MASTERARBEIT | MASTER'S THESIS

Titel | Title

Female genital mutilation in Senegal: A study of different major ethnic groups and the historical, cultural, and traditional issues at stake in their persistence and evolution (1999 - 2024)

verfasst von | submitted by

Chiara Aisha Eckerl BA

angestrebter akademischer Grad | in partial fulfilment of the requirements for the degree of

Master of Arts (MA)

Wien | Vienna, 2025

Studienkennzahl lt. Studienblatt | Degree programme code as it appears on the student record sheet:	UA 066 897
Studienrichtung lt. Studienblatt | Degree programme as it appears on the student record sheet:	Masterstudium Afrikawissenschaften
Betreut von | Supervisor:	Mag. Dr. Arno Sonderegger Privatdoz.

ACKNOWLEDGMENTS

First and foremost, I want to thank my parents from the bottom of my heart. Your unwavering support and inspiration have been my guiding light through every part of my journey. Your love, patience, and sacrifices have shaped me into the person I am today, giving me not only the chance to learn and grow but also the confidence to dream big and believe that anything is possible with dedication and kindness. Even during times when I doubted myself or worried about failure, your steady belief in me encouraged me to keep going. You've taught me the importance of hard work, resilience, and integrity; lessons that extend far beyond academics. Every step I take and every achievement I enjoy is truly a reflection of your continuous support and boundless love. Words can never fully express my gratitude for everything you've done. I honestly couldn't have achieved any of this without you. Thank you for always believing in me, standing by my side through every challenge, and showing me that love and faith are the strongest foundations for any dream.

I also want to warmly thank my brother for his constant moral support, which has been a source of comfort and encouragement. Your words of encouragement kept me confident and persistent through this journey.

My sincere thanks also go to my friends, Elena, Sel, Kathi, and Lilly, for their friendship, their listening ears, and above all, their unfailing sense of humor. Between your endless jokes, random memes, and moral support during my "I can't do this anymore" moments, you truly made this journey memorable (and a lot more fun). Your support and encouragement made this experience even more meaningful.

Lastly, I am truly grateful to Pedro Guerra and the UNFPA WCARO team in Dakar. Thank you for welcoming me so warmly during my internship and for creating such a caring and enriching environment to learn. I learned a great deal from all of you, both professionally and personally. The skills and experiences I gained from working with your team were instrumental in completing this thesis, and I am genuinely thankful.

To all of you, thank you from the bottom of my heart.

Abstract English

This master's thesis explores the historical, cultural, and traditional dimensions of female genital mutilation (FGM) among major Senegalese ethnic groups, including the Wolof, Peul, Serer, Diola, and Mandinka, to understand its persistence and transformation between 1999 and 2024. Despite its legal prohibition and growing national and international efforts aimed at eradication, FGM continues to be practiced due to deeply rooted sociocultural norms. This study critically examines the impact of legislation, education, and community-based initiatives while interrogating the term "mutilation" and its discursive weight. Employing a multidisciplinary lens that draws on anthropology, sociology, history, and human rights, the research delves into specific practices and broader patterns of societal resilience and resistance. It also evaluates the multifaceted roles of national institutions, international organizations, religious authorities, and local entities in the fight against FGM, aiming to guide more culturally sensitive and impactful interventions.

Zusammenfassung Deutsch

Diese Masterarbeit untersucht die historischen, kulturellen und traditionellen Dimensionen der weiblichen Genitalverstümmelung (FGM) unter den wichtigsten senegalesischen Ethnien, einschließlich Wolof, Peul, Serer, Diola und Mandinga, um deren Fortbestehen und Wandel zwischen 1999 und 2024 zu verstehen. Trotz des gesetzlichen Verbots und zunehmender nationaler und internationaler Bemühungen zur Ausrottung von FGM wird diese aufgrund tief verwurzelter soziokultureller Normen weiterhin praktiziert. Diese Studie untersucht kritisch die Auswirkungen von Gesetzgebung, von Bildung und gemeindebasierten Initiativen und hinterfragt gleichzeitig den Begriff „Verstümmelung" und sein diskursives Gewicht. Unter Verwendung eines multidisziplinären Blickwinkels, der auf Anthropologie, Soziologie, Geschichte und Menschenrechte basiert, untersucht die Studie sowohl spezifische Praktiken als auch breitere Muster gesellschaftlicher Resilienz und Widerstands. Darüber hinaus werden die komplexen Rollen nationaler Institutionen, internationaler Organisationen, religiöser Autoritäten und lokaler Akteure im Kampf gegen FGM eingeschätzt, um kulturell angepasste und effektive Interventionen zu ermöglichen.

Keywords: Female Genital Mutilation (FGM), Senegal, Sociocultural norms

LIST OF ABBREVIATIONS:

AMA = The American Medical Association

CCBP = Community Capacity Building Program

CEDAW = Convention on the Elimination of All Forms of Discrimination Against Women

CRC = Convention on the Rights of the Child

CSO = Civil Society Organization

DHS = The Demographic and Health Surveys

FGM = Female Genital Mutilation

GBV = Gender-based violence

INGO = International Non-Governmental Organization

NGO = Non-Governmental Organizations

OHCHR = Office of the United Nations High Commissioner for Human Rights

PTSD = Post Traumatic Stress Disorder

SDG = Sustainable Development Goals

UDHR = Universal Declaration of Human Rights

UN = United Nations

UNEDW = United Nations Convention on the Elimination of All Forms of Discrimination Against Women

UNFPA = United Nations Population Fund

UNICEF = United Nations International Children's Emergency Fund

WCARO = West and Central Africa Regional Office

WHO = World Health Organization

Table of Contents

I. Introduction

Childbirth is one of the most significant experiences in a woman's life, an event that marks a moment of profound transformation and joy. During my obstetrics training, I encountered a case that significantly shaped my understanding of how cultural practices intersect with women's health and the responsibilities of healthcare providers. The patient was a 19-year-old Somali woman in active labor who did not speak German or English, posing an immediate communication challenge. Despite this language barrier, we established a functional and empathetic bond through non-verbal cues, which proved crucial in supporting her throughout labor. With the rising intensity and frequency of her contractions, it became evident that delivery was near. In my clinical assessment, I observed notable anatomical changes to the external genitalia. The clitoris, labia minora, and labia majora had been removed, and extensive scar tissue had replaced the typical vulvar anatomy. These findings were consistent with Type II Female Genital Mutilation (FGM), a practice still prevalent in most African countries, despite global efforts towards its eradication (WHO et al., 2025, p. 1). FGM poses a range of complications for obstetric care (Pallitto et al., 2025, p. 2). Scarred and fibrotic tissue lacks the elasticity required for safe and efficient vaginal delivery, thereby increasing the risk of perineal trauma, obstructed labor, and postpartum hemorrhage (Pallitto et al., 2025, p. 24)

In this case, the delivery was notably complex due to these anatomical constraints. Beyond the physical complications, FGM has profound psychological implications (Pallitto et al., 2025, p. 2). Women may experience heightened anxiety, fear, and re-traumatization during labor and childbirth. Following a challenging yet ultimately fruitful delivery, the patient welcomed a healthy baby girl. In a meaningful display of trust and connection, she invited me to be part of the umbilical cord cutting. This moment highlighted the profoundly human aspect of clinical care, particularly in the face of language and cultural barriers. After the birth, the midwife shared insights into the clinical and cultural significance of the experience. She observed that many migrant women in this situation often underwent similar procedures and emphasized the need for trauma-informed, culturally sensitive care. While she did not delve into the socio-cultural reasons for FGM, her underlying message was unmistakable: healthcare professionals must approach patients with empathy, not judgment, and strive to foster a supportive environment regardless of their backgrounds or previous experiences.

This experience stands out as particularly transformative in my medical training. It highlighted the considerable difficulties that FGM imposes on women's reproductive health and sexual rights. Moreover, it emphasized the necessity for healthcare systems to adapt with cultural sensitivity, clinical care, and emotional intelligence. These experiences remind us that compassionate care involves technical skills and our ability to comprehend and respond to the broader circumstances that impact patients', women's, and girls' lives.

All operations involving the alteration or removal of the external female genitalia for non-medical purposes are referred to as FGM, sometimes known as female circumcision or female excision (Elchalal et al., 1999, p. 103). Allan E. White addresses in his text on FGM in America that it is generally acknowledged that these practices violate womens and girls fundamental rights, particularly the rights to equality, human dignity, safety, health, and bodily integrity (White, 2001, p. 144). Acute pain, infections, obstetric issues, psychiatric disorders, and even death are some of the numerous and frequently severe effects of FGM. In other places, however, these traditions are maintained by social and cultural forces, which are occasionally reinforced by a patriarchal conception of the female body (Fusaschi & Cavatorta, 2018, p. 9).

According to the World Health Organization (WHO), the estimated prevalence of FGM stands at 230 million women and girls globally (WHO et al., 2025, p. 1). According to Karungari Kiragu, FGM has deep sociocultural roots and is practiced in about 28 African nations (Kiragu, 1995, p. 1). Ashenafi Moges explains in the report by the *"African Women's Organization Against Female Genital Mutilation"* that in many African societies, FGM is often viewed as a rite of passage into adulthood, a sign of femininity or purity, and sometimes a prerequisite for marriage and family honor (Moges, 2009: p 4). This practice persists due to social pressure, as individuals may face stigmatization or exclusion if they fail to comply with it. Additionally, the motivations behind FGM can also be tied to religious or purification practices, as seen in countries like Senegal (Moges, 2009: p 4). The World Health Organization (WHO), the United Nations International Children's Emergency Fund (UNICEF), and the United Nations Population Fund (UNFPA) are among the leading international organizations denouncing FGM as one of the most severe forms of gender-based violence and as a fundamental violation of human rights (Khosla et al., 2017, p. 3). UNICEF affirms that female genital mutilation represents a severe violation of the fundamental rights of girls. The organization collaborates closely with UNFPA through a joint global programme dedicated to eradicating this practice. Similarly, UNFPA emphasizes that FGM is internationally recognized

as a violation of human rights and remains actively engaged in leading global initiatives aimed at its elimination (Abubakar et. al, 2024, p. 1).

International treaties, including the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), demand its elimination (Molloy, 2013, pp. 13-14). However, a purely legal or punitive response is insufficient to eradicate FGM. Achieving success requires a comprehensive understanding of cultural contexts, community education, and the involvement of local leaders, as well as the application of a strategy that promotes human rights while respecting individual identities and cultural differences.

FGM is a critical public health and human rights concern addressed in this thesis. Although it has been banned in Senegal since 1999, a significant number of women and girls continue to be affected by this practice, with 14% of girls aged 0-14 and 23.3% of women aged 15-49 impacted according to the official Senegalese statistics (Agence Nationale de la santé, 2018, p. 243). To effectively contribute to efforts aimed at protecting the rights of women and children, it is essential to comprehend the factors that have enabled the persistence of FGM.

This study compares the primary Senegalese ethnic groups: Wolof, Peul, Serer, Diola, and Mandinka. It illustrates that local history, culture, religion, and traditions shape FGM, highlighting it as a diverse issue rather than a uniform one. This aspect is crucial in preventing oversimplified and ethnocentric approaches. However, many studies on FGM have been conducted, but they lack a self-critical recognition of the importance of local context knowledge. Few studies provide a thorough historical, cultural, sociological, and legal analysis over a substantial period, particularly highlighting Senegals ethnic diversity from 1999 to 2024. As a result, this thesis offers distinctive and valuable insights into anthropology, gender studies, human rights, and African studies. My research necessitates a hermeneutic approach to understanding local and cultural dynamics without drawing premature conclusions. It is essential to avoid a superficial or overly simplistic critical viewpoint and to provide an analysis that considers the context of Senegal. Such an approach is necessary to appreciate the cultural dignity of the communities involved and produce knowledge that benefits non-governmental organisations (NGOs), public decision-makers, and academics alike. My research addresses a critical global concern, coinciding with the international communitys heightened commitments to combat gender-based violence amid ongoing debates about cultural relativism versus human

rights. Furthermore, it examines how perceptions have evolved recently, from the 1999 prohibition to present efforts aimed at social transformation.

This practice has persisted in Senegal since 1999. A crucial question arises from the following paradox: why does a practice both internationally condemned and legally rejected continue to be upheld and even justified in certain situations? The solution to this paradox is likely rooted in the social conventions and cultural traditions that influence collective behaviors. Moreover, the symbolic frameworks associated with identity, honor, purity, maturity, and family dynamics are profoundly ingrained in FGM, making it much more than just a medical or legal concern. The considerable pressure from societal norm frames is essential for gaining community acceptance and social integration. In this context, legislation alone is inadequate for shifting perspectives; it could even reinforce resistance by promoting the notion that external parties are interfering with local traditions. To eliminate FGM, it is essential first to understand its cultural roots. From this foundation, the current research question emerges: to what extent do cultural traditions and social norms sustain female genital mutilation in Senegal? Furthermore, how have national and international discussions regarding female genital mutilation shaped local perceptions and policies since 1999?

My research employs a qualitative, multidisciplinary, and critical approach to explore the social, cultural, and political factors influencing FGM in Senegal. Rather than relying solely on quantitative data or statistics, it promotes a comprehensive analysis of representations, discourses, and behaviors from various complementary perspectives. The initial method involves examining historical and anthropological resources related to Senegal's key ethnic groups, including the Wolof, Peul, Serer, Diola, and Mandinka. The goal is to uncover the origins and progression of FGM within each community, while taking into account social frameworks (such as kinship, hierarchy, and gender roles) and religious beliefs. This study aims to deepen the understanding of the ritual's symbolic meaning and situate it within its cultural context. My thesis will use Senegalese legal documents, government awareness campaigns, reports from international organizations, and the work of international NGOs, including UNFPA, UNICEF, and TOSTAN. These resources will facilitate an evaluation of the actions implemented, the challenges faced, and the factors influencing their success or failure. Ultimately, the data will be interpreted using a theoretical framework that encompasses multiple disciplines, particularly cultural anthropology, which aims to elucidate the social meanings associated with gender, rituals, and the body. Sociology examines resistance, social

reproduction, and the processes of social change. African and post-colonial studies situate the discussion on FGM within North-South debates. Human rights studies investigate the balance between protecting individuals and respecting cultural practices.

In summer 2024, my parents introduced me to Pedro Guerra, Gender-Based Violence and FGM Advisor at the UNFPA Regional Office for West and Central Africa (WCARO) in Dakar. Impressed by my academic background, midwifery experience, and interest in FGM, he suggested a video call to discuss my master's thesis ideas and internship options. We met in Dakar in December 2024 to confirm the project's feasibility. I began the application process in February 2025 and was accepted in March for a three-month internship at UNFPA WCARO in Dakar, Senegal. This experience was highly formative. I contributed to and developed a Gender Pushback mapping tool, collaborating with country offices and the Nairobi headquarters to gather, consolidate, and monitor information and activities. Simultaneously, I drafted concept notes on FGM complications during childbirth and the vital role of midwives in eradicating FGM, using my clinical experience to inform strategic recommendations.

I enhanced my technical skills, particularly in Excel (data cleaning, creating dashboards, and consistency checks), and gained a deeper understanding of how the UN system and regional offices operate (including validation, reporting, and inter-team coordination). Participating in webinars, thematic meetings, and exchanges with dedicated colleagues was a valuable learning experience. The early days, marked by team changes and the introduction of new tools, necessitated quick adaptation, resulting in significant professional and personal growth. In terms of partnerships, I built essential external connections. By contrast, my internship supervisor, Pedro Guerra, played a more significant role in shaping the practical research environment, though not the content of the research itself. We worked closely together on various projects and attended regular meetings, which provided contextual understanding of the organization’s internal processes. However, due to strict data protection regulations, I am not permitted to use information obtained through these interactions. At his explicit request, this thesis relies exclusively on official publications and publicly accessible materials issued by the organization. His mention here serves solely to clarify the practical circumstances under which the research was conducted.

Through the Canadian Embassy in Dakar, I connected with Ms. Rita Houkayem, First Secretary responsible for development and gender equality, who directed me to the NGO

TOSTAN. I engaged in detailed email conversations to arrange a meeting with Ms. Carina Ndiaye Mbaye, Chief Partnerships Officer.

At the outset, it is essential to clarify the nature and extent of the personal contacts involved in my research process. My interactions with Rita Houkayem and Carina Ndiaye Mbaye were limited and served solely organizational purposes. Rita Houkayem briefly met me at two social events in 2024/2025 and subsequently introduced me to Carina Ndiaye Mbaye. Communication with Carina Ndiaye Mbaye occurred only through e-mails and WhatsApp messages concerning the organization of a potential meeting, which ultimately did not take place. Neither Rita Houkayem nor Carina Ndiaye Mbaye provided any information relevant to the thematic or analytical orientation of this thesis, and they did not influence the content of the research in any substantive way. They both, however, facilitate my contact with Mr. Malick Niang, Program Manager at TOSTAN Senegal. Neither Rita Houkayem nor Carina Ndiaye Mbaye provided any information relevant to the substantive development of this thesis.

The conversation with Mr. Malick Niang, Program Manager at TOSTAN Senegal, facilitated by Carina Ndiaye Mbaye, was more substantial. I spoke with him at length via WhatsApp and by phone. These interactions provided an overview of TOSTAN's comprehensive community-based approach, which integrates human rights and health education, mobilizes local leaders, and pursues public declarations to end FGM. He also emphasized the importance of multi-stakeholder coordination as an essential condition for sustainable social change. Furthermore, our discussions underscored the significance of culturally sensitive counseling, recognizing obstetric complications, and evidence-based clinical advocacy within midwifery practice. While these exchanges provided critical contextual understanding, they did not replace the use of officially published sources, which remain the sole basis for the evidence cited in this thesis.

In summary, this three-month internship at UNFPA WCARO in Dakar expanded my understanding of health and gender equality issues and strengthened my dedication to ending FGM. It provided an opportunity to integrate clinical practice with program strategy, develop analytical and organizational competencies, and establish valuable institutional connections with entities such as UNFPA, UNICEF, and TOSTAN, which enabled me to complete my master's thesis and support future professional endeavors. I am deeply grateful for all I have learned and for the opportunity to contribute to work that is both relevant and impactful.

The thesis progresses logically from a conceptual and historical context to a critical analysis of the dynamics surrounding resistance and change, culminating in a comparative study of practices among different ethnic groups. Part II examines the origins of the term “Female Genital Mutilation,” the linguistic and ideological debates it evokes, and how international organizations have adopted and used it. During my internship at UNFPA WCARO, I explored the roles of international organizations, including UNFPA, UNICEF, and TOSTAN, through key contacts: Pedro Guerra (UNFPA), Rita Houkayem (Canadian Embassy), Carina Ndiaye Mbaye (TOSTAN), and Malick Niang (TOSTAN). My approach involved participating in webinars and meetings, analyzing data from joint programs between these organizations, and reviewing public reports. An in-depth conversation with Malick Niang highlighted the community-based strategy being employed to end FGM. This experience helped me integrate clinical practice with programmatic strategy to promote health and gender equality.

Part III analyzes and contrasts the FGM practices, representations, and justifications among the Wolof, Peul, Serer, Diola, and Mandinga of Senegal. It examines the distinctive religious influences, gender roles, customs, beliefs, and kinship of each group. This thesis concludes with an essential recap of the findings, suggested avenues for future research, and advice for scholars, decision-makers, and community stakeholders. Along with the information I collected in Senegal, and thanks to the generous support from the mentioned group, I also include primary and secondary sources, such as demographic reports from Senegal, as well as institutional and academic publications. Combining these materials allows me to contextualize data and formulate robust operational recommendations.

Though there is a wealth of research on FGM in Senegal, it frequently takes a macro-level perspective, concentrating on laws, statistics, medical impacts, or general anthropology. Some research has focused on the influence of the 1999 law, as well as the work of NGOs such as TOSTAN. Few studies combine a comparative approach across ethnic groups with consideration for each society's unique historical, cultural, and religious elements (Agence Nationale de la Statistique et de la Démographie & ICF, 2024; Camara et al., 2016; Diop, 2006). Likewise, systematic approaches to longitudinal studies from 1999 to 2024 are uncommon. This thesis hopes to close a significant gap by offering a diachronic and cross-cultural interpretation of the continuation and development of FGM in Senegal.

II. Female Genital Mutilation in Historical Context

1 Etymology and the Evolution of the Term "Female Genital Mutilation"

The first section of this chapter focuses on the language used to explain the practice. This matter is significant because words have a profound impact on our attitudes and understanding. The term Female Genital Mutilation has a complex and extensive linguistic and political history, and it is widely used in medical, legal, and activist fields. Its rise and evolution reflect a substantial shift in the global perception and opposition towards these practices.

The term *"mutilation"* originates from the Latin "*mutilatio"*, derived from "*mutilare"*, meaning to sever, amputate, or remove a limb or body part (Meldi et al., 2003, p. 715; Larousse, 1995, p. 686). This etymology conveys a violent act resulting in irreparable bodily harm (Meldi et al., 2003, p. 715). When this term is combined with "*genital"*—defined in French as *"adj. Relatif à la reproduction sexuée des animaux et de l'homme. Organes génitaux: organes sexuels. PSYCHAN. Stade génital: stade qui se caractérise par la subordination des pulsions partielles à la zone génitale et qui apparaît à la puberté"* (Larousse, 1995, p. 432 & 476). "*Feminine"*, from the Latin "*femina"*, as explained in Italian etymology: *"dal lat.* Femina*, da un arc.* fere *(= allattare) dalle radici sanscr.* dhe- *(= succhiare, allattare)"* or in Larousse in french as *"féminine adj. (lat.* femininus*,* femina*, femme) 5. a. qui appartient au genre dit féminin*,*"* the phrase implies a serious, deliberate attack on a woman's intimate organs (Meldi et al., 2003, p. 405). Sundby, Essén, and Johansen highlight in their 2013 article 'Female genital mutilation, cutting, or circumcision' that the terminology used is far from neutral. It conveys a strong moral condemnation of these acts, presenting them as forms of physical and psychological violence that often violate basic human rights, rather than simply being cultural or traditional practices. (Sundby et al., 2013, p. 1).

The procedures that fall under this term, including excision, infibulation, and other types of cutting or altering the female genitalia, have historically been practiced long before the term "Female Genital Mutilation" was created. In Africa, these behaviors are referred to by various local terms, each with distinct meanings. For instance, in Arabic-speaking regions, the term *"tahur"* signifies purification, while in religious contexts, *"sunna"* is used (Burtscher, 2012: p. 18). Additionally, according to the authors Malmström, Zangana, and Barton in the chapter: *In conversation on female genital mutilation* (2015), some cultural groups refer to it as

"khitan", but the most common is *"Khatan"* (Malmström et al., 2015, p. 173). Furthermore, they explain that *"MM:… no one uses 'al ginzy'? It is an uncommon term, 'et-taśwîh el-ginsi', meaning sexual mutilation. GZ: No. In Kurdish it is Khatani Meena (Khatan Al-Nisaa') or female circumcision. Now the German NGO is introducing the mutilation terminology, and it is becoming increasingly common"* (Malmström et al., 2015, p. 173). Often linked to concepts of honor, femininity, purity, or ethnic identity, these words carry social or spiritual importance. Generally, individuals who perform these rites perceive them neutrally or positively (Molloy, 2013, p. 5). As the global feminist movement gained momentum and human rights advanced, the term FGM became widely recognized, particularly in the 1970s. African feminist activists, notably Nawal El Saadawi from Egypt and Waris Dirie from Somalia, were among the first to publicly denounce the practice, employing strong language in their condemnation. Their contributions to anti-FGM efforts are notable.

Over time, this terminology gained widespread acceptance and was disseminated by international organizations, including UNICEF, UNFPA, and the WHO. The formal adoption of the term "Female Genital Mutilation" in official documents and global campaigns was marked by a joint declaration from WHO, UNICEF, and UNFPA in 1997, following the 1994 UN Cairo Conference on FGM (Raafat, 2019, p. 11). The explicit aim of this linguistic choice was to denounce the violence of these acts and mobilize global public opinion (Raafat, 2019, p. 11). By referring to these actions as "mutilations," the organizations sought to emphasize their abhorrence and significance, equating them with other serious violations of fundamental rights, such as sexual abuse or torture (Raafat, 2019, p. 12). This strategy has successfully raised awareness worldwide and contributed to the implementation of laws banning FGM in many countries. Despite this, the term has faced criticism. Researchers, field experts, and individuals from the affected communities have condemned the term *"mutilation"* for its stigmatizing, accusatory, and ethnocentric implications. Evelyne Accad, in her chapter *"Constructing Excision, Writing Pain"* (2024), emphasizes that this work enlarges the divide between the *"Barbaric"* South and the *"civilized"* North, which could provoke offense or condescension among readers, thereby hindering effective communication. (Accad, 2024, p. 43). At present, multiple publications combine the terms *"FGM/C"* to unify the two methods. The evolution of the term *"female genital mutilation"* succinctly illustrates how language can function as an instrument for social change and mobilization; however, it may also manifest as a complex political, ethical, and cultural quandary (Raafat, 2019, p. 11). A singular term can obscure two conflicting viewpoints: reverence for cultural identities and the universal

promotion of human rights (Raafat, 2019, p. 11). Achieving a balance between these two aspects remains one of the most significant challenges faced by anti-FGM laws today.

1.1 Historical Origins of the Term Female Genital Mutilation

FGM is a complex and ancient practice, often rooted in oral traditions and social circumstances that existed before comprehensive written records. Tracing its precise origins is challenging, but by examining incomplete historical records, archaeological findings, and anthropological studies, we can gain a clearer understanding of its historical timeframe and geographical distribution.

Raqiya D. Abdalla, a Somali sociologist and politician, suggests in her essay *"My Grandmother Called it the Three Feminine Sorrow: The Struggle of Women Against Female Circumcision in Somalia"* that, despite unclear origins, FGM is thought to have been practiced in prehistoric Egypt, Ethiopia, and Somalia (Baud, 2011, p. 2). Mary Knight notes that moderate observers frequently see FGM in Egypt as an outdated solution for *"venery"* or *"excessive sexual desire and indulgence"* (Knight, 2001, p. 318). The belief that this tradition stems from the repression of female libido has gained traction, particularly in the West, partly because of Egypts sporadic use of a comparable justification (Knight, 2001, p. 318). The authors, Elchalal, Ben-Ami, and Brzezinski, report in their analysis that, before the establishment of records, FGM may have been practiced throughout the central *"belt of Africa"* before spreading North and East to Egypt (Elchalal et al., 1999, p. 103).

Historical accounts offer glimpses into the practice of female circumcision in ancient Egypt. As early as the 5th century B.C., the historian Herodot observed that the Egyptians were among various cultures that practiced circumcision (Kouba & Muasher, 1985, p. 95). Elchalal et al. further establish that this practice was not limited to Egypt, but was also observed among the Phoenicians and Hittites (Elchalal et al., 1999, p. 103). While it is reported that Herodot did not specifically detail female circumcision, his writing indicates an awareness of genital modification within the region (Knight, 2001, p. 322). Later, in 25 B.C., Strabo travels to Egypt led him to note that girls underwent circumcision as a ritual (Knight, 2001, p. 328). Mary Knight states that: *" this is one of the customs most zealously pursued by them [the Egyptians]:*

to raise every child that is born and to circumcise the males and excise the female" (Knight, 2001, p. 328).

Intriguing archaeological evidence also contributes to this discussion. Anatomical features observed in some ancient Egyptian mummies have led experts to suggest the practice of female circumcision (Kouba & Muasher, 1985, p. 95). Mary Knight highlights the significance of finding signs of circumcision in seemingly royal mummies (Knight, 2001, p. 332). However, she also points out the inherent difficulty in definitively identifying mummies. She notes that the inconsistent presence of circumcision among royal mummies from the same periods challenges the notion that the practice was universally applied, thereby questioning broad claims, such as Herodotus's general assertion about Egyptian circumcision (Knight, 2001, p. 332). Despite these inconsistencies, Knight suggests that circumcision was likely adhered to more strictly by priests, temple staff, and other elites, even if its overall prevalence may have fluctuated over time (Knight, 2001, p. 332). Elchalal et al. challenge the perspectives of other scholars, asserting that there is no evidence of genital mutilation in Egyptian mummies. They point out that the Sudanese contend the term *"Pharaonic operation"* originated in Egypt during the time of the Pharaohs (Elchalal et al., 1999, p. 103). Kouba and Muasher argue that further textual evidence comes from a Greek papyrus dating back to 163 B.C., which outlines procedures for girls in Memphis concerning their dowries, a context that some scholars link to circumcision practices (Kouba & Muasher, 1985, p. 95).

In *"Clitoridectomy in Ancient Greco-Roman Medicine and the Definition of Sexual Intercourse"*, Chiara Thumiger notes that specific ancient Greco-Roman medical texts depict a structure similar to muscle or skin, referred to as the *"nympha"*, which is often associated with the clitoris (Thumiger, 2022, p. 152). She explains that Philomenos pictures the clitoris as a structure that is found above the junction of the female genitals' wings, close to the urinary opening. It can grow larger than society deems appropriate for women, resulting in embarrassment and unsightliness (Thumiger, 2022, p. 152). Furthermore, it is argued that the constant friction from clothing may irritate, heightening the desire for sexual activity. As a result, Egyptians deemed it acceptable to amputate the *"nympha"* before it grew significantly, particularly when their daughters were nearing marriage (Thumiger, 2022, p. 152). The mention of the Egyptians emphasizes the sense of *"otherness"* associated with the region and its distinctive attitude, while also highlighting the historical connection between Egypt and medical knowledge (Thumiger, 2022, p. 152).

Additionally, it is worth noting that historical medical records indicate that throughout Greco-Roman antiquity, significant figures, often referred to as masters or intellectual families, frequently shared medical knowledge among themselves. One of the most notable Greek physicians was Soranos of Ephesus, who lived in the 2nd century AD and is known for his contributions to gynecology (Knight, 2001, p. 322). As Thumiger explains, Soranos renowned book *"Gynecology"* serves as an essential medical resource detailing the gynecological and obstetric practices of his time (Thumiger, 2022, p. 146). Soranos practiced within the Methodist tradition, a medical school emphasizing symptom observation rather than theoretical speculation. Nonetheless, several methodologies delineated in ancient medical treatises, particularly those attributed to Soranos or his contemporaries, imply surgical techniques that may bear resemblance to FGM (Thumiger, 2022, p. 149). She explains that there are accounts of clitoris ablations or incisions in young females who exhibit excessive sexual behavior or so-called *"nymphomania"* (Thumiger, 2022, p. 151). Mustio, a gynecological writer from the 5th and 6th centuries, incorporated a *"locus paralellus"* in the *"Gynaecia"* section titled *"On the hypertrophic/enlarged clitoris"*, referred to by the Greeks as *"yos nymfin*" (Thumiger, 2022, p. 149). In the chapter *"On removal of the clitoris and cauda"* it is reported that: *"In certain women the nympha is excessively large and presents a shameful deformity; as some authorities report, some women have erections in this part in the way men do, and have a drive towards intercourse* (Thumiger, 2022, p. 151). Thumiger demonstrates that, in ancient times, *"You will cure her thus, however. Placing the woman on her back with feet close to one another, one ought to grasp with the forceps what is outside and appears to be too large, and to cut it off with a scalpel, then to treat the lesion itself with the appropriate care (competentidiligentia)"* (Thumiger, 2022, p. 150). Thumiger suggests that, according to the moral and social norms of the time, these marginal activities were referenced as medical remedies for various illnesses (Thumiger, 2022, p. 150).

According to Bola Oyelakin Ogungbadejo, numerous medical practitioners in nineteenth-century Europe regarded FGM as a remedy for insanity and masturbation (Ogungbadejo, 2020, p. 13). She emphasizes that they conducted clitoridectomy procedures on patients exhibiting these conditions. Isaac Baker Brown is renowned for founding the London Surgical Home for Women in the 1860s. Isaac Baker Brown claimed to have observed that his epileptic patients' tendency to masturbate (referred to as *"feminine weakness")* contributed to their death (Ogungbadejo, 2020, p. 14). Consequently, he proposed clitoridectomy as a remedy. Historically, Bola Oyelakin Ogungbadejo elucidates that in the late nineteenth century,

behaviors such as hysteria, masturbation, erotomania, lesbianism, and irritability were considered deviant and contributed to the practice of FGM in the United States (Ogungbadejo, 2020, p. 14). She further observes that women who were deemed incapable of experiencing sexual pleasure during intercourse with their husbands were often diagnosed with a condition for which the excision of the clitoral hood was prescribed. This intervention was predicated on the belief that the clitoral hood impeded adequate penile contact during coitus (Ogungbadejo, 2020, p. 14). Moreover, both the clitoris and its prepuce were frequently implicated in cases of vaginal irritation and associated with the perceived threat of female masturbation. Within this medico-cultural framework, FGM was routinely advocated as a corrective and preventive measure (Ogungbadejo, 2020, p. 14).

According to Sarah Johnsdotter, there are many local explanations for the origins of FGM. For example, there is a story in Sudan about a pharaoh born with a small penis. He is said to have claimed that women should be infibulated to tighten the vaginal opening, aiming to increase his chances of sexual satisfaction (Johnsdotter, 2012, p. 5). Johndotter emphasizes that in ancient mythology, there is a recounting of the story of a legendary emperor who engaged in the practice of castration, which men subsequently retaliated against through the act of infibulation directed at women (Johnsdotter, 2012, p. 6). Additionally, she explains that the Dogon of Mali utilize the figures of the male Sky-God and the Female Earth Goddess to rationalize the practice of excision (Johnsdotter, 2012, p. 6). However, this story states that a projection on the females clitoris, referred to as an anthill, impeded coitus. Their earliest ancestors resulted from procreation only after this obstacle was eliminated (Johnsdotter, 2012, p. 6). While it is often asserted that the practice of female circumcision originated in the Nile Valley and subsequently disseminated to other regions through trade routes, there is insufficient data to conclusively establish this pattern (Johnsdotter, 2012, p. 6). A comprehensive mapping of the dissemination of circumcision practices is not available due to the lack of adequate information regarding migration patterns and the extensive histories of various ethnic groups across Africa, the Middle East, and the Far East (Johnsdotter, 2012, p. 6).

Nonetheless, the medical insights connecting women's health to cultural depictions of their bodies and sexuality are apparent in the vast medical narratives of the ancient Greco-Roman era. A desire for societal control over womens bodies is evident in the use of genital interventions, which we now recognize as mutilation. Unfortunately, these practices had medical justifications that were accepted at the time. The available evidence, spanning

historical writings and archaeological findings, suggests that female circumcision was practiced in ancient Egypt.

1.2 The Transition from Traditional Local Terms to Globalized Terminology

Language, culture, and politics have significantly evolved, as seen in the rise of global terminology surrounding FGM, which has replaced native terms. Many cultures practicing FGM have traditionally woven the terminology used to define these acts into their social and cultural frameworks. These practices were considered noble or fundamental rites of passage, frequently referencing concepts such as purity, maturity, dignity, or initiation. The local terminology seldom carried a negative connotation and exhibited significant variation from one nation to another and among different ethnic groups within a country.

Cutting procedures have a multifaceted, complex, and fractured history that reflects constant regulation, adjustment, and intervention, as declared by the author Saida Hodžić (Hodžić, 2017, p. 49). FGM was frequently alluded to as female circumcision up until the 1980s, suggesting an equivalent to male circumcision. Doris Burtscher, a medical anthropologist at Médecins Sans Frontières, explains that *"purification"* is defined as *"tahura"* in Chadian Arabic (Burtscher, 2012, p. 18). This concept is regarded as the young womans introduction into society. It is significant to her future roles as a woman, wife, and mother. In the local dialect, *"tawdjih"* denotes initiation or orientation. It symbolizes the girls cultural education and serves as a guide tool (Burtscher, 2012, p. 18). With Burtscher's arguments, Ellen Gruenbaum, a distinguished American anthropologist researching medical practices within diverse cultural contexts, is cited. She elucidates that the term *"purification"* is typically translated from *"tahur"* or its variant *"tahara"*, which denotes the attainment of cleanliness through ceremonial actions (Gruenbaum, 2015, p. 4). Consequently, ascribing a label imbued with ritualistic connotations to the diverse practices and their various meanings and situations seems erroneous and inadequate. Moreover, others find it offensive because it can imply that practitioners lack reflection or are insensitive (Gruenbaum, 2015, p. 4).

It is essential to comprehend the meanings of the various types of FGM. According to El Guindi, an Egyptian-American anthropologist, the word *"sunna"* is an Arabic term that signifies the *"path of the Prophet"* (El Guindi, 2013, p. 38). The removal of the clitoral hood or the partial or complete removal of the clitoris constitutes Type 1 of FGM, which is frequently

referred to as *"sunna"* circumcision (El Guindi, 2013, p. 38). Generally accepted, Islamic academics do not approve this use of the phrase since they believe it to be a distortion of the Prophet Muhammad's teachings (El Guindi, 2013, p. 39). The vast majority of Islamic scholars agree that FGM is a cultural practice that predates Islam and has been embraced by some Muslim groups. *"These are recorded in compendia of hadith, Islamic narratives recorded by the Prophet's students, which are considered an important authority for Islamic teaching but, unlike the Qur'an, not divinely revealed"* and therefore have no support in the Qur'an or the Sunna (El Guindi, 2013, p. 39). FGM causes harm to individuals, contradicting Islamic values that emphasize the importance of everyone's health and well-being. The justification for FGM in Islam is currently being investigated, but if Muslims conclude that there is no religious justification for it, the tradition may be modified or abandoned outright. Aimee Molloy argues that *"Ndey had said that important religious scholars had attested to the fact that the tradition was not even mentioned in the Koran, and even though the practice is found among Christians, Jews, and Muslims, none of the holy texts of any of these religions prescribes female genital cutting"* (Molloy, 2013, p. 12).

Nevertheless, it is observed from various sources indicate that women in Africa refer to FGM as *"the tradition"* rather than explicitly naming it. Why so? According to Evelyne Accad, she recounts an episode in which her use of the term "mutilation" to refer to FGM incited significant controversy (Accad, 2024, p. 43). She explains that an African colleague immediately challenged her, accusing her of ignoring the cultural dimension of the practice and urging her to use the word *"the tradition"* instead (Accad, 2024, p. 43). This opposition quickly escalated into a collective conflict, with participants dividing not along gender lines but along racial lines, with African women siding with African men (Accad, 2024, p. 43). The intervention of a woman who declared herself *"proud to be mutilated"* illustrated the complexity of identification processes and the power of cultural conditioning (Accad, 2024, p. 43). Faced with this hostility, the author felt destabilized and deeply affected, unable to understand the violence of the reaction. This episode highlights the political and emotional dimensions of the words used in feminist discourse, as well as the tensions between universalism and cultural relativism in the fight against violence towards women (Accad, 2024, p. 43).

Furthermore, this language used to describe FGM is also found in Aimee Molloy's (2013) *"However Long the Night"*. Molloy elucidates that the linguistic and cultural intricacies associated with the practice of FGM in West Africa are substantial (Molloy, 2013, pp. 5-8). The passage highlights how language, particularly through the expression *"the tradition"* and the term *"bilakoro"* contributes to the normalization and perpetuation of a violent practice, while concealing it under the guise of cultural respect (Molloy, 2013, p. 5). Molloy describes a scene in which Ndey, a trainer with the Tostan program, invites the women to create a play on the theme of *"tradition"* (Molloy, 2013, p. 5). The word *"tradition"* is used several times to refer to FGM without ever being explicitly named (Molloy, 2013, p. 5). This lexical substitution serves as a collective euphemism, avoiding confrontation with the violence of the act while maintaining a facade of respectability. By using *"the tradition"* rather than *"cutting"* or *"mutilation",* the speakers place the practice within a legitimate cultural framework, making it more difficult to question. Language here serves as a tool for social continuity, conveying a sense of belonging and conformity within the community (Molloy, 2013, p. 5).

However, she also highlights the coercive power of this discourse. When Ndey asks women to think about *"what consequences befall a girl who is not cut?"* the word *"bilakoro"* is introduced to refer to girls who have not been circumcised (Molloy, 2013, p. 5). She explains that being a *"bilakoro"* is *"unimaginable";* not only would such a woman have difficulty finding a husband, but she would also be *"rejected and ostracized by the rest of the community"* (Molloy, 2013, p. 5). Thus, the term *"bilakoro"* functions as a marker of exclusion, a word of shame intended to discipline female bodies and maintain group cohesion through fear of rejection (Molloy, 2013, p. 5). This reflection highlights the weight of silence surrounding the word itself. Molloy describes how, in the community, *"nobody said this aloud",* revealing that even naming FGM represents a transgression (Molloy, 2013, p. 6). This shared and internalized linguistic silence conveys symbolic violence: mutilation is both omnipresent and unspeakable. Aminata's story tragically illustrates the physical and psychological consequences of submitting to traditional language. Forcibly married and *"cut open"* to consummate her marriage, Aminata testifies: *"My body was so damaged, I could hardly be put back together again"* (Molloy, 2013, p. 7). Behind the cultural rhetoric of *"the tradition"*, Molloy reveals the female body as a place of suffering and control (Molloy, 2013, p. 7). Ultimately, Molloy demonstrates how tradition is perpetuated by women themselves, often out of love and a sense of maternal duty. The testimony of Kerthio shows that she was acting in her daughter's best interests, *"decided to have the tradition performed on her"* (Molloy, 2013, p. 8).

The expression *"the tradition"* reappears as a form of justification, erasing the violence of the act while conferring moral value upon it. This illustrates the performative power of language and how a word can make acceptable what would otherwise be perceived as inhumane (Molloy, 2013, p. 8).

Yasmine Raafat investigates the terminology used when addressing Female genital mutilation in English and Arabic and the impact of each term (Raafat, 2019, p. 10). She emphasizes that the term FGM is *"Batr"* in Arabic, which means *"mutilation"* in English (Raafat, 2019, p. 14). She argues that the Koran and Hadith provide no support for the practice of female genital mutilation and calls for its elimination in North Africa (Raafat, 2019, p. 14). *"Al Batr al tanasoly lel ontha* (البتر التناسلي للأنثى)*"* is the title of Yasmine Raafats book on Female Genital Mutilation (Raafat, 2019, p. 14). Additionally, it is mentioned that she analyzes the difficulty of naming FGM in Arabic and English. (Raafat, 2019, p. 14). Her analysis demonstrates that each word has a distinct meaning, varying from medical to religious and cultural contexts.

Yasmine Raafat breaks down the term 'Female Genital Mutilation' and provides an explanation of its meaning. *"(Batr)* (رتبلا) *is a noun meaning 'mutilation' or 'amputation': largely used by medical professionals and has a strong negative connotation, as shown with the example: {Arm amputation causes a huge disability}"* (Raafat, 2019, pp. 13–14). Following, the word: *"(Khetan)* (نﺎﺘﺧ) *is a noun meaning 'circumcision': used by the educated public with a neutral or pro FGM connotation, as in the example: {The circumcision for men or women is part of fitrah and Islamic Sharia}"* (Raafat, 2019, pp. 13–14). *"Kat'e)* ((عطقة *is a noun meaning 'cutting': used by medical professionals and rarely used by the public. As per the example: {Surgeons, all we do is cut and sew}"* (Raafat, 2019, pp. 13–14). "*(Tashweeh*) ((ةيوشتة *is a noun means, 'distortion': has a political connotation which is used largely by the UN and its agencies and rarely used by the public. As per the example: {Truth reflects on the world as it really is, without distortion}* (Raafat, 2019, pp. 13–14). *"(Jadea)* (عدج), *is a noun that means 'stump'. It is neutral and rarely used by the public or international organisations. As per example: {In addition, cutting off, or removing, the genitals is looked upon as insurance of the child's virginity and faithfulness}"* (Raafat, 2019, pp. 13–14).

With the emergence of feminist, human rights, and public health movements in the 1970s and 1980s, a globalized language gained traction in discussions worldwide

(Hulverscheidt, 2013, p. 100). Marion A. Hulverscheidt emphasizes that critical perspectives began to emerge, condemning the psychological and physical ramifications of FGM, and women from the relevant nations of the global South were the initial advocates to voice these concerns, challenging societal taboos and addressing previously unspoken subjects (Hulverscheidt, 2013, p. 100). Furthermore, she emphasizes that during the 1970s, when Western feminism emerged as a political factor, Western feminists saw FGM as an attempt to repress female sexuality and as violence against women (Hulverscheidt, 2013, p. 100). Thus, the WHO and other international organizations were urged to take action, collect information on the prevalence of FGM and its immediate and long-term effects on women's health, and motivate the international community to enact legislation against this practice (Hulverscheidt, 2013, p. 100).

At this juncture, in her groundbreaking book *"La femme et le sexe"* (1972), Egyptian physician and feminist Nawal El Saadawi took a remarkable initiative by publicly and critically presenting her experience with FGM for the first time (Rather, 2025, p. 53). In her book, she highlights how FGM is linked to a patriarchal tradition that seeks to control the female body (Rather, 2025, p. 53). Her dedication to her medical career and intellectual endeavors played a crucial role in shaping the foundation for Arab-African feminist discussions on this vital issue (Rather, 2025, p. 53). Although FGM has been a subject of a debate within political and activist circles since the 1970s, academic discourse regarding the transition from the term "circumcision" to "mutilation" emerged at a later stage, initially characterized by hesitation and some degree of reservation. *"There were few critical discussions of FGC in anthropology during the 1980s. In recent years, these perspectives have been reshaped rapidly with scholars introducing FGC to the non-academic public through books such as 'Desert Flower'* [1998] *by Waris Dirie"* (Nabaneh, 2025, p. 398). Growing up in Somalia, Waris Dirie was a little nomadic girl. She describes in her autobiography how she *"underwent pharaonic circumcision, which consists of 'the removal of the clitoris, the adjacent labia (majora and minora), and the joining of the scraped sides of the vulva across the vagina, where they are secured with thorns or sewn with catgut or thread. A small opening is kept to allow passage of urine and menstrual blood. An infibulated woman must be cut open to allow intercourse on the wedding night"* (Hawley, 2018, p. 241; Hulverscheidt, 2013, p. 104). This happened to her at the age of five, and she faced the possibility of forced marriage at the age of thirteen (Hawley, 2018, p. 241; Hulverscheidt, 2013, p. 104). She sought refuge with her grandmother and stayed in

"Mogadishu with one of her older sisters" before escaping to London, eventually becoming an international supermodel (Hawley, 2018, p. 241 ; Hulverscheidt, 2013, p. 104).

Additionally, her public testimony in 1997 and the subsequent release of her bestselling book in 1998 garnered significant media attention, making the global audience aware of the harsh realities surrounding FGM (Hulverscheidt, 2013, p. 104). Subtly, this story combined the seemingly antiquated African habit with the sexualized reality of Europe. Shock and sympathy are what draw attention to FGM as a violation of human rights, which widens the divide between *"us"* and *"them"* instead of closing it, as would be ideal for the sake of universal human rights (Hulverscheidt, 2013, p. 104). Waris Dirie became a UN envoy against FGM and a strong advocate for resistance, especially among younger people (Hulverscheidt, 2013, p. 104). John C. Hawley emphasizes how Waris Dirie eloquently narrates her journey back to Somalia, in her second book, *"Desert Dawn"* (2002), along with her significant contributions as a United Nations Special Ambassador, fervently advocating against FGM, a term that some prefer to refer to as female circumcision or simply female cutting (Hawley, 2018, p. 241). With up to 500,000 women and girls possibly having experienced or being at risk of FGM in Europe, Dirie, in her third book, *"Desert Children"* (2005), carefully details her research on FGM (Hawley, 2018, p. 241). She shares powerful testimonies of women who found resilience through her courageous efforts to challenge societal rejection and the threat of physical harm. (Hawley, 2018, p. 241).

According to Raafat, the term "Female Genital Mutilation" was first employed by American activist Fran Hosken when she published the Hosken Report in 1979. This marked a significant semantic shift in the late 1970s (Raafat, 2019, p. 12). The term was intentionally provocative. To encourage opposition and aid in eradication efforts, the need for a language and semantic differentiation between the terms "circumcision" and "mutilation" was pushed (Raafat, 2019, p. 12). Yasmin Raafat demonstrates that the WHO, UNICEF, UNFPA, and, subsequently, UN Women formally adopted the term in their publications during the 1990s (Raafat, 2019, p. 12).

1.3 The Role of International Organizations in Framing the Discourse of FGM

Nevertheless, numerous Western writers of the 1980s who expressed concerns about FGM were notably influenced by Hosken's work (Raafat, 2019, p. 12). Mary Daly notably accused the WHO of not addressing the issue for numerous years, subsequently asserting that *"when [the WHO] was asked in 1958 to study this problem it took the position that such operations were based on 'social and cultural backgrounds' and were outside its competence"* (Raafat, 2019, p. 12). In the 1990s, scholars conducted a critical examination of the *"anti-FGM discourse"* for supposedly encompassing *"imperialist narratives"* and a judgmental binary between the *"West and the Rest"* (Raafat, 2019, p. 13). This critique is grounded in postcolonial thought and reflects this critical social debate.

The significance of the act, characterized by its non-medical and often non-consensual nature, as well as its bodily and psychological repercussions, is underscored by this terminology. This, in turn, contributes to the struggle against GBV. Nevertheless, there are consequences associated with this alteration in terminology. It enables the practice to be identified as a human rights and health violation, thereby validating the efforts of international and non-governmental organizations (INGOs/NGOs). However, this standardization might lead to discord with the affected communities, who may perceive this terminology as an imposition from external entities, a form of stigmatization, or a misrepresentation of their cultural practices (Raafat, 2019, p. 13).

Starting in the 1980s, important organizations such as UNICEF, UNFPA, and WHO gradually adopted the term "Female Genital Mutilation". This choice of words is significant as it moves away from euphemistic words like "excision" and "female circumcision", which continue to be used in local contexts. The tendency to categorize this practice as a variant of violence against women and girls, similar to forced marriage, domestic abuse, or sexual violence, is evident in the global lexicon. This wording is intended to evoke indignation, influence international public opinion, and exert pressure on the relevant governments.

As detailed by Askew et al. in their call for complete abandonment of FGM, the WHO, UNICEF, and UNFPA jointly declared in 1997 that FGM constitutes a violation of fundamental human rights. This pivotal document established a global consensus on the severity of the issue and the necessity for a coordinated approach (Askew et al., 2016, p. 619).

In 2008, the WHO recommended a four-type classification of Female Genital Mutilation (FGM), which would enable more rigorous global surveillance and standardization of medical diagnoses. Based on the scope and nature of the practice, the WHO has categorized FGM into four distinct types. These include the following types:

"***Type 1***: *Partial or total removal of the clitoral glans (clitoridectomy) and/or the prepuce*

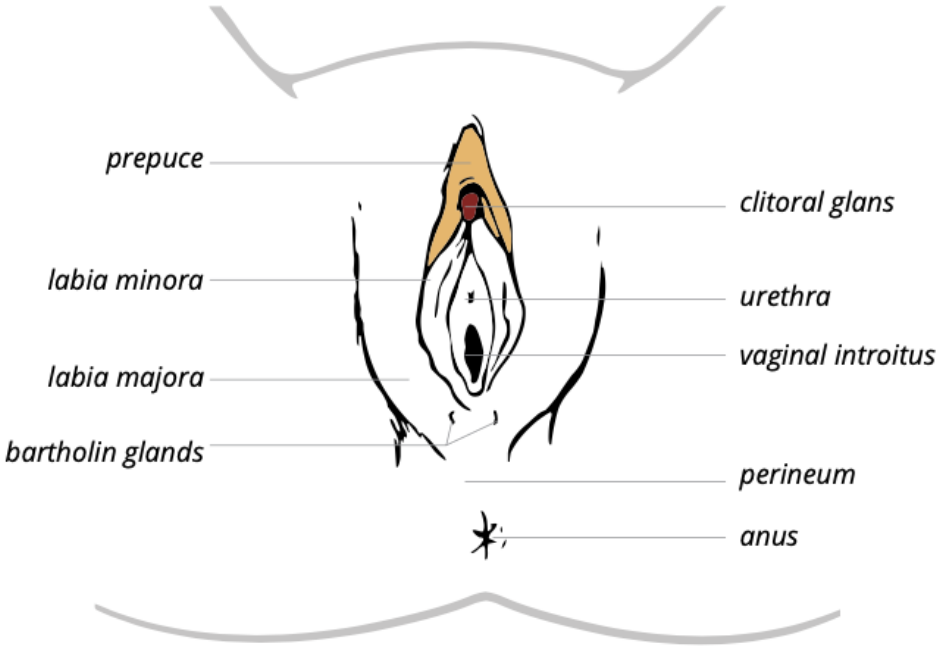

Figure 1: Type 1 FGM

***Type 2**: Partial or total removal of the clitoral glans and the labia minora, with or without excision of the labia majora (excision)*

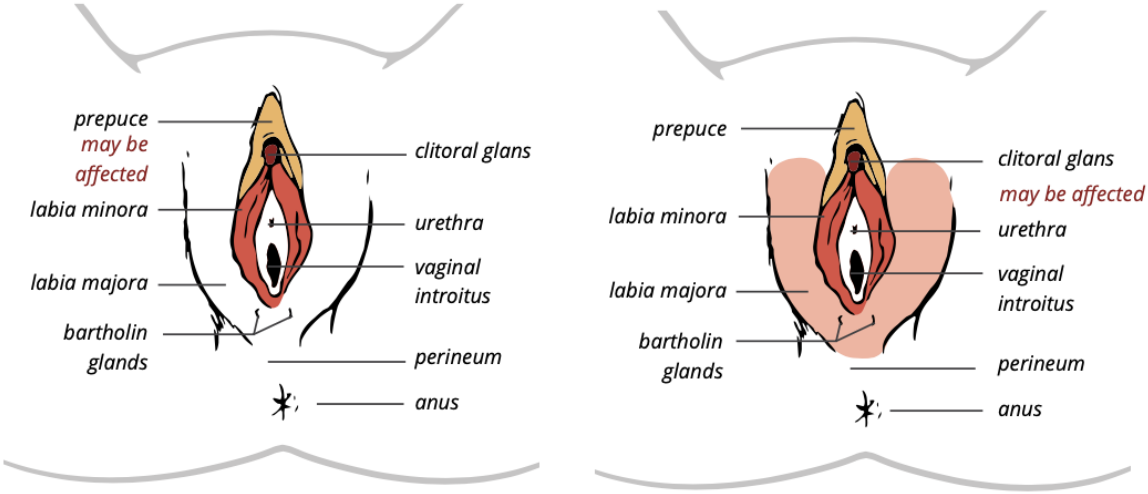

Figure 2: Type 2 FGM

***Type 3**: Narrowing of the vaginal opening with the creation of a covering seal by cutting and appositioning the labia minora or labia majora with or without excision of the clitoral prepuce and glans (infibulation)*

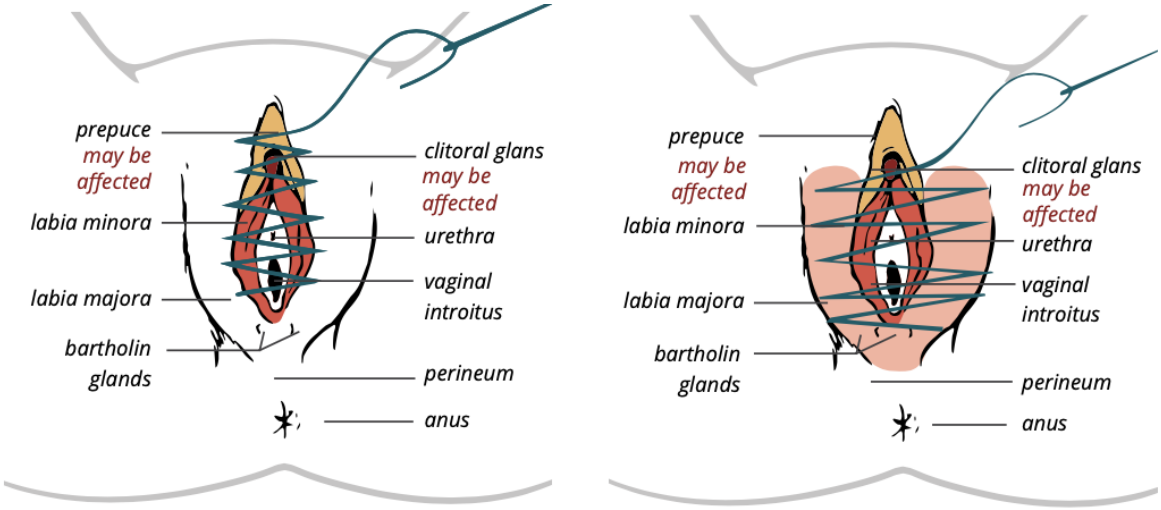

Figure 3: Type 3 FGM

***Type 4**: All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization"* (WHO, et al. 2025, p. 3).

According to Jing Geng, the United Nations General Assembly ratified the CEDAW on December 18, 1979 (Geng, 2019, p. 4). She notes that one of the most widely ratified treaties among United Nations Member States, the Convention, now has "*189 State Parties*" (Geng, 2019, p. 4). The *"30 articles"* of CEDAW provide a framework for the legal advancement and protection of the fundamental human rights of women and girls (Geng, 2019, p. 4). She emphasizes that the Convention requires states to take proactive measures aimed at eradicating various forms of gender-based violence, whereas the 1948 Universal Declaration of Human Rights (UDHR) stipulates that everyone possesses the right to life, liberty, and personal security (Geng, 2019, p. 5). Sadly, women and girls in many countries are denied their bodily autonomy, safety, and lives. Furthermore, FGM infringes upon Article 5 of the UDHR, which encompasses the prohibition of torture and cruel, inhuman, or degrading treatment or punishment, as well as childrens rights (Bitker, 1971, p. 342). The CEDAW would also become one of the most widely ratified international human rights treaties, as detailed by author Aimee Molloy in her 2013 publication, *"However Long the Night"* (Molloy, 2013, p. 14). She underlines that Senegal was among the 186 nations that signed the treaty in 1980. It formally entered into force in 1985 (Molloy, 2013, p. 14). By ratifying the treaty, the Senegalese government committed itself to implementing the principles of gender equality and eliminating all forms of discrimination against women (Molloy, 2013, p. 14).

Nevertheless, the CEDAW and the CRC are pivotal human rights documents that protect the fundamental right to gender equality. According to Article 5(a) of UNEDW, all parties involved must collectively *"modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women"* (OHCHR, 1979, p. 1). Because FGM primarily targets women and girls, it is considered a manifestation of GBV and discrimination. This practice contributes to the perpetuation of gender inequality by jeopardizing the physical integrity, health, and overall well-being of women (Khosla et al., 2017, p. 3).

According to Geng, both the CEDAW and the African Charter, adopted in 1979 and 1981 respectively, emphasize various human rights issues and are rooted in distinct historical

movements (Geng, 2019, p. 10). She emphasizes that each instrument has its advantages and disadvantages; however, collectively, they have proven inadequate in ensuring the protection of African womens human rights. This inadequacy may arise from the characterization of the inequalities faced by women, which cannot be easily classified as solely racial or gender-based subordination (Geng, 2019, p. 10). Nonetheless, for numerous African women, the relationship between gender and culture presents a profoundly intricate reality (Geng, 2019, p. 10). One of the most contentious issues in African society, according to the Maputo Protocol and to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (adopted by the African Union in 2003), is FGM. She argues that this controversy highlights the conflict between cultural standards and human rights standards (Geng, 2019, pp. 13–14).

Furthermore, depending on the objective, individuals may hold varying perspectives regarding the practice. While critics highlight the apparent gender-biased and physically intrusive nature of the practice, some advocate for FGM, citing its deep-rooted presence in tradition and culture (Geng, 2019, p. 13). Additionally, as noted by Geng, it is essential to assess the prevalence of millions of women worldwide who have undergone this procedure, with an estimated three million African girls potentially facing similar actions annually (Geng, 2019, p. 14). It has been discussed that the practice will be outlawed, following the ratification of the Maputo Protocol. "*Prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognized international standards"* as mandated by Article 5 for state parties (OHCHR, 1979, p. 1). To eradicate FGM, states must adopt a multifaceted approach that includes, among other measures, legal restrictions and public awareness campaigns (Geng, 2019, p. 14). A custom shift will require both formal and informal approaches, in accordance with the Protocol. (Geng, 2019, p. 14).

In addition, international organisations such as UNFPA, UNICEF, and Tostan in Senegal are collaborating closely. In 2008, the Joint Program of UNFPA and UNICEF was launched and is today the most significant global initiative dedicated to ending FGM *"with programmatic interventions in 17 countries in Africa and the Arab States: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen"* (UNFPA/UNICEF, 2024, p. 10). *"Sustainable Development Goal (SDG) 5 also addresses this menace, aiming to achieve gender equality and empowerment of all women and girls"* (Nabaneh, 2025, p. 35). Nevertheless, this initiative is encompassed within Target 5.3 of the Sustainable Development

Goals (SDGs), which endeavors to eliminate all harmful practices, such as Child Marriage and FGM, by the year 2030 (Nabaneh, 2025, p. 35). The program was conceived to expedite the discontinuation of FGM through a comprehensive approach that integrates community mobilization, strengthens health and protection systems, and establishes robust legislative and policy frameworks. It is founded on the principle that eliminating FGM cannot be enforced externally; instead, it must arise from enduring social transformation initiated and propelled by communities themselves (UNFPA/UNICEF, 2024, p. 10).

Following my internship, I developed an interest in the UNFPA report, particularly in the meeting with UNICEF regarding the joint program on FGM, which demonstrated significant results for 2023: 817,529 women and girls have undertaken advocacy initiatives against FGM, and 1,068,595 have participated in social and behavioral change activities (UNFPA/UNICEF, 2024, p. 14). Concurrently, the mass media outreach reached over 66 million individuals, 1,361,220 persons made public commitments to abandon the practice, and 2,315 communities established monitoring mechanisms to safeguard girls (UNFPA/UNICEF, 2024, p. 8). This progress is attributable to the development of a genuine social movement, as evidenced by the integration of 8,817 grassroots organizations into coalitions and the mobilization of 111,781 community agents through 241 implementing partners (UNFPA/UNICEF, 2024, p. 6). At the systemic level, 2,842 health facilities now employ at least one health worker trained in FGM, and 903,734 girls and women have received preventive and protective services (UNFPA /UNICEF, 2024, p. 20). The program has also supported 224,333 at-risk girls (aged 5–19) through educational measures aimed at FGM prevention (UNFPA/UNICEF, 2024, p. 21). At the regulatory level, law enforcement progress is evident, with 442 arrests in 2023, and 15 countries have established multisectoral action plans that include defined targets, budgets, and monitoring mechanisms (UNFPA/UNICEF, 2024, pp. 9-22). These advancements are encompassed within an overall financial investment of $29.27 million received in 2023, of which $23.52 million was expended—reflecting a 94% implementation rate (UNFPA/UNICEF, 2024, p. 54).

However, challenges remain: counter-movements challenging legal frameworks, heterogeneity in institutional capacities, and the need for more precise targeting and the integration of FGM indicators into national information systems. In 2024, the Program aims to accelerate localization, strengthen the integration of FGM interventions in sectors with broad coverage (health and education), intensify its regional influence, and diversify its funding

sources to maximize impact (UNFPA/UNICEF, 2024, p. 83). The *"2023 Annual Report of FGM Joint Programme: Adressing global challenges with local solutions to eliminate female genital mutilation"* explicitly recognizes TOSTAN's contribution as a key civil society partner in several countries, including Senegal, Mali, The Gambia, and Guinea-Bissau, alongside other NGOs and national structures, highlighting the importance of participatory community approaches in promoting the abandonment of FGM (UNFPA/UNICEF, 2024, p. 83).

All began when an American student, Molly Meching, traveled to Senegal in 1974 as part of a university exchange program; it was then that TOSTAN first commenced. After completing her studies, Molly stayed in Dakar to work for the Peace Corps and created the first children's radio program in local languages (TOSTAN, 2013). She quickly moved to rural areas and noticed that many development efforts didn't align with the actual needs and circumstances of the communities (TOSTAN, 2013). In response, Molly, along with traditional educators and Senegalese cultural trainers, developed the Community Capacity Building Program (CCBP) as a new development approach, using data collected directly from communities (TOSTAN, 2013). By using traditional learning methods and adapting them to the local language, this program respectfully engages communities (TOSTAN, 2013). This enables both individual and group gratification by fostering community ownership of the development process (TOSTAN, 2013). Throughout the 1980s, the PRCC underwent several changes, culminating in Molly's establishment of TOSTAN, meaning "blooming" in Wolof, in 1991 (TOSTAN, 2013). Molly's initial ideas have gained traction over the last 22 years, thanks to a community-led development flagship strategy (TOSTAN, 2013). This concept is currently used in eight African nations across 22 languages, with local support from participating communities and national and international organizations (TOSTAN, 2013).

Following my informal exchange with Mr. Malick Niang, Program Manager at TOSTAN Senegal, on October 3, 2025, he explained that TOSTAN's approach relies on long-term community sensitization, described as a "continuous and permanent" process, yet still "fragile" in certain contexts (Niang, personal communication, October 3, 2025). Operating in a cross-border environment, particularly between Senegal, The Gambia, Mauritania, and the southern regions affected by mobility linked to FGM, TOSTAN works with culturally interconnected communities where practices are easily shared. Mr. Niang emphasized that the organization collaborates with UNICEF and UNFPA and implements awareness activities accessible to all, including through the use of local languages to ensure that laws and messages are understood

and culturally aligned *("la loi doit être inclusive"* and translated so *"tout le monde comprenne"*) (Niang, personal communication, October 3, 2025). Social acceptance remains central to the issue: girls who are not excised risk being *"marginalisées, stigmatisées, discriminées"*, which sustains adherence to the practice in communities where belonging is essential (Niang, personal communication, October 3, 2025).

According to Mr. Niang, TOSTAN organizes public declarations of abandonment. This mechanism plays a key role in building a critical mass: once a majority supports the change, practitioners become *"hors norme*," encouraging a broader collective movement toward abandonment (Niang, personal communication, October 3, 2025). Between 1999 and 2025, 7,214 Senegalese communities and villages have been sensitized and supported in their public abandonment of excision, including through signed commitment forms shared with authorities and discussed during village assemblies to ensure free and collective participation (Niang, personal communication, October 3, 2025). Community vigilance mechanisms (*"communautés de veille/d'alerte"*) help ensure that commitments are respected, with possible sanctions at the local level. At the same time, the Ministry of Family Affairs conducts follow-up verification missions to verify whether communities uphold their commitments or if the practice has resumed (Niang, personal communication, October 3, 2025).

Despite this progress, Mr. Niang highlights persistent cultural, social, and institutional obstacles. Some regions, particularly those with a strong religious influence, remain resistant to abandoning the practice, even though he noted that religion *"n'est pas fondée"* as a justification for excision (Niang, personal communication, October 3, 2025). Reporting cases is considered a *"mal vu culturellement"*, which encourages families to hide information rather than denounce it (Niang, personal communication, October 3, 2025). At the ministerial level, addressing FGM can be perceived as a professional *"handicap"*, creating institutional hesitations and limiting political engagement (Niang, personal communication, October 3, 2025). He also referenced the existence of three national action plans, including the 2022–2030 plan, highlighting that political will remains essential to sustaining and reinforcing efforts to abandon harmful practices in Senegal (Niang, personal communication, October 3, 2025).

2 Controversies and Criticism of the Term "Mutilation"

2.1 Colonial Representations of African Practice: FGM

A broader historical look at how colonial powers criticized African societies shows that the term "mutilation" was often used to describe specific cultural practices, especially body modifications like FGM, as a way to portray these customs as barbaric or uncivilized in colonial discourse. They historically shaped Western perceptions of African customs and continue to influence contemporary discourse, particularly in relation to public health and human rights. Eurocentrism was a prevalent approach employed by Europeans to interpret indigenous cultures throughout the colonial period, spanning from the 19th to the mid-20th century (Rovine, 2019, p. 12). This implied that they failed to consider the underlying significance of foreign customs and instead assessed them based on their own cultural, religious, and moral standards.

According to Sara Johnsdotter, female circumcision became a contentious issue in Africa throughout the colonial era due to various forms of imperial rule and missionary activity (Johnsdotter, 2012, p. 5). She further emphasizes that one location where indigenous opinions on girls circumcision conflicted with imperial interests and concerns was Sudan (Johnsdotter, 2012, p. 5). She explains that the objective of *"civilizing"* the Sudanese population led to the development of several unsuccessful strategies aimed at preventing girls from undergoing circumcision (Johnsdotter, 2012, p. 5). Moreover, the efforts to prohibit female circumcision were intrinsically connected to broader colonial objectives of population expansion to meet industrial demands, as well as an emerging focus on maternal and infant mortality and morbidity (Johnsdotter, 2012, p. 5).

Furthermore, Johnsdotter highlights that Lynn M. Thomas discussed the imperial *"politics of the womb"* in Kenya, noting that European states focus on regulating sexual behaviors and promoting national population health, which aligns with late 19th and early 20th-century imperialism (Johnsdotter, 2012, p. 5). Therefore, Western views on female genital cutting in these contexts should be understood within the larger colonial framework and as part of how female circumcision became a symbol in anti-colonial identity politics (Johnsdotter, 2012, p. 5).

Numerous African societies historically engaged in practices such as FGM. Their symbolic importance stemmed from ideas of profound spiritual, social, or symbolic significance, such as scarification, tooth filling, and ceremonial body modifications, as well as purification, aesthetic appeal, ethnic identity, and rites of passage into adulthood. However, author Christine J. Walley analyzes that Western-oriented literature opposing genital modification, much of which sustains these unsettling power structures, clarifies why gender remains a contentious issue between the so-called First and Third Worlds (Christine J. Walley, 1997, p. 423). According to her, the depiction of non-Western men dominating non-Western women has been exploited by many scholars to justify French and British imperialism (Christine J. Walley, 1997, p. 423). The systematic oppression of both women and men in colonized societies, often neglected in colonial representations, perpetuated the notion of male dominance as a traditional aspect throughout the Third World (Christine J. Walley, 1997, p. 423). Furthermore, she explains that these representations failed to acknowledge the specific adverse impacts of colonialism on women, notably by eroding their historical sources of power and autonomy and economically disadvantaging a sector that was already vulnerable (Christine J. Walley, 1997, p. 423).

As Saida Hodžić emphasizes in her publication titled *"The Twilight of Cutting: African Activism and Life After NGOs"*, colonial practices frequently sexualized and objectified African bodies through an emphasis on male and female genitalia (Hodžić, 2017, p. 51). *"Both ownership and objectification of women's (and men's) genitals were precursors to colonialism in the era of scientific racism and served as a fundamental aspect of it"* (Hodžić, 2017, p. 51). In this context, the author underscores how the sexualization of bodies was not merely a secondary consequence of colonial endeavors but rather a core characteristic (Hodžić, 2017, p. 51). She further notes that ethnographers and colonial officials operating in colonies such as Ghana produced detailed *"bodily drawings"* of genitalia and expressed a *"commonly held disdain for nudity"* (Hodžić, 2017, p. 51). This apparent contradiction exposes a vague yet objectifying curiosity towards colonized populations. By referencing a *"bodily fascination with and objectification of local subjects"*, the text emphasizes the hypocritical nature of the colonial stance: a public rejection coupled with voyeuristic tendencies that are both explicit and pseudoscientific (Hodžić, 2017, p. 51).

As Wairimu Ngaruiya Njambi explains in her article *"Dualisms and female bodies in representations of African female circumcision: A feminist critique"* (2004), a three-category

classification is commonly used in research on female circumcision customs, categorizing *"sunna", "clitoridectomy," and "infibulation"* from least to most severe (Njambi, 2004, p. 283). She emphasizes that this classification is often used in various texts to represent what's believed to be the *"reality"* of female circumcision practices across Africa (Njambi, 2004, p. 283). However, this approach forces specific behaviors in different regions into one of these categories. She explains that those who use the term "*female circumcision"* rather than *"female genital mutilation"* risk being seen as too tolerant of these practices, as the term *"female circumcision"* is losing ground due to its failure to convey the horror of the mutilation (Njambi, 2004, p. 283).

Furthermore, she expresses that colonizers depicted practices such as female circumcision as being contrary to modernity, progress, and civilization, as well as opposing their own Christian principles and values (Njambi, 2004, p. 284). She shows that recently, these discussions have reemerged, albeit from a different perspective. Within the lexicon of Western feminism, female circumcision is increasingly discussed in terms of *"women's health and well-being"* (Njambi, 2004, p. 284). It has also been incorporated into broader assertions concerning the persecution of women and male domination across all societies. These activities continue to be the focus of dramatic and often graphic accounts (Njambi, 2004, p. 283). She indicates that the American Medical Association (AMA) states that scissors, kitchen knives, razor blades, glass fragments, and even midwives' teeth are often used in female genital mutilation. However, it's worth noting that no specific group is mentioned as using these methods. Instead, the claim is repeated word for word, as if it's a fact, on many websites (Njambi, 2004, p. 283).

Consequently, imperial lenses, such as health, reproduction, modernity, and progress, are employed to interpret African traditional practices, including excision, rather than considering their local significance (Hodžić, 2017, p. 54). A colonial tendency to seek knowledge involves wanting to objectify, document, and categorize regional behaviors, often without fully understanding their cultural complexities. This approach further promotes their instrumental use (Hodžić, 2017, p. 54). By failing to critically examine the underlying colonial frameworks, Hodžić also challenges the capacity of some modern feminist analyses to perpetuate similar logics. She advocates for a more nuanced reinterpretation that accounts for the modes of power, knowledge, and sensibilities that have persisted from colonial times to the present (Hodžić, 2017, p. 54).

2.2 Postcolonial Critique of Western Interventionism

As Booyzen puts it, *"The debate around FGM is extremely sensitive and, according to some, even hazardous. Campaigns against the practice started to appear around the 1980s and focused on the risks surrounding health and well-being. Mottin-Sylla and Palmieri view this approach as problematic since discussions around FGM were triggered from outside and considered judgmental, condemnatory and not introspective"* (Booyzen, 2018, p. 25). Human rights, as established by international organizations, are universal, timeless, and applicable to all nations, regardless of their history, culture, or social structures. This conviction underpins the majority of Western discourse concerning FGM. As a result, many efforts to eliminate FGM, especially in sub-Saharan Africa, have been initiated, typically by NGOs or Western governments. These actions often reflect what Immanuel Wallerstein (2006) sarcastically refers to as the imperial tradition of "European Universalism" or "the Rhetoric of Power".

As Njambi explains, this universalist approach tends to Westernize norms, rendering Western perspectives on the body, sexuality, and individual freedom as the ultimate paradigms. (Njambi, 2004, pp. 281–282). The portrayal of societies practicing FGM as barbaric or oppressive, which is also common among postcolonial critics, adheres to a binary framework that juxtaposes tradition against Western modernity, which is characterized as civilized (Njambi, 2004, pp. 281–282). Deeply embedded within the colonial imagination, this duality reactivates cognitive patterns that previously underpinned the civilizing mission of colonial forces (Njambi, 2004, pp. 281–282).

Additionally, in the analysis of campaigns against FGM, Hodžić adopts a postcolonial perspective, emphasizing that some of these initiatives may inadvertently reproduce colonial dominance (Hodžić, 2017, p. 51). Concepts that perpetuate forms of *"white men saving brown women from brown men"* are frequently applied to FGM campaigns (Hodžić, 2017, p. 51). This exemplifies the paternalistic mindset underlying colonial endeavors, often justified under the guise of fostering independence. It is understood that this viewpoint considers colonial women as defenceless victims caught in oppressive societies, who can only be liberated through intervention by ostensibly enlightened outsiders (Hodžić, 2017, p. 51). Such reasoning rationalizes colonial interference by framing it as a humanitarian and civilizing mission rather

than an exercise of dominance. As a result, the perception of indigenous women shifts from subjects to be consulted to objects to be protected (Hodžić, 2017, p. 51).

Nevertheless, to analyze imperial structures effectively, Hodžić aims to demonstrate that the mere presence of white individuals is insufficient. Instead, she emphasizes the significance of highlighting the persistent traces of colonial reasoning evident in both interventions and the critiques of such actions (Hodžić, 2017, p. 53). Drawing on the writings of Ann Laura Stoler and Gayatri Spivak, she critiques the tendency within postcolonial studies to utilize overly confident language that is disconnected from the ongoing history of empire and its contemporary consequences (Hodžić, 2017, p. 53).

The more influential Western nations have also been endowed with the authority to intercede in the affairs of their *"Third World"* counterparts, a privilege originating from the historical legacies of colonialism and neo-colonialism; however, this right is not reciprocated. (Njambi, 2004, p. 284). Njambi explains that the anti-FGM movement has also given the West another opportunity to observe African women's genitalia (Njambi, 2004, p. 284). She harks back to the story of Sarah Bartman, a South African woman whose genitalia were removed and subsequently displayed in the natural history museum in Paris, France, in the early 19th century (Njambi, 2004, p. 284). To her, this was part of the ongoing eroticization and obsession with African women's sexuality prolonged in colonial and neo-colonial times (Njambi, 2004, p. 284). In her opinion sexual attraction and voyeurism, in her opinion, still have a significant influence on how some societies perceive female circumcision procedures (Njambi, 2004, p. 285). Furthermore, she enlightens the audience with the explanation that *"it is such a tendency to voyeurism that prompted Walley (1997) to write that modern medical discourse may in fact be performing the dual role of using the objective 'language of science to construct the issue as outside of 'culture,' while simultaneously offering a sanitized way of continuing the preoccupation with genitalia and sexuality of African women'"* (Njambi, 2004, p. 285).

According to Njambi, postcolonial critics also highlight how political objectives may be advanced through the denunciation of FGM. In Northern countries, the stigmatization of migrant groups—particularly Muslim or African communities—emerges during discussions of FGM (Njambi, 2000, p. 27). She argues that in contrast to the portrayal of a cultural other deemed incompatible with democratic values, gender equality is often positioned as a symbol of Western national identity, thereby reinforcing identity-based policies (Njambi, 2000, p. 72).

Furthermore, the campaign against FGM can also serve as a guise for neocolonialist activities on a global scale, supporting human rights-based interventions in Southern nations (Njambi, 2000, p. 107). She explains that Western societies have long been recognized for grounding their worldviews on a variety of principles and dichotomies (Njambi, 2000, p. 144).

She elucidates that the distinction between *"nature*" and *"culture"* constitutes the most fundamental of these divisions (Njambi, 2000, p. 144). Furthermore, this fundamental dichotomy is utilized across various contexts, encompassing perceptions of the relationships between humans and their environment, gender relations, *"the West versus the Rest"* and arguably most significantly, the concept that the mind and body are separate entities (Njambi, 2000, p. 144). Hence, she rationalizes that the dichotomy between body and mind, or nature and culture, is presumed in the rhetoric employed against FGM, which is used to condemn such practices (Njambi, 2000, p. 144). Additionally, other divisions or binaries that help strengthen the idea of a transcendental or universal body beyond its cultural setting further reinforce this dualism. She emphasizes that this duality also uncovers, whether deliberately or inadvertently, the sense of superiority inherent in Western thought (Njambi, 2000, p. 144).

In addition, according to Alexi Nicole Wood, Western feminists' condemnation of FGM has generated a great deal of debate (Wood, 2001, p. 51). She explains that the main point of contention in these debates is that human rights advocates and feminists from the West who oppose FGM are attempting to force their own ideals on others by exploiting international legal documents (Wood, 2001, p. 351). Even while it's crucial to respect other cultures and refrain from imposing Western ideals, change should nevertheless be implemented (Wood, 2001, p. 351). According to Wood, *"For most people, however, FGM remains largely a taboo subject"* (Wood, 2001, p. 351). She illustrates that the involvement of African NGOs indicates that the sentiment against FGM is not confined to Western women (Wood, 2001, p. 351). She contends that African women are, in fact, voicing opposition to an African tradition and striving to eliminate it (Wood, 2001, p. 351). According to this assertion, the campaign to eradicate FGM transcends the notion of Western feminists imposing their ideologies upon Africa (Wood, 2001, p. 351). It is also noted that there would be significant controversy if a culture endorsed practices such as the amputation of a child's hand or nose (Wood, 2001, p. 352). An activity is not inherently appropriate, lawful, or acceptable solely because it is rooted in culture and tradition (Wood, 2001, p. 352).

Wood asserts that child abuse, torture, and severe, inhumane, and degrading treatment can all be accurately categorized as forms of FGM. (Wood, 2001, p. 352). Nonetheless, postcolonial critiques advocate that Western involvement should adapt, emphasizing active listening, collaboration, and respect for local knowledge (Njambi, 2004, p. 286). Empowering local actors is essential, given their more profound understanding of their societies and their greater capacity to effect sustainable change (Njambi, 2004, p. 286). By depicting women in the Global South as powerless victims in need of rescue from their own cultural contexts, the West perpetuates a colonial-era logic of dominance (Njambi, 2004, p. 287)

Therefore, while postcolonial criticism draws attention to the problems of political and symbolic dominance associated with Western initiatives against FGM, it does not downplay the practice's gravity. Instead, it challenges us to reconsider our approaches by emphasizing local dynamics and appreciating the opinions of the women involved.

2.3 FGM as a Symbol of Cultural Resistance or Oppression?

Rites of passage are ceremonies that facilitate the transition of individuals or groups between social status, signifying their integration into more elevated or esteemed positions. An example includes a student's progression from an undergraduate to a graduate level (Forth, 2018, p. 1). According to Gregory Forth, rites of passage are present in *"Christianity and other world religions as well as in small-scale societies"* as documented in the book *"Les rites de passage"* authored in 1909 by anthropologist and folklorist Arnold van Gennep (Forth, 2018, p. 1). Although the category encompasses numerous types of status transitions, its most notable examples are rituals related to the human life cycle, including birth, adulthood, marriage, and death (Forth, 2018, p. 1). Forth explicates that the term *"transition rituals"* has also been employed to characterize such rites. This terminology more accurately depicts the intermediate phase of rites of passage, during which the participants retain their previous social status rather than adopting a new one (Forth, 2018, p. 1).

Rites of passage also encompass ceremonies that signify the conclusion of one period and the commencement of another, such as the transition from an old year to the beginning of a new agricultural cycle (Forth, 2018, p. 1). This is particularly true because they include actions that express and celebrate transitions (Forth, 2018, p. 1). Moreover, Van Gennep

examined rites of passage in the context of territorial passage, paying particular attention to historical ceremonies that accompanied travels between regions isolated by neutral zones that belonged to either territory or the other, but lacked clear borders (Forth, 2018, p. 1). Subsequently, Forth explains that the zone corresponded to the intermediate, transitional phase of social passing ceremonies (Forth, 2018, p. 1). Furthermore, the objective of the rites was to ensure that individuals traversed this transitional state safely and successfully entered the subsequent state, in terms of both spatial and social transitions (Forth, 2018, p. 1). He explains that Van Gennep describes rites of passage as ceremonies that signify the transition of youths into adulthood (Forth, 2018, p. 1). These rituals often involve whole groups participating simultaneously and usually do not coincide with physiological puberty (Forth, 2018, p. 1). Instead, they primarily emphasize social status changes and are only loosely related to physical maturity and bodily development (Forth, 2018, p. 1).

As Forth emphasizes, physical actions are a prevalent component of the transitional phase in initiation rites; participants may be obliged to undergo tattooing, face or body scarification, or genital mutilation (Forth, 2018, p. 3). As previously noted, FGM is a longstanding tradition deeply embedded in the history and culture of many African communities that engage in this harmful practice. It is commonly regarded as a crucial rite of passage for young women, signifying their transition into adulthood, social integration, and readiness for marriage (Njambi, 2004, p. 297). Consequently, it is perceived as a means to uphold cultural heritage and serve as a sign of respect for elders and longstanding traditions. Furthermore, Alexi Nicole Wood asserts that circumcision assists in maintaining cleanliness for women, promotes virginity and modesty, and diminishes sexual desire in young girls, thereby preventing sexual frustration (Wood, 2001, p. 357).

Numerous justifications are provided for FGM, many of which emphasize marking a girl's transition into adulthood. Nevertheless, this rationale becomes less persuasive as the procedure is increasingly performed on younger children (Wood, 2001, p. 357). The practice is upheld through a complex interplay of cultural traditions, religious convictions, customs, and superstitions (Wood, 2001, p. 357). One of the most common justifications is the influence of religion. Wood states that, while this practice is most common in Muslim countries, it has also been performed by Christians, Jews, animists, and atheists (Wood, 2001, p. 357). She emphasizes that evidence shows FGM was practiced as early as the fifth century B.C.,

indicating it predates both Islam and Christianity. However, she notes that the practice is not part of any official religious doctrine (Wood, 2001, p. 357).

In many societies where FGM is practiced, female genitalia are regarded as unclean, impure, or intrinsically hazardous. This perception frequently underpins the belief that the excision of external genitalia is essential for preserving personal hygiene and social propriety (Wood, 2001, p. 358). However, she notes that, paradoxically, procedures like infibulation often result in significant health issues, such as chronic pain, infections, and foul odors, which arise from urine and menstrual flow being blocked by the severely narrowed vaginal opening (Wood, 2001, p. 358). She emphasizes that FGM advocates argue that it is a cultural tradition that should be respected and preserved. They believe it holds deep cultural significance and is an important part of their heritage. Nevertheless, numerous organizations and health professionals emphasize the significant health risks and human rights concerns associated with it, advocating for its discontinuation (Wood, 2001, p. 358). Certain cultural paradigms regard the clitoris as possessing harmful or toxic attributes. It is occasionally perceived as a danger to infants during childbirth or as a source of harm to male partners during sexual activity. In some communities, women are regarded as infertile or socially incomplete until the clitoris is removed (Wood, 2001, p. 358). There are also culturally sustained beliefs that, if left intact, the clitoris may continue to grow excessively, even to the point of reaching the ground (Wood, 2001, p. 359).

Furthermore, she argues that in some societies, the clitoris is viewed as a masculinized anatomical feature that must be removed to achieve an idealized form of femininity. These culturally embedded beliefs stand in stark contrast to biomedical understandings, which recognize no health benefits to FGM (Wood, 2001, p. 359). The global medical and public health communities widely regard the practice as harmful and medically unnecessary (Wood, 2001, p. 359). She emphasizes that research indicates that not all men are attracted to women who have undergone FGM, particularly in cases of severe infibulation, contrary to claims made by advocates of the practice who argue that it enhances marital relationships by increasing male sexual satisfaction (Wood, 2001, p. 360). In reality, women who are tightly infibulated may require up to three months to consummate a marriage (Wood, 2001, p. 360).

Furthermore, advocates of FGM often overlook the physical pain and discomfort women endure during sexual intercourse. Within this framework, a woman’s well-being and

bodily integrity are frequently regarded as secondary to the sexual gratification of her husband (Wood, 2001, p. 360). This rationale reinforces the notion that FGM functions as a tool for controlling female sexuality, prioritizing male pleasure while suppressing female sexual autonomy (Wood, 2001, p. 360). There is evidence that FGM has been associated with significant psychological consequences. Although she accentuates that limited research exists on the mental health impacts of FGM, available studies suggest that the intense and prolonged pain experienced can lead to enduring psychological trauma (Wood, 2001, p. 366). She describes that some scholars argue that, because FGM is typically carried out during early developmental stages and involves a highly sensitive and delicate part of the body, the severe pain inflicted may contribute to the development of psychiatric disorders, like Post Traumatic Stress Disorder (PTSD), depression, shame, and many more (Wood, 2001, p. 366). Moreover, many girls experience fear and anxiety upon learning that they are to undergo the procedure. Wood describes the process itself as not only distressing but also involving being restrained and cut without anesthesia, and in some cases, being forcibly separated (Wood, 2001, p. 366). Feelings of profound betrayal may also arise, particularly when the procedure is facilitated or endorsed by a mother or other female relative (Wood, 2001, p. 366).

Furthermore, the preservation of female virginity and family honor has been employed as a justification for FGM. Advocates of FGM argue that by diminishing a woman's desire for sexual activity, the procedure will decrease the likelihood of extramarital affairs (Wood, 2001, p. 357). She explains that as a result, FGM is an obvious way to control a woman's body and sexual inclination (Wood, 2001, p. 357). Critics contend that the ability of a woman to be *"opened and closed again"* implies that FGM endorses chastity (Wood, 2001, p. 357). She further clarifies that certain analysts have even proposed that FGM, particularly infibulation, might paradoxically elevate the likelihood of women *"misbehaving"* by engaging in sexual activity and subsequently undergoing *"re-inflibulation"* prior to marriage, potentially causing their husbands to presume they are virgins (Wood, 2001, p. 357). Additionally, in many cultures where female genital mutilation is practiced, a woman is not considered an adult or eligible for marriage unless she has undergone the procedure (Wood, 2001, p. 358). She explains that it is also believed to be a way of controlling women and reinforcing traditional gender roles necessary to uphold family honor. *"An African immigrant in California mutilated his three-year-old daughter because she was too wild, liked to play outside too much and had friends who were boys. According to her father, FGM was necessary to 'tame' her"* (Wood, 2001, p. 358). This case illustrates that virginity and a woman's reputation are linked to family

honor. She mentions that without mutilation, a girl may have difficulty finding a spouse, potentially damaging the family's reputation (Wood, 2001, p. 358).

Nevertheless, Western organizations frequently assume a leading role in shaping the predominant narrative on FGM, asserting their commitment to safeguarding women's rights and promoting empowerment (Njambi, 2000, p. 44). Although FGM is broadly condemned as a detrimental practice endangering bodily integrity, postcolonial scholars underscore potential drawbacks and risks associated with Western intervention, particularly when analyzed through universalist and decontextualized frameworks (Njambi, 2000, p. 35). Njambi describes that this perspective does not imply a minimization of the gravity of FGM nor an endorsement of extreme cultural relativism as a viable solution (Njambi, 2000, p. 178). It is essential to acknowledge that the suffering these women endure is real, and FGM is a serious violation of their physical integrity.

Frequently regarded as an essential societal integration rite, FGM conceals a reality characterized by pain, the exertion of control over women's bodies and identities, and perpetuates ongoing gender inequality. Despite the intricate cultural defenses that sustain it, opposition to this practice remains vital to the advocacy for women's rights and dignity. In Senegal, this practice is deeply rooted within a distinct sociocultural framework, where community initiatives, local dynamics, and existing regulations collectively play a significant role in determining whether it is abandoned or continued.

III. Ethnicities and FGM in Senegal

Senegal is known as “le pays de la Terranga”, meaning hospitality in Wolof. It is home to a diverse range of cultures and ethnic groups whose differences have been molded over centuries by interaction, migration, and other factors. While all ethnic groups – Wolof, Peuls, Serer, Mandinka, and Diola – share a common national heritage, they each have their unique customs, social structures, and value systems.

1 Overview of Senegal’s Major Ethnic Communities and their Historical and Social Background

In her book *“Ethnic Groups of the Senegambia Region”* (2003), Patience Sonko-Godwin describes the Senegambia region as a historical area in West Africa that primarily encompasses present-day Senegal and The Gambia (Sonko-Godwin, 2003, p. 1). Despite being separated by colonial borders, this region continues to function as a unified geographical, cultural, and historical entity, linked through shared customs, trade, and migration spanning centuries (Sonko-Godwin, 2003, p. 1). She highlights that the Senegal and Gambia rivers, two among the largest in Senegambia, have historically enabled travel, trade, and communication (Sonko-Godwin, 2003, p. 1). Senegambia has been historically significant for African kingdoms due to its geographical diversity, which also attracted European powers, including the Portuguese, French, and British (Sonko-Godwin, 2003, p. 2). Its diversity is one of its greatest strengths, with many ethnic groups, including the Mandinka, Wolof, Serer, Peul (also known as Fula or Fulani), Diola, and Soninke, residing there (Sonko-Godwin, 2003, p. 2). Each group has its unique language, social structure, beliefs, and customs. Despite differences, the interaction and coexistence of these peoples have fostered a distinctive regional culture (Sonko-Godwin, 2003, p. 2).

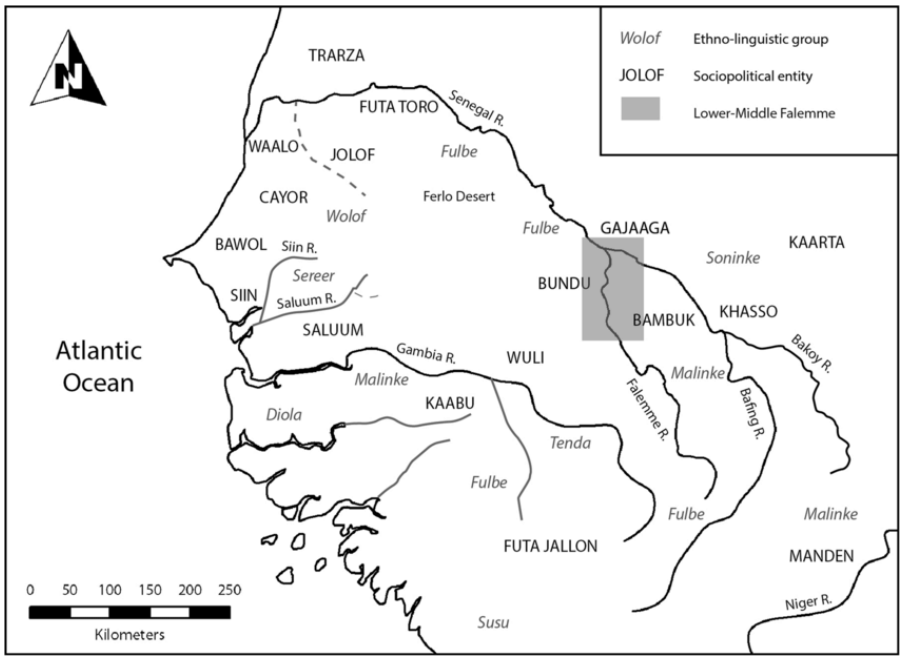

Figure 4: "Map of the Senegambia sketching major polities and ethnic groups in the mid-nineteenth century and showing the Lower-Middle Falemme study area" (Gokee & Thiaw, 2020, p. 97)

1.1 Wolof

According to Sonko-Godwin, the ancestors of the Wolof migrated from the Sahara Desert (Sonko-Godwin, 2003, p. 19). She notes that they were among the earliest inhabitants of the region before it became arid (Sonko-Godwin, 2003, p. 19). As the fertile land deteriorated, they began to disperse (Sonko-Godwin, 2003, p. 19). According to traditions, they ultimately relocated to what is now Futa Toro and Mauritania, situated north of Senegal (Sonko-Godwin, 2003, p. 19). The Berbers were gradually compelled to migrate southward as the Arabs assumed control of Egypt and subsequently the remaining parts of North Africa between 639 and 642 AD (Sonko-Godwin, 2003, p. 19). She observes that concurrently, the Fulani migrated eastward to Futa Toro. Consequently, the ancestors of the Wolof were displaced from Futa Toro and Mauritania to northern and eastern Senegal (Sonko-Godwin, 2003, p. 19). Additionally, this process compelled the few Serer and Mandinka inhabitants residing in the region to relocate to the Upper Gambia, Sine, and Saloum areas (Sonko-Godwin, 2003, p. 20).

In the 15th century, the Jolof Empire emerged, comprising kingdoms that governed Walo, Kayor, Baol, Sine, Saloum, and Dimar as suzerains (Sonko-Godwin, 2003, p. 20). This empire was likely established through conquest or voluntary union. Although tributary, the vassal states retained considerable autonomy, especially in political matters (Sonko-Godwin, 2003, p. 20). They provided tributes such as salt, fish, livestock, and grass for hut roofs and occasionally dispatched troops to support the Wolof army. The independence of Kayor, which revolted and

became separate, contributed to the empire's disintegration in 1560, with other subordinate states subsequently following suit (Sonko-Godwin, 2003, p. 20).

The narrative concerning the purported founder of the Jolof Empire is found in the legend of Njanjan Njie. According to this legend, Sonko-Gowin portrays Njanjan Njie, also known as *"Amadu Bubakar Ibn Muhamed"*, as the offspring of Fatimata Sal and Abu Bakr Ibn Muhamed, the leader of the Almoravids who, in the 11th century, had invaded the capital of ancient Ghana (Sonko-Godwin, 2003, p. 23). Amadu vehemently opposed his mother's remarriage to her husband's former slave following the demise of his father, and it is said that he survived by residing in concealment along the banks of the Senegal River after leaping into it in an act of protest (Sonko-Godwin, 2003, p. 23). He only emerged from concealment to halt a violent altercation between fishermen disputing over firewood. His equitable distribution of the wood and his subsequent disappearance astonished the villagers, who believed him to be a spirit or a genius (Sonko-Godwin, 2003, p. 24). They consented to initiate another conflict to apprehend him. His appearance resulted in his arrest, and he remained silent until a noblewoman addressed him (Sonko-Godwin, 2003, p. 24). Subsequently, she was bestowed upon him as his wife. According to the legend, the locals then dispatched a delegation to Mansa Wali Jon, a diviner and ruler of the neighboring kingdom of Sine (Sonko-Godwin, 2003, p. 24). When the king of Sine heard the narrative, he cried out, *"Njanjan Njie,"* which translates to *"that is extraordinary"* in Serer, and the delegates deduced that this was his name (Sonko-Godwin, 2003, p. 24). Assuring them that the stranger was not a genie, Mansa Wali Jon was the first to swear loyalty to him and proposed that all governments accept him as their suzerain (Sonko-Godwin, 2003, p. 24). It is believed that the empire was formed through voluntary association. After returning to Walo, Njanjan Njie became its first ruler before fleeing to Wolof, where he governed (Sonko-Godwin, 2003, p. 24).

Sonko Godwin explains that Wolof civilization heavily relied on agriculture (Sonko-Godwin, 2003, p. 28). Wolof farmers cultivated millet, also known as *"coos"*, as a primary staple at the individual, familial, and community levels (Sonko-Godwin, 2003, p. 28). Due to the importance of millet, young men and women entering marriage were allocated their own plots for cultivation. Introduced as a commercial crop, peanuts also became significant as they were used to exchange for millet, clothing, and agricultural tools (Sonko-Godwin, 2003, p. 28). Additionally, she observes that livestock such as chickens, lambs, and goats were raised. Textile production was carried out by weavers utilizing cotton cultivated by the Wolof (Sonko-

Godwin, 2003, p. 28). She states that Indigo was employed for dyeing black or blue garments. Griots, serving as oral historians and storytellers, transmitted familial and national histories across generations (Sonko-Godwin, 2003, p. 28). This is attributable to its role as the primary medium of communication and commerce within trading hubs (Sonko-Godwin, 2003, p. 19). In addition, according to Ibrahima Sarr and Ibrahima Thiaw, the ties between these tribes were drastically altered by the development of centralized political structures, Islam, and trade under the Jolof Empire's auspices starting in the 14th century (Sarr & Thiaw, 2012, p. 5). These developments eventually led to the formation of different identity categories. Small groups of farmers, fishers, and herders lived in the Middle Senegal Valley during this time, according to archeological findings. Megaliths, shell middens, and sand mounds can be found further south along the Atlantic coast (Sarr & Thiaw, 2012, p. 5).

Sonko Godwin highlights that specific lineages were identified as part of the royal lineage (Sonko-Godwin, 2003, p. 25). However, according to Sarr and Thiaw, they explain that Wolof social structures were reasonably similar to those of other decentralized groupings before this time (Sarr & Thiaw, 2012, pp. 4–5). It is demonstrated that Wolof had a matrilineal system of succession and a sociopolitical structure that was either identical to or comparable to the *"lamanat"* land tenure system (Sarr & Thiaw, 2012, p. 5). Sarr and Thiaw explain that the Wolof sociopolitical structures and identity started to diverge considerably from those of other entities in northwest Senegambia with the establishment of the Jolof Empire (Sarr & Thiaw, 2012, p. 5). Furthermore, while the majority of its neighbors, most notably the different Serer tribes and the Wolof of Waalo and Kajoor, maintained or adopted a matrilineal or bilineal system, the Jolof monarchy was founded on a patrilineal pattern of succession (Sarr & Thiaw, 2012, p. 5).

Sonko-Godwin notes that, before the 17th century, most Wolof people practiced traditional religions (Sonko-Godwin, 2003, p. 26). Muslims in Mauritania threatened the Wolof by conducting jihad across northern Senegal (Sonko-Godwin, 2003, p. 26). *"Toubanan"* was the term used for the Muslim invaders, derived *"from the Wolof word 'toub' which means 'to convert'"* (Sonko-Godwin, 2003, p. 26). Many Wolofs converted to Islam as a result of these wars. The documents do not mention the influence of Christianity (Sonko-Godwin, 2003, p. 25). Then, and to this day, Wolof remains the standard language in Senegambia (Sonko-Godwin, 2003, p. 19). Samba Diop explains in his 1993 work, *"The oral history and literature of the Wolof people of Waalo, northern Senegal: The master of the word (griot) in the Wolof*

tradition. Performance of 'The Epic Tale of the Waalo Kingdom' and the transmission of knowledge", that *"The Wolof language is the most widely spoken language of Senegal and its 'lingua franca'"* (Diop, 1993, p. 164).

In addition, the author Aimee Molloy emphasizes in her argument that Wolof communities do not practice FGM (Molloy, 2013, p. 6). She notes that Takko, a licensed midwife, has observed that women who have not been subjected to the practice typically experience uncomplicated vaginal deliveries, report diminished perceptions of pain, and display adequate perineal resilience, observations that underscore the embodied consequences of cultural interventions surrounding childbirth (Molloy, 2013, p. 6).

1.2 Peuls

It is important to note that, according to Louis Tauxier in his book *"Mœurs et histoire des Peuls"* (1937), their true name is *"Poulbé, Phoulbé"*, or *"Foulbé"* in the plural, and *"Poul, Phoul"*, or *"Foul"* in the singular (Tauxier, 1937, p. 13). A *"Peuhl"* or a *"Peuhle"* is referred to by the colloquial phrases *"Un Poullo, une Poullotie"* in French West Africa (Tauxier, 1937, p. 13). The Wolof refer to the Peuls using the French word *"Peul"* or *"Peuhl"* (Tauxier, 1937, p. 13). We have taken the Wolof word *"Peul"* or *"Peuhl"*; however, it would be more accurate to say a *"Poul"* or a *"Foul"* (Tauxier, 1937, p. 13). The Mandé (Malinké, Bambara, etc.) name for them is *"Foula"* or *"Foulah"* (Tauxier, 1937, p. 13). The Mandé speak *"Foula-ou"* in the plural and *"Foula"* in the singular. *"Foula"* is sometimes pronounced *"Fila"*, with the plural *"Fila-ou"* (Tauxier, 1937, p. 13). Nevertheless, he argues that the renowned German explorer Barth was the first to investigate the Fulani name and discover this diversity. Barth explains that *"'Pul' qui signifie 'brun-clair, rouge' en opposition avec 'Olof 'noir' (w-olof, y-olof). La forme du singulier est Pul-o, c'est-à-dire 'le Pul'; la forme du pluriel 'Pul-be', c'est-à-dire 'les Pul'. Une autre forme du pluriel du nom, couramment employée et dont Barth use constamment dans la relation de son voyage est 'Fulbe'. Il dit 'un Pullo et des Fulbe'. Tel est le nom sous lequel ce peuple se connaît lui-même"* (Tauxier, 1937, p. 14).

The Peuls are a widespread ethnic group across West Africa, from Mauritania and Cameroon to Sudan. (Sonko-Godwin, 2003, p. 42). She states that The Peul, along with various other past ethnologists, believe their ancestors were Caucasian migrants to Africa (Sonko-

Godwin, 2003, p. 42). She points out that these groups are often identified by stereotypical physical features, such as straight noses, smooth hair, and pale skin (Sonko-Godwin, 2003, p. 42).

Considered the original homeland of The Peul people in Africa, *"Futa Toro"* is situated in northeastern Senegal (Sonko-Godwin, 2003, p. 42). Their primary reason for dispersing from this region is their livestock-centered nomadic lifestyle (Sonko-Godwin, 2003, p. 42). From the 14th century onwards, they frequently relocated to find better pastures, thereby dispersing across the southern zone of West Africa (Sonko-Godwin, 2003, pp. 42–43). Islam's spread in the region was supported by Sulayman Bal's jihads in Futa Toro and the Timbo imamate in Futa Jalon (Sonko-Godwin, 2003, p. 51). Under the pretext of assisting their impoverished compatriots or advocating for Islam, The Peul of the states of Futo Toro, Futa Jalon, and Futa Bundu consistently carried out assaults across the region (Sonko-Godwin, 2003, p. 51). Sonko-Godwin emphasizes the significance of Islam among the Fula, particularly their efforts to convert others and propagate their faith (Sonko-Godwin, 2003, p. 51). Sebastian Forst, explains in his article *"Mansa Koli Bojang, the Last King of Kombo and his British Ally: Loyalty meets Neutrality"* (2020) that the fall of Kaabu in 1865 due to a Muslim revolt had a significant effect on the entire Senegambia region, depriving its more than forty vassal kingdoms of their cultural protector and political ruler during this period of change (Forst, 2020, p. 2). Sonko-Godwin highlights that this invasion, which contributed to the empire's downfall, is primarily attributed to the aim of converting traditional worshippers to Islam (Sonko-Godwin, 2003, p. 51).

Furthermore, the authors Hampshire and Smith elucidate that ancient clans have traditionally constituted the basis of The Peul's social structure. They observe that The Peul reside in the Sahel region of Sub-Saharan Africa and constitute a substantial ethnic group of pastoralists characterized by their nomadic lifestyle (Hampshire & Smith, 2001, p. 597). Their robust patrilineal and patrilocal organization, which delineates lineage and inheritance through paternal lines, constitutes a characteristic attribute of their civilization (Hampshire & Smith, 2001, p. 597). Following marriage, a woman resides with her husband, and their children are considered his. They characterize The Peul as practicing a predominantly polygynous marriage system, wherein the parents of prospective spouses typically facilitate the initial match (Hampshire & Smith, 2001, p. 597).

Along with marriage, the dowry is traditionally paid. (Hampshire & Smith, 2001, p. 597). This is usually the case in cattle, where the husband's father compensates the wife's father. The number of animals can range from a few goats to about a dozen cows (Hampshire & Smith, 2001, p. 597). They demonstrate that for The Peul, it is customary and even seen as preferable for close relatives, especially first or second cousins, to marry (Hampshire & Smith, 2001, p. 598). The Peuls uphold this tradition for various reasons, including adherence to cultural practices, the reinforcement of familial bonds, and the aim of maintaining dowry animals within the family (Hampshire & Smith, 2001, p. 598). A visitor proposed a gift of a thousand cows, but an elder father expressed his preference for marrying his daughter to a cousin without accepting a dowry (Hampshire & Smith, 2001, p. 598).

Nevertheless, certain members of The Peul community embraced Christianity introduced by European colonizers (Sonko-Godwin, 2003, p. 52). The invasions and migrations of The Peul significantly altered their relationships with other groups (Sonko-Godwin, 2003, p. 51). According to her, The Peul of Futa Jalon supported Alfa Molloh, who was originally from the Mandinka region of Firdu, in his revolt against his overlord (Sonko-Godwin, 2003, p. 52). This illustrates the manner in which various ethnic groups within the region systematically form alliances and engage in conflicts.

1.3 Serer

Figure 5: Map of Senegal https://de.wikipedia.org/wiki/Départements_des_Senegal (last seen on 4.11.2025 at 17:36)

Sonko-Godwin observes that, in contemporary times, the Serer community, also referred to as Serere in Gambia, is dispersed throughout the Mandinka regions of Jokadu and Niumi within the Senegambia area, as well as in the historical states of Sine and Saloum (Sonko-Godwin, 2003, p. 32). This group is occasionally categorized into *"Serer-N'doute, Serer-Sine, Serer-Nones, and Serer-Njenghen or Safen"* (Sonko-Godwin, 2003, p. 32). The *"Serer-Sine"* inhabit the *"Sine and Saloum"* districts of Gambia, along with portions of *"Niumi and Baddibu"* (Sonko-Godwin, 2003, p. 32). In Senegal, the Thiès region is predominantly inhabited by the *"Serer-Nones*"; in southern Kayor, the Serer-N'doute reside; and the Baol area is known to be home to the *"Serer-Njenghen or Safen"* (Sonko-Godwin, 2003, p. 32). She explains that each community has its own dialect of the Serer language (Sonko-Godwin, 2003, p. 32).

According to an established legend, a civil war over the throne led to the Serer migrating from Kaabu approximately four centuries ago (Sonko-Godwin, 2003, p. 32). According to this legend, she claims that Prince Boure, after losing a battle, fled with his supporters and established Mbissel, the first Serer settlement, *"near Juwaala (Joal)"* (Sonko-Godwin, 2003, p. 32). The Chiefs known as *"Laman"* dominated these early communities (Sonko-Godwin, 2003, p. 33). *"Gelwar (or Guelewar)"*, Mandinka monarchs, then adopted the Serer language and culture and governed the states of Saloum and Sine (Sonko-Godwin, 2003, p. 33). These *"Gelwar"* kings were *"Nyanchos"*, a subgroup of the Kaabu ruling class (Sonko-Godwin, 2003, p. 33). Mansa Wali Jon was the first Gelwar king of Sine. Before the 19th-century French occupation, the Gelwar monarchs ruled over Sine and Saloum under the title of *"buur"* (Sonko-Godwin, 2003, p. 33).

Both Serer men and women engaged in economic activities. The people of Sine and Saloum were primarily farmers who cultivated corn and millet (Sonko-Godwin, 2003, p. 34). In addition, Sonko-Godwin notes that the preferred dish of the Serers remains *"cherreh"*, a meal prepared with millet flour and typically served by Serer women (Sonko-Godwin, 2003, p. 34). Men, and on occasion women, exchanged salt for European goods. Additionally, firewood was predominantly collected by men, who subsequently sold it to residents in Bathurst, an English trading post since the early 19th century (Sonko-Godwin, 2003, p. 37). Boat carving was a specialized craft among Serer men. These vessels served multiple purposes, including riverine and maritime fishing, as well as transportation (Sonko-Godwin, 2003, p. 36).

She envisions that families engaged in fishing take pride in their knowledge of rivers and the ocean (Sonko-Godwin, 2003, p. 36). To acquire fishing skills and techniques, male children accompanied adult men on fishing expeditions (Sonko-Godwin, 2003, p. 36).

Furthermore, the author shows that both the Kaabu and Serer had matrilineal inheritance systems (Sonko-Godwin, 2003, p. 33). There were close family and lineage links (Sonko-Godwin, 2003, p. 37). For instance, Mansa Wali's sister's son took over after his death (Sonko-Godwin, 2003, p. 33). She observes that the kings, princes, and princesses of surrounding states were paired with Serer leaders to promote peace and the growth of Serer settlement regions (Sonko-Godwin, 2003, p. 34). Moreover, she explained that their son was able to inherit the thrones of Kayor and Saloum through the female line, owing to the marriage between the Kayor leader and a Gelwar woman from Saloum (Sonko-Godwin, 2003, p. 34).

Furthermore, it is essential to note that *"les pagnes des circoncis"*, an anthropological case study by Aurélie Troy (2008), provides a detailed explanation of the symbolic and social reasoning behind rites of passage among the Seereer people in her book *"Préparation et Émotions dans les rites d'initiation Seereer (Hireena, Senegal)"*. She emphasizes the crucial involvement of women in the behavior and significance of these rites, even though her analysis primarily concentrates on the male initiation known as *"ndut"* (Troy, 2008, p. 43). FGM is not customary among the Seereer and is incompatible with their understanding of initiation and the female body, according to observations of these activities.

The foundation of Serer initiation is twofold: the female *"ndut"* (*"ndut rew we"*), which occurs at the time of marriage, and the male ndut, which involves circumcision and a period of seclusion in the bush (Troy, 2008, p. 43). Serer female initiation is symbolic, social, and moral, in contrast to some West African societies where it entails excision. According to Troy, it signifies the shift to the roles of mother and wife without any physical changes (Troy, 2008, p. 43). This shift occurs in the home through the dissemination of feminine knowledge, such as understanding the obligations of a wife, managing the household, being a mother, and respecting the community's values (Troy, 2008, p. 43). As the custodians of the collective memory and unity, these teachings are imparted by married and initiated women (Troy, 2008, p. 42).

In these rites, ritual coverings are crucial. Married and initiated women are the only ones who manage, possess, and pass down these hand-woven items (Troy, 2008, p. 42). Because women prepare the white loincloths used to shroud their boys during circumcision and plan their staging in public rituals, their material and symbolic power is essential, even though male initiation first appears to dominate the ceremonial scene (Troy, 2008, p. 53). Women actively contribute to the development of men and the perpetuation of the social fabric through these items.

Therefore, it is evident that FGM is not a traditional practice among the Serer. Women's initiation does not involve any physical changes. Conversely, they are responsible for maintaining the body's integrity, which is thought to be the carrier of life and memory. While male initiation strives to develop self-control and responsibility, female initiation aims to teach the moral and spiritual qualities required for the group's continued existence. In all situations, the body is symbolically changed by speech, emotion, and attire rather than being disfigured (Troy, 2008, p. 51)

Ultimately, it is observed that the pagne best exemplifies this interplay between purity, transmission, and reverence for the body. Instead of being a tool of oppression, it becomes the foundation of a symbol of defense and rebirth. Therefore, for the Serer, the transition to adulthood occurs through social ties, initial parole, and feminine memory rather than through pain or mutilation.

Furthermore, traditional religion was of significant importance to the Serer people of the states of Sine and Saloum (Sonko-Godwin, 2003, p. 38). There were jihads due to the marabouts' efforts to convert them to Islam under the leadership of *"Maba Jakhou Bah"* (Sonko-Godwin, 2003, p. 34). Over *"2,000 Serer"* fled Sine, Saloum, and Baddibu to The Gambia during one of these conflicts in search of British protection (Sonko-Godwin, 2003, p. 34). The Portuguese attempted, but ultimately failed, to propagate Christianity in Senegal (Sonko-Godwin, 2003, p. 34). She explains that in 1779, French Catholic missionaries tried to introduce it; however, it was not until the 1840s that missionaries succeeded in converting a modest number of Serer people to Catholicism in the districts of Sine and Saloum (Sonko-Godwin, 2003, p. 34).

According to Sonko-Godwin, conflicts with neighboring states, succession disputes, and civil wars were the primary triggers for the migration of the Serer people (Sonko-Godwin, 2003, p. 32). During their migration, they encountered small groups of Mandinka, whom they either defeated or integrated into their society (Sonko-Godwin, 2003, p. 33). She points out that a group of Mandinka migrants, seeking to dominate the Serer, eventually adopted the Serer language and customs (Sonko-Godwin, 2003, p. 33). She also mentions that the Serer established settlements within the Jolof state in northern Senegal, near the Mandinka of Jokadu and the Wolof in Sabach and Sandial regions in Gambia (Sonko-Godwin, 2003, p. 33). Besides the Mandinka state of Niumi in Gambia, the Sine and Saloum states expanded their territories to include parts of the Jolof states of Baol and Kayor (Sonko-Godwin, 2003, p. 33). She states that these states acknowledged the authority of the Serer monarchs. Due to conflicts with groups like the Soninke-Marabouts, many Serer had to resettle (Sonko-Godwin, 2003, p. 33). By the end of the 19th century, the French colonial authorities annexed the Serer nations, driven by ongoing civil wars and succession disputes (Sonko-Godwin, 2003, p. 40)

1.4 Diola

Sonko Godwin explains that, unlike other ethnic groups in the Senegambia region, the Diola did not have griots to transmit their ancestors' history from one generation to the next, resulting in limited knowledge about their ancient past (Sonko-Godwin, 2003, p. 68). She claims that there were storytellers and musicians among the Diola; however, their skills were not transmitted to future generations (Sonko-Godwin, 2003, p. 68). Consequently, their oral history is confined to merely two or three generations. European explorers and traders did not venture into their territories, which were occasionally surrounded by marshes, lagoons, and creeks, thus further explaining the scant knowledge available about them (Sonko-Godwin, 2003, p. 68).

Prior to the great migration of the Mandinka in the 13th century, the Diola and other groups, including the *"Bainounka, Balanta, Bassari, and Pepel"*, are believed to have previously settled in regions of Guinea-Bissau and the Lower Casamance area (Sonko-Godwin, 2003, pp. 68–69). Olga. F. Linares explains in her article *"Going to the city…and coming back? Turnaround migration among the Jola of Senegal"* (2003) that Cassamance is located *"in the southernmost part of Senegal"* and that it *"is cut off geographically from the rest of Senegal*

by the ex-British colony of Gambia to the north and borders the ex-Portuguese colony of Guinea- Bissau to the south" (Linares, 2003, p. 117).

Sonko-Godwin illustrates that in such areas as Foni and *"Kombo"*, some Diola migrated northward and westward, establishing settlements on the southern banks of the Gambia River (Sonko-Godwin, 2003, p. 69). According to her observations and to tradition, all Diola are referred to as *"Ajamat"*, which is the self-designation used by the Diola of Foni (Sonko-Godwin, 2003, p. 69). Overcrowding, land scarcity, or conflicts over rice field management were frequently the primary causes of Diola migrations (Sonko-Godwin, 2003, p. 69). It is noteworthy that many segments of the population did not partake in these minor-scale migrations (Sonko-Godwin, 2003, p. 70). Alternatively, these movements may have been seasonal, with individuals returning to rice cultivation during the rainy season after relocating for employment during the dry season (Sonko-Godwin, 2003, p. 72). Furthermore, Linares highlights that with its numerous branches and winding tidal creeks known as marigots, the western or maritime portion of the larger Casamance spans both banks of the Casamance River. The Diola peoples are the principal inhabitants of this low-lying region, which spans 7,340 km2 (Linares, 2003, p. 117). They are intensive farmers of rain-fed, flooded, or wet rice, which is supplemented in some places with dry plateau cereals, such as millet and sorghum, as well as groundnuts, which serve as a cash crop (Linares, 2003, p. 117).

Diola society is composed of several major groups, each subdivided into smaller units, with the family representing the smallest entity (Sonko-Godwin, 2003, p. 69). As a result, these groups are presumed to possess distinct lineages and affiliations (Sonko-Godwin, 2003, p. 69). Their political organization reflects this segmented social structure. She emphasizes that there was no king or other supreme leader among the Diola. Every owner of a hamlet or *"stockade"* (a fortified enclosure) was regarded as his own leader and did not acknowledge any higher authority (Sonko-Godwin, 2003, p. 75). This showed how much they valued their freedom.

With each group, family, and lineage having its own autonomy and even its own god, Diola civilization was distinguished by its segmented structure (Sonko-Godwin, 2003, p. 69). They erected stockades eight to ten feet tall to keep out outsiders and other Diola clans (Sonko-Godwin, 2003, p. 75). She emphasizes that the Diola traditionally employed a patrilineal inheritance system, whereby lineage is transmitted through the male head of the family (Sonko-Godwin, 2003, p. 75). Conversely, certain groups, such as the Kabrouse, were led by women

owing to their matrilineal societal structure (Sonko-Godwin, 2003, p. 75). She highlights that shared heritage served to unite families and lineages, and on occasion, different groups collaborated to strengthen a mutual cause, such as defending against an adversary (Sonko-Godwin, 2003, p. 73). Furthermore, Linares contends that the inhabitants of Diola villages within the same continuous sub-regional area generally share common characteristics in terms of their economy and social structures, despite significant differences among the various Diola sub-regions in social institutions and the organization of productive activities (Linares, 2003, p. 117). This phenomenon can be attributed to the pattern whereby men frequently select wives from the same regions where they have given their sisters, often establishing a unified marriage community where women circulate (Linares, 2003, p. 117). She shows that these women function as cultural ambassadors, bringing their unique customs and means of subsistence, thereby fostering inter-village dialogue and facilitating the regional exchange of beliefs and practices (Linares, 2003, p. 117).

Furthermore, Lineares highlights that the Diola have been traveling seasonally to earn a living since the late 1800s, when the trade in rubber and palm products flourished following the end of the Maraboutic conflicts. By the 1890s, members of the Diola family were harvesting latex from the *"Landolphia"* vine during the dry season, which flourished in the Casamance woodlands (Linares, 2003, p. 115). She emphasizes that initially, crude rubber was traded for items such as fabric, iron, and firearms with Manding (Malinke) intermediaries or traders from French commercial houses, who frequently received credit in return (Linares, 2003, p. 115). Nevertheless, numerous Diola commenced traveling to The Gambia to sell their latex directly, as trading companies in that region offered more favorable prices for a commodity that was exempt from export tariffs to Europe, paid in cash rather than credit, and provided a broader selection of more affordable goods (Linares, 2003, p. 116).

By the same token, Sonko-Godwin depicts women toiling in the rice fields, yet they do not own land (Sonko-Godwin, 2003, p. 75). Diola's wealth was often assessed by the amount of rice they owned. She shares that during the dry season (October to June), it was typically adult males and boys aged twelve and above who harvested palm sap to produce palm wine (Sonko-Godwin, 2003, p. 75). The community either enjoyed or traded their harvests of rice, corn, cockles, clams, oysters, and other resources from the palm grove (Sonko-Godwin, 2003, p. 76). She also highlights that Diola women play a significant role in their society, especially

notable is *"Alinsitoe Jatta"*, a revered priestess who led a courageous uprising against the French (Sonko-Godwin, 2003, p. 77).

Due to the fragmented nature of society, each Diola territorial group, family, and lineage had its own deity within the religious domain (Sonko-Godwin, 2003, p. 70). In an effort to convert the Diola to Islam, Muslim leaders known as marabouts engaged in proselytizing campaigns against them from 1850 to 1890 (Sonko-Godwin, 2003, p. 77). It is argued that the Diola of Foni, Karong, and Kombo ultimately acknowledged the authority of these marabout leaders. Nonetheless, some Diola individuals in the Yacine and Pakau regions continued to practice their indigenous religion (Sonko-Godwin, 2003, p. 77). It is asserted that the work of the jihadists was not concluded. Concurrently, in the 1850s, Christian missionaries arrived in Casamance after traders (Sonko-Godwin, 2003, p. 77). Catholicism was subsequently embraced by a select few Diola from the Kassa, Kabrouse, Her, and Jembereng clans (Sonko-Godwin, 2003, p. 77).

According to Sonko-Godwin, trade was difficult for the Diola because their frequent isolation from other ethnic groups limited their opportunities. (Sonko-Godwin, 2003, p. 68). The author examines encounters with the Mandinka and Wolof, noting that it is believed the Diola and other ethnic groups arrived in Casamance before the Mandinka's primary migration in the 13th century (Sonko-Godwin, 2003, p. 68). She proposes that the Mandinka may have assimilated some Diola (Sonko-Godwin, 2003, p. 69). She contends that the Diola and Europeans occasionally relied on the Mandinka to serve as intermediaries in trade (Sonko-Godwin, 2003, p. 74). Given that the Diola lacked organized crafts such as weaving, leatherwork, or jewelry, they depended on the Mandinka and Wolof for local artisanship (Sonko-Godwin, 2003, p. 76). Furthermore, she emphasizes a significant connection between the Mandinka and specific Diola surnames such as *"Bojang, Camara, Sonko, and Jammeh"* (Sonko-Godwin, 2003, p. 73). Based on an oral legend and emphasizing the argument, she states that the Diola and Serer populations believe their ancestors originated from the Casamance district of Kaabu (Sonko-Godwin, 2003, p. 69).

Liselott Dellenbrg highlights through her Chapter *"A Reflection on the Cultural Meanings of Female Circumcision. Experiences from Fieldwork in Casamance, Southern Senegal"* (2004) that clitoridectomy has been increasing among the Muslim Diola since the mid-1900s, purportedly as a component of Islam (Dellenborg, 2004, p. 80). She argues that

women not only support the practice but, more significantly, actively contribute to the recent introduction of female circumcision, which is now a significant part of women's initiation ceremonies and their secret society (Dellenborg, 2004, p. 80). Excision is essential to the religious identification, initiation, and formation of a female collective identity among Muslim Diola women, despite the diversity of this group (Dellenborg, 2004, p. 80). Anti-excision initiatives encounter fierce opposition since many West African female secret societies consider excision to be *"the most important ritual activity"* (Dellenborg, 2004, p. 80). Furthermore, she emphasizes that, contrary to prevailing Western beliefs, excision functions as a fundamental element within a specific power structure among clandestine organizations, especially for elder women (Dellenborg, 2004, p. 81). The Diola perceive imperialism in two perspectives: firstly, they consider that the Western world and the *"toubabs" ('the whites')",* possess authority over Africa; secondly, and more immediately, they believe that the Senegalese government exerts influence over Casamance (Dellenborg, 2004, p. 81).

She demonstrates that the Muslim Diola states that circumcision is a religious obligation for men and a recommendation for women (Dellenborg, 2004, p. 82). *"Sunnaye"* refers to both male and female circumcision, and in practice, women are also expected to undergo it (Dellenborg, 2004, p. 82). An uncircumcised woman would not receive as many *"points"* from her prayers as one who has been circumcised (Dellenborg, 2004, p. 82). The genital cutting alters a female in the most fundamental sense; it is not just a physical change. A circumciser told me that a girl who is circumcised only needs to touch her forehead to the ground for God to interpret it as a prayer (Dellenborg, 2004, p. 82). Nevertheless, for Diola women, becoming a mother has historically and, in many respects, continues to serve as a significant initiation ceremony (Dellenborg, 2004, p. 84). However, excision is a prerequisite for entry into the *"new, Muslim"* female society, whereas only women who have given birth are eligible for initiation into the indigenous female secret societies (Dellenborg, 2004, p. 84). She emphasizes that women who have been circumcised are seen as better Muslims. According to a Diola religious leader, circumcision, both male and female, is a sign of Islamic identity and faith. All followers of Abrahamic religions, including Muslims, Christians, and Jews, should be circumcised (Dellenborg, 2004, p. 82).

Near Bathurst, their canoe reportedly broke apart, leading the Serer to relocate to Barra, then to Sine and Saloum, while the Diola ancestors settled in the Kombo-Foni region (Sonko-Godwin, 2003, p. 69). This would explain the concept of *"the joking relationship"* between the

two ethnic groups (Sonko-Godwin, 2003, p. 69). She contends that their location among woodlands and swamps helped them resist multiple invasions (Sonko-Godwin, 2003, p. 74). She highlights that they are known as a proud and defiant people who refused to surrender their independence to outsiders (Sonko-Godwin, 2003, p. 76). However, the Marabouts' Wars and European colonization eventually threatened and sometimes ended their independence (Sonko-Godwin, 2003, p. 77).

1.5 Mandinka

In West Africa, the Mandinka (also *"referred to as Mandingo or Malinke*) are now extensively distributed, particularly in *"Guinea, Guinea-Bissau, Mali, and the Senegambia region*" (Sonko-Godwin, 2003, p. 3). It is believed that their ancestral homeland is *"Kangaba"*, also known as *"Manding*", which was a part of the ancient Mali Empire (Sonko-Godwin, 2003, p. 3). She explains that the Mali Empire was established under the leadership of *"Sundiata Keita"*, who secured independence for Kangaba in 1235 (Sonko-Godwin, 2003, p. 3). She believes that this expansion facilitated the dissemination of the Mandinka community across West Africa, including the Senegambia area (Sonko-Godwin, 2003, p. 3). She notes that small groups of Mandinka are believed to have begun migrating to the Senegambia region before the Mali Empire existed (Sonko-Godwin, 2003, p. 3).

She argues that in search of better agricultural land, these migrants settled down and married into the native populations of Guinea-Bissau and Senegambia's lower areas (Sonko-Godwin, 2003, p. 3). According to her, in the mid-13th century, *"Tiramang Traore (Tarawally), a general of Sundiata Keita"*, led a significant migration from the Mali region to Senegambia (Sonko-Godwin, 2003, p. 4). The Kassa region, presently known as Casamance in Senegal, was the center of the Kaabu Empire, and the objective was to capture it (Sonko-Godwin, 2003, p. 4). She emphasizes that in Basse, Upper Gambia, Tiramang died without ever returning to Mali. As a result of this migration, numerous Mandinka families were able to relocate to Guinea-Bissau, Gambia, and Casamance and trace their origins back to Tiramang or his associates (Sonko-Godwin, 2003, p. 5). She illustrates that families, including *"the Sanyang, Conteh, Bojang, and Jassey"*, claim direct or indirect descent from the Mali Empire (Sonko-Godwin, 2003, p. 5).

In discussions regarding the social structure and gender roles within the Mandinka community, it is observed that the society was organized hierarchically, with the slave class and aristocracy at the apex (Sonko-Godwin, 2003, p. 10). The ruling class consisted of the *"Korings and Nyanchos"*(Sonko-Godwin, 2003, p. 7). The majority of free males engaged in the cultivation of cotton, millet, and corn. Following the abolition of slavery and the slave trade, peanuts emerged as the primary cash crop (Sonko-Godwin, 2003, p. 10). It is also noted that men were involved in various activities, including trading, fishing, and hunting (Sonko-Godwin, 2003, p. 11). Although land ownership was not customary for men, women participated in rice cultivation and, in certain regions, salt production (Sonko-Godwin, 2003, p. 11). Artisans such as weavers, leatherworkers, and blacksmiths operated within specific familial contexts. Food production was predominantly reliant on slave labor (Sonko-Godwin, 2003, pp. 10–11). Furthermore, she indicates that the Nyanchos' matrilineal inheritance system necessitated that heirs demonstrate their legitimacy through a Nyancho woman (Sonko-Godwin, 2003, p. 7).

Intergroup marriages, mediation, and mutual support were key aspects of the joking kinship relations that existed among the various Mandinka states, which helped maintain peace (Sonko-Godwin, 2003, p. 12). She elaborates that customs and societal institutions were shaped by migration. The Diola and Bainounka were among the local groups compelled to migrate when Tiramang assumed control of the Kassa region (Sonko-Godwin, 2003, p. 5). She notes that the conquest facilitated the Mandinka's integration with indigenous populations and the formation of marriage alliances (Sonko-Godwin, 2003, p. 3). The traditions and customs associated with FGM among the Diola appear to have predominantly originated from Mandinka cultural influence.

Nevertheless, in regions where Jola and Mandinka populations have coexisted or intermarried, the practice gradually emerged and was incorporated into local customs in the northern and central areas of Casamance. Linares explains that the Mandinka term for an uncircumcised girl or woman is *"solima"*, which also means *"the one who knows nothing, rude, ignorant, immature, uncivilized, and unclean"* (Dellenborg, 2004, p. 85). The term is frequently used to disparage girls who lack manners, regardless of whether they are removed, and is highly judgmental (Dellenborg, 2004, p. 85). Nonetheless, irrespective of her social behavior, an uncircumcised woman is regarded as *"solima"* (Dellenborg, 2004, p. 85). Dellenborg points out that *"the Mandinka proselytised their style of Islam among the Jola,*

proclaiming female circumcision to be a Muslim custom" (Dellenborg, 2004, p. 85). All of the village's women, with very few exceptions, are initiated and create a kind of covert organization that organizes a large portion of their social and religious lives (Dellenborg, 2004, p. 85). Uninitiated women face social marginalization in numerous ways and are excluded from participating in the ritualistic activities of this female community (Dellenborg, 2004, p. 84).

I can analyze this through my findings and the previous chapters, which suggest that his cultural diffusion can be understood through long-standing social interactions between the two groups, including trade exchanges, shared initiation systems, and the broader influence of Mandinka norms in matters of gender and social identity. Over time, specific Diola communities adopted FGM as part of their initiation ceremonies for young girls, interpreting it within their own symbolic frameworks of purity, maturity, and readiness for marriage.

Additionally, circumcision may have provided unmarried young women and childless married women with greater opportunities to become devout individuals within the Mandinka Islamic tradition and the associated *"new"* female secret society linked to Islam (Dellenborg, 2004, p. 84). Traditionally, women's advancement in society has been predominantly through marriage and motherhood (Dellenborg, 2004, p. 84).

As the Korings and Nyanchos endeavored to establish their respective realms, migrations and conflicts concurrently contributed to the emergence of new kingdoms (Sonko-Godwin, 2003, p. 8). Her research indicates that the Kaabu region practiced traditional African religions (Sonko-Godwin, 2003, p. 12). According to records, most of The Peul who migrated there were Muslims, which heightened tensions that ultimately contributed to the collapse of the Kaabu Empire in 1868 (Sonko-Godwin, 2003, p. 12).

Senegalese culture is a rich mosaic shaped by a long history of migration, ethnic contact, and religious influences. The country's various ethnic groups, such as Wolof, Peuls, Serer, Diola, and Mandinka, among others, each possess distinct histories that shape their social structures. In kinship systems, gender roles are clearly separated, influenced by historical hierarchies and cultural norms. Islam, the primary religion in Senegal and Gambia, has been present for a millennium and has profoundly influenced the traditions and customs of these countries. Overall, Senegalese society illustrates how historical migrations and intercultural

exchanges have enriched and diversified its cultural landscape, promoting a culture where diversity and harmony coexist.

As shown in the previous chapter, FGM remains a dangerous cultural practice widespread in many parts of the world, especially in Africa. It is a clear violation of human rights. Senegal often serves as a case study for political stability and cultural diversity, yet it is not immune to this complex issue. Although less common and increasingly opposed within the country, the practice persists in some communities. This situation highlights critical concerns about cultural preservation, women's health, and the safeguarding of fundamental rights.

2 FGM Practices in Different Ethnic Communities

Aimee Molloy elucidates that FGM is considered a necessary act of love, and women who adhere to this practice do not perceive it as an act of cruelty (Molloy, 2013, p. x). She underscores that, in societies where a girl's social acceptance and financial stability are contingent upon marriage, circumcising a daughter is crucial for her future, as it ensures her status as a respected member of the community and facilitates her prospects in securing a suitable marriage (Molloy, 2013, p. x). She contends that a girl would face a lifetime of social ostracism and rejection if her parents abstain from performing this procedure. (Molloy, 2013, p. x).

Therefore, it is worthwhile to examine the reports by Nafissatou J. Diop, who is affiliated with the UNFPA Country Office and supported by the West and Central Africa Regional Office (WCARO) in Dakar, Senegal, and aims to end FGM by 2015 (Diop, 2006, p. 237). Senegal passed a law in 1999 making FGM illegal and created a national action plan. This approach encompasses activities across all levels of society, including advocacy with lawmakers, political and administrative leaders, and development partners; training for key resource persons; and community awareness and education (Diop, 2006, p. 237). There is no available data on the number of FGM cases before the law's enactment, so my analysis relies on reports from the Demographic and Health Surveys conducted in 2005, 2015, and 2023.

2.1 Prevalence and Forms of FGM in Senegal

2.1.1 Demographic and Health Survey Report 2005

A detailed overview of FGM among women aged 15 to 49 in Senegal is documented in the 2005 Demographic and Health Survey. According to Diop, approximately 28% of women nationwide have reported having undergone FGM (Diop, 2006, p. 239). She shows that the practice is significantly more prevalent in rural areas at around 34% (Diop, 2006, p. 239). In urban areas, participation is lower, at 22%, and is declining across generations, with approximately 31% of 45-49-year-olds and around 25% of 15-19-year-olds involved (Diop, 2006, p. 239). Although these disparities show a declining trend, the practice persists.

To classify FGM, we will use the WHO classification explained earlier in this dissertation to determine the typology of the practice: For *"Type I (clitoridectomy), the clitoris is removed partially or entirely; for Type II (excision), both the clitoris and a portion of the labia minora are removed; for Type III (infibulation), the vaginal entrance is removed and then closed"* (WHO et al., 2025, p. 3) Diop elucidates that three declarative milestones that approximately correspond to this typology: *"enlevé de la chair"* is classified as Types I–II, *"fermeture de vagin"* exemplifies Type III, and *"entaille"* signifies Type IV (Diop, 2006, p. 243). These milestones do not distinctly differentiate between Type I and Type II. Consequently, the majority of Senegalese cases appear to be Type I–II, a minor proportion are Type III, and an exceedingly small percentage are Type IV (Diop, 2006, p. 243).

Approximately 83% of respondents indicate the phrase *"enlevé de la chair"*; 12% reference *"fermeture de vagin"*, which is identified as the most severe form and corresponds to infibulation (Type III); and 0.2% mention *"entaille sans enlèvement de chair"* (Diop, 2006, p. 239). The remaining respondents are uncertain or do not specify. The age at the time of excision is generally in early childhood, with procedures typically conducted between the ages of 0 and 1, predominantly between 2 and 9, and less frequently after the age of 10 (Diop, 2006, p. 239).

Regional disparities are clearly observable. Neighborhoods such as Kolda, with an estimated prevalence of 94%; Matam, approximately 93%; Tambacounda, nearly 86%; Ziguinchor, around 69%; and Saint-Louis, almost 44%, constitute a cluster characterized by significantly high prevalence rates within the southern and northeastern regions (Diop, 2006, p. 239). The disparities are linked to differences in education and socioeconomic status. Data

indicate that individuals in the highest wealth and education quintiles have the lowest rates, with Muslim women more frequently reporting excision than Christian women (approximately 29% compared to 11%) (Diop, 2006, p. 239).

2.1.2 Demographic and Health Survey Report 2015

In 2015, FGM remained a significant concern in Senegal despite uneven distribution across regions. According to a report by Fatou Bintou Niang Camara, Mariana Stirbu, and Marie Sabara, 24% of women aged 15 to 49 nationwide reported having undergone FGM (Camara et al., 2016, p. 237).

The majority of procedures involved *"enlevé des partie chairs"* accounting for 57%; 9% experienced a simple *"entaille, sans enlever de chair"*; 7% had *"zone génitale cousu"*; and 29% were unsure of the exact type, often because the excision took place at a very young age (Camara et al., 2016, p. 237). Approximately 14.6% (around 15%) of girls aged 0 to 14 have already been circumcised, with 9% of girls aged 0 to 4, 17% of those aged 5 to 9, and 20% of girls aged 10 to 14 (Camara et al., 2016, p. 240). These numbers should be understood in light of the increasing exposure to circumcision as age advances. The data researched further indicate that the age at which excision occurs is predominantly very young: only 0.8% of women who experienced expulsion were aged 15 years or older; 85% of the women were under 10 years of age, with 68% being under 5; and 8% were uncertain of their age at the time of the procedure (Camara et al., 2016, p. 239).

Additionally, they discovered notable geographic disparities. The practice is most common among women aged 15–49 in the South, at 77%, followed by the North at 31%, then the West with 11%, and the Center at 7% (Camara et al., 2016, p. 238). A pronounced rural-urban gap exists for girls aged 0–14, with rates of 47.2% in the South, 22.5% in the North, 1.3% in the West, and 2.8% in the Center, showing 19% in rural areas compared to 7.5% in urban areas (Camara et al., 2016, p. 238).

2.1.3 Demographic and Health Survey Report 2023

In 2023, the national prevalence indicates that 20.1% of women in Senegal aged 15 to 49 have undergone FGM. Among them, 3.1% reported experiencing *"Entaille, pas de chair enlevée"* while 52.1% reported *"entaille, chair enlevée"* (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232). Additionally, 52.1% of women in Senegal have been affected by *"Vagin fermé par couture"* (infibulation) (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232). It is also notable that 19.2% of women are uncertain about whether they have undergone FGM or the type they received (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232). Taken together, these age-specific prevalence estimates, 16.4% among women aged 15–19 years, 20.0% among those 20–24, 22.8% among those 25–29, 20.8% among those 30–39, and 22.0% among those 40–49, indicate that the youngest group has comparatively lower exposure, consistent with a cohort effect in which newer generations have faced less exposure compared to older age groups (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232). The timing of circumcision is concentrated in early childhood, with 3.0% of procedures undertaken within the first year of life and an additional 8.3% occurring between ages one and four, after which the incidence declines sharply and becomes rare beyond the age of five (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232).

Figure 6: Map of Senegal https://de.wikipedia.org/wiki/Départements_des_Senegal (last seen on 13.11.2025 at 10:40)

Taken together, these data reveal pronounced regional and urban–rural disparities in prevalence. Among women aged 15–49 years, the phenomenon is markedly more prevalent in rural than in urban areas (23.5% vs. 16.5%), with the highest levels observed in Matam (83.0%), Sédhiou (80.9%), Kédougou (71.3%), Kolda (68.4%), and Ziguinchor (47.3%), and the lowest in Louga (2.0%), Thiès (3.9%), Kaffrine (5.5%), Kaolack (5.6%), and Dakar (13.9%) (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232). A comparable urban–rural gradient is evident among girls aged 0–14 years (16.7% in rural areas vs. 7.1% in urban areas), with prevalence peaking in Matam (66.7%), Sédhiou (48.1%), Kolda (38.5%), and Kédougou (30.0%) and reaching its lowest levels in Louga (1.5%), Thiès (1.5%), and Kaolack (1.4%) (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232). Furthermore, among excised women aged 15–49 years, the procedure is overwhelmingly concentrated in early childhood, 67.0% before age 5, 12.6% between ages 5–9, 3.5% between ages 10–14, and only 0.2% at age 15 or older (with the remainder unknown), and early excision is substantially more common in rural than in urban settings (77.1% vs. 51.9% before age 5), underscoring the intersection of place, age at procedure, and differential risk (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232).

The distribution of procedures among women who report having undergone FGM shows that approximately 3.1% had practices classified as Type IV, which corresponds to *"entaille, pas de chair enlevée"* in the graphic. Meanwhile, 52.1% had forms consistent with Types I or II: *"entaille, chair enlevée*" and 25.6% had Type III (infibulation), matching *"vagin fermé par couture"* (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232). In 19.2% of cases, the type could not be identified based on the information available (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232). The pattern varies slightly among girls aged 0-14 years who have undergone FGM: an estimated 34.9% had *"vagin fermé par couture"*; 59.7% had *"entaille, pas de chair enlevée"* (which includes Types I and II and, to a lesser extent, some Type IV practices), and 5.5% were unable to be classified because of insufficient information (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232).

2.2 Ethnic-specific FGM Practices and their Justification

Figure 7: Poster "Serre Vagin" (Own picture)

This photo was taken by me in Saly, Senegal, at an artisanal market in December 2024. The image captures a stand managed by a traditional healer, known locally as a "marabout" or "guérisseur traditionnel", selling various natural and medical items. Among the displayed goods were herbs, powders, oils, amulets, and other products often used in traditional medicine or spiritual healing practices.

One particular item stood out, a poster labeled "serre vagin". This expression, which literally translates to "tighten vagina". For me, this was a clear reference to FGM, especially the most severe form, Type III, also known as infibulation. This practice involves the narrowing of the vaginal opening through the creation of a covering seal, often justified by traditional or social beliefs concerning purity, virginity, or marital fidelity.

Unfortunately, despite significant efforts by the Senegalese government and NGOs to eradicate FGM, some ethnic groups in Saly and the surrounding regions continue to practice or promote it. These customs are deeply rooted in cultural identity and social pressure, making

their eradication particularly challenging. The presence of such products in a public market underscores the persistence of harmful traditional practices, as well as the need for continued awareness and education on women's rights, sexual health, and bodily autonomy. Therefore, it is interesting to analyze the cultural justification and ritual aspects of FGM as a rite of passage and a symbol of feminine purity, honor, and marriageability. Additionally, examine the roles of mothers, grandmothers, and traditional excisers in maintaining this practice among different ethnic groups in Senegal.

2.2.1 Wolof

FGM has maintained a consistently low prevalence among the Wolof population from 2005 to 2023, with estimates ranging from 1% to 2% (Diop, 2006, p. 239). Since 2005, data indicate that FGM is neither regarded as a symbol of honor, virginity, nor marriageability, nor is it considered a rite of passage. Religious justifications do not influence how the Wolof are portrayed; instead, respondents emphasize the advantages of discontinuing the practice, particularly regarding health, reduced pain, and enhanced sexual experience. When excision occurs, which is infrequent among them, it is almost always carried out by traditional practitioners in a conventional setting (Diop, 2006, p. 254). Conversely, Wolof often mentions health concerns, pain avoidance, and enhanced sexual pleasure as reasons for not participating. In fact, approximately 11% of Wolof women report experiencing *"plus grand plaisir pour la femme"* one of the highest rates documented (Diop, 2006, pp. 253–254). Overall, these patterns indicate that the Wolof lack a deep, enduring ritual connection to FGM/C and tend to reject it culturally.

These patterns are clarified and confirmed by the 2015 pivot. The social reproduction of the practice does not involve, within the group, a shaping of female roles similar to those seen in societies with higher prevalence; excision does not appear to be a common rite among the Wolof and receives only minimal local religious support (Camara et al., 2016, pp. 244–245). Although mothers, grandmothers, and excisers are involved in the traditional economy of the practice at the national level, they are not effective in perpetuating it among themselves (Camara et al., 2016, pp. 244–245). The marginal presence of excision in statistics, combined with the absence of strong regulatory or symbolic motivations to promote it, contributes to this situation. In addition, the author Aimee Molloy emphasizes in her argument that Wolof

communities do not practice FGM (Molloy, 2013, p. 6). She notes that Takko, a licensed midwife, has observed that women who have not been subjected to the practice typically experience uncomplicated vaginal deliveries, report diminished perceptions of pain, and display adequate perineal resilience, observations that underscore the embodied consequences of cultural interventions surrounding childbirth (Molloy, 2013, p. 6).

To conclude, the Wolof dynamic is reflected in a mixed intergenerational regression in the 2023 data; exclusion occurs prematurely, yet the cohorts affected remain relatively small. Infibulation (Type III) and non-fixed forms (Types I-II) manifest in comparable quantities among these residual cases; however, the influence thereof is diminished, necessitating cautious interpretation and rendering a stable distribution unestablishable (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 235). Although standards and opinions condemn the practice, the majority of Muslims in Senegal do not perceive it as a religious obligation, thereby reinforcing the distinction made by the Wolof between religious reference and exclusion (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 237). The nationwide predominance of traditional networks, such as *"exciseuses"* and womens groups, is conspicuous in operational tactics; nonetheless, the paucity of Wolof speakers indicates that these networks operate there infrequently and sporadically (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 236). However, an absence of social norms, diminished religious legitimacy, and waning social bonds contribute to the continued abandonment of the practice, while underscoring the importance of focusing on early life stages and potential interethnic exchanges that could introduce external standards.

2.2.2 Peuls

In 2005, within Peul communities, FGM was embedded within a justificatory framework where social recognition held paramount importance. Among women familiar with the practice, 31% regarded it as beneficial, depicting the act of cutting as a demonstration of compliance with collective norms and the protection of familial honor (Diop, 2006, p. 253). The regulation of premarital sexuality, characterized as the preservation of virginity, emerged as the subsequent most prevalent rationale, accounting for 20% (Diop, 2006, p. 257). Nationwide, 31% of women associated excision with preventing sexual relations before marriage, with the highest endorsement reaching 54% in regions such as Matam, where the

Peul communities are predominantly located (Diop, 2006, p. 257). A religious rationale was also prominently cited: 18% of respondents considered FGM a religious obligation, and 38% concurred that it is mandated by religion when questioned directly (Diop, 2006, p. 253). This situates the practice within local Islamic interpretative traditions, although the report does not specify doctrinal justifications. The observation further indicates firm community embeddedness, as evidenced by the high prevalence of the practice among Pullo mothers (62%), most often in the *"chair enlevée*" form, with 12% reporting infibulation (Diop, 2006, p. 250). Knowledge of the practice was nearly universal (97%). Procedures remained predominantly traditional (91% of cut women and 95% of girls underwent cutting by specialist excisers), pointing to village- and lineage-based transmission (Diop, 2006, p. 249). Although the survey does not explicitly identify decision-makers, two recurrent patterns are evident, implying structured authority and collective consensus in sustaining the practice.

In 2015, excision in rural areas frequently retained a minimal ritual component, involving elders who prepared girls, provided advice on moderation, observed shorter periods of isolation, and discreetly facilitated reintegration (Camara et al., 2016, p. 236). The procedure is typically performed before the age of five, as documented by Demographic and Health Surveys (DHS), which have somewhat deritualized the practice, rendering it akin to a subtle, less prominent traditional gesture (Camara et al., 2016, p. 236). As we analyzed in the previous chapters, FGM is considered a means for girls to achieve the status of a well-educated girl within societal ideals that emphasize chastity, family honor, and suitability for marriage.

According to Aimee Molloy, in communities with stringent social norms, non-compliance can result in social sanctions such as disdain, ridicule, or rejection of marriage alliances (Molloy, 2013, 13). The network of female elders remains integral: mothers often serve as mediators under social pressure, and the likelihood of excision increases markedly after they have undergone the procedure themselves (national data indicate slight variations) (Camara et al., 2016, p. 244). Grandmothers and aunts uphold traditional customs, coordinate procedures, and select traditional practitioners known as excisers. Nearly all surgeries are conducted by conventional practitioners; thus, the process of medicalization remains limited (Camara et al., 2016, p. 244). Since most procedures are carried out by traditional excisers, whose reputation relies on skill, compensation, and standing, medicalization remains marginal (Camara et al., 2016, p. 243). Abandoning the practice is costly both financially and symbolically. On the religious side, opinions remain divided: local interpretations supporting

the practice that emphasize health risks and the lack of a canonical mandate. Even though nationwide, the vast majority of women and men do not view excision as a religious obligation, including high-prevalence groups (Camara et al., 2016, p. 243). Quantitative data indicate that the Peul performed the procedure relatively early and had a high number of traditional practitioners, with rates among the highest in 2015 (approximately 51% among those aged 15–49; approximately 31% among those aged 0–14) (Camara et al., 2016, p. 241).

Cultural narratives, such as concepts of purity, honor, and elaborate rites, are not explicitly documented in the 2023 tables. This absence correlates with the high prevalence and very early ages of excision. A deeply internalized, early socialized norm is likely to persist, especially within female networks where exercisers remain active. Although the survey did not assess its theological validity, the belief in a religious obligation, measured at higher levels than in several other ethnic groups, continues to serve as a familiar justification. Positive attitudes towards continuation among Peuls remain above the national average, indicating social approval within part of the group. The maternal effect is especially evident, with about 51.2% of girls circumcised when their mother is circumcised, compared to just 0.3% when she is not (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 234).

This highlights the strength of an intrafamily normative gradient and the potential impact of an uncircumcised mother resisting pressure. These factors suggest a diachronic perspective, indicating that in 2005, three reasons, perceived religious necessity, premarital chastity, and societal recognition, were linked to traditional practices and matrilineal transmission. While there is limited qualitative detail on the rites, the 2023 data confirms the influence of adherence indicators, perceived religiosity, and strong family and community structuring. In 2015, a decline in ritualization was observed, coinciding with a decrease in age. Changes observed in other groups, such as religious debates, community declarations to abandon certain practices, and the promotion of alternatives, remain relevant here. However, their effectiveness hinges on acting within the intersection of local religious legitimacy, reputation management, and early socialization, particularly within women's networks of elders and local moral authorities.

2.2.3 Serer

The body of evidence collected from the 2005, 2015, and 2023 DHS surveys consistently demonstrates that FGM is not a defining cultural or ritual element within the Serer ethnic group of Senegal.

According to the 2005 DHS survey, excision is neither a fundamental aspect of Serer identity nor a determinant in a woman's social transition to adulthood. Serer traditions emphasize non-genital initiation rites, focusing on moral education, oral transmission, and social conduct. As anthropologist Marguerite Dupire noted in *"Classes et échalons d'âge dans une société dysharmonique (Sereer Ndut du Sénégal)"* (1991*), "chez les filles, le tatouage de la lèvre inférieure et parfois du menton est considéré comme l'équivalent non obligatoire de la circoncision"* (Dupire, 1991, p. 22). Adult responsibilities among Serer women are transmitted through lineage stories, songs, and ritual learning rather than physical mutilation. Marriage, likewise, depends on family prestige and moral behavior, not on circumcision (Dupire, 1991, p. 22).

Demographic evidence from 2005 further supports this cultural specificity**:** FGM prevalence among the Serer was around 2%, showing that the practice was marginal and exceptional (Diop, 2006, p. 239). The intergenerational actors, mothers, grandmothers, and excisers, play a minimal role in maintaining the practice, not due to their absence in Senegal but because the practice is culturally peripheral within Serer society.

The 2015 DHS survey confirms and reinforces this trend. It records a prevalence rate of only about 1% among Serer women aged 15–49 and 0.5% among girls aged 0–14 born to Serer mothers (Camara et al., 2016, pp. 240–242). These results align the Serer with other non-practicing groups, such as the Wolof, contrasting sharply with the Mandinka and Diola, among whom excision remains a deeply rooted initiation ritual. At the national level, excision continues to be carried out almost exclusively by traditional practitioners, with 99% of cases among girls and 94% among women, indicating limited medicalization (Camara et al., 2016, p. 244).

However, given the Serers near absence from these statistics, the social mechanisms (mothers, grandmothers, excisers) that perpetuate FGM in other ethnic contexts are structurally ineffective or irrelevant among them. Religious perception further corroborates

these findings. While 81% of women and 70% of men nationwide state that religion does not require FGM, the share of women believing otherwise is heavily concentrated among practicing groups, 31% among Mandinka**,** compared to only 1% among the Serer (Camara et al., 2016, p. 244). This shows that the Serer community's religious and moral frameworks do not sanction or legitimize excision in any way.

Building on these earlier surveys, the 2023 analysis indicates that the situation remains stable: FGM among the Serer is virtually nonexistent, both statistically and socially. Since the 1999 legal ban, there is no evidence of resurgence or hidden continuation of the practice. Instead, Serer communities continue to uphold symbolic and educational forms of initiation that preserve cultural identity without bodily harm. The 2023 review highlights a broader understanding of gender-based violence in Senegal, emphasizing that while other forms of discrimination or structural vulnerability may persist, FGM does not constitute one of them in the Serer context.

In conclusion, across all three survey periods, 2005, 2015, and 2023, the convergence of anthropological, demographic, and sociological data clearly establishes that FGM is not socially ingrained among the Serer. It holds no significance as a rite of passage, a religious duty, or a moral ideal. The Serer case thus stands as a notable example of cultural resilience, where the preservation of identity and social values has occurred without recourse to excision, underscoring the diversity of cultural pathways toward womanhood in Senegal.

2.2.4 Diola

Excision represents social recognition, group identity, and adherence to tradition, forming a core part of the Diola cultural and communal practices. Based on ethnographic surveys conducted in 2005 and 2015, it primarily serves as an identity marker, signifying conformity to societal norms, honoring tradition, and achieving milestones endorsed by elders. The idea of purity is often linked more to societal controls over premarital sex and family reputation than religious or doctrinal reasons (Diop, 2006, pp. 251–252). While some justify it with marriage or cleanliness, these are secondary to the fundamental need for social belonging (Diop, 2006, pp. 251–252).

As a result, FGM serves as a rite of passage. The primary importance of purity in this symbolic system lies in social purity, or adhering to societal norms. It is a vital part of female lineage, where traditional excisers hold recognized technical and ritual roles; meanwhile, elders, such as mothers and grandmothers, are responsible for determining, planning, and supervising the event. In mostly traditional settings, these elders ensure the ritual's validity and the preservation of knowledge (Diop, 2006, p. 252). As Dellenborg elucidates, the initiation ceremony into the secret society is most appropriately conducted during puberty, and excision is generally performed when a girl is approximately four years old (Dellenborg, 2004, p. 85). Several decades prior, excision was executed during puberty as an integral part of the initiation ritual. It has been conveyed to me that younger girls tend to recover more effectively from wounds, which is why they are circumcised at an earlier age in the present day (Dellenborg, 2004, p. 85). She continues arguing that the intricate, costly, and lengthy initiation ceremony attracts friends and relatives from across Senegal, and that it is an event that girls eagerly anticipate (Dellenborg, 2004, p. 85). Excision is associated with both religious beliefs and notions of *"knowledge"* (Dellenborg, 2004, p. 85). Irrespective of age, an excised female possesses knowledge that a non-excised girl does not. For girls, the circumcision ceremony functions as both a socialization mechanism and a vital educational process (Dellenborg, 2004, p. 85). She explains that the excision ceremony and the subsequent initiation ritual represent the exclusive methods through which older women transmit this knowledge, which encompasses theoretical, practical, and physically magical elements (Dellenborg, 2004, p. 85).

Employing a more quantitative approach, the 2023 Demographic and Health Survey substantiates these patterns. It shows that over 38% of girls aged 0 to 14 and nearly one in two Diola women (approximately 48%) aged 15 to 49 have undergone FGM (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 232). Infibulation is not the predominant form; loss of tissue is more common, and the practice of closure remains rare (approximately 3%). Its characterization as an initiation rather than a form of later punishment is reinforced by the fact that excision generally occurs before the age of ten. The 2023 DHS also reveals a significant intergenerational effect: the likelihood of a girl being circumcised increases markedly if her mother has been circumcised (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, pp. 234–235). This supports the notion that mothers, and, more broadly, the female community, play a vital role in the decision-making process. Furthermore, the report notes that traditional excisers conduct nearly all procedures, thereby maintaining their integral role in the perpetuation of the rite (Agence Nationale de la Statistique et de la

Démographie & ICF, 2024, pp. 234–235). Nonetheless, the specific ceremonial procedures and the precise role of grandmothers remain undocumented.

Through careful observation, it's clear that the Diola have gone through a meaningful change from 2005 to 2023. While the practice still exists, FGM is now facing more questions and discussion than before. It continues to be endorsed by elders and is rooted in ideals of honor and social cohesion. In opposition to non-prescriptive religious interpretations, arguments grounded in principles of equality, ethics, rights, and health have been introduced. It is also increasingly common for younger generations, particularly young mothers, to reinterpret initiation rites in a more symbolic rather than physical manner and to dissociate female respectability from the practice.

2.2.5 Mandinka

FGM has been among the most widespread social practices within the Mandinka community in Senegal since the mid-2000s. According to the DHS 2005 report, approximately 74% of Mandinka women aged 15 to 49 have undergone excisional circumcision (Diop, 2006, p. 245). This prevalence significantly exceeds the national average and is not comparable to the rates observed in tribes such as the Wolof or Serer, where the practice is less common (Diop, 2006, p. 245). Circumcision typically occurs at a very young age, predominantly in early childhood; over 60% of women reported being circumcised before the age of nine (Diop, 2006, p. 242). This early age reflects the system of collective integration in which FGM principally functions as a rite of passage into the social order. It constitutes a component of a series of female initiation rituals in high-prevalence Mandinka regions such as Kolda, Tambacounda, and Matam, where the individual becomes recognized and socially accepted as a young girl through this experience (Diop, 2006, p. 245).

For the Mandinka, social acceptability and a code of honor primarily determine who is excluded. Surveys from 2005 and 2015 show that concerns about improved marriage prospects and hygiene are secondary, with social recognition, purity, and virginity preservation remaining key reasons (Diop, 2006, pp. 251–252). As analyzed in the previous chapters, a virtuous woman is recognized as one who upholds her family's dignity and demonstrates virtues such as self-control, discipline, and modesty. I can infer that these views reflect societal notions of

femininity. In this context, FGM serves as a symbolic rite of passage into maturity and a moral and communal identity: being circumcised signifies completeness to the village and family. Uncircumcised women risk stigmatization and other social incompletions.

In terms of organizing rituals, selecting the excisor, and ensuring the transmission of standards, mothers and grandmothers continue to be the primary decision-makers (Camara et al., 2016, p. 244). A quarter of these same mothers stated they no longer wished to continue the practice, indicating both internal discussion and general acceptance of its continuation (Diop, 2006, p. 260). These indigenous practitioners, who are the keepers of ritual and technical expertise passed down from generation to generation, perform about 95% of surgeries, making traditional excisers essential (Diop, 2006, p. 249).

According to data from the DHS 2023 Survey, this structure is supported: the primary predictor of excision is the mother-daughter bond across generations, and the practice remains nearly entirely traditional (Agence Nationale de la Statistique et de la Démographie & ICF, 2024). Although the relevance of grandmothers is acknowledged in anthropological research, the report does not quantify it directly. The dominant type among the Mandinka is technically Types I and II (whole or partial removal of the labia minora and/or clitoris). Rare are types III (infibulation) and IV (incision) (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 235).

The fact that the excision age is still extremely young, typically before the age of 10, confirms that it is an initiation procedure rather than a strategy for managing marriage or marital relationships in later life (Agence Nationale de la Statistique et de la Démographie & ICF, 2024, p. 235). In Mandinka society, religion plays a significant role. Local norms prefer to associate FGM with the principles of chastity, moral discipline, and modesty, even though Islam does not necessitate it. A considerable percentage of Mandinka women, roughly 17%, more than the national average, believe that the practice is mandated by religion, according to surveys done in 2005 and 2015 (Diop, 2006, p. 251).

Among the five principal ethnic groups examined, Wolof, Peul, Serer, Diola, and Mandinka, the variety of attitudes and practices concerning female genital mutilation (FGM) exemplifies the intricate relationship between culture, religion, and social hierarchy in Senegal. The Wolof and Serer communities, where prevalence has historically remained minimal,

exemplify that female identity and moral development can progress independently of physical modification. Their cultural paradigms emphasize symbolic or educational rites of passage rather than physical alteration, thereby demonstrating that social cohesion and womanhood can be preserved through non-harmful traditions.

In contrast, the Diola and Mandinka continue to regard FGM as a vital marker of collective identity and moral adherence. For them, it holds ritual and communal importance, closely linked to systems of honour, purity, and lineage. Although recent evidence suggests internal debates and gradual shifts in perception, especially among younger women, the practice remains socially approved and is perpetuated through intergenerational female networks. The Peul occupy a middle ground: religious explanations and community pressure still exist, but partial deritualisation and urban exposure are gradually undermining their legitimacy.

Overall, these findings show that a single model cannot explain FGM in Senegal. Instead, it should be seen as a range of social practices influenced by local beliefs, moral values, and varying adherence to Islamic or traditional norms. The 2023 data survey, reveal both ongoing practices, where excision continues to symbolize identity, and changes driven by education, legal measures, and exposure to new perspectives that are contributing to its decrease. This ethnic comparison highlights a broader national dynamic in which tradition and modernity coexist and influence each other through ongoing negotiation. The Senegalese case shows that rejecting FGM is driven not just by bans or outside pressure, but by a slow, internal transformation of cultural identity and views of womanhood. The decision to abandon FGM stems from a gradual internal reevaluation of cultural values, rather than solely external pressures.

IV. Conclusion

My research aimed to analyze the persistence and evolution of female genital mutilation (FGM) in Senegal from 1999 to 2024, examining the cultural, social, and political factors that have either maintained or changed this practice. The main goal of the study was to answer the following question: "To what extent do cultural traditions and social norms uphold female genital mutilation in Senegal, and how have national and international debates since 1999 shaped local perceptions and public policies?"

Using a multidisciplinary approach that incorporates anthropology, sociology, history, African studies, and human rights, this thesis examines FGM not as an isolated act but as a complex social construct influenced by identity, symbolism, and collective behavior. Comparing Senegal's main ethnic groups, namely the Wolof, Peul, Serer, Diola, and Mandinka, shows that FGM is embedded in a network of shared values that organize social life and influence views of the female body. In many communities, excision is seen as a rite of passage into womanhood, symbolizing moral purity, family honor, and social conformity (Moges, 2009, p. 4). It functions to control female sexuality and uphold social cohesion by enforcing existing gender norms.

This cultural logic is reinforced by linguistic and social codes that give meaning to the practice. As Molloy notes, the term "tradition" is often used instead of "cutting" or "mutilation", creating a linguistic cover that both normalizes and hides the violence of the act (Molloy, 2013, p. 5). The word *"bilakoro"*, which refers to uncut women, exemplifies this symbolic system, as it conveys shame, immaturity, and social exclusion (Molloy, 2013, p. 6). In these contexts, social belonging depends on conformity to tradition; any deviation can lead to ostracism. Additionally, these meanings are closely tied to the broader symbolic economy of the female body in West African societies. As Hodžić points out, the female body functions as a social text through which moral order and gender hierarchies are written (Hodžić, 2017, p. 51). Within this framework, FGM is not seen as an act of mutilation but as a transformation that aligns the body with collective ideals of femininity, virtue, and respectability.

Since the late 20th century, FGM has become a focus in global discussions on health and human rights. The designation of the term "female genital mutilation" by WHO, UNICEF, and UNFPA in 1997 signified a pivotal shift in dialogue (Raafat, 2019, p. 11). This terminology

aimed to evoke moral outrage and inspire international action but also drew criticism for its ethnocentric tone and risk of stigmatizing entire communities (Accad, 2024, p. 43). Calling the practice "mutilation," Western organizations used a moral language that, despite its advocacy power, could alienate key community members. International treaties, such as CEDAW and the CRC, established a robust legal foundation that condemns FGM as a violation of fundamental rights (Geng, 2019, p. 4). The 2003 Maputo Protocol further enhanced the African human rights regime by explicitly linking harmful traditional practices to gendered structural inequalities (OHCHR, 1979, p. 1). In Senegal, the 1999 law criminalizing FGM was a notable legal advance. However, research indicates that legislation alone is insufficient to eradicate a practice deeply embedded in cultural traditions. In some cases, interdictions pushed the practice underground rather than eliminating it. Laws were sometimes perceived as external impositions, echoing colonial moral authority and fueling cultural resistance (Hodžić, 2017, p. 49).

My study suggests that the most effective efforts against FGM have originated from community-driven initiatives that combine education, dialogue, and collective action. Notably, the NGO TOSTAN has been a leader in promoting social change via participatory education. As Malick Niang states, TOSTAN's strategy is based on a culturally aware teaching method that raises awareness about human rights and health, while also enabling communities to reshape their own traditions (Niang, personal communication, October 3, 2025). The organisation's "public declarations of abandonment" method enables communities to voluntarily and collectively commit to abandoning FGM, helping to change social norms from within.

Since 1999, over 7,200 communities in Senegal have signed declarations, marking a significant shift in public awareness (UNFPA/UNICEF, 2024, p. 14). In 2023, more than one million women and girls engaged in advocacy or behavioral change efforts, with media campaigns reaching 66 million people (UNFPA/UNICEF, 2024, p. 8). These successes show that lasting progress depends on grassroots mobilization rather than top-down policies. Tostan's approach, which utilizes local languages and cultural references, exemplifies a decolonial development strategy that respects indigenous knowledge and avoids paternalistic approaches. This supports Burtscher's view that understanding local terms like *"tahur"* and *"tahara"* linked to purification, is crucial for understanding the cultural context of FGM before condemning it (Burtscher, 2012, p. 18). Although significant progress has been made, FGM

persists in some regions, especially among Peul, Diola, and Mandinka groups, highlighting the strong influence of shared norms and the social importance placed on conformity. In these communities, excision remains a symbol of honor, identity, and social unity. Opting out can be seen as rejecting ancestral traditions and may lead to social exclusion.

Accad notes that some women even take pride in being *"mutilated"*, viewing it as a symbol of cultural identity rather than a form of victimization (Accad, 2024, p. 43). This paradox highlights the complex nature of social change, where those most affected by a practice can also become its advocates. Religious beliefs add further complexity. While some local leaders justify FGM as part of the *"sunna"* or Islamic purification, leading scholars have consistently stated that the Qur'an does not support the practice (El Guindi, 2013, p. 39). In Senegal, many imams now openly oppose FGM, presenting abandonment as aligned with religious principles and human dignity (Molloy, 2013, p. 12).

Senegal currently epitomizes a society undergoing transition. The interaction of legal, religious, and customary standards has cultivated a diverse moral landscape wherein attitudes toward FGM are evolving. Among younger demographics and urban residents, the practice is progressively regarded as an antiquated tradition rather than a societal necessity. This shift signifies the commencement of a more profound redefinition of womanhood and honor within Senegalese culture.

My research concludes that cultural traditions and social norms remain central to the persistence of FGM in Senegal, but they are not immutable. The practice endures because it continues to mediate the relationship between the individual and the community, regulating sexuality and social inclusion. FGM embodies a symbolic language of purity, identity, and respectability, values that ensure cohesion within the collective (Molloy, 2013, p. 5).

Since 1999, the convergence of global human rights discourse and local activism has significantly transformed perceptions. The discourse between universal principles and local realities has yielded a hybrid model of change, one that advances beyond mere condemnation to foster transformation. The joint programmes of UNFPA and UNICEF, the implementation of CEDAW, and the initiatives undertaken by non-governmental organizations such as Tostan have facilitated a paradigm shift: Female genital mutilation (FGM) is now regarded less as a cultural norm to be tolerated and more as a social harm to be collectively unlearned.

The decline in prevalence reflects a gradual yet authentic internalization of new values. Instead of coercion, the catalyst for change is the social redefinition of honour, femininity, and dignity. The abandonment of FGM arises as a moral decision aligned with both community welfare and individual rights.

Building on these insights, numerous recommendations can be proposed. Firstly, public policies and educational initiatives should incorporate intercultural methodologies that engage with the cultural significances of FGM rather than simply condemning it. Secondly, increased participation of men and religious authorities is essential to dismantling patriarchal narratives that sustain gender-based control. Thirdly, a more integrated approach that connects health, education, and legal frameworks would enhance the sustainability of existing interventions.

Ultimately, FGM in Senegal illustrates the contradiction of a practice that is both condemned and defended, banned by law but culturally accepted. Its slow decline results from a transformation of meaning rather than sudden change: the female body has shifted from being merely a symbol of tradition to a space for dialogue across generations, cultures, and differing views of humanity. To address the research question, it's essential to understand that FGM is not just a health or legal concern, but a reflection of changing social values. Its eventual eradication will rely on a collective reassessment of what honour, womanhood, and dignity mean in Senegalese society.

V. Bibliography

1 Written Sources and Secondary Literature

Abdalla, Raqiya D./Abusharaf, Rogaia Mustafa. (2006). "My grandmother called it the three feminine sorrows": The struggle of women against female circumcision in Somalia. In: Rogaia Mustafa Abusharaf (ed.), *Female circumcision: Multicultural perspectives*. pp. 187–204. Philadelphia: University of Pennsylvania Press.

Abubakar, Zubaida/Bangali, Agnes/Dalmonte, Noemi/Diallo, Julie/Dookhony, Loveena/Eriksson, Sak/Guerra, Pedro/Hollowell, Clare/Mazzacurati, Cécile/Naphambo, Emmily/Ssebadduka, Bernadette. (2024). Toward zero gender-based violence and harmful practices in West and Central Africa. Dakar: UNFPA West and Central Africa. Retrieved October 16, 2025, from https://wcaro.unfpa.org/en/publications/toward-zero-gender-based-violence-and-harmful-practices-west-and-central-africa

Accad, Evelyne. (2024). *Constructing excision, writing pain.* In: Maria Jaschok, U. H. Ruhina Jesmin, Tobe Levin von Gleichen/Comfort Momoh (eds.), *The Routledge International Handbook of Harmful Cultural Practices*. pp. 27–47. London; New York: Routledge. https://doi.org/10.4324/9781003316701-4

Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal] & ICF. (2024). *Enquête démographique et de santé continue (EDS-Continue) 2023.* pp. 231-238. Dakar; Rockville, Maryland: Agence Nationale de la Statistique et de la Démographie (ANSD) et ICF.

Askew, Ian/Chaiban, Ted/Kalasa, Benoit/Sen, Purna. (2016). A repeat call for complete abandonment of FGM. In: *Journal of Medical Ethics, 42*(9), pp. 619-620. BMJ Publishing Group for the World Health Organization.

Ball, Haley. (2010). Prevalence of Female Genital Cutting Declines in Senegalese Villages Following Educational Program. In: *International Perspectives on Sexual and Reproductive Health*, *36*(1), pp. 49-50.

Baud, Jean-Pierre. (2011). An Update on Who's Work on Female Genital Mutilation (FGM): Progress report. Geneva: World Health Organization.

Bitker, Bruno V. (1972). Application of the United Nations' Universal Declaration of Human Rights within the United States. In: *DePaul Law Review, 21*(2), pp.337–356

Booyzen, Yolanda. (2018). *"Drop that blade or I'll show you my pussy": The visual (non)representation of the vagina in campaigns against female genital mutilation*. Master's thesis, University of Pretoria, Faculty of Law. Pretoria: University of Pretoria.

Burtscher, Doris. (2012). "Si tu n'es pas mort tu auras une cérémonie après la guérison": Local perception of female genital cutting, Salamat region, Am Timan District, Chad. Vienna: Médecins Sans Frontières (MSF) Operational Centre Amsterdam / Germany.

Camara, Fatou Binta N./Stirbu, Mariana/Sabara, Marie. (2016). *Chapitre 16: Excision*. In: *Sénégal : Enquête démographique et de santé continue (EDS-Continue) 2015*. pp. 235-246. Dakar;

Rockville, Maryland: Agence Nationale de la Statistique et de la Démographie (ANSD) et ICF.

Dellenborg, Liselott. (2004). *A reflection on the cultural meanings of female circumcision: Experiences from fieldwork in Casamance, Southern Senegal.* In: Signe Arnfred (ed.), *Re-thinking sexualities in Africa*. pp. 79–96. Uppsala, Sweden: The Nordic Africa Institute.

Diop, Nafissatou Jocelyne**.** (2006). *Chapitre 13 : Excision*. In: Salif Ndiaye & Mohamed Ayad (eds.), *Enquête démographique et de santé Sénégal 2005.* pp. 237–262. Dakar; Calverton, Maryland: Centre de Recherche pour le Développement Humain (CRDH) et ORC Macro.

Diop, Samba. (1993). *The oral history and literature of the Wolof people of Waalo, northern Senegal: The master of the word (griot) in the Wolof tradition. Performance of "The Epic Tale of the Waalo Kingdom" and the transmission of knowledge*. Doctoral dissertation, University of California, Berkeley. Berkeley, California: University of California.

Dupire, Marguerite. (1991). Classes et échelons d'âge dans une société dysharmonique (Sereer Ndut du Sénégal). In: *Journal des Africanistes, 61*(2), pp. 5–42. Paris: Société des Africanistes. https://doi.org/10.3406/jafr.1991.2317

Elchalal, Uriel/Ben-Ami, Boaz/Brzezinski, Amnon. (1999). Female circumcision: The peril remains. In: *BJU International, 83*(S1), pp. 103–108. https://doi.org/10.1046/j.1464-410x.1999.0830s1103.x

El Guindi, Fadwa. (2013). Chapter 2. “Had this been your face, would you leave it as is?” Female circumcision among the Nubians of Egypt. In: Rogaia Mustafa Abusharaf (ed.), *Female circumcision: Multicultural perspectives*. pp. 27–46. Philadelphia: University of Pennsylvania Press. https://doi.org/10.9783/9780812201024.27

Forst, Sebastian. (2020). Mansa Koli Bojang, the last king of Kombo and his British ally: Loyalty meets neutrality. In: *Stichproben – Vienna Journal of African Studies, (39),* pp. 1–24. https://doi.org/10.25365/phaidra.240_01

Forth, Gregory. (2018). Rites of passage. In: Hilary Callan (ed.), *The International Encyclopedia of Anthropology*. pp. 1–7. Oxford: John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118924396.wbiea2002

Fusaschi, Michela/Cavatorta, Giovanna. (2018). *FGM/C: Which spaces for a critical anthropology? Dialogues, resistances and new opportunities.* In: Michela Fusaschi & Giovanna Cavatorta (eds.), *FGM/C: From medicine to critical anthropology*, pp. 5-17, Turin: Meti Edizioni.

Geng, Jing. (2019). The Maputo Protocol and the Reconciliation of Gender and Culture in Africa. In: Susan Harris Rimmer & Kate Ogg (eds.), *Research handbook on feminist engagement with international law*. pp. 411–429. Cheltenham: Edward Elgar Publishing. https://doi.org/10.4337/9781785363924.00034

Gokee, Cameron/Thiaw, Ibrahima. (2020). Mapping the villagescape: An archaeological approach to political ecology along the Falemme River, AD 1000–1900. In: *African Archaeological Review, 37*(1), pp. 95–124. https://doi.org/10.1007/s10437-020-09375-w

Gruenbaum, Ellen. (2000). *The female circumcision controversy: An anthropological perspective.* Philadelphia: University of Pennsylvania Press. https://doi.org/10.9783/9780812292510

Hampshire, Kate R./Smith, Michael T. (2001). Consanguineous marriage among the Fulani. In *Human Biology, 73*(4), pp. 597–603.

Hawley, John C. (2018). Waris Dirie, FGM, and the authentic voice. In: Cajetan Iheka & Jack Taylor (Eds.), *African migration narratives*. pp. 239–255. Rochester, New York: Boydell & Brewer. https://doi.org/10.2307/j.ctvb6v7qk.18

Hodzič, Saida. (2017). *The Twilight of Cutting: African Activism and Life After NGOs.* Oakland, California: University of California Press.

Hulverscheidt, Marion A. (2013). Health right or human right? Changing tides in the international discussion of female genital mutilation. In: Alex Mold & David Reubi (eds.), *Assembling health rights in global context: Genealogies and anthropologies*. pp. 200–218. London: Routledge. https://doi.org/10.4324/9780203758373

Johnsdotter, Sara. (2012). Projected cultural histories of the cutting of female genitalia: A poor reflection as in a mirror. In: *History and Anthropology, 23*(1), pp. 91–114. https://doi.org/10.1080/02757206.2012.649270

Johnson, Adetokunbo. (2021). Barriers to fulfilling reporting obligations in Africa under the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. In: *African Human Rights Law Journal, 21*(1), pp. 176–203. https://doi.org/10.17159/1996-2096/2021/v21n1a9

Khosla, Rajat/Banerjee, Joya/Chou, Doris/Say, Lale/Fried, Susana T. (2017). Gender equality and human rights approaches to female genital mutilation: A review of international human rights norms and standards. In: *Reproductive Health, 14*(1), Article 59, pp. 1–9. https://doi.org/10.1186/s12978-017-0322-5

Kiragu, Karungari. (1995). Female genital mutilation: A reproductive health concern. In: *Population Reports (English Edition), 23*(3), pp. 1–3.

Knight, Mary. (2001). Curing cut or ritual mutilation? Some remarks on the practice of female and male circumcision in Graeco-Roman Egypt. In: *Isis, 92*(2), pp. 317–338. https://doi.org/10.1086/385184

Kouba, Leonard J./Muasher, Judith. (1985). Female circumcision in Africa: An overview. In: *African Studies Review, 28*(1), pp. 95–110. https://doi.org/10.2307/524569

Larousse. (1995). *Le Petit Larousse compact: Nouvelle édition en couleurs (84500 articles, 3600 illustrations, 288 cartes).* Paris: Librairie Larousse.

Linares, Olga F. (2003). Going to the city … and coming back? Turnaround migration among the Jola of Senegal. In *Africa, 73*(1), pp. 113–132. https://doi.org/10.3366/afr.2003.73.1.113

Malmström, Maria Frederika/Zangana, Goran A. Sabir/Barton, Faith. (2015). In conversation on female genital cutting. In: Gul Ozyegin (ed.), *Gender and sexuality in Muslim cultures*. pp. 183–196. London: Routledge. https://doi.org/10.4324/9781315583945-14

Meldi, Diego/Carassiti, Anna Maria/Canevaro, Silvia/Chiapponi, Francesca/Bergamino, Donatella/Bergamino, Giorgio/Palitta, Gianni/Battaglia, Lina/Massa, Francesca (eds.). (2003). *Dizionario Italiano.* Santarcangelo di Romagna: Rusconi Libri / Artemisia Progetti Editoriali.

Moges, Ashenafi. (2009). *What is behind the tradition of FGM?.* Vienna: African Women's Organization. Retrieved October 16, 2025, from https://www.support-africanwomen.org/images/downloads/FGM-Themen/FGM-Was_steckt_dahinter-EN-web.pdf

Molloy, Aimee. (2013). *However long the night: Molly Melching's journey to help millions of African women and girls triumph.* New York: HarperOne.

Nabaneh, Satang (ed.). (2025). *Female genital mutilation in Africa: Politics of criminalisation.* Pretoria: Pretoria University Law Press (PULP).

Niang, Malick. (2025). Informal interview (telephone). Vienna–Senegal, October 3 (1 hour). Documented through personal notes.

Njambi, Wairimũ Ngarũiya. (2000). *Colonizing bodies: A feminist science studies critique of anti-FGM discourse.* Doctoral dissertation, Virginia Polytechnic Institute and State University. Blacksburg, Virginia: Virginia Polytechnic Institute and State University.

Njambi, Wairimũ Ngarũiya. (2004). Dualisms and female bodies in representations of African female circumcision: A feminist critique. In: *Feminist Theory, 5*(3), pp. 281–303. https://doi.org/10.1177/1464700104040811

OHCHR. (1979). *Convention on the Elimination of All Forms of Discrimination against Women: Adopted and opened for signature, ratification and accession by General Assembly resolution 34/180 of 18 December 1979; entry into force 3 September 1981, in accordance with article 27(1)*, pp. 1-10. New York: United Nations. Retrieved, October 16, 2025, from https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women

Oyelakin Ogungbadejo, Bola. (2020). *Stop the razor: A cry against female genital mutilation.* Warsaw: Bola2Loaded / Amazon Fulfillment.

Pallitto, Christina/Ruiz-Vallejo, Fernando/Mochache, Vernon/Stein, Karin/Vogel, Joshua P./Petzold, Max. (2025). Exploring the health complications of female genital mutilation through a systematic review and meta-analysis. In: *BMC Public Health, 25*(1), Article 1387, pp. 1–29. https://doi.org/10.1186/s12889-025-21584-z

Raafat, Yasmin. (2019). Sugar-coating female genital mutilation in United Nations documents in English and Arabic: A diachronic study of lexical variation. In: *International Journal of Linguistics, Literature and Translation (IJLLT), 2*(5), pp. 1–9. https://doi.org/10.2139/ssrn.3462347

Rather, Nadeem Ahmad. (2025). Stories have to be told or they die: A critique of the essentialist paradigms of female genital mutilation and religion in Nawal El Saadawi's *Woman at Point Zero* (1977). In: *English Studies in Africa, 68*(1), pp. 51–64. https://doi.org/10.1080/00138398.2024.2424114

Rovine, Victoria L. (2019). African visual cultures and colonial histories: An expanding field. In: *African Arts, 52*(4), pp. 12–17. https://doi.org/10.1162/afar_a_00499

Sarr, Ibrahima., & Thiaw, Ibrahima. (2012). Cultures, médias et diversité ethnique: La nation sénégalaise face à la wolofisation. In: *Revue Électronique Internationale de Sciences du Langage – Sudlangues, (18)*, pp. 1–20.

Sonko-Godwin, Patience. (2003). *Ethnic groups of the Senegambia region*. Banjul: Sunrise Publishers Ltd.

Sundby, Johannes/Essén, Birgitta/Johansen, R. Elise B. (2013). Female genital mutilation, cutting, or circumcision. In: *Obstetrics and Gynecology International, 2013,* Article 240421, pp. 1–2. https://doi.org/10.1155/2013/240421

Tauxier, Louis. (1937). *Mœurs et histoire des Peuls: 1. Origines; 2. Les Peuls de l'Issa-Ber et du Macina; 3. Les Peuls du Fouta-Djallon*. Paris: Payot.

Thumiger, Chiara. (2022). *Part II: Sex and Medicine: Clitoridectomy in ancient Greco-Roman medicine and the definition of sexual intercourse.* In: Andreas Serafim/George Kazantzidis/ Kyriakos Demetriou (eds.), *Sex and the ancient city: Sex and sexual practices in Greco-Roman antiquity*. pp. 147-171. Berlin: Walter de Gruyter GmbH. https://doi.org/10.1515/9783110695793-007

TOSTAN. (2025). *Tostan: Dignity for all.* Dakar: Tostan. Retrieved November 7, 2025, from https://tostan.org/about-us/mission-history/

Troy, Aurélie. (2008). Les pagnes des circoncis: Séparation et émotions dans les rites d'initiation seereer (Hireena, Sénégal). In: *Systèmes de pensée en Afrique noire, (18)*, pp. 41–104. https://doi.org/10.4000/span.746

UNFPA & UNICEF. (2024). *2023 annual report of FGM joint programme: Addressing global challenges with local solutions to eliminate female genital mutilation.* Dakar: UNFPA West and Central Africa Regional Office. Retrieved October 16, 2025, from https://wcaro.unfpa.org/en/publications/2023-annual-report-fgm-joint-programme-addressing-global-challenges-local-solutions

UNFPA. (2025). *Female genital mutilation.* New York: United Nations Population Fund. Retrieved November 7, 2025, from https://www.unfpa.org/female-genital-mutilation

UNICEF. (n.d.). *What is female genital mutilation? Everything you need to know about FGM and what UNICEF is doing to stop it.* New York: United Nations Children's Fund.Retrieved November 7, 2025, from https://www.unicef.org/protection/female-genital-mutilation

Walley, Christine J. (1997). Searching for "voices": Feminism, anthropology, and the global debate over female genital operations. In: *Cultural Anthropology, 12*(3), pp. 405–438.

White, Allen E. (2001). Female genital mutilation in America: The federal dilemma. In: *Texas Journal of Women and the Law, 10*(2), pp. 129–145.

Wikipedia. (n.d.). *Départements des Sénégal.* San Francisco, California: Wikimedia Foundation**.** Retrieved November 4, 2025, from https://de.wikipedia.org/wiki/Départements_des_Senegal

WHO et al. (2025). *WHO guideline on the prevention of female genital mutilation and clinical management of complications.* Geneva: World Health Organization. Retrieved September 13, 2025, from https://www.who.int/publications/i/item/9789240107281

WHO. (2025). *Female genital mutilation.* Geneva: World Health Organization. Retrieved November 7, 2025, from https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation

Wood, Alexi Nicole. (2001). A cultural rite of passage or a form of torture: Female genital mutilation from an international law perspective. In: *Hastings Women's Law Journal, 12*(2), pp. 347–386.

2 Oral sources

2.1 Appendix I

Notes and verbatim excerpts from the informal exchange with Mr. Malick Niang (October 3, 2025).

This section presents my personal notes, as well as some verbatim excerpts from an informal exchange with Mr. Malick Niang, Program Manager at TOSTAN Senegal, on October 3, 2025, at 12:00 p.m. (Vienna) / 10:00 a.m. (Senegal). This is a two-page working document intended solely to ensure the transparency of the research process.

I. Dimensions ethniques, culturelles et régionales (explained by Mr. Malick Niang, Program Manager at TOSTAN Senegal)

- Wolof, Sérères : “ne pratiquent pas l’excision” car “ce n’est pas traditionnel”.
- Excision plus courante chez les Peuls et les Mandingues.
- Pratiques variables selon les groupes : “C’est différent selon la façon dont ils le pratiquent”.
- Chez les Peuls, ce sont “les grand-mères qui sont derrière”, une pratique traditionnelle : “elles l’ont toutes vécue” = Variations selon l’âge.
- Excision “dès la naissance” dans certains contextes, “stratégie pour cacher la pratique” = pas de cérémonie, absence de surveillance, stratégie de contournement.
- En Casamance : rite de passage où l’excision peut être “camouflée” (Diola).
- Dans le nord : “pas de rite d’initiation” chez les Peuls.
- Rites de passage plus présents dans le sud et le sud-est.
- Fonction culturelle : “valider la pratique”, considérée comme importante.
- Religion : “n’est pas fondée”, “n’y a rien”.
- Risques de marginalisation : filles non excisées “marginalisées, stigmatisées, discriminées”.
- Pratique motivée par la nécessité “d’être acceptée”.

II. TOSTAN : approche et dynamique communautaire (explained by Mr. Malick Niang, Program Manager at TOSTAN Senegal)

- Sensibilisation : minorité au départ, processus “continu et permanent”, mais “fragile”.
- Sénégal–Gambie : mêmes communautés culturelles ; “Mauritanie facile à traverser”.
- Sud : nombreux flux migratoires liés à l’excision (GB et G).
- Présence d’un “foyer religieux puissant” (Peuls).
- Déclarations publiques.
- Masse critique : lorsque la majorité des pratiquants devient minoritaire.
- Les exciseuses deviennent “hors norme”.
- Mouvement d’abandon.
- Rôle des réseaux sociaux : “tout le monde est intégré”.
- TOSTAN en partenariat avec l’UNICEF et l’UNFPA depuis 2016.

III. Cadre légal, perceptions sociales et obstacles institutionnels (explained by Mr. Malick Niang, Program Manager at TOSTAN Senegal)

- La loi doit être inclusive : il faut des traductions “dans les langues pour que tout le monde comprenne”, selon la tradition de la loi.
- Nécessité de prise de conscience : “Ils doivent prendre conscience que le FGM, c’est pas bien”.
- Dénonciation mal perçue : “mal vue culturellement”.
- Sans sensibilisation : risque d’être marginalisé → tendance à “cacher l’information” et à régler seul le problème.
- Niveau ministériel : risque de “handicap” professionnel et d’impact sur la carrière.
- Poids des croyances culturelles.
- Socialisation précoce : “formatés dès jeunes” → blocage face à la loi.
- Influence populaire : “Ils veulent pas aborder le sujet”.
- Comparaison : politique ferme au Burkina ; “pas le cas au Sénégal”.
- Jugement social négatif à l’égard de la pratique.
- Dépendance à la volonté politique.
- Trois plans d’action nationaux, notamment celui de 2022–2030.

IV. TOSTAN 1999–2025 : impact, engagement communautaire et suivi (explained by Mr. Malick Niang, Program Manager at TOSTAN Senegal)

- 7 214 communautés et villages sensibilisés et accompagnés au Sénégal (1999–2025) pour l'abandon public de l'excision.
- Fiche d'engagement signée et partagée avec les autorités.
- Assemblées générales et réunions villageoises pour décider librement et participer aux activités.
- Médiatisation : encourage la "massification" ; les villages voisins « vont copier ».
- 1999 : première déclaration — la dernière soutenue par l'UNFPA (mai).
- Mécanismes de veille communautaire : villages → "communautés de veille/d'alerte" pour faire respecter l'abandon → sanctions possibles.
- Suivi post-déclaration : Ministère de la Famille → missions de vérification pour constater si les communautés respectent leur engagement ou si la pratique a repris.