

Anthony Lester 2024 Fellow Fieldwork Report

Promoting Legal Protections to Uphold the Ban on FGM in
The Gambia

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Introduction

This report is submitted as part of the non-residential fellowship of the Anthony Lester Fellowship program, which supports practical fieldwork in human rights and the rule of law, marking the conclusion of the field component. Among other criteria, the fellowship required working on and covering legal challenges outside the fellow's country of origin; hence, the report will include why The Gambia was selected by the fellow, who, at the time of application, was a student of international human rights law at the University of Oxford. Although the fellow spent her formative legal and radical feminist practitioner orientation in Ethiopia, she has established advocacy connections and practical work experience across other African countries, from which she draws her contact base and work strategy. As such, this report first discusses the legal challenge at hand, introduces the context and driving background of the fellowship and the direct engagement with local, regional, and international organisations and grounded community encounters to unpack the deeply political and gendered dimensions around FGM legal advocacy work in The Gambia. While the fellowship research and legal engagement primarily focused on FGM, the fellow also addressed other forms of gender-based discrimination and embedded gender inequalities in her fellowship work, recognising their interconnectedness with FGM.

What is FGM?

Female Genital Mutilation (FGM), also often referred to as female genital cutting (FGC) involves the partial or total removal of the female genitalia for non-medical reasons. The World Health Organization classifies it into four types:

- **Type I** — Clitoridectomy: partial or total removal of the clitoris and/or the prepuce.
- **Type II** — Excision: removal of the clitoris and labia minora, sometimes with the labia majora.
- **Type III** — Infibulation: narrowing of the vaginal orifice with a covering seal.
- **Type IV** — All other harmful procedures including pricking, piercing, and cauterisation.

While socio-cultural debates about the perceived harm or non-harm of FGM/C continue, the scientifically established and documented consequences of the practice reveal a wide range of irreversible harm to women's health. For example, complications from FGM Types I–III often include chronic bladder and vaginal infections, sebaceous cysts, vulvar abscesses, urinary difficulties, keloids, and infertility, as well as chronic pain during sexual intercourse, pelvic movement/examinations, and vaginal delivery.¹ This is further exacerbated by the risks associated with tools used for cutting, including infections, HIV/AIDS, haemorrhaging, injury to adjacent tissues, and fractures. In The Gambia, for instance, research documents that survivors are four times more likely to experience complications during labour, with increased rates of perineal tearing, obstructed labour, and neonatal mortality, among other issues.² The impact extends beyond the mothers, affecting even the health of newborns. In such cases, newborns are four times more likely to suffer health complications such as foetal distress, birth asphyxia, caput succedaneum, and even stillbirth.³

Historical and current context of FGM in the Gambia

The practice of FGM, although its true origins remain contested and largely unknown, was often performed as part of the coming-of-age rituals for girls.⁴ While such rituals have become less common, the practice now has taken root within the sociocultural fabric of many communities, including in ethnic and religious justifications. Girls are mostly cut at a young age, with some records showing even infants being subjected to the procedure, often as a means of evading reporting and detection by law enforcement.

The Gambia presents a striking example of the persistence of FGM practice. Despite global campaigns and national bans, it remains one of the countries with the highest prevalence rates worldwide. Rough estimates suggest as high as 74.9% of Gambian women aged 15–49 having undergone FGM. While the level of the practice varies between ethnic groups and urban-rural

¹ Isatou Touray and Mame-Penda Ba, 'The Dangerous Reversibility of Women's Rights: The Case of Female Genital Mutilation in The Gambia' (2024) 6 Global Africa, p.318-19.

² Rajmohamed, R., 2021. Roots Revisited: Barriers to Justice for Survivors and Victims of Female Genital Mutilation in The Gambia. In *Violence Against Women and Criminal Justice in Africa: Volume I: Legislation, Limitations and Culture*, p.309.

³ Isatou Touray and Mame-Penda Ba, 'The Dangerous Reversibility of Women's Rights: The Case of Female Genital Mutilation in The Gambia' (2024) 6 Global Africa, p.318-19.

⁴ Ylva Hernlund, 'Cutting Without Ritual and Ritual Without Cutting: Female "Circumcision" and the Re-ritualization of Initiation in the Gambia' in Bettina Shell-Duncan and Ylva Hernlund (eds), *Female "Circumcision" in Africa: Culture, Controversy, and Change* (Lynne Rienner Publishers 2000) p237.

settings, fieldwork in urban centres such as Serrekunda and Bundung revealed how extended family structures continue to support and protect the practice despite the decision and awareness levels of immediate family members. Grandmothers and paternal aunts, in particular, often have heavy influence, seeing the act of cutting as a way to uphold family honour and cultural tradition.⁵

During field visits, the fellow encountered numerous examples of how deeply entrenched these social dynamics are. In one instance, a mother who opposed FGM and refused to have her four-year-old daughter undergo the procedure later discovered, upon returning from a prolonged stay in the capital, that the child had been cut. The decision had been made in her absence by the paternal aunt and grandmother. This pattern of hidden circumcisions, performed without the parents' knowledge, was a recurring theme across multiple interviews. Many women spoke candidly about the emotional toll of seeing their daughters undergo a procedure they themselves had suffered from and rejected. In some cases, fathers were also bypassed. A man working for an NGO in Banjul recounted how his wife had his daughter cut without his knowledge, despite their mutual agreement to reject the practice. The social pressure in Bundung, where his wife and extended family lived, had proven too powerful for the wife to withstand.

Against this backdrop of persistent socio-cultural enforcement, The Gambia has nonetheless taken significant legal strides toward the protection of women's rights. The 1997 Constitution guarantees a participatory democracy and covers an extensive human rights protections in Chapter IV, including the right to life, the protection from inhuman treatment, and the rights of women and children. These constitutional protections are further reinforced by the Women's (Amendment) Act of 2015, which explicitly bans all forms of FGM/C. The Act domestically incorporates several key international and regional human rights instruments, including CEDAW and the Maputo Protocol. It criminalises not only the act of FGM itself, but also any form of encouragement, facilitation, or failure to report the practice.⁶

Yet in 2024, this legal progress faced a dramatic setback. National Assembly Member for Foni Kansala, Honourable Almameh Gibba, introduced a motion to reverse the 2015 ban, arguing that it

⁵ Bettina Shell-Duncan and Ylva Hernlund, 'Are There "Stages of Change" in the Practice of Female Genital Cutting? Qualitative Research Findings from Senegal and The Gambia' (2006) 10(2) African Journal of Reproductive Health, p.64.

⁶ Isatou Touray and Mame-Penda Ba, 'The Dangerous Reversibility of Women's Rights: The Case of Female Genital Mutilation in The Gambia' (2024) 6 Global Africa, p.318-19.

infringed upon citizens' constitutional rights to practice their culture and religion.⁷ The proposal garnered significant support across ethnic lines, parliamentary benches, and even media platforms, revealing the precarious nature of reforms that are not firmly rooted in community-level change. This ideological clash exposed the dangerous reversibility of hard-won women's rights, particularly when legal protections outpace social transformation.

The introduction of the reversal bill reignited national and international debates, drawing the attention—and ultimately the advocacy—of the fellow, who had initially taken on a remote supporting role within a feminist advocacy space in the Gambia. With a background in grassroots women's rights work and a strong focus on reproductive justice and feminist legal advocacy, the fellow found this work at the intersection of several of her longstanding interests: postcolonial feminist jurisprudence, the strategic use of international and regional human rights mechanisms, and the urgent challenge of resisting local/domestic legal regressions. Furthermore, her previous engagement with the African Commission and the Committee of Experts on FGM, including as a reviewer of previous regional legal documents on FGM, made her well-positioned to support these advocacy efforts. Choosing The Gambia for this fellowship project was, therefore, an extension of the fellow's personal and political commitment to legislative change and resistance. The (potential for) regression and the advocacy around it were where law, tradition, resistance, and transnational feminist solidarity collided—offering both a challenge and an opportunity to act.

What is this report on?

This report captures the legal advocacy and research work undertaken by the fellow from July 25th to December 1st, 2024, focused on resisting the reversal of the law banning Female Genital Mutilation (FGM) in The Gambia, both in person and through virtual follow-up. While the primary attachment experience of this report is drawn from engagement under The Female Lawyers Association (FLAG), the fellow also has engaged with the work of Gambia Committee on Traditional Practices Affecting the Health of Women and Children, Equality Now, and the African Committee on Human and Peoples' Rights (ACHPR). The fellow also maintained active contacts and working relationships with survivors, and press houses such as the BBC offices in the region to have stories of survivors, feminist and legal advocates featured.

⁷ Isatou Touray and Mame-Penda Ba, 'The Dangerous Reversibility of Women's Rights: The Case of Female Genital Mutilation in The Gambia' (2024) 6 Global Africa, p.318-19.

What is the Project Rationale?

Female Genital Mutilation (FGM) affects nearly 140 million women and girls across Africa, including The Gambia, which has one of the continent's highest prevalence rates. Despite legal bans introduced in 2015, enforcement remains elusive, perpetuating cultural practices rooted in societal control, tradition, and religion.⁸

The fellowship project sought to address this gap through a comprehensive legal advocacy strategy that spanned domestic, regional, and international frameworks. It also integrated broader concerns around sexual and reproductive health and rights, recognising that FGM does not exist in isolation but is deeply connected to wider systems of violence and gender-based inequality in the Gambia and across other places in the world.

Work Undertaken

The fellow divided her time between a structured 9-to-5 legal advocacy schedule and more flexible, field-based engagement. During office hours, she focused on documenting the testimonies of survivors for submission to international human rights reporting mechanisms. In parallel, she served as a fixer for international and regional media outlets, facilitating interviews and helping amplify the voices of local advocates and survivors. Field visits, often lasting up to a week, were conducted in areas such as Serrekunda and Bundung. These visits and connections were made possible through the support of members of the Gambia Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP) as well as feminist advocacy organisations including NALA Feminist Collective and Safe Hands for Girls. The interviews, which were led by the fellow for both research and archival purposes, included 11 survivors and nearly 30 influential community members (previous cutters, head of community and family structures, immediate family members). Their stories were later incorporated into various advocacy platforms to strengthen public, legal, and policy engagement. From the advocacy corners of Geneva to government offices in Banjul, and always under the leadership of Gambian women themselves, the fellow was part of coordinated efforts to prevent the rollback of the anti-FGM law. These efforts contributed to sustained pressure

⁸ Rajmohamed, R., 2021. Roots Revisited: Barriers to Justice for Survivors and Victims of Female Genital Mutilation in The Gambia. In *Violence Against Women and Criminal Justice in Africa: Volume I: Legislation, Limitations and Culture*, p.309.

on the Gambian government, including being questioned by both international and regional human rights mechanisms.

1. International Framework Support

A key aspect of the fellowship work focused on leveraging international human rights mechanisms to hold The Gambia accountable as a state for its commitments to eliminating FGM.

- **Advocacy and Media Engagement** The fellow actively made contact with international media outlets like the BBC to link survivors and on-the-ground advocates arrange interviews and highlight key legal advocacy points, even before arriving in the Gambia.⁹
- **Universal Periodic Review (UPR)** The fellow contributed to CSO reporting of violations and resistance to be presented at the 48th UPR session in January 2025. Along with other advocates and friends at the UN, during advocacy efforts in Geneva, she specifically engaged with government representatives from the US and Germany, about asking questions on FGM at the plenary. Despite resistance from some representatives, the advocacy compelled Gambian government representatives to provide a detailed timeline of their progress.¹⁰ They were also pressed to explain the circumstances that led to the parliament proposing such regressive legislative measures. Although the ban was ultimately upheld, the representatives were further challenged to outline safeguards to prevent future backtracking.
- **Educational Advocacy** The fellow actively engaged with educational and advocacy engagements with international feminist support groups such as Equality Now, including in its 3rd edition of the Africa Gender Equality Moot Court Competition covering SRHR rights, serving as a co-judge for various moot rounds.

2. Regional Framework Support

Regional human rights mechanisms play an important role in addressing the cross-border and communal African-level challenges associated with FGM.

⁹ See: <https://www.bbc.com/news/articles/cxw2jvnydyeo>

¹⁰ See: Questions by states and response here: <https://www.ohchr.org/en/hr-bodies/upr/gm-index>

- **Communications to Regional Bodies** The fellow's engagement with regional bodies began in 2022, when the African Commission on Human and Peoples' Rights (ACHPR) and the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) were collaborating on a Joint General Comment on Female Genital Mutilation (FGM). As a legal feminist stakeholder, she was part of a civil society group invited to provide feedback on the draft. Building on these earlier connections, she contributed actively to both informal and formal communications during the height of advocacy in July 2024. These submissions, addressed to both the ACHPR and ACERWC, stressed the urgency of sustained follow-up on The Gambia's commitments. While the primary focus was FGM, the communications also highlighted interconnected human rights violations, recognising how structural violence against women and girls is perpetuated through multiple and overlapping harms.

3. Domestic Framework Support

Strengthening domestic efforts was central to ensuring that laws banning FGM in The Gambia are upheld, respected, and implemented.

- **Legislative Campaigns** Recognizing the 2015 criminalization of FGM as a mere amendment to existing legislation, a symbolic political move rather than a commitment to genuine enforcement, the fellows field work prioritised legislative campaigns advocating for a robust standalone law on FGM. Together with lawyers' associations in the Gambia, the fellow worked on a stand-alone legal proposal on combatting FGM, which is still under negotiation and development. Despite the end of fellowship, the fellow hopes to contribute to these efforts even in the present to uphold rights already guaranteed under various international conventions and regional instruments.
- **Community-Based Activism** the on-the-ground activism played an important role in complementing the legal advocacy efforts. Together with colleagues and local activists, the fellow worked to challenge the social and economic structures that sustain the FGM industry. Contrary to the widespread belief that FGM is merely a traditional or small-scale "tribal issue", the fellow's work highlighted the expansive nature of the cutting industry, including the financial interests and public messaging that sustain it. Many cutters and their networks often promote FGM as a path to cleanliness, beauty, fertility, easier childbirth, and

male satisfaction. These harmful narratives echo the logic of other industries that exploit women's bodies for profit, such as unsafe cosmetic procedures. To counter these messages, the fellow along with the local lawyers team engaged directly with communities, conducting fieldwork even in regions outside the capital where FGM is more prevalent. These conversations were not extractive; they served as spaces for mutual learning, feminist consciousness-building, and rethinking strategies for resistance. The fellow saw these dialogues as just as powerful as formal legal or diplomatic interventions, reinforcing the belief that transformative change must come from the ground up.

Advocacy insights and final reflections

Throughout the fellow's collaborations with women's rights advocates and Gambian lawyers, a consistent worry surfaced: that fellow advocates favored less confrontational language in their advocacy, worried that excessive outspokenness might worsen opposition and cause legislative setbacks. The fellow developed this skill during her interactions with local stakeholders. One weekend for example, a lawyer from Serrekunda took the fellow on a field visit to her home village, introducing her to the very people who, in the lawyer's words, had once subjected her to FGM. "You see, these individuals are not evil or barbaric," she said. "They are our community members doing what they were taught, trying to do their best within their reality." For the lawyer, the more critical question revolved around how resistance to FGM was presented and how these narratives often portrayed Africa, and The Gambia specifically, as backward and in need of external saving. She insisted that feminist legal advocates, especially those from the continent, must challenge not only the practice of FGM, but also the representational harm in how anti-FGM advocacy has portrayed African women, their cultures, and their communities.

Later that same weekend, the fellow met with the Gambian lawyer's childhood friends—women who had also undergone FGM. They discussed how they are often reduced to victims, rarely invited to participate in designing solutions or shaping advocacy strategies around FGM. They drew a compelling comparison between the FGM industry and the Western cosmetic surgery industry, both of which profit by preying on women's body image insecurities and their desire for social acceptance. The women stressed that true progress hinges mainly on those with firsthand experience actively leading the charge, highlighting insights on positionality without explicitly using the term.

The fellow, in collaboration with feminist lawyers and community women, identified crucial strategies for progress, insights offered as the conclusion of the report. They emphasised that transformation must be driven by women from the impacted communities, communicated in their own languages, and tailored to some realities (context tailored resistance). Key strategies could include:

- Educational initiatives tailored to religious and cultural backgrounds.
- Financial assistance and alternative employment opportunities for former cutters.
- Survivor-led discussions, recognising that legal changes are interconnected with socio-cultural considerations and should not be isolated.
- Media narratives amplified by African feminist voices, including survivors.

To conclude, the fellow's field experience highlights that the fight against FGM extends far beyond legal frameworks, whether those drawn from regional instruments or international human rights mechanisms. While these legal frameworks are absolutely necessary, they are not sufficient on their own. Sustained change, especially in cases involving such cases of women's rights, demands a community-led, grassroots approach, one that centres the voices and leadership of women directly affected by the practice. It is in local dialogues, survivor-led advocacy, and culturally grounded education that transformation can take root. The fellow's experience underscores that legal tools must walk hand in hand with domestic level, on-the-ground organising to challenge the systems that perpetuate FGM.