawa Kandé, Director, Office of Gender Equality, Inspection of Kolda Academy, Ministry of National Education, Senegal.

**Sources of information:**

*Interviews*

Mariama Gnamadio, 48, March 27, 2020

Aissatou Dieng, midwife, Kolda health district, March 29, 2020

Maimouna Kandé, 66, April 1, 2020

Law 99-05 of January 29, 1999 penalizing the practice of female genital mutilation in Senegal. <http://www.africanchildforum.org/clr/Legislation%20Per%20Country/Senegal/senegal_fgm_1999_fr.pdf>

Andro, A. and Lesclingand, M., 2017. Les mutilations génitales féminines dans le monde. *Population et Société*, number 543, pages 1-4. [https://www.cairn.info/revue-population-et-societes-2017-4-page-1.htm#](https://www.cairn.info/revue-population-et-societes-2017-4-page-1.htm)

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