

FEMALE GENITAL MUTILATION/CUTTING IN BASSE-CASAMANCE (SENEGAL):
MULTIPLE VOICES FROM A PLURAL SOUTH

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Abstract. In this article, we present an ethnographic study of female genital mutilation or cutting (FGM/C), referred to here as excision, in relation to female initiation in the Basse-Casamance region of Senegal. There is a wide disparity in the descriptions of ethnicity, territorialization, history and vitality connected with the practice, as might be expected given the extensive diversity of the region. For most of the communities that practice it, excision forms part of the rite of passage that promotes integration into the secret society of women, being considered also a marker of ethnic, religious, gender and political identities. Despite the legislation outlawing this practice in Senegal since 1999 and the numerous awareness-raising initiatives carried out by NGOs, the practice has not been abandoned. However, the public nature and timing of the three phases of the ritual have been modified, the excision now being performed clandestinely at an early age, while initiation (seclusion and aggregation) takes place in public during adolescence. This study draws attention to the different perspectives regarding FGM/C and its current practice, highlighting changes to it and the tensions it creates between its supporters and detractors, who are mostly men, as well as revealing the views of young people, among whom the first signs of a wider consciousness of the consequences of the practice are becoming evident.

Introduction

Objectives

The main objective of this study is to gather different narratives of the practice of female genital mutilation or cutting (FGM/C), or what we here call excision, in the Basse-Casamance region of Senegal. The diversity of the region and the cultural changes that have taken place there in recent years following the introduction of a law banning the practice make this discourse analysis essential to enable a holistic understanding of the current situation.

The study thus seeks to understand why excision is still being performed in the area today, as well as to assess the impact of the law and the work of the government and NGOs in the area in the last two decades. This investigation considers the diversity of views and practices, as well as highlighting the multiple local tensions that arise from the intersectionality of visions and social models. On the one hand there are those who believe that excision is a fundamental part of a woman's life, while on the other hand others reject the practice. In this regard, the study brings together the voices of women, men and young people from different ethnic and religious origins, situating the practice of excision in a large plurality of social, political and religious contexts.

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Methods

The research started with a review of the available anthropological literature on identity, ritual and FGM/C in the region in order to contextualize the subject of the study. The study itself is based on ethnographic observation and qualitative research in the departments of Bignona, Oussouye and Ziguinchor in Basse-Casamance (Senegal), carried out between February and June 2018. To reconstruct and interweave the different opinions and narratives about the practice of FGM/C, 23 in-depth interviews and 47 semi-structured interviews were conducted, targeting people from different spheres of society such as teachers, health professionals, representatives of the administration, members of NGOs, students, civic leaders and leaders of religious associations. Also, two focus groups were held with senior circumcisers and another two with health professionals. The research also included a survey administered to students in order to capture opinions on FGM/C by young people. A hundred and thirty open-ended questionnaires were collected in five different institutes.

Although fieldwork in the region has been intensive since 1994, and one of the researchers speaks Joola Kasa, one of the major local languages, the investigation presented some difficulties related to interlocutors' fears of speaking openly due to the law banning FGM/C. For ethical reasons and reasons of confidentiality, in many cases the names and towns of origin of interviewees have been omitted.

Background

Basse-Casamance, a crucible of identities

Basse-Casamance is one of the three administrative regions of the Casamance area and is commonly known as the Région de Ziguinchor. It is located in southern Senegal, between Gambia and Guinea Bissau, and consists of the area along the Casamance River. With a population of 621,171, it is divided administratively into three departments, Ziguinchor, Bignona and Oussouye. The Joola, who are divided into various subgroups, represent the majority of the population in the area, along with the Manding, the Fula or Pehl, the Bainunk (also the oldest ethnic group in Basse-Casamance), the Manjack, the Mancagne and the Balanta, among others. Catholicism, traditional religion and Islam coexist in the territory. Local Muslim practitioners follow the Tijaniyya and Qadriyya brotherhoods, and a minority the Muridiyya.

Casamance has experienced a very long political and military conflict since 1982, when the Mouvement de Forces Démocratiques de Casamance (MFDC) made a demand for independence. Some MFDC factions signed a peace treaty with the government in December 2004, but others

continue to be active in the region, and there are still periodic clashes with government forces. Furthermore, political tensions and military confrontations are expressed in the feelings of the local population, whether for independence or not. The sentiment that the faraway ‘Northerners’ of Senegal despise their cultures and traditions is widespread. People distinguish their identity as ‘we, the Casamance’ from ‘them, the Northerners’ or even ‘the Senegalese’. Far from being homogeneous, however, Basse-Casamance is a melting pot of diverse cultures, continually subject to political instability, a region where complex belief systems converge, often with substantial internal divisions, which interact with specific personal and family situations, depending on a multitude of contexts.

FGM/C, prevalence and territorialization in Basse-Casamance

For most of the ethnic groups in Senegal that practise it, FGM/C forms part of a rite of passage that affirms the girl’s belonging to the community and confers ethnic, religious and gender identities on her. According to the Agence Nationale de la Statistique et de la Demographie 2018 (data collected in 2017), 24% of Senegalese women aged 15-49 have undergone the practice. The prevalence rate has not changed significantly in the past ten years, declining only from 28% in 2005 to 24% in 2015. Ethnically, 75% of the Manding (Sosse), 63% of the Soninké, 59% of the Joola (or Diola) and 49% of the Pehl (Pular, Fula and Haalpularen)² continue with the tradition. In the southern and eastern regions, the six areas with the highest rates are Kédougou (91%), Sédhiou (76%), Matam (73%), Tambacounda (72%), Ziguinchor (68%) and Kolda (64%). Therefore, in Casamance (that is, Ziguinchor in Basse-Casamance, Sedhiou in Moyenne-Casamance and Kolda in Haute-Casamance) nearly seven out of ten women have undergone this practice. For girls aged 0-14 years, the rates are 38% in Ziguinchor, 43% in Sedhiou and 35% in Kolda.

Interest in FGM/C in Senegal, and particularly in Casamance (Kaplan 2002, Kaplan and Risler 2004, Kaplan et al. 2013a, 2013b), has long been evident. It is mentioned in general studies of the local population carried out by ethnographers, historians and geographers at the end of the nineteenth century (especially Zaborowski 1894), and above all during the 1950s and 1960s (Thomas 1959, Pelissier 1966, Trincaz 1981, Reveyrand-Coulon 1982, Linares 1992, De Jong 2001). Research focused on the practice of excision itself, adopting different approaches, appeared in the 1990s (Mottin-Sylla 1990, on the Senegal level; Dellenborg 1996, 2004, 2009 on Basse-

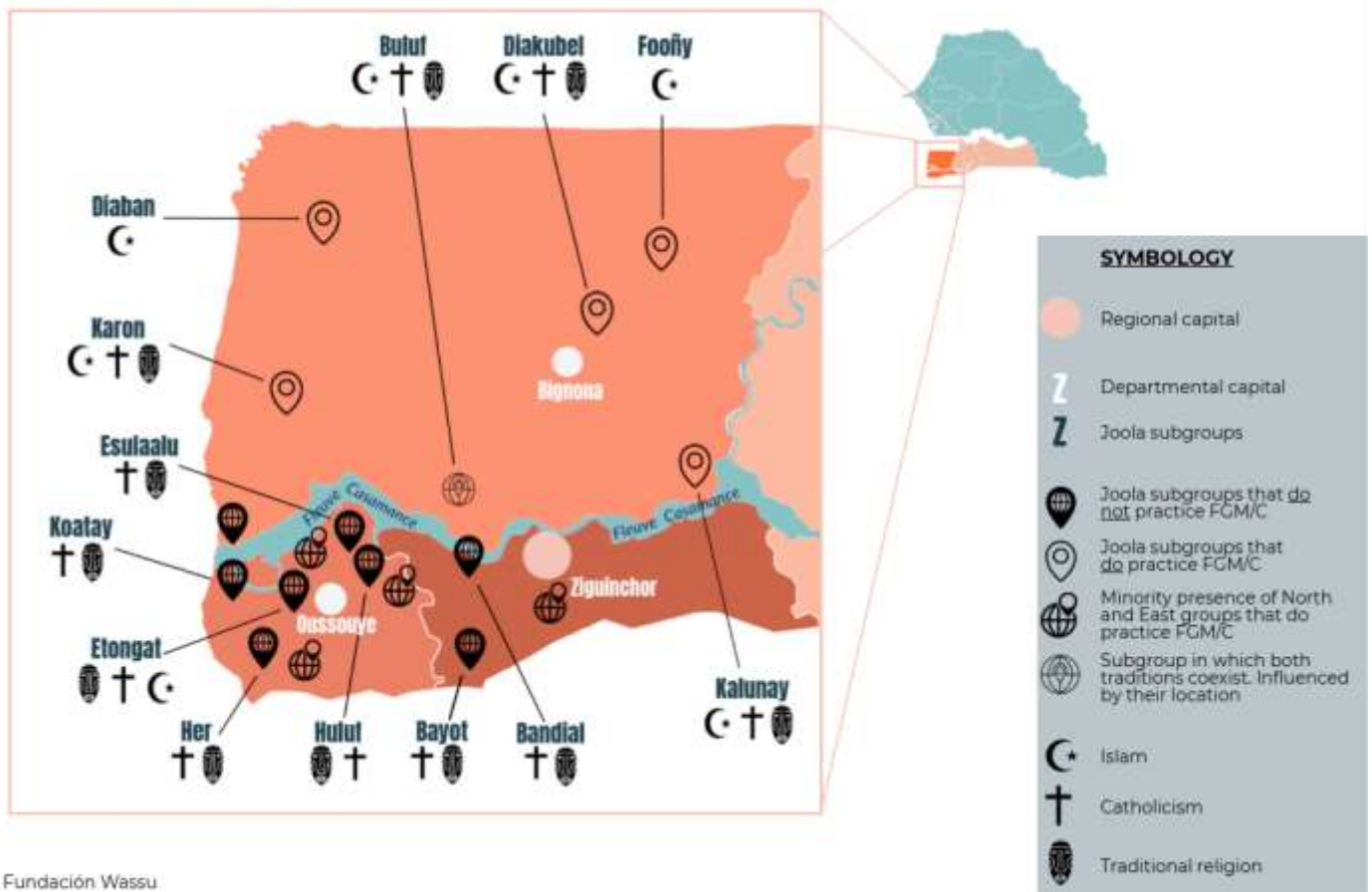
² When we compare these figures with those published at the end of the 1980s, it is clear that the prevalence rates do not vary much. Almost thirty years before the law banning the practice was enacted, the following figures were recorded at the Senegalese national level: Joola 49.27%, Mandé 74.45% and Pular 53.13%, although the same author points out that in the latter case the figure was probably higher; while among what were then called the ‘ethnicities of the south’ (Bainunk, Balanta, Manjack, Mancagne, etc.) the rate was 25% (Mottin-Sylla 1990: 23).

Casamance) and has continued especially since 2000, when the Senegalese government banned the practice, aiming at its eradication by 2015, and several NGOs began to work in the area (see studies at the Senegalese national level: Diop and Askew 2009, Shell-Duncan et al. 2013, Kandala and Komba 2015, Thiam 2015, Camara 2017; and at the regional level, e.g. O'Neill 2018 on the Futa Toro).

However, the various studies of the region do not coincide with the groups or areas where FGM/C is practised. While some claim that it is not performed south of the Casamance River, as in Oussouye, or that Catholics and followers of the traditional religion have never practised it, others maintain that FGM/C is carried out only north of the Casamance River among people practising the traditional religion and those of Muslim faith. Some studies assert that some Catholic families engage in the practice (Motin Sylla 1990). Other research claims that only the Joola, Manding and Pehl perpetuate this tradition, and that other groups, such as the Bainunk or the Balanta, do not. There is a wide disparity in the descriptions of ethnicity, territorialization, history and vitality connected with the practice, as might be expected, given the great diversity of the region.

The origin of FGM/C is also a matter of debate. Some women who perform it and several

FGM/C practice and religions among the joola of the Lower Casamance



reports from local and international NGOs define the practice as ancestral, as having been inherited from generation to generation for centuries. However, some ethnographic studies and information obtained in some interviews during this research suggest that the practice is relatively recent.

Origin of FGM/C in Basse-Casamance, Mandinguization and new gender relations

Historically in Basse-Casamance, Islamization and Mandinguization have gone hand in hand. Even today, in the Joola language spoken by practitioners of the traditional religion, especially south of the Casamance River, the ethnonym 'Emanding' is used to refer to Muslims. The process of Mandinguization is key to understanding how the practice expanded in the area. Testimonies from the end of the nineteenth century confirm that Senegalese Manding groups were already performing FGM/C at that time (Zaborowski 1894). Moreover, it is through the Manding that the Joola from the north of the Casamance river (Buluf, Foogny, Karon, Diaban and Diakubel groups) and some Balanta and Bainunk groups east of Ziguinchor adopted the practice a little more than a century ago (Thomas 1959, Pelissier 1966, Trincaz 1981, Roche 1985, Linares 1992, Motin-Sylla 1990, De Jong 2001, Diédhiou 2004).

These groups, which practised the traditional religion through their altars and shrines (in Joola Fogny called *enáti* or *sinaati*), were strongly influenced by the Manding between the end of the nineteenth century and the Second World War. This was not so much an impact of the *jihads* of that time, but of a subsequent change of attitude in the local populations towards the religion and culture brought by the Manding (Pelissier 1966). Many inhabitants of the eastern and northern areas of the present department of Bignona abandoned their altars, adopted Islam and changed many of their customs, giving up drinking palm wine and meetings at the altars, and adopting new ways of dressing and of perceiving sexuality (Pelissier 1966, Mark 1976, Baum 1999, Meguelle 2013). Mandinguization also reached other groups such as the Balanta and the Bainunk, although to only a limited extent. This explains why, in some of the villages in the southeast of Basse-Casamance, male and female initiation is practised, while the rest of the Bainunk, who live more to the west, and most of the Balanta of Guinea-Bissau do not practise it.

From the beginning of the second half of the twentieth century, southwest of the Casamance River, where neither Mandinguization nor the practice of excision had arrived, families of several practising groups from northern Senegal, east and north of the Casamance area, settled in the area. They continue to practice excision despite the fact that their neighbours, the Joola Kasa, do not. Fieldwork enabled us to confirm that in some neighbourhoods of Elinkin and Oussouye (in Muslim immigrant communities, for example), as well as near Cap Skiring, excision was practised until at least the beginning of the 21st century. This does not mean that all Muslims in the department

performed FGM/C: fishing, tourism, commerce and administration also attracted other Muslims who do not do so, such as the Wolof and Serer.³ Some of them settled in towns in the departments of Oussouye, Bignona and Ziguinchor, or in their capitals, without adopting this practice from their neighbours, despite the fact that they were also Muslims.

The adoption of Manding culture also brought about a change in gender relations.⁴ As explained by De Jong (2001) and especially Dellenborg (2004, 2009), excision and female initiation appeared in the context of tensions, linked to Mandinguization, involving the traditional role of women, which was weakening in face of the new power acquired by men. Both authors state that the women of the region adopt these practices of Manding origin to give themselves greater power in relation to the men of their community. Many of the women interviewed for our research felt that excision gave them power and strength over men and life, even more so than initiation. This is mainly explained by the egalitarian characteristics of Joola society. Before the arrival of Islam and Mandinguization, society was structured through kinship and the altars of the traditional religion. Through the many female altars, it was possible for women's views to influence profoundly many decisions affecting both the feminine world and the entire community.⁵

In some places in the Buluf, men opposed to women adopting this new practice went so far as to burn down the premises where FGM/C was carried out. Even now there are still Joola Buluf men who claim that 'this is not a Joola tradition. Our grandmothers did not do it'. Conversely, a circumciser from a village near Diouloulou said: 'If women are free, it is precisely because we perform excision. This makes us equal to men ... it even makes us stronger than them!' In addition, according to several women, excision is the gateway to an entire chain of events whereby access is granted to initiation and later on to other higher levels that allow intervention and decision-making with regard to various issues related to health, motherhood, education and the town's administration, among others.

Although in some areas of Basse-Casamance this process began early in the twentieth century, in others it has been adopted in relatively recent times, not without internal tensions. In the 1960s in Jilapom, north of Bignona, women of the traditional religion who rejected excision were marginalized by other women. Even some Joola men, who were against excision, complained that 'the Manding have ruined our women' (Linares 1992: 110). Exceptionally, in some places like Nioumoun (in the northern area of the mouth of the Casamance), the women gathered at their altars

³ A minority of Serer of the Sine-Saloum, in west central Senegal, practise MGF.

⁴ For information about the Manding culture of Moyenne-Casamance, see Schaffer and Cooper 1980, Schaffer 2003, Toukara 1996.

⁵ For a historical account of Joola women's power and traditional religion, see Baum 2015.

belonging to the traditional religion, debated the situation, and ended up mainly rejecting the female excision that their neighbours, like the Joola, were adopting.

FGM/C penalization: a foreign law and a distant administration?

Due to the mobilization of groups of women and associations dedicated to development and human rights, such as the Collectif des Femmes Parlamentaires, on 29 January 1999 Law 99/05 was passed making FGM/C a criminal offence punishable by up to five years in prison. Six years later, in 2005, a new law (2005-18 of 5 August, Article 4) requires reproductive health services to take part in the fight against FGM/C. In 2006, the Senegalese government also signed the so-called Maputo Protocol.⁶

When people in Casamance found out that Senegalese law was going to prohibit excision from the end of 1998, Joola and Manding women banded together and demonstrated in Ziguinchor to request the bill be annulled. This protest march was organized at a time when there was a high degree of tension in the area, with its strong military presence due to the conflict between the MFDC and the Senegalese government (Diédhiou 2004).

One year after the passing of Law 99/05 in 2000, the government launched its Plan d'Action National pour l'Abandon de la Pratique de Mutilations Sexuelles. In 2005 a new study was carried out throughout the Casamance region, noting that there had been some progress in raising awareness among women, but that there was still a long way to go. For this reason, in 2010, the government decided to start a new program, the 2nd Plan d'Action National pour l'Accélération de l'Abandon de l'Excision / Mutilations Génitales Féminines (2010-2015), which was introduced in several areas (UNFPA-UNICEF 2013; UNICEF 2016).

At the judicial level, the Senegalese authorities have acted half-heartedly against a handful of women in Matam, Kaolack and Kolda who practise excision. For example, in a village in the department of Velingara, in the Kolda region, three women were arrested at the end of 2001 but freed in an amnesty half a year later (Gomis and Wone 2008). In Matam an exciser was arrested in 2009, which led to a number of clashes between several *talibés*⁷ and the gendarmerie (UNFPA-UNICEF 2013). In 2015 an exciser and two of her deputies were arrested in Sindhiang Dembayel, near Kolda, when, with other women, they were performing excision on a group of girls. In Basse-Casamance the most notorious case arose in 2017 in Kafountine, in which some two hundred girls

⁶ The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa aims to guarantee comprehensive rights to women, including improved autonomy in their reproductive health decisions and an end to female genital mutilation.

⁷ Term used in some West African countries to design boys who study the Quran at a Daara (the equivalent of a *mad-rasa*).

were initiated, with hundreds of women arriving in trucks from neighbouring towns to participate, openly and publicly, in the celebration. Most of the girls had already been mutilated at a young age, but they had not yet been initiated, and only a few underwent excision at that time. The two circumcisers who led the initiation were taken to the police station, where the gendarmes were confronted by elderly women appealing to the women of the families of the gendarmes, who also adhered to the tradition. Ultimately a formal complaint against two circumcisers was filed by the Senegalese administration.

In this context of the legal enforcement of the practice, the general perception is that the law has had little influence on the population and that in any case it was a mistake to pass it without first raising awareness of the issue. In this regard, a woman from Abène said: 'Joola women are not very concerned about the law. This is a thing of the people. The law has no power, it cannot intervene. (...) When the law intervenes, there are more problems. First you have to talk to the women, and then the administration will follow. How many years has the government been coming here? Many. And what have they achieved? Nothing'. Some interviewees were also critical of the government for other reasons: 'They do it to get along with the international community, to receive money, but they know that if they do something against the population, it will turn against them'. This is even more the case given the political and military conflict in Casamance, in which whatever comes from the north is always seen as an aggression against local sentiment and interests. Many interviewees complained that the Senegalese administration should not interfere in local issues in Casamance. Another informant, a Gambian from Thionck-Essyl, provided another view: 'No government will pursue excision if people link this practice to Islam'.

This has to do with a recurring notion in the region that the administration is foreign. Indeed, in some Joola dialects, the Senegalese government is even referred to as *Alulumayi*, 'the white people' (referring to the skin colour of the French colonizers), which etymologically means 'the curious, those who are always asking'. The same people who work in the administration, if they are not members of an indigenous lineage, are also considered to be foreigners and representatives of the *Alulumayi*, even if they are actually from the same ethnic group (Tomàs 2005a). In a focus group held with the staff of a hospital, one professional said: 'I am also Joola, but I am not Joola from here. As a midwife, I can to a certain degree make comments about excision to women, but I cannot say that I am fundamentally opposed to it. Then I go out and meet them in the street, in the market...' Another person added: 'And besides ... there is the subject of witchcraft ... They can place a spell on us ... The women here are very powerful. Their mystical power is very powerful'. The relationship between the women who are considered most powerful – as they are the initiators – and the workers in the administration is complex. People often look the other way or even give support

to the local way of doing things, as is clear from these words of an initiator from the Diouloulou area: ‘I am considered a great lady. I do not have to ask permission from anyone. I do not ask permission to perform excision because it is prohibited. I only ask permission to do the great initiation, the *Ñakaba*. For the last initiation, the *Ñakaba* of 2017, I asked permission from the mayor, the prefect and the head of the brigade. Everyone gave me permission, and they attended on the day of the party to watch the initiates dance’.

The role of NGOs

Large-scale funding for awareness-raising initiatives obtained through international cooperation has been mobilized to support the implementation of the Senegalese legislation against FGM/C. For more than twenty years numerous local and international NGOs have been working on the issue in the area, such as Enda-ACAS, the Red Cross, Save the Children, Siggil Jiggen and Tostan, sometimes in collaboration with the Senegalese government or with different aid agencies. Awareness campaigns have been carried out using several methodologies, not without some difficulties when working with communities. Enda-ACAS, for example, launched a program in 2014-2015 to intervene in families, provide medical and legal support to women who had undergone excision, and promote the dissemination of information among young women, health professionals and field workers. As one of these workers explained, this was done as follows:

When we went to the villages to raise awareness about the violence against women and children, people listened with a degree of interest until we came to the issue of mutilation. At that point, there were always women who stood up very angry, saying that we could not talk about this issue, as it is a women's issue, and they left. In some cases there were also women who stayed to listen, and even some excisers, who, as they had come to understand the consequences, decided to abandon the practice. Indeed, two or three of these women later even campaigned with us.

The same person recalled, ‘We used mannequins to raise awareness, to show them the parts of the body and the female genitalia. This scandalized some of the older ladies present’. Another woman, who worked for another NGO, provided an opposite example: ‘One day I spoke with an excision practitioner, a woman from Ziguinchor, and she told me, “I do not care how much I get done by the law – I will spend three months in prison, and when I get out, I will continue with my endeavours”.’ Another informant said that an exciser can currently charge about 1,500 CFA and can perform hundreds of interventions per year. ‘Although they do not live off that, at the end of the year it is a very good added benefit’.

Some NGOs, such as the Senegalese Siggil Jigéen, founded in 1995, have recently focused their work on changing the mentality of the initiators. One worker told us of the difficulties that they encountered:

We try to raise awareness with the circumcisers. It was difficult for them to listen at the beginning. Even when they say 'Yes', they see that this can harm women, and they will not do it anymore... How can you know that they have indeed forsaken the practice? Due to the law the excisers have removed themselves from public view, yet they continue to perform the practice in secret. They have prestige and power within the community, and they fulfil a very important role beyond FGM/C.

One Bainunk woman who campaigns against the practice told us that 'the *angaman* (excisers) are considered to be people with special powers, who heal, cure many things ... When I was little, we came here, all the girls, and they made us bathe to purify us. I remember it perfectly. (...) Also, they are people who have dreams, and through those dreams they guide society. They are highly respected by everyone'. In addition, according to several testimonies, it is because they deal with the sexual health of many of the girls in their society.

A number of women who were interviewed and who work in NGOs to spread awareness about the issue proclaimed their commitment by saying that 'the fight against excision is my fight!' One of them works for the Santa Yalla association, based in Ziguinchor. Although they do not have specific projects relating to FGM/C, they take advantage of visits regarding other issues to raise awareness about its consequences. The process is summarized as follows:

They performed an excision on me. But the direct experience that I had and the information that I have received has convinced me that it is a practice that should be abandoned. In 1957, in my town, they cut fifteen women all at the same time. None of them has been able to have children. In my opinion, although I do not know for sure, this is because of excision. I had four sons and six daughters, and I have not performed excision on any of them. Now I work to raise awareness among young people. I think they are the ones who can change the mentality of ... their daughters. Yes, this is going to last for a while. When I go through the villages I seek out the young girls because the older girls do not listen to me.

Other NGOs have adopted different approaches to communication in order to mobilize women to abandon FGM/C, like collaborations with local singers to raise awareness through music (e.g. Sister Fa, Coumba Gawlo, Mama Sadio). Comics have also been published, such as *Le Choix de Bintou*, an initiative of the NGO Enda-Tiers Monde, in collaboration with the Free Clinic and the Belgian cooperation sector in Dakar, as well as documentaries, such as *L'appel de Diegoune* (2008), produced by Tostan and disseminated in more than a hundred towns in the area, as well as to Joola immigrants living in France, Italy, Spain and Switzerland (UNICEF-Innocenti 2010).

Of all the NGOs, Tostan's work on FGM/C has drawn the greatest attention internationally. Active in Casamance since 2001, the Community Empowerment Program (CEP) launched by Tostan (meaning 'breakthrough' in the Wolof language) promotes community-led development using a human rights approach. CEP participants are trained in human rights, health, literacy and the environment, and they spread knowledge through their social networks. Regarding FGM/C, Tostan's model aims to change social norms in communities through women's empowerment, promoting abandonment of the practice through, for example, 'dropping the knife' ceremonies and public declarations.

Perpetuation of the practice, changes in the ritual, and the perceptions of men and youths

The law faced with community pressure: who would denounce their own mother?

Beyond the perception of the administration among the local population and the role of its workers in situ, as a worker from the Ministry of Education in Ziguinchor said, 'For the law to be applied, it needs someone to report the facts'. In all our interviews, we only encountered five people who stated that if they knew of a case they would report it. The rest stated that nobody has an interest in denouncing others. A teacher from a school in Oussouye explained:

A few months ago, a mother asked to leave with her daughter (...) for two or three days. In the end she spent more than ten days away. When she came back I asked her what had happened. (...) She had taken the two-year-old girl to her hometown in Guinea Conakry to have FGM/C performed on her. I told her that this was not right, that she could harm her daughter, but I did not report her. If I did, not only would I turn her family against her, the whole Pehl community would come down on me.

Two professors from a Ziguinchor institute and several health-centre workers provided a similar opinion.

According to some informants, neighbours often know that a girl has just been cut. 'You only need to observe the girls: you can see how they walk', said a woman from Ziguinchor. Despite this, several interviewees say that 'nobody will report a neighbour, even if he sees a girl like that, not even if he has heard or seen her from his patio: the culture of denunciation does not exist here, and even less so between different ethnic groups'.

On the other hand, we found several men who claimed to have told their wives and mothers that if they took their daughter to town to practise excision, they would denounce them without hesitation. Some men said they were against FGM/C but confessed to not trusting their family environment. A Manding resident in a town near Kafountine, who thought his family wanted to take his daughter for FGM/C, said: 'I (...) said to my mother: "Mother, I love you very much, I know that you have brought me into the world, and I respect you very much, but do not ask me to do this

to my daughter, because I will not do it. And if you do it to yourself, I will report you and the circumciser”.’ Other men have tried similar strategies, not always successfully, as a Joola from the Tenduck area, who works in the administration in Ziguinchor, told us: ‘During the summer holidays my mother went to the village and cut my daughter. I didn’t denounce her. Who would denounce her mother?’

Limited effectiveness of awareness-raising initiatives

After twenty years of campaigning in local communities for FGM/C to be abandoned, the slow decline in the prevalence rate illustrates the limited impact of these programs. The results seem less effective than what is reported in institutional documents and by international aid agencies. A report prepared by the Senegalese government in 2010 noted: ‘The action of civil-society organizations has prompted the mobilization of communities to promote the abandonment of excision. Despite this, this mobilization does not at all mean that these communities have genuinely subscribed to the declarations of abandonment, something that one is not allowed to talk about in the context of progress in the fight against FGM/C’ (Ministère Chargé de la Famille 2010: 10). In an interview, an NGO executive said: ‘Our work has changed the mentality of many people, and although maybe we cannot say that abandonment of excision has taken hold in all the towns where we have worked, there has nonetheless been a change of sorts’. Ultimately, in this view, the responsibility for what happens in this country is not the NGOs’ but rather the Senegalese government’s: ‘We have done our part’.

Opinion about NGOs’ work and sensitization initiatives varies among interviewees. While in some cases women and men collaborate with NGOs in raising awareness of the consequences of the practice, others do not trust NGOs at all, especially if the task is being carried out by people from the north of the country. Moreover, most of the time it is seen as a way of obtaining money. The notion that people have to go and listen to the NGO workers or to members of the government, but that then they must revert to following society’s own norms, is commonplace. A high-school teacher, a Joola married to a Pehl woman, said: ‘My wife says that when NGOs come to the village to campaign against excision among women, they all go, listen and eat, then go home and continue practising it’.

Changes in the ritual

Thus, the law prohibiting excision and the awareness-raising campaigns have not led to FGM/C being abandoned. Nonetheless many interviewees were clear that the law has resulted in substantial changes to the initiation ritual in respect of its public nature and the timing of the ritual’s three

phases. Many actions are now carried out in secret in order to avoid the consequences of the prohibition.

First, the age at which FGM/C is practised has been significantly reduced. Indeed, according to many testimonies, nowadays girls undergo the practice before they reach one year of age. However, several excisers explained that there has never been a stipulated age for excision. Moreover, there are virtually no written sources that mention excision taking place in Basse-Casamance before four or five years of age. According to Zaborowski (1894), in the late nineteenth century excision was performed between the ages of ten and sixteen. Reveyrand-Coulon (1982) reported that among the Manding the age was between five and ten, among the Joola Foogny between seven and fourteen, among the Pehl Fouta (in northern Senegal) between seven and ten, and among the Pehl from Fouladou (in Haute-Casamance) just a few months old. Trincaz (1981) pointed out that in Ziguinchor excision was practised between five and fifteen years of age, depending on the family's finances and the village schedule. A study by Mottin-Sylla (1990) underlined that, at the end of the 1980s, 75% of the Joola practisers performed it between four and nine years of age.

Secondly, excision now occurs clandestinely. The following report of June 1974 from Ziguinchor illustrates the public nature of the practice before the law against was introduced:

Sixty young girls from five to fifteen years of age (...) walk the streets of Ziguinchor, expressing their happiness... To mark the advent of their new state, they wear beautiful dresses, heads and waists adorned with multicoloured pearls and brightly coloured ribbons, bells in their hands... Their scorn is directed at every woman who still avoids this mutilation, [which is] considered a duty of purification. Nobility, dignity, education and honour – these are the characteristics derived from this solemn process. (cited by Trincaz 1981: 88)

Some women, when they have the support of their husbands, opt to ask the exciser to come to their homes to perform it right there. Recovery from the operation, which in younger girls is faster, also takes place at home, where the girls remain confined until they are healed. Sometimes families gather three or four girls and do it together. Other women, especially those whose husbands are against it, choose to take the girls to the home of the exciser, perhaps in a major city like Bignona or Ziguinchor, or in their village of origin. Some girls undergo the procedure outside the country's borders, in Gambia, Guinea Bissau or Guinea Conakry, a new tendency known as 'cross-border FGM/C' (Shell-Duncan et al. 2013). 'There are fathers who do not know that their daughters have been cut ... The mother one day takes the girl for months, saying she is going to see a relative or whatever. They cut the child, they return in a few days, and if the girl is well, the father does not find out. Fathers are not going to examine the private parts of their young daughters to see if there is any scarring every time the mother takes off with her', said an educator from Ziguinchor. Many

testimonies also stated that, if something goes wrong during the excision, nobody will take the girl to the hospital for fear of being reported.

Thirdly, the rite of initiation has also changed, still occurring in public, but in adolescence. Some oral sources indicated that excision and initiation were formerly performed at the same time, although others claimed that the two procedures could be done at different times. The ritual included a period in which the girls were secluded in the forest, which could last two months or more.⁸ Two Manding initiators from Ziguinchor described a ritual that occurred before the end of the 1990s, showing how the law has tarnished their public reputations:

- It was a great success when no girl became ill. That's why we celebrated it too. It used to be performed every other year...

- Both excision and initiation?

- Yes. Girls ... from ten years of age and older would enter. There could be fifty girls, even a hundred or more ... At that time, all these houses (she pointed behind her house) did not exist; here, there was a forest. The initiation was performed in an enclosure made out of palm leaves, and during the day the girls went out into the forest. It was done in May. They could spend a month or more here.

-And were they Manding girls?

-Yes, Manding, Joola, Fula, Bainunk ... all of the same tradition.

- All together?

-Yes, all together (...) It was a great ceremony. All the people in the neighbourhood came to watch them dance. The government gave us rice. Back then there was a lot of rice and a lot of peace. (...) The girls learned how to behave in front of an adult, how to eat in front of an adult, how to interpret the looks and gestures of their mothers when there were people in front of them, health things ... and also how to take care of children. (...) Then the ban came, and we lost our names.

- Your names?

- Yes, their names [says our friend and translator] to honour them. Before an initiator was told *Ñi mu musóo leti!* (This is a woman!)

Now initiation takes much less time. All the girls of the village who have undergone FGM/C over the years in different places and at different ages are gathered together for a short period, even just a weekend, and they have a celebration. A young Joola Buluf from the department of Bignona described her excision in the late 1990s and her initiation ten years later as follows:

⁸ See Van Gennep's classic description (1909), including the three phases of the rites of passage: separation, liminality and incorporation.

They excised me when I was six or seven years old. At the time I was living in Oussouye. We were about twenty girls, all mixed: Joola, Pehl and Manding. We were at home; we lived as a family, as if we were sisters. We shared everything. We used to play... We were happy. I met new people. (...) And we learned songs ... I do not know how long we were there for ... A few days, not many. When we left, our families were waiting for us. (...). The initiation was performed in a village of the Buluf. It was 2010. And we were all Joola. There were girls who were four or five years old, and also girls who were older than I. We did it during the rainy season. We entered on a Saturday, in an enclosure built for the occasion. But at night we went to sleep at the foyer. The next day, Sunday, we returned to the venue and went out to dance and do everything that needed to be done. We went with braids, very beautiful, to dance. Then there was a party for three or four days. But we each slept each in our (own) house. We danced around the neighbourhoods ... around the neighbourhoods that had our same tradition.

If there are girls who were not cut when they were young, and they want to be initiated, they undergo the procedure before entering the bush. That was the case for an eighteen-year-old girl who had been born in a family opposed to excision. When, in 2017, it was time to do the initiation in her home town, in order not to be excluded from her generational group she decided to attend and, against the wishes of her father and mother, asked to undergo excision.

Inter-ethnic and intergenerational tensions around the practice of FGM/C

Within the context of mixed marriages, traditions may become a source of identity conflict. While traditional norms dictate that the daughters of a mixed marriage should follow the tradition of their paternal lineages, women are often subject to criticism or even reprisals for not practising the tradition of the lineage into which they have married. Thus, for example, among the Joola Huluf of the Kingdom of Oussouye, where the traditional religion strictly forbids the practice of excision, King Sibilumbay, extremely loved and respected by the local Joola (Tomàs, 2005b), said: ‘No, no, here this is not practised, it is very serious. If a woman here marries a man there and does this to her daughters she cannot return to the kingdom, and she cannot eat with the women here. No. Neither she nor her daughters. They are impure. You cannot shed blood in our kingdom. No, not at all’.

There is also the opposite case, like that of a particular woman born in the department of Oussouye, where excision is not practised among the Joola Huluf and Esulalu. In the 1990s she married a Joola from Kafountine, where excision is practised. She said that while they were living in Elinkin everything went relatively well, and she would only get comments when she was visiting Kafountine. When she finally went to live at her husband's house, however, the pressure increased terribly:

The women in my husband's family kept insisting and insisting that I do the *eñakai* (excision). That I was impure, that I was dirty, that I was this and that and many other things. They began to shun me. I could not eat with them. They did not eat the food that I

cooked. Uhhh! They also did not help me in the field, with rice. I was alone, very alone. I had no help from anyone. At first my husband provided me with a degree of support, but in the end he did not. (...) And I went to live with a nephew in another village. (...) They did it to my daughters... It's up to him; he's their father.

Excision also creates intergenerational tensions, embodying the inherent conflict between 'tradition' and 'modernity' in these communities. An old Manding woman who underwent excision sometime around 1950 said: 'We did it to be more educated, to know what it is to be a woman, to know how to dress and avoid men, to know how to have children and know how to take care of them. Nowadays, as they do not do it, they are ruder, they do not know anything, and, in addition, they divorce immediately because they do not know what it is to be a woman. Initiation was life!'

Women also tend to call into question the traditional view of the acceptance of pain, and whether pain can be expressed publicly or not. During the interviews, some women in favour of excision explained that they changed their minds when a midwife or gynaecologist told them that the health problems they had experienced were caused by the excision. Some of them say: 'Well, if that's the case, I will not do this to my daughters'. Nonetheless, in case of doubt, the younger generations refer to their elders. That was the case for a twenty-year-old Joola, mother of a baby girl, who said she did not know whether she should take her daughter to initiation and that she would ask her mother for advice.

Reasons for perpetuating the practice

The reasons why this practice is still being performed are many and varied. Some women link it to Islam, others to the control of female sexuality, although some men have completely opposite beliefs: 'The girls who have undergone excision have more sexual relations because now they know what an orgasm is, and they try to get it with many men'. But the most recurrent explanation by far is that offered by Dellenborg (2009), of the 'two forms of citizenship': while one form of citizenship is linked to the Senegalese state, the other integrates the people into the local community. It is in the setting of this second sense of citizenship that FMG/C comes into play.

Many women argued that excision is important for acceptance among adult women. Some highlighted the power of participation and decision: 'Those who are not initiated cannot enter the places where meetings are held in which women decide the most important things'. Others referred to the fear of being marginalized and being called *solimaa* or impure.⁹ One woman from Bignona said that 'a woman told me that, if she did not do it to her daughter, not only would she, or her

⁹ *Solimaa* means 'impure' and is also used of 'uncircumcised men. By extension, it also means dirty, immature, uncultured'. It is believed that, through their impurity, those classed as *solimaa* contaminate food. They are therefore excluded from the food chain, which circumcised women are in charge of (Kaplan et al. 2013b).

daughter, be excluded, but also her entire family.' This same fear of being marginalized is what led an older woman who was convinced that excision is dangerous not to speak out against it to the women of her generation and instead to pretend that she was in favour of it.

Among the arguments that the practice should be continued was the link between excision and the power of women and motherhood. A circumciser from the Diouloulou area told us:

I cannot tell you the most important thing for which excision should be done: it's a secret. But I can tell you that the moment of knowing the secret linked to excision is the moment of delivery. When a girl is young she does not know, she does not understand why excision has been practised. No. (...) Everything is explained just before the birth, not before (that). The mother who accompanies her daughter to give birth says: 'What they did to you as a child has to do with what will happen to you now'. That day they listen because it hurts them and they are attentive. (...) . It is very important to have excision performed before delivery, but not the initiation. If the initiation has not been done, nothing happens. (...). Formerly, if a woman was going to give birth and had not had excision, they would do it to her before giving birth, at the time of delivery. Because thanks to excision, she is also taught to be a mother.

'It's a women's thing'... and what do men say?

Another crucial question is who decides that excision should be performed. The vast majority of people, whether men or women, young or old, Manding or Joola, had a clear opinion about this: 'Excision is a women's issue'. Indeed, many young people consider that the decision whether or not to make a girl undergo FGM/C lies with the women (i.e., the mother, aunts, maternal and especially paternal grandmothers and female religious leaders). As already underlined in this article (and as many authors have already pointed out: see Linares 1992, Dellenborg 1996), there is a generalized perception that issues related to women's sexuality and motherhood are 'women's affairs'. This is especially so in the case of excision, which, according to many sources, is 'the great secret subject of women'. Among the students we surveyed, fewer than 10% said that the father also has the power to make decisions in this regard, and only three out of 130 individuals we surveyed said that it is only the father who has the final say. Although there have been some declarations by imams in Senegal against excision, several Muslim leaders in Casamance also consider it to be a women's issue. One of them refused to make a public statement against excision because doing so 'would be an insult to all the women here'.

We also found that some men said that they wanted to participate in the education of their daughters, but felt that the women of the family would not allow them to intervene, often being told by their wives or mothers something like: 'You take care of the initiation of the boys; I will do so for the girls. Mind your own business'.

As we saw earlier, some do decide to intervene despite being told not to. In some cases, this attitude arose as a result of difficulties in sexual relations between the partners: ‘I do not want my daughter to suffer like my wife when we have sex’, said a Pehl man resident in Bignona.

Youths, excision and initiation

One of the key points of the research was to determine young people’s opinions on this issue. What do they know about the law? What positive and negative aspects does the practice have for them? What do they think about initiation? Will they have their daughters undergo excision?

The student survey results do not show any clear position regarding FGM/C on the part of young people. Answers indicate their deep attachment to their culture, which, however, brings them into a situation of cleavage between tradition and their knowledge of the harmfulness of the practice. The vast majority of the students who participated in the survey, who were between fifteen and twenty-five years old and who overwhelmingly declared themselves to be Muslims, said they were not aware that there is a law in Senegal banning FGM/C.

Also, most of our younger interlocutors considered excision necessary for initiation and felt that both are essential in order to learn their own culture. A girl from Thionck Essyl said that ‘initiation has many positive aspects. Among them, we can cite education: because the family alone cannot educate all boys and girls, we have to take them to the sacred forest’. While most subscribed to the notion that initiation is crucial to knowing one’s own culture, there was a gap in respect of the degree of knowledge about FGM/C and a remarkable difference in opinions. A few students argued that it was important to be a good Muslim. Others argued that the practice served to prevent sexual relations outside marriage. Some said that FGM/C must be carried out in order to have children, while others said this was not the case. Some, a definite minority, defined excision as ‘cutting out the useless part of the private parts’. Some girls linked excision with motherhood, as did a circumciser from Diouloulou. A Joola Buluf girl said very clearly: ‘Excision allows us to have children, and initiation allows us to have the right to speak in society’.

Many of the students linked excision and initiation with enjoying greater freedom, entering adulthood and gaining knowledge. A boy from Sindian said: ‘She will be a girl who will have the right to marry, she will have freedom compared to her time before excision; she will have the right to speak according to the contexts’. Some students referred to physical resistance to men: ‘Excision often allows girls to turn down their partners or a boy making advances’. Others said that excision would allow them to enjoy good health.

Among the negative aspects of FGM/C, fewer than 10% of the students accepted that excision can cause health problems. The ensuing complications mentioned were bleeding, transmission of

disease, difficulties in childbirth and an inability to have children. Others identified the negative aspects of initiation as being related to financial considerations: ‘Why spend so much on an initiation?’ There were also some who criticized both procedures, dismissing them as pagan practices.

When we asked if they would have their own daughters undergo excision or initiation in the future, we encountered a wide range of answers from these young people. Most of those who would take their daughters to undergo the procedure argued that both excision and initiation are necessary to know one's culture and to be able to distinguish good from evil. A boy from Diouloulou, after saying that medicine states that (excision) causes problems in the cervix and that initiation is a financial burden because it involves a great deal of expense, said that he will take his daughters to excision ‘out of a sense of obedience, respect and courage, as well as because all of our ancestors underwent it, and we too must show our daughters the culture of our grandmothers’.

Others revealed their doubts, such as a boy who went to school in Thionck-Essyl, who said: ‘On the one hand, I'm going to try not to let our Joola culture become lost. On the other hand, we need to acknowledge that the world moves on without it (excision) ...’ He himself, answering the question of whether he would take his daughters to undergo initiation, wrote: ‘I am afraid of women’. Others expressed more pragmatic doubts. A girl with a Joola father and a Pehl mother put forward these very enlightening arguments, which link personal values with marriage alliances, gender roles, social conventions and the obligations of patrilineality:

As far as I am concerned I will never take my daughters to undergo initiation because it is said that, before performing initiation, excision must be carried out. And this I will never do to my future daughters. I have answered that I do not know what I will do because I do not know who the future father of my daughters will be. For example, if the future father of my daughters decides to adhere to this custom, in this case we will have many problems in the family, and then the women will say that the wife does not have respect for her husband.

Among those who answered that they would not perform excision the reasons were diverse, being linked to health, religion or sexuality. One young woman said: ‘I will not take my daughters to undergo excision because it is a dangerous practice, because it takes away a part of the woman that allows her to have pleasure when she makes love’. Some supported their opposition by describing their own experiences, such as this Joola Fogany girl: ‘I will not take her to follow in this practice. I am a victim of this and I suffer a lot, and I do not want my daughters to suffer like me. Excision is bad, and it leads to bad outcomes’. Some students made it very clear that, despite the criticism of the other women, who call them *solimaa* (impure, dirty), they will not take their

daughters to undergo excision. Only two students out of the 130 we surveyed referred to the law as a reason not to take their daughters to undergo excision.

Conclusion

Although in recent decades the work of the government and numerous NGOs in raising awareness about the practice has influenced some sectors of society, all the available statistical information suggests that the prevalence of excision has declined only slightly. This is corroborated by our ethnographic work in Basse-Casamance. Some women and men have changed their minds, having been made aware of the various issues or as a result of their personal experiences, and even some excisers have stopped performing the procedure. But many others continue to view excision and initiation as essential if one is to be included in the local community as a woman with full rights. To avoid prosecution by the law the ritual stages have been changed, excision being practised at a very early age. On the one hand, this highlights the crucial role of women in affirming ethnic and gender identities through perpetuation of the practise. On the other hand, the lack of confidence of the local population in government policies and, by extension, in the government itself, as well as in the NGOs involved, compared with the strong influence of the traditional society, allows and at the same time requires participation in an organization and an operation that women especially perceive as being more necessary, more useful and more relevant.

Despite this, it is evident that the current practice of excision in Basse-Casamance, faced with a law that prohibits it, and coupled with the relative impact of raising awareness about the issue, the different values that are taking hold in the younger generations and considerations regarding marriage alliances, which often unite two different traditions, are creating a series of debates and tensions locally in many parts of the region (as happens with other practices, whether traditional or not). These tensions take place at the heart of marriage, family, women's associations, age groups, peoples and communities, as well as within the administration. They all generate actions and reactions, proclamations and silence, agreements and differences, inclusions and various exclusions, depending on the context and even the person. In many cases, men and women try to strike a balance between the roles expected of them in a particular context, their personal experiences and opinions, and the opportunities offered by this situation (personal, family, social, medical, etc.). In short, although in local perceptions there is a clear trend towards excision continuing as a crucial element in the lives of many women, it is no less true that the voices in the region are becoming more diverse every day.

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