

Deeper Than The CUT

FGM/C After Decades of Advocacy in The Gambia

A Docudrama

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ABSTRACT

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The goal of this project is to find out and document why Female Genital Mutilation/Cutting (FGM/C) continue to exist in The Gambia, despite decades of continuous advocacy for its eradication. We are aiming that this video will be used as an advocacy tool by organizations and individuals working on the elimination of the practice of FGM/C both in The Gambia and beyond. Also, this video will not only to raise awareness about the practice and to know the reason for its existence, but it is hoped that it will improve on the general approach and partnership in achieving an ultimate success in ending FGM/C.

The development of the project began in September 2014 and ended in September 2015. The 15minutes docudrama was produced after Seven (7) days of filming in The Gambia, reviewing of other documentaries and reading literatures. Editing took about four (4) months and the first draft was presented to students and thesis supervisors in order to get feedback. Making the docudrama was a learning experience as it exposed us to different issues and better understanding of the subject of FGM/C.

The result of the interviews revealed that there are several reasons why FGM/C practice still exists in The Gambia. Some of the reasons that stand-out include religious belief, initial approach of campaigners towards ending the practice, cultural beliefs that see the FGM/C as a rite of passage and the lack of legislation prohibiting the practice

FGM/C is a cultural practice which still exists in The Gambia with marginal decrease in the practice. In 2005/2006, the national prevalence had been 78.3% and in 2010 76.3%, indicating that there has been a two percentage point fall in FGM prevalence over a period of five years (MICS, 2010). It has also been reported that the DHS 2013 full survey shows a reduction in FGM prevalence from 78% to 74.9% (28toomany, 2015). The trend is likely to continue if new strategies are not initiated as mentioned by the interviewees in the docudrama.

It was mentioned by most interviewees that for the practice to end in a generation, the involvement of young people cannot be ruled out. In addition, many agreed that FGM/C is unhealthy and a gross violation of the fundamental human rights of women and girls. Therefore, the practice of FGM should end with or without a national legislation that prohibits the practice in The Gambia.

Key words: FGM/C, Cultural practice, Rite of passage, Advocacy, Reason for existence, Docudrama, The Gambia, Africa

Contents

1. INTRODUCTION	4
2. BACKGROUND	5
2.1 Goal	6
2.2 Target audience	6
3. VIDEO-DOCUMENTARY REVIEW.....	7
4. PROCESS OF VIDEO MAKING	9
4.1 Proposal Development	9
4.2 Booking interviews/ characters/locations	9
4.3 Filming and audio-visual interview	10
4.4 Review of video documentaries.....	10
4.5 Editing	11
4.6 Presentation	12
5. OUTCOME OF THE INTERVIEWS	13
5.1 Religion	13
5.2 Inappropriate Approach	15
5.3 Legislation	16
5.4 Rite Of Passage	17
6. EFFORTS AIMED AT ERADICATION	19
7. EVALUATION	20
7.1 Project review.....	20
7.2 Ethical Consideration	22
7.3 Professional Development.....	23
Abbie K.S Barrow	23
Siaka K. Dibba.....	24
REFERENCES	25
APPENDICES	29
Appendix 1: Budget (production and post production)	29
Appendix 2: Consent form.....	30
Appendix 3: Sample interview request letter.....	31
Appendix 4: Script	32
Appendix 5: Workplan	38
Appendix 6: Production schedule	39

1. INTRODUCTION

Violence against women is one of the most critical debates on the global gender equality movement. Its most contested topic is the issue of female genital mutilation/cutting (FGM/C). The practice is an aged long tradition that is worshipped and celebrated as a ritual in many communities/countries it is found. The World Health Organization has declared the practice as one of the worst forms of gender-based discrimination which continues to express and sustain deeply entrenched inequality between men and women (Sissokho, 2014).

According to the World Health Organization (WHO), “female genital mutilation (FGM/C) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons [but socio-cultural reasons].” While there could be several types performed within the same community or country, it is common to experience a popular one adhered to or preferred by many.

There are estimates by the WHO that more than 125 million girls and women have undergone FGM/C. Annually, another two million girls under the age of 11 are said to be likely added to this figure (Weir; Erica, 2000) but the WHO (2014) and UNICEF (2013) estimates it at 3 million. The practice is mostly concentrated in 27 countries in Africa, some parts of the Middle East (WHO, 2014), South and Southeast Asia (Office of Women's Health, U.S Department of Health and Human Services, 2012). However, among the continents in which FGM/C is practice Africa ranks highest on the global prevalent scale.

Despite the continuous advocacy for the eradication of the practice, FGM/C still exists in The Gambia. In this thesis, the reasons for the existence of the practice of FGM/C are investigated and documented in the form of a video. Perspectives from different actors which include non-governmental organizations, religious leader, health professional, community member as well as the victims/survivors of the practice are captured.

2. BACKGROUND

The need to focus on such violation of human rights of girls and women emerged as a result of the continuous existence of FGM/C after decades of advocacy in The Gambia. According to the United Nations Children's Fund (UNICEF) classification of FGM/C practising countries, The Gambia is classified as a Group 2 country, with moderately high FGM prevalence of 51-80% (28toomany, 2015).

The (WHO, 2014) categorized FGM into four types and they are; Clitoridectomy, Excision, Infibulation and Unclassified - this includes other procedures such as, pricking, incising, piercing, stretching of the clitoris and or labia, cauterisation (burning) of the clitoris and surrounding tissue, scraping the genital area and any procedure which fall under the definition of FGM/C such as angurya cuts, introduction of corrosive substances, gishiri cuts, etc.

Review articles as well as UN and NGO documents frequently note that Type III FGM/C, the most severe form, is found in 15 % of all affected women. The vast majority of these women are from Djibouti, Somalia and Sudan, although Type III is also found in parts of Egypt, Ethiopia, Kenya, Mali, Mauritania, Niger, Nigeria and Senegal where it accounts for 3% of women subjected to FGM/C in these countries. Approximately 80% of girls and women undergo partial or total clitoridectomy (WHO, 2008).

FGM is traditionally carried out by older community women in unhygienic conditions and isolated settings, but there is a worrying trend towards medicalisation of the practice in The Gambia. Although this is currently a small proportion of those having FGM, it is advocated by the pro-FGM lobby and supported by some health care professionals who already carry out FGM (28toomany, 2015).

The practice is often conducted on minors between birth and puberty. However, this also depends on the culture and social surroundings of the victims. While

some cultures conduct the initiation rite after birth or few months after, some do the initiation around the age of puberty to take girls through the ritual preparation of womanhood and marriage. For some tribes, the initiation is done by the time of marriage or shortly before child birth.

Under human rights principles and standards, FGM/C constitutes an unacceptable violation of the rights of the girl child and adult women to their sexuality. International human rights conventions underscore the obligations of the United Nations member states to ensure the protection and promotion of human rights, including the rights to non-discrimination, to integrity of the person and to the highest attainable standard of physical and mental health.

2.1 Goal

The goal of our project was to find out and document why FGM/C continue to exist in The Gambia, despite advocacy work for many decades. The aim is that the video can be used as an advocacy tool by organizations and individuals working on the elimination of the practice of FGM/C both in The Gambia and beyond. In addition to raising awareness about the practice, it aimed at improving on the general approach and partnership in achieving an ultimate success in ending FGM/C.

2.2 Target audience

The key targets for this product are organizations and individuals involved in anti-FGM/C campaign to serve as an advocacy tool to raise awareness.

Moreover, it can as well be used to reach out to donors for possible funding opportunities to address the challenges/reasons for existence while informing them of the success stories. It will also be useful for anyone who might be interested to know about the practice in The Gambia. Additionally, the product will serve as reference material for academic purposes for students and research institutions.

3. VIDEO-DOCUMENTARY REVIEW

In Western literature, the documentary film era is generally considered to have started from the moment when the British documentary pioneer John Grierson published his characterization of Robert Flaherty's film *Moana*. Grierson's view of the film could be described as a "documented-reality of creative treatment". Documentary films prior to the Grierson's description have no category. This does not change even if Flaherty's former movie *Nanook* of 1922 was considered as a documentary among the coevals. Richard Barsam's definition of a documentary film is probably the most influential. Barsam's definition is that all documentaries are non-fictional films but not all the non-fictional film are documentaries. The main difference between a fictional and non-fictional movie is that a fictional film expands its perspective to show the reality from the outside. On the other hand, a non-fictional film tells about the world, which it puts on display (Sedegren & Kippola 2009, 18 as cited in Virtanen L. 2014 3.)

Prior to the filming, we reviewed literatures that are in line with our theme and our finding revealed that there are already researches conducted in this area including clinical studies. Different organisations and individuals, among them GAMCOTRAP, UNFPA, Wassu Gambia Kafo and Women's Bureau-The Gambia have done researches in this subject. In addition, reports both at national and international level have been produced.

Online search and reviewing of multimedia collection of our target organisations have shown that there are video documentaries on Female Genital Mutilation (FGM/C) in Africa and few are produced in The Gambia. The reason for the few documentaries on FGM/C in The Gambia could possibly be due to the cultural sensitivity attached to the topic and the late development of film industry in The Gambia. Some of the videos produced are link to what the practice is, personal stories and the consequences but none relating to our theme "FGM/C after decades of advocacy in The Gambia" is done at the time of our filming in The Gambia.

Silent Scream produced by Integrate Bristol in partnership with Zed Productions Ltd. is one documentary that is closely related to our topic as it highlights the myths and misconceptions that appear to justify the practice of female genital

mutilation (Into Films shorts, 2012). However, our documentary specifically talks about the practice of FGM/C in The Gambia.

In practicing communities FGM/C is seen as a rite of passage. The process takes the form of a huge ceremony and those who choose not to follow tradition are discriminated. For example in “The Cut Documentary” it featured two Kenyan girls; one of them Alice, the first girl in her community to refuse the practice and she has paid a high price for her choice to break with tradition. Mary, on the other hand, has no voice. She just goes through the preparations and rituals in silence. The documentary also describes the effects of FGM/C on young girls (Kallestein, Linda May, 2009).

Other documentaries like Initiation without Mutilation focused on suggesting an alternative rite of passage. It proposed that the first stage of the rite (physical stage where mutilation is practiced) be excluded and keep later stages of cultural transmission and social belonging (Kaplan, 2004).

Whereas the one produced by Action Aid Activista-The Gambia was centred on finding out perception. The documentary revealed that many people associate religion with FGM/C. One of the interviewee in the documentary mentioned that it is not a religious obligation and the fact that it's harmful therefore should be abandoned.

The above documentaries put emphasis on the procedure that is involved, the misconception that appears to justify the practice, effects and also the opinion of the public asking if the practice should continue or not. What is missing in all these documentaries is the aspect why FGM/C continuous to exist after series of interventions in practicing countries for the past decade. In addition, they haven't also captured the views of the different stakeholders.

4. PROCESS OF VIDEO MAKING

We used filming and audio-visual interviews to produce this video documentary. We were able to identify key stakeholders in the anti-FGM/C advocacy who were interviewed. Different views with regards to the existence of FGM/C after decades of advocacy were captured. They also spoke about what they were able to achieve and what strategies they think will change the dice to end FGM/C in The Gambia. In this chapter we will explore the different steps used while producing the product.

4.1 Proposal Development

This was the first stage of making the docudrama after the idea paper was presented and approved. A proposal was developed giving a more detailed description of what the thesis will entail and the process of making the documentary. In the proposal a draft script was developed to serve as a guide during the filming which was later finalised after the footage has been shot. The next step was the developing of a production plan based on the script. In the production plan an outline of all the different shots needed, the locations, time, permit to film, consent form, crew identification, equipment, props (theatrical properties), characters and stakeholders to be interviewed was given.

4.2 Booking interviews/ characters/locations

The identified stakeholders were sent a letter via e-mail requesting for an interview, the characters were called via phone and follow-ups were done upon arrival in The Gambia. Prior to the team's travelling, locations were also identified where the drama part of the video will be filmed. Upon arrival, a tour of all the identified locations was conducted to see how suitable they are for the concept and after the visits, one of them was chosen. The owners of the place were informed about our intention to use the location and they agreed and provided the team with all necessary props during the filming at that location.

4.3 Filming and audio-visual interview

Finding out perceptions why FGM/C continues to exist was the main idea of this thesis, therefore interview (audio-visual in this case) become the most suitable form of research. It also avails the opportunity to ask follow-up questions when there is need during the interview. However, this method is time consuming considering the various steps involved such as designing the questions, writing to request for an interview, making follow-up and confirming, preparing oneself to serve as interviewer, securing the equipment needed since its audio visual and the right environment. Thus to conduct a documentary in this format requires a lot of planning and organisation.

In the process of filming, the team was able to travel to different locations to interview almost all the targeted interviewees except two (UNFPA Gambia and Deputy Speaker of the parliament) that declined.

Semi-structured interviews use guides so that information from different interviews is directly comparable. Interview guides usually have standard introductions and conclusions, but allow flexibility to vary the order of intervening questions to provide a natural flow (Guthrie, G 2010) This approach of interview was used to ensure easy comparison and analysis of the outcome of the interviews. It also provided an opportunity to hear the thoughts of each organisation at individual level without any interference from other colleagues.

4.4 Review of video documentaries

To conduct a documentary on a subject like FGM/C requires thorough research in order to review the existing literature and products (videos) for a wider perspective. Therefore, the team took time to search both online and offline video documentaries produced in The Gambia and elsewhere on FGM/C. Considering that there are many videos produced on the subject, the team have watched a lot of them but decided to choose four (Gambia 2, Kenya 1 and England-Bristol 1). The aim of the review was to look at topics covered in these

videos and its relation with the focus of this thesis. Silent Scream is closely related to the topic of this thesis as the theme of the documentary was about myth and misconception that appears to justify the practice of FGM/C. The others were centred on an alternative rite of passage, perception and effects of the practice.

In addition to these, the researchers also watched other documentaries which are not directly linked to our topic but produced by Diaconia University of Applied Sciences students as a thesis work (Mustafa, 2010 *Shadows of the Street* and Borisov, 2013 *The Bulgarian Roma in Helsinki*) to give a basis of how previous product thesis-documentary looks like and the style used. Each of the documentaries watched are unique as they used different styles.

The one produced by Borisov (2013) is an observational type of documentary which simply attempts to spontaneously observe lived life with a minimum of intervention. In his film he eschewed voice-over commentary. Whereas the one produced by L.K. Mustafa used observation, interviews and narration.

4.5 Editing

The final and most challenging stage in video making is editing. Not only is this process time consuming and expensive but it needs a professional know-how. Errors made during filming can be corrected during this stage. The importance of script can play a very vital role during this process, because it gives the editor an idea of what the concept is and enabled storyline following. During this step, the producer(s) have a great influence to also change the concept and incorporate the feedbacks from others who are opportune to view the draft product.

4.6 Presentation

As part of the thesis process, a first draft of the video was presented to thesis supervisors and other students in order to get feedback as to what can be improved. After this stage, more focus was on the literature while the comments are been worked on. During the thesis publication seminar, only the literature part and a teaser from the video (1min, 8sec) was played. This was as a result of the limited time allocated for every student. Plans are underway to organise a bigger screening/premier for the entire Diaconia University of Applied Science students, staff and also the public. This is schedule to take place in January 2016.

5. OUTCOME OF THE INTERVIEWS

Studies conducted have indicated that there are several reasons why FGM/C continues to be practiced. The reasons vary from one community or country to the other. In this chapter we will discuss some of the key outcomes shared during the interviews as to why FGM/C continues to exist after decades of advocacy for the eradication of the practice in The Gambia. A total of eight (8) different stakeholders are interviewed with 20minutes as the average interview time for each interviewee in this thesis.

There are procedures that can be used to interpret and organise data. These usually consist of conceptualizing and reducing, elaborating categories in terms of their properties and dimensions and relating through series of prepositional statements. This process according to Strauss & Corbin (n.d) is referred to as coding. Considering the length of interviews, key issues raised during the interviews were transcribed and videos listened to in order to enable easy analysis. The producers later did coding to summarize the key issues into themes and discard the not very relevant issues. The response from the interviews indicated that there are several reasons why the practice of FGM/C still exists in The Gambia in particular and most West African countries in general. Below is the summary of key outcomes presented under various themes.

5.1 Religion

There have been so many misconceptions and conflict among the Islamic scholars about whether female genital mutilation is a religious obligation or not. This debate has been going on far too long especially in The Gambia. There are religious leaders who are very much respected and renowned in our society who have completely given their support with religious backing that the practice of FGM/C is a religious recommendation under the Islamic faith that every girl child should undergo. On the other hand, there are religious leaders who

blatantly disagree to the justification that FGM/C is a religious conjunction on Muslim women. This latter group of religious leaders do raise awareness that FGM/C is not a religious obligation on women during their usual religious sermons.

Some communities believe that removing the external genitalia is necessary to make a girl spiritually clean and is therefore required by religion. In some Muslim societies where FGM/C is practiced, people believe that it is required by the Qur'an or Sunnah, even though the practice is not mentioned in the Holy Book.

It is noteworthy to state that neither the Bible nor the Qur'an subscribe to the practice of FGM/C, although it is carried out in many societies with Muslim, Coptic-Christian and Jewish Falasha communities (Kaplan; Toledo; Avila, 2009). The practice pre-dates both Christianity and Islam (WHO, 1996a; WHO & UNFPA, 2006).

The Gambia is a country that is very much inclined with religious values and more than 90% of the population are believed to subscribe to the Islamic religion. (The Gambia 2013, International Religious Freedom Report). This religious dilemma of what is right and wrong has caused a lot of confusion that made the eradication of the practice almost impossible. This misconception on FGM/C being a religious conjunction on Muslim women is further complicated because of the low literacy level of women especially in the Islamic religion thereby fully allowing men to make decisions for women in the name of religion.

...lot of misconception relating FGM/C to religion and people are very tied to their religion so anything that have to go with religion people don't want to compromise (Haddy Mboge, Network against Gender-Based Violence)

...the slightest harm that a woman experiences that actually deters or is detrimental to the physiological, psychological, mental, biological existence of a woman is regarded as un-Islamic (Sheikh Hama O. Jaiteh, Islamic Scholar)

...if the advantages outweighs the disadvantages then it becomes an accepted prescribed social practice but otherwise it's entirely un-Islamic...the experts have actually confirmed that the practice has a long health risk and Islam is here to avert any form of harm for a human being to be subjected to (H.O Jaiteh)

It is evident that the third largest tribe in The Gambia, which is the Wollof has renowned scholars throughout the country and are equally Muslims (access Gambia). However, this tribe does not practice FGM/C on their girl child. Thus making the debate more interesting and also create a dilemma in the anti-FGM/C advocacy.

5.2 Inappropriate Approach

The responds from the interviewees also revealed that some of the approach to put an end to FGM/C in the beginning didn't go well as it generated greater resistance from the practioners of FGM/C. For example, when the advocacy started a lot of focus was on the older women (circumcisers and women of reproductive age) of the population. Their target was not fully centred on the younger generation to some advocates this was not the best approach, the focus should be on the younger generation hence the older women have already been circumcised and have circumcised almost if not all their daughters and some of their daughters have even past child bearing age so there was not going to be any change.

...communities have been approached in a very aggressive way and i think this did not help...we discovered that 42% of the health professionals in this country (Gambia) were supporting FGM... how can you approach a community if {a} health professional who is someone that is legitimize in the community is supporting FGM? (Adrian Kaplan, Wassu Gambia Kafo)

...the work against FGM have been going on for a long time but i think for me the targeting was the problem, campaigners were targeting very old people...people who already have all their children undergo FGM so even if that woman now knows that its bad what can she do? The best is we need to change target and focus on young people so that in the next 10/20years we will see

some radical change (Fanta Jatta-Sowe, Action Aid International The Gambia)

Most of the older women will argue by saying they were circumcised and had no complications and they had children so this is some of the strategy they use to convince their daughters that the practice is normal with no problems. Some of the reason to these are that most of those older women see the pain, bleeding and other severe complications of FGM/C they go through as part of womanhood or sometimes they are not able to relate to the consequences that they experience at adulthood as a result of a practice conducted during childhood. Since its health professionals who are able to link this, unfortunately, until now there are several birth/delivery or other women reproductive health issues that are treated at home by Traditional Birth Attendants (TBA) or other older women in The Gambia. Consequently, greater number of people in The Gambia continuous to support the continuation of the practice of FGM/C as they could not link the health implications in the practice, therefore could not see any reason for its eradication.

5.3 Legislation

The Government of the Gambia (GoTG) has expressed a commitment to promote the human rights of girls and women by signing and ratifying several international and regional conventions, and enact national legislations that promotes fundamental human rights of girls and women. However, it is yet to enact any explicit law that prohibits the practice of FGM/C in order to speed up the elimination of the practice in the country. There exists a national legislation specifically dealing with children's rights (Children's Act 2005). However, the explicit reference to legal protection of girls from the practice of FGM/C was removed from the initial texts of the 2005 National Children's Act.

Although, the existence of a legislation prohibiting the practice of FGM/C is integral in ending this aged long cultural practice, in The Gambia there is no legal instrument or sign of possibility of such a law in the near future. A recent Anti-FGM/C bill that was submitted by GAMCOTRAP, the leading civil society

organization working on the eradication of FGM/C in the country was rejected by members of parliament. This has made the work of anti-FGM/C advocates very difficult. Some of them argued that the existence of a law support the work of the advocates. In fact since neighbouring country of The Gambia, Senegal passed a law against FGM/C practice, some of the Senegalese citizens do cross border to circumcise their daughters in The Gambia. This according to the anti-FGM advocates is also a barrier in putting an end to the practice in The Gambia.

...the education, advocacy, research are going on, but the lack of a law is really creating a vacuum...our law makers needs to be educated...they are not still convinced (F.Jatta-Sowe)

...as a lawyer I should be fighting for more laws. In this aspect for now i don't believe a law is the way around the problem...we need to educate the people that actually practice FGM/C to understand then you can start bringing in laws, but you bring in laws and start to pressure them, they will start going underground... (Haddy Dandeh-Jabbi, Female Lawyers Association of The Gambia)

Many agreed that FGM/C is unhealthy and a gross violation of the fundamental human rights of women and girls, therefore with or without law the practice should stop.

5.4 Rite Of Passage

There are several rituals that children born in The Gambia go through before they are considered adults and this varies from one tribe to another. FGM/C is one of that rite of passage into womanhood for girls. It is only when they undergo this practice that they are considered a matured woman. Practicing communities put a lot of social pressure to undergo the procedure and those who refuse are discriminated and sometimes seen as outcasts. In addition, women who are from non-practicing communities and are married in a practicing community are most times forced to be circumcised in order for them to be recognized as part of that community. Otherwise such women are usually

excluded from a lot of social activities that are meant for matured women no matter their age.

There is a belief that unless a girl's clitoris is removed she will not become a mature woman, or even a full member of the human race. She will have no right to associate with others of her age, or her elders (Kaplan et al).

Female Genital Mutilation/Cutting is a social convention influenced by rewards and punishments which are a powerful force for continuing the practice. In view of this complex nature of FGM/C, it is difficult for families to abandon the practice without support from the wider community. In fact, it is often carried out even when it is known to inflict harm upon girls, because the perceived social benefits of the practice are deemed higher than its disadvantages (UNICEF, 2000.).

6. EFFORTS AIMED AT ERADICATION

The advocacy to end FGM/C in The Gambia started over three decades ago with the intervention of different organizations. These organizations paved the way for public discussion and advocacy in the early 80s when it was almost inconceivable to discuss it openly with the use of different strategies. They include The Gambia Committee on Traditional Practices (GAMCOTRAP, the national representative of the Inter African Committee, IAC), the Gambia Family Planning Association (GFPA), the Association for the Promotion of Girls and Women's Advancement in The Gambia (APGWA), and the Foundation for Research on Women's Reproductive Health, Development and Environment (Kaplan et al.).

There are many other organizations that also work on other issues linked to FGM including women's rights, reproductive health, legal education, health service delivery, etc. Using different strategies, each of these organizations achieved significant milestones that led to FGM/C being openly discussed even though the subject remains sensitive.

...there was nothing like discussion of FGM in an open space, wherein young people among themselves or with older people can sit and discuss the issues of FGM which I think it's a huge success
Amie Kujabi-Think Young Women

...since our formation, we have been doing a lot on FGM/C in the area of awareness creation.

...in 2007, after almost 20 years of advocacy were 18 circumcisers and 63 communities came together for the first time ever in The Gambia to make a public declaration that they have stopped Female Genital Mutilation...we covered almost 60% of the country, and the other 40% is just a question of resources we need (Dr. Isatou Touray, GAMCOTRAP)

...we do apply research, we have done Knowledge Attitude and Practices, two clinical studies, organized an international forum, produced a declaration... (A. Kaplan).

7. EVALUATION

Just like in any other project work, evaluation is central, it is the only common tool that helps in determining the effectiveness or the extent to which the project has meet its stated goals and objectives and as-well the impact as to if the project made any difference or changes compared to one's expectations. Therefore, it is necessary to briefly evaluate the process that the producers have gone through in making this documentary video and also the aspect of professional development. The two most important questions of evaluation in project based research are, whether the project is making a difference, and why or why not. (Stoeker 2005, p184).

7.1 Project review

It has not been easy overall to get to all of the target interviewees as planned. A case in point is the scheduled of an interview from a representative of the UN office in The Gambia couldn't materialize based on bureaucratic reasons. Although having a representative from this office among the interviewee would have been very relevant and add value to this thesis product but the absence of such interviewee has not in any way affected the outcome of this product. The producers had already planned well and got quite good representation from the government of The Gambia, NGOs, Religious leaders, community members and victims/survivors of the practice of FGM/C.

Additionally, there were challenges during the filming process because most of the targeted interviewees are working. It was difficult to get them out of their office to get a good location free from noise and for better background. This has affected the sound quality of some interview scenes.

Product thesis especially in the form of a video was initially thought of as a venture that is cheap to produce. However, as the work progresses from one stage to the other, it was realized that a lot of money than expected was to be spent. For example a four (4) days filming was budgeted but the producers ended filming for seven (7) days and this cost was unforeseen. Moreover, there were delays by some interviewees as agreed interview times and locations changed in some instances. Also, there was a case in point that the team had to travel from the initial filming locations to a rural community to conduct one important interview, which led to spending more than what was budgeted for transportation/cost of travelling for the producers and camera crew. Furthermore, additional money had to be paid to the camera crew for travelling outside the agreed region.

Despite encountering the above logistics and financial challenges, the team still pushed hard to interview almost all the targeted interviewees as planned. There was available time to be with them and asked all questions without pressure. The filming and editing was completed before the presentation.

The entire process was a great learning opportunity for the producers and there is still room for improvement. The team have received valuable suggestions during the presentations such as the need to add subtitles since the local Gambian dialect got influenced on some of the interviewees making it difficult for some people to be able to understand. This was positive feedback and the producers are figuring out strategies to include it in the final product. Another learning point is the need for an extra budget for contingency and a more realistic work plan with alternatives in case changes happen during the process. This experience has broadened the horizon of the producers in documentary research and will be taken into consideration in future video productions to minimize challenges.

7.2 Ethical Consideration

Any type of academic work goes along with a lot of ethical consideration and filming a video documentary for academic purpose is no exception. This ethics guided the team throughout the process of coming with this thesis product.

The producers were aware of the existence of regulations concerning filming in The Gambia. Since this is an academic work/video, there is no specific restriction, but as a good practice, a formal letter was written to the Ministry of Information and Communication Infrastructure and Ministry of Tourism and Culture to inform them of this project and an attached a copy of the proposal and script was sent to them.

In terms of participating in the docudrama, all of the interviewees were written to request for interview prior to the team's travel to The Gambia and upon arrival, follow-ups were made to confirm if they agreed to be on camera. All the interviewees were made aware of the aims of the project and the purpose to which the docudrama will be used of which they agreed and interviews were scheduled. Those who did not agree weren't interviewed.

Considering the recommendation of acting with informed consent advised by Talentia (2007), the consent of parents of children (defined as people less than 18 years of age) who were featured was also sought through a consent form developed by the producers (see appendix).

In addition, the producers also ensured that questions are not in any way political or trying to sabotage any individual or government efforts. The script was not only submitted along with the proposal for school approval, but also printed copies were given to all the characters involved in this video.

Product thesis (in our case a video documentary) requires the producer to take into account ethics and reliability at all stages of developing the product from scripting, to filming, editing and even during the publication. During the editing process, any manipulative decision(s) made can result to a negative out-

come(s) and sometimes make the product sensitive for the viewers (Aufderheide 2007, 22).

During the premier there is also a risk of misinterpretation of the scenes by the audience and this can be as a result of the producer's poor choice of content related to the intended topic or the aims of the learning (Smaldino, 288). The producers have taken note of all these issues during the entire process of work to be able to avoid any ethical or reliability issue that might arise.

7.3 Professional Development

Abbie K.S Barrow

Human beings go through a lot of developmental stages in their life from birth, cognitive and physical development, mental and even psychological. Just like any of this we also develop professionally. Professional development is not a one-time thing but continuous. Therefore, throughout the whole process of the thesis work I had the opportunity to widen my knowledge in proper academic writing, effective listening and better communication skills. It has been a whole new experience having to make a project about a particular topic to write on. I have also learned more effectively working in a team, although I have been working in teams before but this one is different. I worked with different age cohorts throughout the whole process which avails me the opportunity to work under pressure and at the same time adjust where necessary to working with different people with different status in society. In all these, I don't just get up and go on with the interview, I prepare in advance what appropriate words to use during interview with Mr. X or what are the right approaches in working with Mr. Y. These processes were all preparing me and making me aware of doing things in a more professional way. Overall, I have also learned to be more professional when dealing with a sensitive topic within the society including interviewing victims/survivors to avoid any emotional situation.

Siaka K. Dibba

Filming is not something new to me as I have written, directed, and produced short films in the past but producing an academic documentary brought new insights. I have learned new skills, gained additional experience in directing films and created contacts.

From the idea paper to presenting the final product has been a continuous learning process, each phase adding up. In my previous films, I have paid little attention to ethics in film making. While making this one I learned to pay attention to a lot of details, sharing ideas and analysing different opinions. It also gave me the opportunity to hear first-hand information from different stakeholders in the anti-FGM/C advocacy.

In addition, my level of patience, time management and organization skills have been greatly enhanced. There were instances when we got some of our interviews rescheduled in the last minute after all arrangements or people showing up late. In such situations, I worked out alternatives to avoid an unproductive day and be able to finish the filming as scheduled.

I can conclude that in addition to the skills enhancement in documentary film making, working as a pair was also a great learning opportunity. We have different strengths which paid off during the process.

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28toomany Country Profile: FGM in The Gambia, March 2015

APPENDICES

Appendix 1: Budget (production and post production)

Item	Quantity	Unit Cost	Total cost Dalasi (GMD)	Total cost Euro (€)
Filming including cast	1	35,000.00	35,000.00	700
Editing	1	20,000.00	20,000.00	400
Local Transportation	1	5,000.00	5,000.00	100
Logistics/Communication	2	3,000.00	6,000.00	120
Returned Flight ticket	2	40,000.00	80,000.00	1600
Total			146,000.00	2920

Note:

- *This was the initial budget during the planning and the figures increased to little over 3000€ as a result of the change in the plans during implementation.*
- *The entire project received only 100€ donation and the rest was funded by the producers*
- *The rate used at the time of budgeting is **Euro (€) 1 = GMD 50***

Appendix 2: Consent form

Character/Extra Name:_____ Date: _____Place_____

This form is to be completed by any individuals being asked to participate in the production of a video documentary to be produced by Siaka K. Dibba and Abbie K.S, Barrow students of Diaconia University of Applied Science.

I consent to the capture of:

- Moving images (film/video)
- Still images (photographs)
- Audio (voice recording)

I accept that the subsequent use may be in a number of media, including but not limited to print, digital and electronic use by Siaka and Abbie herein referred to as the producers and/or by agents authorized by the producers.

The producers and/or agents authorized by the producers will make the image(s) and/or recording(s) available to the general public via the internet, in storage devices like DVD and played at public places.

I hereby grant the producers permission to use for educational and/or advocacy purposes via web-based and other digital/print mediums.

By signing this form I confirm that this consent form has been explained to me in terms which I understand

Signature

Appendix 3: Sample interview request letter

Diaconia University of Applied Sciences
Sturenkatu 2, Helsinki
Finland
2nd March, 2015

Assistant Country Representative
UNFPA-The Gambia
Cape Point

Dear Sir,

REQUEST FOR AN INTERVIEW

We are final year students studying a degree program in Social Services with focus on Community Development at Diaconia University of Applied Sciences, Finland. As such, we are required to write a thesis in order to graduate. Considering the need for educational resources on gender-based violence, especially female genital mutilation (FGM) in a Gambian setting, we choose to do a product thesis in the form of a video documentary.

The aim of this approach is to document why the persistence of FGM in The Gambia despite the past decades of advocacy against the practice. Perspectives from different actors which include non-governmental organizations, UN, legal practitioners, political and religious leaders, circumcisers as well as the victims will be captured.

It is in line with the above and the work UNFPA is doing in The Gambia that we are requesting to have an interview with you. We are convinced that the documentary when completed could serve as a good advocacy tool for organizations and activist.

We will be flying to Gambia 18th March and proposing to conduct the interview on the 7th April, 2015 at your office.

In anticipation of your positive response, we thank you in advance. We will contact you soon to follow up and answer any questions or concerns you might have. You can reach us on e-mail: siaka.dibba@student.diak.fi or abbie.barrow@student.diak.fi

Please accept the warmest of our regards.

Sincerely,

Siaka K. Dibba

Appendix 4: Script

THE CUT

A Documentary on FGM

By

Siaka K. Dibba and Abbie K.S Barrow
DIACONIA UNIVERSITY OF APPLIED SCIENCES-FINLAND

FADE IN:

EXT - VILLAGE (AMINATA'S COMPOUND) - Early morning

BEGIN DREAM SEQUENCE

BINTOU and her friend MARIAMA are seen playing.

BINTOU'S mother AMINATA, a lady in her mid-thirties is sitting on a low bench beside the local kitchen made out of mud bricks, while she places a winnow with rice on her laps. She is busy picking the bad grains from the rice.

MBA FATOU, (BINTOU'S AUNTY), a woman in her early forties walks into the compound wearing a red dress with a red head tie.

She opens her eyes wide and looks straight towards the kitchen where Aminata is sitting.

As BINTOU glances at MBA FATOU while playing, all her mood changes and she stopped playing and ran toward her mother knowing well that MBA FATOU has come for her.

AMINATA raises her head and sees MBA FATOU who looks so serious.

BINTOU runs behind AMINATA who is in a state of helplessness as MBA FATOU follows and grabs BINTOU'S hand forcefully.

BINTOU holds AMINATA'S hand while crying not to be separated from her mother.

BINTOU
Ka-nnag sambaa (Don't take me)

END DREAM SEQUENCE

INT/EXT. VILLAGE - (AMINATA'S COMPOUND/BEDROOM) - DAY

AMINATA jumps from the bed as if she was startled. She darts about looking for BINTOU who is just about to touch the fire lit outside the local kitchen.

(CONTINUED)

CONTINUED

AMINATA grabs her so close and tight to her and sobs in tears.

INSERT SONG

AMINATA

I won't let anything happen to you.

VOICEOVER

Female Genital Mutilation or Cutting is an aged long tradition that is practiced and celebrated as a ritual in different countries and communities including The Gambia.

Despite its harmful consequences, it has been carried out on more than 125 million girls and women worldwide according to the World Health Organization. In The Gambia the estimated prevalence of FGM in girls and women (aged 15-49 years) is 76.3% (The Gambia-Multiple Indicator Cluster Survey, 2010). (Bold text to appear as text)

The practice is often conducted on minors from birth to puberty. This depends on the tribe, culture and social surroundings of the victims. While some cultures conduct the initiation right after birth or few months after, some do it around the age of puberty to take girls through the ritual preparation of womanhood and marriage and some tribes only do the initiation by the time of marriage or shortly before child birth.

(INSERT footage of initiation ceremonies)

INT. DAY - OFFICE

OUMIE

I was cut!

INT. DAY - OFFICE

FATIMA
I was cut!

(CONTINUED)

CONTINUED

CUT TO:

EXT/INT. SCHOOL (CLASSROOM) - DAY

HAWA (in school uniform)
I was cut!

CUT TO:

EXT. MARKET - DAY

SIRREH (Selling vegetables)
I was cut when I was just one.

CUT BACK TO:

INT. DAY - OFFICE

FATIMA
At the age of three, I was added to the 76.3% girls and women across The Gambia that were cut. Twenty three years later I'm still haunted. The scar I don't feel, but they don't heal.

OUMIE
I was told it's a tradition.

CUT BACK TO:

EXT/INT. SCHOOL (CLASSROOM) - DAY

HAWA (in school uniform)
I was told it was to cleanse me, to purify me.

CUT BACK TO:

INT. DAY - OFFICE

OUMIE
I was told it was to ensure my chastity.

(CONTINUED)

CONTINUED

CUT BACK TO:

EXT. MARKET - DAY

SIRREH

I endure pain upon pain. On the day of mutilation, the first night of my marriage and the birth of my first child.

VOICEOVER

The advocacy to end FGM/C in The Gambia started over three decades ago with the intervention of different organisations and the use of different strategies.

INSERT footage of past programmes /activities.

INTERVIEWS (When did you start the advocacy, successful stories)

Because of these intensive interventions, affirmations of declarations stopping the act have been made by some circumcisers, unfortunately, FGM persists.

INTERVIEWS (Why does FGM/C continue to exist, what religion said about the practice and what other strategy(ies) you think will work?)

The Government of the Gambia has expressed a commitment to promoting the human rights of girls and women; it has yet to enact an explicit law to eliminate FGM. Many believe that a law is not the solution, while others think it's one step towards ending the practice.

INTERVIEWS (Why no FGM/C legislation, how important is legislation?)

ACTIVIST

We can't continue to be silent; FGM must stop with our generation. Our voices have power, let's speak up!

INTERVIEW QUESTIONS:

ORGANISATIONS/ INSTITUTIONS/ INDIVIDUALS	QUESTIONS
ActionAid, GAMCOTRAP, NGBV, WGK, Women's Bureau	When did you start the advocacy?
ActionAid, GAMCOTRAP, NGBV, WGK, Women's Bureau, TYW, UNFPA	Why does FGM/C continue to exist?
GAMCOTRAP, WGK, Women's Bureau, TYW and UNFPA	What went well/successes stories?
GAMCOTRAP, Legal practitioner/FLAG Haddy Jabbi, WBureau	Why no FGM/C legislation? How important is legislation?
GAMCOTRAP	What other strategy(ies) do you think will work?
Circumciser	Declarations made
Religious leaders Oustass Mohammed Jaiteh	What did religion say about the practice?
Medical Doctor	In your practice as a doctor, can you confirm that FGM has adverse health consequence on girls and women

Appendix 5: Workplan

WHAT	WHEN	PERSON RESPONSIBLE	STATUS/COMMENT
Develop Idea Paper	30.9.2014	SKD and AB	Done
Present Idea Paper	8.10.2014	SKD and AB	Approved
Develop and submit Proposal	10.11.2014	SKD and AB	Done
Present Proposal	12.11.2014	SKD and AB	Presented and approved
Fundraising	15.11-30.12.2014	AB and SKD	In progress
Literature Review	1.1.-28.2.15	SKD and AB	
Write script	17.11.2014	SKD and AB	Under final review
Book interviews, write for permission to film and develop consent forms	20.11.14-10.1.15	AB and SKD	
Develop implementation strategy/production plan	20.12.2014	SKD and AB	Partly completed
Identify and secure Filming crew/company	6.3.2015	SKD and AB	
Filming	23.3-5.4.15	SKD and AB	
Editing	6-30.4.15	SKD and AB	
Part presentation of Thesis	May	SKD and AB	
Final editing	May	SKD and AB	
Premier	May/December	AB and AB	

Note: This plan was revised during the process to reflect the realities and a detailed to-do-list was also developed for follow-up in The Gambia

Appendix 6: Production schedule

No	Date	Scene	Time	Cast	Location	Props	Costume	Remarks
1.	3.4		9-1	HAWA	School	School bag/books	School uniform	To be filmed in front of Baptist UBS
2.				FATIMA	Kanifing		African dress	NSGA
3.				OUMIE	Serrekunda		Suit/formal	NSGA
4.				TYW	TYW office			Gambisara white house
5.				Activist				
6.	4.4		9-12	AMINATA, BINTOU & MBA FATOU	Remote village with thatch houses	Baby doll, low bench, Calabash with rice, cowry shells necklace, juju	Everyday dress with a red head tie	
7.				AMINATA & BINTOU	Village	Fire, cooking pot and water	Everyday dress	
8.			1pm	SIRREH	Market	Fish in a pan/basket	Warambaa, faaning dingo and leafs	Tanji fish market
9.			3-4	Circumciser	Village			Tanji

10.	29.3		10-1pm	Initiation ceremony	Village			Optional, if we have appropriate footage we will not film
11.	6.4		10am	NGBV & Actionaid	Office			Action Aid
12.			12pm	Gamcotrap	field			
13.			2pm	Legal practitioner/FLAG	Office			
14.			4pm	Religious Scholar Muslim	Office/Home			
15.	7.4		10am	WGK	Office			
16.			12pm	UNFPA	Office			Cancelled
17.			2pm	Women's Bureau	Banjul			
18.			3pm	Speaker of the parliament	Banjul			Cancelled

Note: Changes were made during filming as some of the interviews were rescheduled.