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# **NOT TALKING IN RIDDLES:**

**To what extent can the making and use of factual documentary  
change understanding and attitudes towards  
Female Genital Mutilation in The Gambia?**

**By Judy Aslett**

Doctor of Philosophy  
Department of Journalism  
University of Sussex  
March 2021



## **Declaration**

This thesis has been completed as a requirement for a postgraduate research degree of the University of Sussex.

No portion of the work referred to in the thesis has been, or will be, submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

I confirm that this thesis is entirely my own work.

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This thesis uses Harvard style referencing.

## **Abstract of Thesis**

This thesis investigated the extent to which documentary film can aid the process of attitude and behaviour change, specifically as part of the campaign to end Female Genital Mutilation (FGM) in The Gambia. It involved the making of three versions of a factual documentary in collaboration with grassroots activists and the journalist Halimatou Cessay. I have evaluated the film using Participatory Ethnographic Evaluation and Research (PEER) methods in the Brikama region of The Gambia. Two hundred million women worldwide have undergone Female Genital Mutilation where their clitoris and other parts of their genitalia are removed for no medical reason. In The Gambia, seventy five percent of girls and women have undergone FGM, most before the age of fifteen. The practice was made illegal in The Gambia in 2016 but FGM is still carried out and to date there have been no successful prosecutions. In this thesis I examined the potential for how factual documentary film could help change people's minds about FGM. I examined what style should be used in making the film, who should be interviewed and what arguments should be put forward. I examined how a Western documentary maker (myself) could work collaboratively with grassroots NGOs and a Gambian presenter. The film sought to accurately reflect the current debates and practise of FGM in the country, with a view to encouraging and supporting the ending of the practice. The results of the research showed that factual documentary film could be an effective tool in campaigns such as this. The key finding was that the most effective film should be made in a collaborative style taking into account the experience of the local NGOs and the nuances of the local culture and traditions.

## LIST OF ABBREVIATIONS

ARP	: Alternative Rights of Passage
BAFROW	: The Gambia Foundation for Women's Health, Productivity and the Environment
CEP	: Community Empowerment Programme
CRC	: Convention on the Rights of the Child
FGM	: Female Genital Mutilation
FGC	: Female Genital Cutting
FORWARD	: Foundation for Women's Health Research and Development
GAMCOTRAP	: The Gambia Committee on Traditional Practices affecting The Health of Women and Children
GBV	: Gender Based Violence
MA	: Master of Arts
MICS	: Multiple Indicator Cluster Survey
NGO	: Non-Governmental Organisation
NSPCC	: National Society for the Prevention of Cruelty to Children
OHCHR	: Office of the High Commissioner for Human Rights (UN Human Rights)
PEER	: Participatory Ethnographic Evaluation and Research
SHFG	: Safe Hands for Girls
TGA	: The Girls' Agenda
UN	: United Nations
UNFPA	: United Nations Population Fund
UNICEF	: UN International Children's Emergency Fund
WHO	: World Health Organisation

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### **The films:**

**Can be found on YouTube channel - JudyAslett2 - YouTube**

**“My FGM Story” (2015); “My FGM Story” (2017); “My FGM Story” (2020) English version; “My FGM Story” (2020) Mandinka version; “My FGM Story” (2020) English version (with subtitles)**

[www.youtube.com/channel/UCNnusGfywz5RRI8vjb4-LUQ](http://www.youtube.com/channel/UCNnusGfywz5RRI8vjb4-LUQ)

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For Rama

## INTRODUCTION

The UN estimates two hundred million women and girls worldwide have undergone Female Genital Mutilation (FGM). “FGM is the partial or total removal of the external female genitalia for no medical reason” (<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>, 2020).<sup>1</sup> It is a traditional cultural practice in at least 30 countries and also impacts women in many other countries including the UK. In The Gambia, an estimated seventy five percent of girls and women between the ages of 15 and 49 have undergone FGM (<https://www.28toomany.org>, 2020). I first became aware of FGM in the early 1990s when I was Africa correspondent for Channel Four News. Since then, many journalists and filmmakers have broadcast films in Western countries about FGM to raise awareness of the practice. Some documentaries have been shown on TV or YouTube, some in cinemas. Some films target decision makers, governments and lawmakers. Others direct their message to the general public.

Meanwhile, in the countries where FGM is widely practised, factual films and documentaries about FGM are rarely seen. The reasons for this are complex. First, FGM is a controversial subject. State Television in Africa, for instance, tends to be used as a mouthpiece for the government of the day and talking about FGM is controversial and not seen as a “vote winner”.<sup>2</sup> Second, films made by Western filmmakers tend to show FGM as “shocking” and “barbaric” and that has led to some films being criticized by African audiences as colonial propaganda (Beer and List, 1999). Thirdly, there is not yet sufficient evidence, because there has not yet been research, that collaborative or participatory filmmaking is effective in helping change attitudes towards FGM in

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<sup>1</sup> More details in chapter 2

<sup>2</sup> The Gambian President Adama Barrow and other politicians in the country have been accused by NGOs in conversation with me of not “speaking out” against FGM because of fear of not being re-elected.

the countries where it is practised. Academic evidence that exists from a study in Burkina Faso, suggests watching films can create discussions about FGM which support wider health and educational interventions (Richter, 2015). My thesis built on that study, and also drew on lessons from international collaborative and participatory filmmaking practises that have investigated what elements make for a film that will help change attitudes, and eventually behaviour, that can be applied to the campaign to end FGM in The Gambia (Cialdini, 2007; Pirkis et al., 2019).

The research question posed by this thesis was broken down into three parts. First, how should the film be made? Second, who should be in the film, and third, how could we research the impact of the film?

FGM is still a sensitive subject in countries where it is practised and the culture surrounding it is very local and nuanced. Reasons given for practising FGM vary from country to country so finding arguments to challenge the practice should also vary if they are to be effective. This is not a world where traditional documentary making, which seeks to shine a light on a specific and identifiable issue, and broadcast it to as many people as possible, finds a natural fit.

I have been a television journalist and filmmaker for 30 years. For the past 10 years I have also been collaborating with, and training, filmmakers in Africa. I met the journalist Halimatou Ceesay at a conference in Banjul in 2015, and over a five-year period from 2015 to 2020 we collaborated to make a film to support the #EndFGM campaign in The Gambia. The film “My FGM Story” (2020) was created and developed over three versions. These versions I have named: “My FGM Story” (2015); “My FGM Story” (2017) and “My FGM Story” (2020). This thesis analysed the making of these films and the impact of the final film, “My FGM Story” (2020), using PEER (Participatory Ethnographic Evaluation and Research)<sup>3</sup>. One of the important factors in this research was that the participant interviewees, who were shown the final version of the film, had to feel free to speak their minds. We wanted them to be open and honest, not only about their views on FGM, but also how they rated the film. For that reason, Halimatou and I were not part of the viewing process as we wanted the film to be judged on its own merits rather than influenced by interviewees’

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<sup>3</sup> More in chapter 17 and in Part Four of this thesis.

perceptions of the filmmakers. I became involved again at the end of the PEER process, when the PEER interviewers reported their findings back to me as the lead researcher. I audio recorded my interviews with the PEER interviewers and coded and analysed them using the qualitative data analysis software package, NVIVO.

The aim of this research was to make a film that influenced viewers to help end the practice of FGM in The Gambia. While I acknowledged that one film was not enough to persuade all or even the majority of viewers to change, this film has influenced some to change their minds and all those who watched the film said it gave them insights into the practice of FGM that they did not have before. The title of this thesis, *Not Talking in Riddles*, took its name from the response of one of the PEER interviewees who said she had never heard FGM being discussed in such an open way before. This research was also designed to find a methodology for making films relevant to other countries where there are campaigns to end FGM. In the same way that some health and social campaigns have often been unable to transfer from country to country, because national and local traditions and practises vary, I anticipated that the *content* of an effective film would be country specific. However, the methodology used to make and assess the impact of documentary film, could be applied to other countries.

Although “My FGM Story” (2020) has now been shown on national television in The Gambia, assessing the impact of the film on that wider viewership was beyond the scope of this PhD. This could be an area for further research. The Gambia was an appropriate choice for this research. This is because it is a small country, with a population of just 2.42 million, and the implementation of legislation to outlaw FGM in 2016 is already having an impact in that people know more about the practice of FGM and know it can be questioned. However, there is no evidence yet that the practice has been significantly reduced (<https://mics.unicef.org/surveys>, 2018, p. 360).<sup>4</sup> This research sought to understand why most people in The Gambia consider FGM to be an important part of their culture, and what the most relevant arguments that can be mobilised against it are. It also sought to provide evidence that factual

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<sup>4</sup> The MICS 2018 report shows that 92% of the population is aware of the law change but there is no new data on how many girls have undergone FGM since the law change

documentary film can have an impact on changing attitudes towards FGM and that film can be used effectively in the campaign to end FGM in The Gambia, and other countries where it is practised. This research could also have implications more widely for the use of documentary film in other health education initiatives.

## **PART ONE – FGM IN THE CONTEXT OF THE GAMBIA**

### **1. Definition of FGM**

The World Health Organisation (WHO) gives a detailed definition of the four recognised types of FGM:

**Type 1:** this is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans).

**Type 2:** this is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

**Type 3:** Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans (Type I FGM).

**Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. (<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>. 2020)

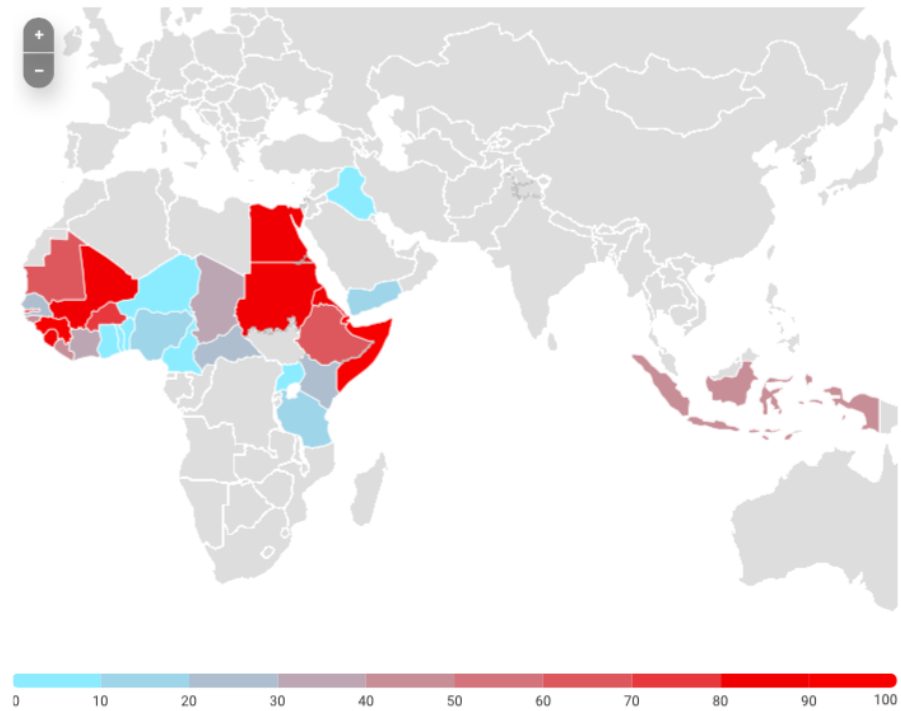


It is well researched and documented that FGM, especially when it involves infibulation, can result in multiple infections, which can also lead to infertility (Dorkenoo, 1994; Kaplan et al., 2013; Richter, 2015; Shell-Duncan and Hernlund, 2000). Women who have undergone FGM often have difficult births and can tear where the scar tissue around the perineum is unable to stretch. Immediate complications after FGM include severe pain and shock, which often have long term psychological as well as physical consequences. Other health problems can occur during menstruation where the small hole left after type 3 infibulation is not large enough to allow menstrual blood to flow. This can cause enormous pain for women with type 3 every month, and on occasions menstrual blood can build up inside the body when it is unable to escape (*Desert Flower*, 2000). If the FGM goes “wrong”, the girl can bleed to death as a result of haemorrhaging (Shell-Duncan and Hernlund, 2000, p. 14).

UNICEF (2020) estimated that 200 million women and girls across at least 30 countries have undergone FGM. The report showed that FGM is practised in countries in Africa, the Middle East and Asia. “The practice is almost universal in Somalia, Guinea and Djibouti, with levels around 90 per cent, while it affects no more than 1 per cent of adolescent girls in Cameroon, the Maldives and Uganda (<https://data.unicef.org/topic/child-protection/female-genital-mutilation>. 2020).”

## **0.1**

Percentage of girls and women aged 15 to 49 who have undergone female genital mutilation



UNICEF global databases, 2020, based on DHS, MICS and other national surveys, 2004-2018.

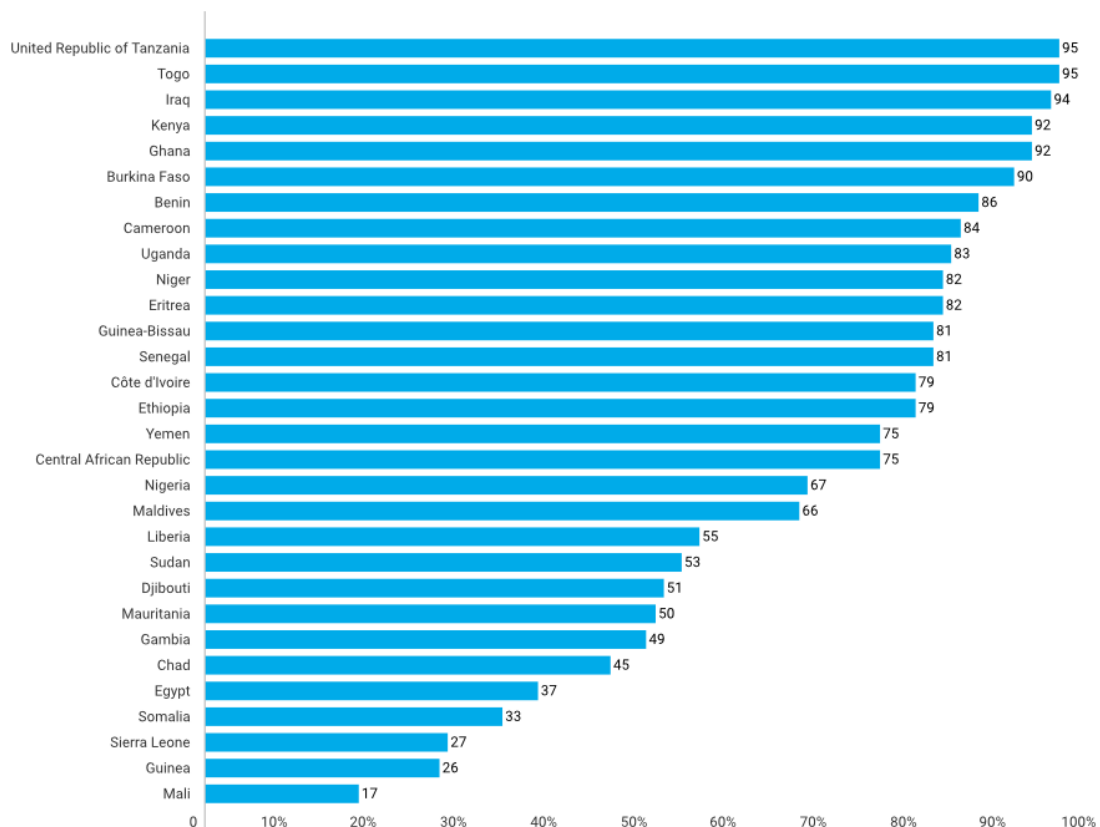
The UNICEF (2020) report went on to record attitudes towards FGM by women in the countries where FGM is practised. This was the first survey of its kind to be carried out in The Gambia since FGM was outlawed in the country in 2016<sup>5</sup> and shows that 49% of women in The Gambia think FGM should end.

## 0.2

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<sup>5</sup> See more in chapter 6 of this thesis

Percentage of girls and women aged 15 to 49 who have heard about FGM/C and think the practice should end



UNICEF global databases, 2020, based on DHS, MICS and other national surveys, 2004-2018.

As more immigrants from the countries that carry out FGM move to the West, there has also been an increase in the number of women and girls living in the West who have undergone FGM. The secretive nature of FGM means that it is often difficult to get accurate figures for how many women fall into this category. However, a study by City, University London, estimated that “103,000 women aged 15-49 with FGM born in countries in which it is practised were living in England and Wales in 2011 (MacFarlane and Dorkenoo, 2015, p. 3)”. The most recent and comprehensive study in the USA estimates that 513,000 girls and women are affected by FGM in the USA ([https://www.equalitynow.org/fgmc\\_in\\_the\\_americas](https://www.equalitynow.org/fgmc_in_the_americas). 2016).

## 2. Origins of FGM

There are different theories about the origins of FGM and when the cutting started. Slack (1988) found that infibulation has been traced to ancient Egypt, hence, the name 'Pharaonic circumcision':

Analysis of Egyptian mummies has shown that women were infibulated during this time and some believe the practice may have originated there. Others believe that the practice existed long before, perhaps among herders as a protection against rape for young girls who took animals out to pasture, or as a custom among stoneage people in Equatorial Africa. (Slack, 1988, p. 444-445)

Mackie (1996) found that in some areas the origins may have been related to the slave trade:

The geographic distribution of FGM suggests that it originated on the Western coast of the Red Sea, where infibulation is most intense, diminishing to clitoridectomy in westward and southward radiation. Whatever the earliest origins of FGM, there is certainly an association between infibulation and slavery. (Mackie, 1996, p. 1003)

Dr Sada Mire is a Swedish-Somali archaeologist. She believes FGM was originally an ancient communal sacrifice to the ancestors to avoid a curse, which could lead to drought, failed crops, dead livestock and illness. As such it was part of the collective human sacrifice to the Gods:

This is why many who would themselves like FGM to be abolished still infibulate their daughters: they do not want to be the ones who bring 'shame' and 'dishonour'. (Mire, 2020, p. 305)

Mire also found that FGM is an important part of fertility rituals. FGM is carved in fertility stones along with the scarification of the child by cutting or burning the torso. Cutting off the clitoris and other parts of a woman's genitalia is done as an offering to the Gods as a sacrifice. She concludes that the issues of virginity, sexual control and virtue are more recent additions as reasons for the practice (Mire, 2020, p. 305). This view, that the origins of male and female circumcision has its origins in fertility rituals, is supported by the anthropologist Fuambai Ahmadu, a Sierra Leonean-American anthropologist who has carried out research on the origins of FGM in The Gambia and has worked for UNICEF and the British Medical Research Council in The Gambia. She chose to undergo FGM, aged 22, which she refers to as Female Genital Cutting (FGC). Ahmadu suggests we should look to the Neolithic times (8000 – 3000 B.C) and analyse the fertility rituals taking place at the time, which involved both male and female circumcision:

Female and male genital cutting rituals could have developed as part and parcel of matricentric socioreligious ideas and practices that celebrated and mystified women's roles in reproduction and production. (Ahmadu, 2005, p. 189)

Ahmadu makes much of her interpretation that far from being “victims” or “survivors” of FGM, women have always held a respected role in society as creators of the practice.<sup>6</sup> Like Mire, she agrees that seeing FGM as a way of controlling women, and women's sexuality, in a patriarchal society, is too simplistic when looking at the origins of the practice. Indeed, Ahmadu sees the fertility rituals, which include female circumcision, as being part of a celebration of the “mother right” or “matriarchy” that gives women power in society. In Gambia it is the women who carry out the practice (the cutters) and, on the whole, it is the mother or grandmother who will take the girl child to be cut. It is a celebration of the girl being part of “womanhood” and being prepared to be a mother herself. Ahmadu (2005), described how she witnessed several initiation ceremonies in The Gambia where the actual cutting of the young

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<sup>6</sup> On her website Ahmadu refers to herself as “a proudly circumcised/initiated and sexually confident African woman.

girls took place on the first day of the ceremony, and for the next two weeks, while the girls healed, the grandmothers and other elders of the community performed dances and “supernatural” rituals which scared the young initiates. The idea was to make the young girls respectful of their elders and gain knowledge about their cultural traditions and history:

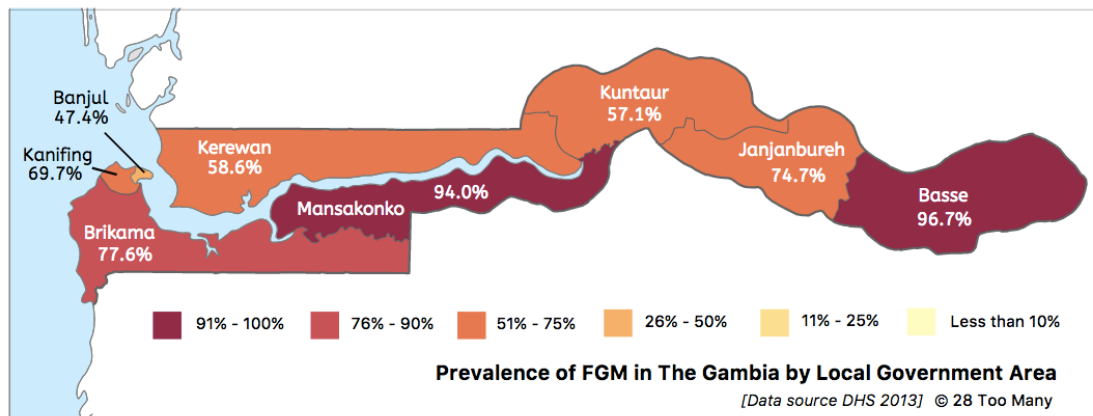
The grandmothers and elderly women represent themselves as being able to control these supernatural forces of fear and darkness, as capable of summoning them at will as well as imposing them on detractors at their whim. Yet, all of this is juxtaposed with actions of kindness, nurturance and spoiling of the young girls with sweets and attention during their moments of healing. And, there is "real" sharing or handing down of knowledge from female elders, the "grandmothers", to the initiates, particularly concerning sexuality, male and female relations, issues relating to childbearing and childbirth, as well as to maintaining personal cleanliness and hygiene. (Ahmadu, 2005, p. 89)

Amadu concludes that the ceremony provides a bond between girls who have undergone the FGM ceremony together and provides them with a support network within the community of grandmothers and senior women while the initiates' own mothers are “marginalized” (Ahmadu, 2005, p.87).

How these fertility rituals, and the current day understanding and practice of FGM came to The Gambia is less certain and Ahmadu concludes that we may never know the real origins of FGM in The Gambia (Ahmadu, 2005). While many women, in this thesis, spoke to us about ancestors and “tradition”, many also spoke about controlling a girl’s sexuality and being “dirty” (solema) if she is not cut. It is also the case that men (more than women) spoke about it being a religious “requirement”.

### **3. FGM in The Gambia**

#### **0.3**



The Gambia is the smallest country in mainland Africa. It is completely surrounded by Senegal except for the Western border, which opens out to the Atlantic Ocean. The River Gambia splits the country through the middle. As previously discussed, an estimated seventy five percent of women in The Gambia have undergone FGM (<https://www.28toomany.org>), most are cut before they are fifteen years old. Whether women are cut or not depends largely on their religion and ethnic origin. On the whole, nearly all women who are Mandinka, Sarahule and Fula are cut, for example, while Christians, some Jola and Wolof women are not. The graph above shows the percentage of women who have undergone FGM by region, which broadly reflects the numbers of different ethnic groups living in that region.

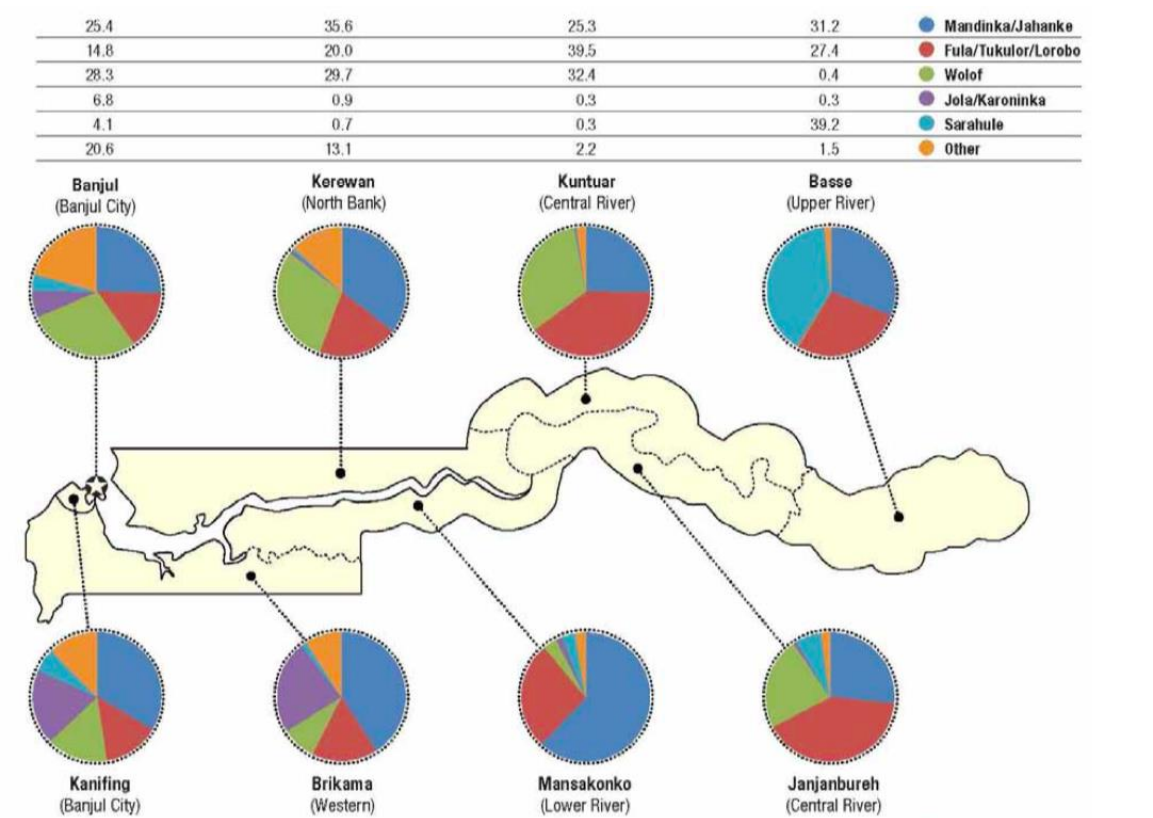
On 23<sup>rd</sup> November 2015, President Yahya Jammeh unilaterally banned FGM in The Gambia by saying that there was no mention of FGM in the Koran so he was going to make FGM illegal (*Jaha's promise*, 2017). The law made it onto the statute books in early 2016. This thesis suggests that the change in the law has made some difference to the numbers of young girls who were being cut but this change is not yet reflected in figures compiled by the UN.<sup>7</sup> This is largely because the figures analyse girls and women over fifteen years of age who would most likely have been cut before the law changed (<https://mics.unicef.org/surveys>).<sup>8</sup> This thesis also reflects the concern of NGOs, such as "Safe Hands for Girls", that the President, Adama Barrow, is not committed to the law and is not enforcing it (Peyton, 2018). The highest density of

<sup>7</sup> I am not aware of any other independent data

<sup>8</sup> The research publishes data from women aged 15 to 49 years

women who have undergone FGM are to be found in the more rural areas of Basse and Mansakonko. This reflects the predominance of groups which practise FGM in these regions.

0.4



Source - 28 Too Many

Brikama, where this research took place, is dominated by Mandinka and many compounds and villages are entirely Mandinka. In the more urban areas of the capital Banjul and Kanifeng, fewer girls have undergone FGM. This is largely where more educated Gambians live and work and some, regardless of ethnic background, are beginning to refrain from the practice of FGM, in line with the law. This is also where more migrants from other countries tend to settle and they may be from communities which don't practise FGM.

a. Health Education



A national campaign to educate Gambians about the harmful effects of FGM began in the early 1980s. In 1981, The Gambian Nurses Association organised a seminar on FGM. The government of the day recognised FGM as a harmful practise and supported plans to abolish it through education (Dorkenoo, 1994, p. 101). In 1984, at a WHO conference in Dakar in Senegal, The Gambia Committee on Traditional Practices Affecting the Health of Women and Children was named GAMCOTRAP. From 1985, GAMCOTRAP began an education programme talking to the cutters, community leaders, men and women about the dangers of FGM. The more recent campaign, called “drop the knife”, specifically targeted the women cutters (Hoover, 2015). The approach was to persuade the cutters to continue with the traditional teaching that takes place as part of the initiation ceremonies, about how to conduct yourself as a woman in The Gambia, without FGM.

Other organisations, such as BAFROW (Foundation for Research on Women’s Health, Productivity and the Environment), have been set up to support grass roots groups in the Gambia to access government and NGO support for educational projects. The Ministry of Health in The Gambia introduced the study of FGM into the curriculum for nurses in 2010. Before then, and sometimes now, any physical complications as a result of FGM are often seen to be the fault of the ritual (the family hadn’t carried it out properly), evil spirits (especially if the child dies), or the fault of the child herself. Just as a girl may be seen as “weak” if she cries out during FGM (ability to endure pain is seen as important for girls and women in The Gambia), she may also be blamed for any problems she has later in life, including childbirth, rather than problems being seen as the result of FGM <sup>9</sup>(Dorkenoo, 1994; Hernlund, 2000; Hernlund and Shell-Duncan, 2007a; Kaplan et al, 2013). The information received by nurses in the curriculum training, and part of the UNICEF and WHO definition of FGM, is that there are no positive health benefits from FGM. This is proving to be a difficult message to get across. One of the reasons given for perpetuating the practice is that it helps in childbirth (Hernlund, 2000). This view was corroborated by some of those

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<sup>9</sup> These views were stated as “common knowledge” during the conference run by The Guardian in Banjul in 2015

interviewed in “My FGM Story” (2020) for this thesis, who support FGM, saying childbirth is made easier once you have been cut.<sup>10</sup>

Kaplan and her team have carried out various studies linking FGM with health complications, particularly in childbirth, that have informed the campaign to end FGM in The Gambia (Kaplan et al, 2013). UNICEF has carried out widespread specific training and support for midwives and other health professionals dealing with children, informed by Kaplan’s research. More recently UNICEF and “Safe Hands for Girls” have been running a joint programme in schools, educating young people about the harmful effects of FGM and the way it damages health, the psychological damage done as a result of FGM, as well as education about how FGM effects a woman’s sex life (*Jaha’s Promise*, 2017).

Health education, then, is an important part of the international campaign to end FGM. However, even in the most successful campaigns, such as the TOSTAN three-year training programme in Senegal, campaigners stress that health education is just the beginning of the conversation to end FGM (<https://www.tostan.org/programs>). While some people are moved to recognise the damage FGM does to health and may be personally persuaded to stop it as a result, this has not been enough to motivate whole communities to change a longstanding culture which practises FGM (Molloy 2013). Hernlund and Shell-Duncan (2007a) are also wary of any campaign which only, or predominantly, addresses health messages:

In circumcising communities, people are often already aware of many, if not most, of the potential adverse health outcomes but feel that the risk is worth taking in light of the social and cultural importance of the practice. (Hernlund and Shell-Duncan, 2007a, p. 14)

In the film “My FGM Story” (2020) some speakers combined the messages about the negative health effects of FGM with the religious requirement that followers of Islam should not harm the body. Imam Baba Leigh went as far as comparing FGM to smoking, saying it is bad for you so you should stop it. However, it is clear that for

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<sup>10</sup> This claim is made by the women in Janjanbureh interviewed in “My FGM Story” (2020). One of the reasons given is that the clitoris may get in the way during delivery. Another is that if the clitoris touches the baby’s head during delivery the baby will be harmed and may even die.

most people the health argument is not enough to end FGM and other arguments need to be put forward.

#### **4. FGM and Islam**

FGM is predominantly carried out in Moslem countries as part of the Islamic culture, although, it is also practised by some Christians in Egypt and Sudan (Mackie, 1996 p. 1005). Whatever the origins, we can be sure FGM predates Islam. In the Islamic hadiths there are several references to FGM, both appearing to support and reject it. The one from the Sunan Abu Dawood, in particular, has often been quoted to me in The Gambia and suggests it was a practice The Prophet witnessed himself:

A woman used to perform circumcision in Medina. The Prophet said to her: Do not cut severely as that is better for a woman and more desirable for a husband. (*Sunan Abu Dawood, 41:5251*)

This form of FGM is sometimes called “sunna” circumcision, believed wrongly, to be unquestionable for Muslims (Dorkenoo, 1994). Those Islamic leaders who do not support FGM point to the tolerance of Islam, which is usually considered a strength of the religion, as a reason for it taking so long for the leading Imams to propose an end to the practice:

One fundamental of the Islamic law is that what is not prohibited is allowed. This makes for a great deal of tolerance in the religious law. As a result of this tolerance many pre-Islamic practices were not immediately eradicated by Islam. (Ahmad, 2000)

In the Gambia, Imams have conflicting views about whether FGM is a religious “requirement” and many people are influenced by the view of their own Imam. As a

result, people's understanding of the relationship between Islam and FGM varies. The apparent contradiction that the Wolof (who do not practise FGM) and the Mandinka (who do practise FGM) are both Moslem is now being highlighted by campaigners to clarify that it must be the case that it is not Islam that "requires" FGM but instead the traditions of a particular ethnic group. This is an important distinction because, while The Koran is seen in The Gambia as a text that cannot be challenged, by any Moslem, culture and tradition can change, and both have changed over the years.

## **5. FGM and the law**

In Sub-Saharan Africa there are just three countries which practise FGM and do not have laws banning it: Mali; Liberia; and Sierra Leone. The most recent country to ban FGM in Africa is Sudan where the law changed in July 2020 making practising FGM punishable by three years in jail. This law came after a change in government. Sudan's long-time leader, Omar al-Bashir, consistently rejected demands for FGM to be outlawed while he was in power.<sup>11</sup> After he was ousted in a military coup in 2019, the way was clear for the law to be changed and FGM to be made illegal. Outlawing FGM however, does not mean the practice has stopped. In 2016 the OHCHR published a report from Guinea showing that more women were in support of FGM in 2012 than in 1999; FGM was made illegal in the country in 1965.<sup>12</sup> The report also shows that girls are being cut at an earlier age, usually before they are ten years old:

Generally speaking, legal texts prohibiting FGM/C are not respected. Thousands of young girls are excised across the country every year, during school vacations, with the full knowledge of judicial personnel, including prosecutors and instructing magistrates. (OHCHR, 2016, p. 5)

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<sup>11</sup> Abdel Fattah al-Burhan is now the head of state in Sudan

<sup>12</sup> The principle legislation now governing FGM in Guinea is law no. 2016/059/AN (the criminal code 2016)

There have also been recent examples of attempts to reverse the law. In Kenya, FGM was made illegal in 2011 and yet thousands of girls are cut each year and in 2018 there was an application to the Kenyan courts for the law to be overturned by Dr Tatu Kamau, who has held a number of high-level positions at the Ministry of Health. She told a high court that Kenya's 2011 ban on FGM was unconstitutional and women should have the right, as adults, to undergo the practice (Hodal, 2018). In 2020, the case is still undecided. The NGOs I was working with in The Gambia were aware of the varying reactions to the law in different countries and said that the law banning FGM in The Gambia would not be enough to stop the practice but they believed it would prove helpful.<sup>13</sup> Changing the law is part of the process of change and, in The Gambia, having a law against FGM is seen as a victory for activists and something that they are using in their campaign to end the practice entirely.

#### **a. Choice, FGM and genital cosmetic surgery**

Those who argue in favour of FGM and, more specifically, argue against FGM being outlawed, suggest that it should be a question of choice. As previously discussed, Ahmadu says it gives women a sense of "cultural superiority over uninitiated/uncircumcised women (Ahmadu, 2000, p. 301)". This view, she argues, could appear to contradict the view that FGM is the result of a patriarchal society where women are seen as inferior to men. Ahmadu, who is herself a highly educated and respected academic, says her work is promoting choice for African women:

I created this website as a platform to celebrate and share knowledge about the African origins of circumcision and especially to encourage women who uphold female circumcision in various parts of the world. As the founder of SiA Inc. my main mission is to advance the rights of adult circumcised women to equality, dignity, and self-determination in preserving this important cultural and religious bodily practice. (<http://www.fuambaisiaahmadu.com>)

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<sup>13</sup> Maria Saine talking to Halimatou Ceesay in "My FGM Story" (2020)

Ahmadu argues that the #EndFGM movements are racist and sexist because they suggest black women should be banned from altering their bodies while white women are allowed to do so (through cosmetic surgery), and that male circumcision is allowed while female circumcision is called mutilation (<http://www.fuambaisiaahmadu.com>). While Ahmadu tends to find her views are in the minority amongst her peers in the West she is not alone. The feminist, Germaine Greer, argues that making FGM illegal denies a woman the right to undergo genital cosmetic surgery. This surgery alters a woman's genitals for "for non-medical purposes" which is within the current WHO definition of FGM. Since various cosmetic procedures are seen as perfectly acceptable in the US, she argues, why should a woman in Somalia not have the same rights (Greer, 1999)?

Both Ahmadu and Greer argue that consent should be a factor in whether a woman should be able to decide to undergo FGM but their critics suggest that is not relevant in the vast majority of cases in Africa where FGM is performed on girls under the age of consent. Johnsdotter and Essen (2010) questioned the value of "consent" as an ethical definer for FGM:

Some may say that female genital cutting and genital cosmetic surgery are not comparable procedures, primarily based on the fact that the one is performed on consenting adult women, while the vast majority of the other are performed on girl children and infants with no regard for their wishes. (Johnsdotter and Essen, 2010, p. 32)

While this argument does go some way to distinguish between the two, it still does not protect the child sufficiently because an adult parent can give consent for a procedure to be carried out on a child unless it is against the law. Indeed, that is what happens in the case of young children and babies. However, if FGM is classified as child abuse then no child can be cut. If a woman wants to undergo FGM herself, when she is old enough to give consent, then she could be free to do so. This distinction is

why the UNFPA, NSPCC and others are now adopting “child abuse” as part of the definition of FGM (<https://www.NSPCC.org.uk>, 2020).<sup>14</sup>

In The Gambia it is the family, usually the mother or grandmother, who decides whether, and at what age, a girl is to be cut. However, if the decision is that the girl will not be cut at all, the father is more likely to be involved (Alradie-Mohamed, Kabir and Arafat, 2020)<sup>15</sup>. While this could be seen as a matter of “choice” on the part of the parent, a report carried out by WHO, recognised that pressures put on families has resulted families concluding that the “perceived social benefits of the practice are deemed higher than its disadvantages (WHO, 2008, p.5)”. In The Gambia, those benefits are largely to do with identity. Hernlund (2000) found that “ethnicity, religion, proper childrearing and the maintenance of religion and ‘culture’ (Hernlund, 2000, p. 238)” are the drivers for families having their girls cut rather than the specifics of marriageability as it is in some other countries (Shell-Duncan, Hernlund, 2000; see also Maina, 2015; *Nancy’s Girl Revolution* 2016; Otoo-Oyortey, Kwateng-Klavitse, and Howard-Merrill, 2016). This decision is often made despite mothers having been made aware of the harm to health as a result of FGM.<sup>16</sup>

## **PART TWO - LITERATURE AND FILM REVIEW**

### **6. Education and FGM**

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<sup>14</sup> This does not protect women who may feel pressurized to undergo FGM by family or the wider society

<sup>15</sup> More on this in Chapter 7 of this thesis

<sup>16</sup> It is not just the pressure of present day society that influences a mother’s decision. Women also talk about the pressure brought by ancestors. Mothers have been cut, grandmothers, great grandmothers and so forth. Not cutting a girl child will upset the ancestors is an argument that I have often heard used to justify and perpetuate the practice

As previously discussed, the NGO, Tostan<sup>17</sup>, working in Senegal, has a three-year programme which begins with health education about FGM, then moves to human rights awareness and finally public declarations where whole communities sign up to stop FGM, and often other behaviours such as domestic abuse and child marriage (Molloy, 2013). Tostan was set up in 1991 by Molly Melching, an American woman, who first went to Senegal as an exchange student in 1974. Tostan grew out of the Community Empowerment Program (CEP), which works through local languages, educating people in a way which acknowledges and respects local traditions and methods of learning. Tostan does not talk about FGM, believing that “mutilation” is a pejorative term, which disrespects communities. Instead, they use the term FGC (female genital cutting).<sup>18</sup> To date, Tostan says 8000 communities have declared they have abandoned FGC and child marriage as a result of the community-led programmes (<https://www.tostan.org>).

The Tostan philosophy is based on Mackie’s theory of change, which suggests that rather like foot-binding in China, change cannot happen in isolation but only if the majority in a community agrees to the change at the same time. Mackie likens this to people choosing to drive on the left or the right-hand side of the road. Individuals cannot make that choice to change alone, rather the group must sign up to the change as a whole (Mackie, 2000).

In 2008, UNICEF commissioned a report to test the effectiveness of the Tostan method of change to end FGM. They found that in the communities where Tostan had been operating, people were more likely to reject FGM. However, the report also found that in some communities the new social structures that had been put in place to maintain the pledges had broken down. Researchers were concerned that in time the communities would return to their old ways. There was also criticism within the communities that some people had been given rewards for abandoning FGM, such as grants or loans, while others had not received the same (UNICEF, 2008). This was also a practise in the “Drop the Knife” campaign in The Gambia, which was based on the Tostan model, where cutters were given a mobile phone as a gift when they abandoned FGM (Hoover, 2015). Despite the criticisms, Tostan continues to operate

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<sup>17</sup> Tostan means “breakthrough” in Wolof, the predominant language in Senegal

<sup>18</sup> NGOs in The Gambia prefer the term FGM



in Senegal and, where there is continued and ongoing support for change, FGM is being reduced (<https://www.tostan.org>). However, the methodology of signing-up whole communities to make public declarations to abandon FGM has not worked well in neighbouring countries, including The Gambia.

Bellemare, Novak and Steinmetz (2013) conducted a study to try to find out why the public declarations were not working in The Gambia. They used data collected by the 2005 Gambian Multiple Indicator Cluster Survey and concluded:

...our findings indicate that 85% of the relationship between whether a woman has undergone FGC and her support for the practice can be attributed to individual or household-level factors, but that only 15% of that relationship can be explained by factors at the village level or beyond. This suggests that village-wide pledges against FGC, though they have worked well in neighboring Senegal, are unlikely to be effective in the Gambia. Rather, policies aimed at eliminating FGC in this context should instead target individuals and households if they are to be effective. (Bellemare, Novak and Steinmetz, 2013, p. 1)

In The Gambia, ethnic group, family and family history (ancestors) all contribute to determining whether girls are cut. As previously discussed, the mother or grandmother is usually the one to take the girls to the cutter. Sometimes the family member will stay with the child when she undergoes FGM. Sometimes she will not be there. The family will decide what type of FGM will be carried out on the girl child. In The Gambia it is usually type 2 or type 3 (where the wound is sealed after the cutting). It is not the cutter or tradition within the community that determines what form FGM will take or at what age the child will be cut as it is in some other countries (Maina, 2015; *Nancy's Girl Revolution*, 2016; Otoo-Oyortey, Kwateng-Kluyitse and Howard-Merrill, 2016). Alradie-Mohamed, Kabir and Arafat (2020) found that the role of men in the decision-making process was complex. In The Gambia, FGM is often referred to as “women’s business”, yet when it comes to changing the tradition and practice, and deciding not to cut girls, men are more likely to have an active role:

While examining the role of men in the decision-making process and as decision-makers, the findings of this systematic review support that fathers tend to have a more active role in participating in the decision-making and act as decision-makers when the decision is not to circumcise the daughter. The men do not participate in the decision-making process when their attitude toward the practice is similar to that of their families, and this emphasizes the fact that females in a patriarchal society are unable to leave their daughters uncircumcised without the active support of the father. (Alradie-Mohamed, Kabir and Arafat, 2020, p. 18)

Since the change in legislation in 2016, NGOs have reported that it is becoming more common for girls in The Gambia to be cut as babies, which also suggests that the cutting is not always tied to ceremony and the learning of tradition. This apparent recent development has yet to be verified through empirical research.<sup>19</sup> Hernlund and Shell-Duncan (2007a) published a study in the region covering the Senegal and Gambian border known as Senegambia. They were interested in looking further at what determined whether girls are cut or not and what may determine a change in practise. Their findings are that it is complicated, and many factors determine decision-making. One report from a focus group discussion in a rural Gambian community provided this eloquent explanation from a middle-aged woman:

In this area, female circumcision is by force. Even the children insult their mates who are not circumcised as "*solema*." It is common to hear children calling their fellow children: "You *solemas*, you will not follow us". ..... In this way, the mother will end up taking the daughter to circumcision. If not neither the mother nor the child will be at ease or comfortable. (Hernlund and Shell-Duncan, 2007a, p. 53)

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<sup>19</sup> While it has always been the case that some girls are cut as babies I have been told by many activists in The Gambia that this is becoming more common as a way of preventing children being able to speak about their experience thereby implicating their family or the cutters in an illegal activity.

Peer pressure, then, is also crucial and it is one reason UNICEF and SHFG are running an awareness campaign in schools. This campaign began in 2015 and is still on going. For some girls it is already too late as they may have been cut as babies or as very young children. However, talking to girls and boys in schools is now seen as the best way to reduce the number of girls being cut in future.

As previously discussed, there is also evidence of peer pressure later in life. Researchers have been surprised at how cutting can also occur as girls grow up and marry:

...a family's decision to not circumcise a daughter can be revisited at numerous times, including after marriage, when a new constellation of decision makers (often including the woman herself, as well as members of her husband's family) negotiate the proper course of action. Our data reveal a surprising number of cases in which women undergo FGC after marriage, and in some instances, even after bearing several children. (Hernlund and Shell-Duncan, 2007b, p. 35)

Hernlund and Shell-Duncan (2007a) found instances of a community refusing to eat food served by an uncut woman. Other writers also report instances of other women putting pressure on an uncut woman to have FGM by refusing to talk to her and isolating her from the community (Molloy, 2013; Richter, 2015).<sup>20</sup> This research is important because in The Gambia girls can be, and are, cut at any age. Decisions made at one stage in life (not to cut) may change. Of course that cannot happen the other way around. Decision making, then, has to take into account many contingencies:

In the case of FGC, dichotomizing those who retain and those who reject the practice oversimplifies the complexity of contemplation and decision-

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<sup>20</sup> Examples of women over the age of consent being pressured into undergoing FGM adds support to those who campaign to make FGM illegal regardless of age or consent.

making.... We argue that to obtain an improved understanding of the dynamics of decision making with respect to FGC, it will be essential to integrate the concept of contingency into theoretical models of behavior change. (Hernlund and Shell-Duncan, 2007a, p. 55)

One of the significant contingencies the study looked at was marriageability. While in some African countries, girls are cut to make them fit to be married, in The Gambia this is not the case. It is rare to find a woman, cut or not, who is not married if they wish to be (Ahmadu, 2005; Hernlund and Shell-Duncan, 2007a). Sometimes women who are cut marry into families where the women are not and vice versa. This leaves the way open for change. It may be, as previously discussed, that uncut woman will be cut. But it may also be that a man who marries an uncut woman will himself change and support her in abandoning FGM when it comes to the couple's own children.

## **7. Theory of Change**

Sociologists have long debated how and why societies exist and what makes them change (Dillon, 2014). It is beyond the scope of this thesis, which is specifically looking at changing people's attitudes towards FGM, to go into any analytical depth regarding these theories, but it is pertinent to recognise that, as well as being a traditional and cultural practice in The Gambia, FGM also plays a role in how Gambians understand their society. Durkheim referred to the "collective conscience" in traditional societies as a belief system with "a life of its own" (Dillon, 2014). He and, to an extent, Weber also stress the importance of religion as a social force stressing the importance of being part of a collective. While sociologists may disagree over what defines a society and what holds a society together, and indeed that may change over time, they agree that society is itself a force which has a strong influence over an individual's thinking and behaviour, and that societal change tends to involve a struggle (Dillon, 2014). Marx described a revolution driven by economics. The working class, or proletariat, rising up against their capitalist oppressors to create a new (communist) society (Thomas, 2012). Structural fundamentalists describe more

subtle interplay between interdependent factions within society to create more gradual change (Dillon, 2014). In Kenya and some other countries, a common approach by NGOs campaigning to end FGM is to have Alternative Rites of Passage (ARP) ceremonies where the traditional teaching of girls is maintained but the act of cutting (FGM) is not practised. The idea is that this would create minimal disruption to society as a whole and would show due respect to culture and tradition within societies (Hughes, 2018)<sup>21</sup>. Others see FGM as part and parcel of a society which subjugates women and that abandoning the practice should be part of a more wholesale change in the way women are positioned in society (Agboli et al., 2019). In the Gambia, the change in the law making FGM illegal, and the subsequent abandonment of the cutting ceremonies has made ARP approaches less effective. Moreover, Bellemare, Novak and Steinmetz (2013) identified that decision making about whether FGM should be practised was largely made within families. This would suggest that any change would be gradual rather than revolutionary, but it may also be accompanied by a change in status for girls and women, which could, over time, impact society as a whole (Agboli et al., 2019).

Elisabeth Noelle-Neumann (1974) describes how people are unlikely to speak their mind if they fear doing so will isolate them from society. Furthermore, she suggests that if an individual's view differs from that of the norm in society, not only will he or she fear isolation, but this fear can also lead to "doubt about one's own capacity for judgement (Noelle-Neumann, 1974, p. 43)". The pull to conform to society is significant, and when it comes to FGM, the threat of isolation is real as shown by the references to being called "solema". The law, religious and health arguments against FGM are all important in The Gambia but even if those promoting change are living within the community, experience has shown that change does not come easily or quickly (Hernlund and Shell-Duncan, 2007a). Kuran (1997) demonstrates that change in communities' attitudes tends to be incremental. Like Noelle-Neumann, Kuran's theory of "preference falsification" suggests that people often express a public opinion that can differ from their private one. That is, people will express an opinion in public that they think "society" wants to hear and one that they think the

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<sup>21</sup> This approach was rejected by the NGOs contributing this thesis. See chapter 17

majority of people agree with. This is damaging, Kuran argues, and leads to “...the persistence of unwanted social outcomes and the generation of widespread ignorance (Kuran, 1997, p. 19)”. Kuran suggests that change in these circumstances needs to come from a new leadership, which creates a new peer group. This new leadership is characterised as such:

Relative to most people, such individuals are insensitive to the prevailing reputational incentive, because they obtain unusually high satisfaction from truthful self-expression. (Kuran, 1997, p. 50)<sup>22</sup>

The self-confidence shown by the new leadership is enhanced as more members join the group or groups, creating an environment where it is safe to speak out.<sup>23</sup> Kuran also suggests that the environment must be conducive to these new voices being heard. Kuran was writing primarily about political change, but I believe his observations can also apply to other social changes as well:

At some point the right event, even an intrinsically minor one, can make a few sufficiently disgruntled individuals reach their thresholds for speaking out against the status quo. Their switches can then impel others to add their voices to the opposition. Public opposition can grow through a bandwagon process, with each addition generating further additions, until much of society stands publicly against the status quo. (Kuran, 1997, p. 20)

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<sup>22</sup> I believe Halimatou Ceesay is one of those people. When we were discussing “solema” and where it fits in the film she dismissed it saying: “I don’t care about solema. It wouldn’t matter to me.” She also knows that many people will be critical of her film and she is prepared for that.

<sup>23</sup> I believe those voices will be magnified, and the process speeded up, when those voices are filmed and shown in a documentary.

An “event” could be a change in the law. It could be a film. It could be a respected person declaring an appetite for change.<sup>24</sup> It could be close family members saying they want change. The “bandwagon” process will likely be a combination of all these factors and more.

Cialdini (2007) gives us a useful insight into how to construct a film that could help people change their minds about FGM. Cialdini developed his theory of persuasion after three years working “undercover” with people in car sales and real estate sales and observing how they operated to persuade people to buy their products. Not all Cialdini’s principles are relevant to this thesis because we are not trying to sell a product to anyone. However, the journalist, Halimatou, is trying to grab the audiences’ attention and persuade viewers to listen to her and be persuaded by the arguments in the film. Cialdini identified “shortcuts” that we use all the time to decide how to act and what to believe in. They are our “automatic behaviour patterns” and they are a necessary part of life in helping us wade through the increasing amount of information we encounter every day:

...we must very often use our stereotypes, our rules of thumb to classify things according to a few key features and then to respond mindlessly when one or other of these trigger features is present. (Cialdini, 2007, p. 5)

Cialdini identified “social validation” as one of the strongest “trigger feature” influences on people when they are deciding how to behave (Cialdini, 2001). Changing attitudes and behaviour, he reasons, is more likely if a number of people are making the same change and that those people are “similar” to the people being influenced. This may be that they are the same age, the same sex or from the same social group. Cloward (2016) goes further and suggests that change can happen more effectively if the peers have a high social standing within the social group:

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<sup>24</sup> The interview with President Barrow is significant here. Halimatou’s father, a village elder, told me: “The President must come to our village to tell us about the change in the law. Then we will understand”. The next best thing to a personal visit from The President could be his interview shown in the film.

If influential locals are among the group of norm leaders, this will reduce the social costs of defection for potential norm followers because the choices of socially powerful individuals generally carry more weight than the choices of those who are socially marginalized. (Cloward, 2016, p. 93)

Cloward (2016) further suggested that having “influential locals” in the group advocating change will mean change happens quicker, creating what she calls a “norm cascade”.

Another important factor, identified by Cialdini, is “liking”. In short, “People prefer to say yes to those they like (Cialdini, 2001 p. 79)”. This is expanded on later in this thesis<sup>25</sup> and it is pertinent to being an effective TV presenter. We used the TV documentary style for the film “My FGM Story” (2020) which includes Halimatou talking directly to the viewer at the start and end of the film in her “Pieces To Camera”. Given that most people watch TV in their homes or in a small social/family gathering, the presenter has a personal connection with the viewer, an intimate connection as if she was in the same room. Most interviewees in this thesis said they had a good connection with Halimatou, which helped considerably when asking them to watch the film. Other influences, identified by Cialdini, which are useful in this research, are: consistency (that people align and respect clear commitments made over time); and authority (that people defer to experts). All these influences are expanded on later in this thesis.

Cialdini’s theory has previously been used to deconstruct a film to show how the technique is used. Simpson (2008) describes students applying Cialdini’s theory to Michael Moore’s film *Fahrenheit 9/11* (2004). Although there is some debate as to whether this film is about persuasion it is certainly the case that Moore intended the film to change people’s minds about the Bush administrations and the reasons the US went to war in Iraq. Simpson claims to be the first to use Cialdini (2001) to analyse film in this way and says the teaching method was successful. Students were able to identify the elements of Cialdini’s theory in *Fahrenheit 9/11* (2004) and also

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<sup>25</sup> See chapter 14



performed better in exams on the subject than the control group who had not been shown films:

Overall, this study advances an innovative way to teach the social psychology of persuasion and related evidence of student learning. (Simpson, 2008, p. 106)

Simpson's research is helpful in two ways. It shows that the Science of Persuasion can be applied to documentary films already in the public domain. It also shows that students who learn through watching films understand and retain that information better than those who do not have films to watch. Using film has also been found to have benefits in areas when many of the population do not have access to books or other sources of information (Richter 2015), which is the case in The Gambia where this thesis research is based.

## **8. Documentary film**

"The successful experiences of a documentary filmmaker always rest on two things. One is luck, and the other is the respect he or she pays to the people in front of the camera" George Stoney<sup>26</sup>

The term "documentary" is widely credited to Grierson who coined the phrase in his critique of Robert Flaherty's film, "Moana", in 1926 (Grierson, 1946; Nichols, 2010; McLane, 2013; Winston et al 2017). Flaherty's earlier 1922 film, "Nanook of the North," is often cited as the first ethnographic documentary (Grierson, 1946; Nichols, 2010; McLane, 2013; Winston et al 2017). For the purposes of this research thesis, if we fast-forward to today, the term "documentary" and even "factual documentary" can take a wide variety of forms and formats and some would be unrecognisable to

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<sup>26</sup> George Stoney was interviewed by Mike Hazard in "Happy Collaborator: George Stoney" 2015

the early fathers of the genre. Documentaries are made for television, cinema, or YouTube; they can now include video taken on smart phones by “citizen journalists”. Some documentaries make millions and are watched by millions. Al Gore’s environmental film *An Inconvenient Truth* (2006) grossed over 24 million dollars in the US and another 26 million dollars overseas (“An Inconvenient Truth” (film) 2006). Michael Moore’s film *Fahrenheit 9/11* (2004) made a staggering 222 million dollars, the highest grossing documentary film ever (“Fahrenheit 9/11” (film) 2011). Some films, like these, are shown in the cinema, other, smaller budget films, are made for TV or the internet. Most documentaries are made for a mass audience, but some are now made for small, selective or specialist audiences. To make sense of what documentary is, and what it still stands for, it is helpful to go back to Grierson and his definition:

...the documentary is the branch of film production which goes to the actual, and photographs it and edits it and shapes it. It attempts to give form and pattern to the complex of direct observation. (Grierson, 1946, p. 159)

Grierson’s early use of the word comes from the Latin etymological root *docere*, “to teach”. This suggests he saw documentary as having an educational purpose, which it performs by showing facts about people, and events, and the world in general, which the audiences cannot witness first-hand because they are not there. The factual documentary has authority because it is “real”, and the documentary maker was at the scene in person to record the events. In other words, we watch a documentary hoping to learn something from the world in which we live, and that is the contract we undertake as filmmaker and audience member. Grierson made films to promote social change. His tradition is not just to show us the world as it is but also to show us the filmmaker’s version of the world. McLane (2013) also suggests that documentaries must have a high aesthetic value with pictures and music being valued. She described early TV documentaries, rather disparagingly, as less “interesting” than documentaries made for cinema and “at its worst this became radio with pictures (McLane 2012 p281)”.

Nichols (2010) seeks to define what documentary is, who makes documentaries and who watches them. If documentaries are there to “teach” or “persuade” the audience, how do they do it? Why do some succeed and others fail? First, he determines that a documentary is not a “training film” because it has the added dimension of “aesthetic awareness” and “activates our social consciousness (Nichols, 2010, p. 102)”. Documentaries tell stories, usually about people. Even a film about the environment, like *An Inconvenient Truth* (2006), tells the story of the environment through the eyes of the narrator, Al Gore, and the people he meets.

The best documentaries, then, “show” rather than “tell” the viewer, because if people are to be persuaded they have to accept and internalise the evidence.<sup>27</sup> The proverb “seeing is believing” is often used to describe the impact of pictures, still or moving, but a documentary does more than that. As Grierson said, a documentary also “shapes” reality by editing and also, by adding some visual and audio effects, stimulates an emotional response in its audience:

Documentaries offer the sensuous experience of sounds and images organized to move us: they activate feelings and emotions; they tap into values and beliefs, and, in doing so, possess an expressive power that equals or exceeds the printed word. (Nichols, 2010, p. 100)

George Stoney argues that you have to treat the people in front of the camera with respect and this also holds for the audience. Indeed, showing that you respect those you film is also a way of respecting the audience. Nichols (2010) describes three ways filmmakers communicate with their audience:

*I speak about them to you.* The filmmaker takes on a personal persona, either directly or through a surrogate. A typical surrogate is the ‘voice-of-God’ commentator, whom we hear speaking in a voice over but do not see. This

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<sup>27</sup> Even providing evidence is sometimes not enough to persuade people with entrenched cultural beliefs but it does help persuade those who are questioning practices like FGM

anonymous but surrogate voice arose in the 1930s as a convenient way to describe a situation or problem, present an argument, propose a solution, and sometimes to evoke a poetic tone or mood. (Nichols, 2010, p. 59)

*It speaks about them (or it) to us.* This formulation characterizes what we might call an institutional discourse, in which the film, often by means of a voice-over commentary, ...informs us about some aspect of the world in an impersonal but authoritative manner. (Nichols, 2010, p. 64)

*I (or we) speak about us to you.* This formulation moves the filmmaker from a position of separation from those he or she represents to a position of commonality with them. Filmmaker and subject are of the same stock. In anthropological filmmaking the turn to this formulation goes by the name of auto-ethnography: this refers to the efforts of indigenous people to make films and videos about their own culture so that they may represent it to “us,” those who remain outside. (Nichols, 2010, p. 65)

Having reflected on these definitions I would argue there is one that is clearly missing, or at least should be added. That is: “*I (We) speak about us to us*”. TV news reporters do this all the time. Local news audiences are especially familiar with the idea of a local reporter (one of us) talking to us about our community. When that reporter becomes a documentary filmmaker nothing about that relationship needs to change. He or she (one of us) is talking to us (at greater length) about an event or issue that directly affects us.

Viewers from different cultures, opinions and backgrounds see and relate to documentaries and films differently. Practitioners also use different platforms, such as YouTube and Vimeo, which often show niche content which may or may not have high production standards but are nevertheless highly valued by the viewers. That is not to say it is not important to have some common standards and to continue to monitor whether the proliferation of platforms and documentary makers promotes effective forms of communication, as Winston et al (2017) observe:

... to the point about artistic achievement and innovation, giving everyone a smart phone or digital camera and an accessible computer editing program no more enables them to communicate effectively than giving everyone pen and paper makes them a Tolstoy. Letting them bury the needles that are their messages in the electronic haystack that is the World Wide Web is not much guarantee of communicative power either. Voices are as likely drowned out as amplified. (Winston et al, 2017, p. 7)

Clearly, the important consideration must be the relationship between the documentary maker and his or her audience; their ability to understand each other and their ability to connect via an effective platform. Currently, television in The Gambia<sup>28</sup> is limited and includes a lot of talk shows. This is largely because there is not the funding available for making expensive, filmic, programmes or documentaries. However, I think there is more to it than that. Having people talking, and being allowed to talk at length, is the “norm” for how serious ideas are represented in The Gambia. Talking is valued and the respected norm for how people in authority in The Gambia debate issues in real life. If the audience is an important consideration in making a documentary film, as is the case when making a pitch for “social change”, then making a film in a language and style the audience will understand and consider their own, is clearly essential.

#### **a. Man Up: Use of TV Documentary in attitude change**

In 2016, researchers and filmmakers in Australia created a 3 x 60 minute television documentary series about Australian men’s mental health. They then studied the impact of the documentary films on the mindset of Australian men about what it is to be masculine. The series, *Man Up* (2016), was broadcast by the Australian Broadcasting Corporation, with the aim of influencing and improving mental health

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<sup>28</sup> The state broadcaster GRTS was launched in 1995 and private TV was first licensed in 2017

in Australian men throughout the country. These documentary films, I would argue, fall into the category of filmmaking “*I (We) talk to us about us*”. The films were made after research showed suicide as the leading cause of death in Australian men aged 15 – 44 (King et al 2018; Pirkis et al 2019). There were also fears about the increasing number of young men taking their own lives. The decision to make the film was based on previous research, which indicated that pressures on men to “man up” significantly contributed to problems in mental health (King et al 2018; Pirkis et al 2019). Pirkis and Francis (2012) also found that mental illness is often misrepresented in media and concluded that mental health experts and media professionals should work together to portray a more accurate and positive picture of mental health:

The news and entertainment media often present a distorted and inaccurate picture of mental health and illness. Because these media sources are influential, this can have the effect of perpetuating stigma about mental illness. (Pirkis and Francis, 2012, p. 3)

The title, *Man Up*, challenged viewers and respondents in the research to redefine what the phrase “to man-up” means, and to ask the question whether or not perceptions changed as a result of watching the films:

Man Up sought to challenge the traditional masculine norms of invulnerability and self-reliance, normalize men’s emotional experiences, and encourage men to seek help from family, friends, and professional sources. The title of the documentary, *Man Up*, was deliberately chosen to be an ironic twist on a phrase that has traditionally been used to instruct men to be tough, invulnerable, and independent. (King et al, 2018, p. 291)

Radio broadcaster, Gus Worland, presented the documentary by talking directly to camera (to us, the audience) on several occasions. He was also one of the subjects of

the documentary.<sup>29</sup> The filmmakers used Nichol's "Voice of God" voiceover technique, as a second (Australian male)<sup>30</sup> presenter, to link the sections and talk about Gus in the 3<sup>rd</sup> person, where appropriate, rather than have Gus do the entire voiceover himself. This means Gus does not have to say: "I did this or that" all the time, nor does he have to interview his son, Jack<sup>31</sup>, for instance, about his own role as a father. The film narrative is to find out why men, and in particular young men, don't talk about their feelings, are concerned about appearing weak if they do seek help, and feel they have to identify with a version of masculinity which has been imposed on them for no apparent reason. At one point, in the second part of the film, a trainer, Tom Harkin, asks a group of fourteen and fifteen year old boys to say what they think it is to be a man. "Strong", "don't cry", "get into fights", are some of the responses. "Does anyone know where these images of what it is to be a man come from, or why?" Harkin asks. Everyone shakes his head and we, the viewers, are equally stumped (*Man Up*, 2016). The tone of the documentary doesn't dictate a position, but it certainly favours the notion that the stoic, self-reliant image of being a man can be harmful, and that seeking help if men need it, talking (particularly to other men), and being an involved parent, is positive.

The researchers studied the impact of the documentaries in a variety of ways. They recruited 354 men to take part in randomized control trial believed to be the first of its kind worldwide (Phelps, 2017). Half the men were asked to view *Man Up* at home, before the TV broadcast, the other half viewed a British film on brain training. The men taking part filled out a questionnaire before and after seeing the films and then again one month later. Alongside the RCT, researchers posted an online survey, invited viewers to comment on the *Man Up* website, and they also analysed comments made through Facebook and Twitter (Phelps, 2017; King et al., 2018; Pirkis et al 2019). After the films were broadcast, the researchers compiled the comments and analysed the impact of the TV documentaries. The vast majority of the comments were positive. For example:

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<sup>29</sup> Gus explains in the film that he lost a close friend to suicide so has a personal connection with the subject of men's mental health.

<sup>30</sup> This technique would probably not have worked if the voiceover had been a woman or someone who wasn't Australian. That is because the film is "*I (We) speaking to us about us*"

<sup>31</sup> Jack was asked questions about his relationship with his father, Gus Worland. It would have looked strange if Worland had carried out that interview himself.

*“When I hear “man up” now I think of the documentary. I hear it and think about being “man” enough to express yourself - have the courage to defy social norms or the status quo. (RCT participant)”. (King et al, 2018, p. 296)*

The researchers also found that the film, and analysis of the feedback, helped inform them of the best ways to support men’s mental health and in particular to move them away from thoughts of suicide (King et al, 2018; Pirkis et al, 2019).

While Man Up (2016) was questioning society’s image of the “Australian man”, as being tough and not showing emotion, it also made clear that change can come from a personal decision to change. The film showed many individual men who had changed their own approach to mental health and to being a good parent, despite many men in Australian society still supporting and perpetuating the “tough guy” image. The documentary was made for TV, an intimate and personal viewing platform, rather than the cinema. It was intended to reach people in their own homes. The important message is that “you can change” regardless of whether those around you are changing, just as the men in the documentary (a new peer group) are doing.

Pirkis et al (2019) followed up the Man Up project with further research into the particular sections of the documentary which had the most impact on the audience. These were called the “active ingredients” of the film and the process of selecting them was designed, partly, to provide information to those wishing to edit the best 60 minutes out of the film to make a shorter version to show in schools, workplaces and in other educational environments where 3 x 60 minutes would be too long.

The research was systematic in asking viewers to describe which of the 42 segments in the documentary had the most impact on them. When this was cross-referenced the researchers were able to identify “active ingredients”; scenes or sequences in the films which significantly contributed to the viewers’ positive response. In particular the viewers responded well to parts of the film where they felt they learned something new, and where people were authentic in showing their emotions. Viewers were also inspired by scenes which showed people responding and doing something about the problem of men’s mental health such as the visit to the “lifeline” telephone



centre. This scene was particularly emotive because the volunteer ended the scene without knowing whether the caller on the end of the telephone line was still minded to take his own life:

Our analysis indicates that particular ‘active ingredients’ may have underpinned the success of Man Up. Certain scenes seemed to strike a chord with audiences – particularly the boys’ workshop and the campaign ad, but also the Lifeline visit and the radio discussions about masculinity. The emphasis on men opening up and showing emotion and the facts and figures about male suicide also appear to be important. (Pirkis et al, 2019, p. 142)

The researchers did not specifically assess the impact of Gus Worland, the popular radio host, as a presenter, though he clearly featured in many of the “active ingredients” segments. The style of the documentary, with the viewer following his “journey”, suggests Gus probably was an “active ingredient”, in the film because viewers were able to connect with him as “one of us” (Australian man) as well as a likeable, authentic personality (Cialdini, 2001). Pirkis et al (2019) concluded that their research could have implications for other media-based work into mental health programmes for men and I would agree and go further. The “active ingredients” are not restricted by content specific to a particular topic (men’s mental health) because the impact is also to do with methodology; connecting the viewer, mentally and emotionally, to the people and scenes in the film. With that in mind, I believe the identification of “active ingredients” can also cross over into other subjects which lend themselves to exploration through documentary film, including FGM.

## **9. Use of film in FGM policy and attitude change**

In the campaign to end FGM, the Somalian ‘supermodel’, Waris Dirie, lobbied the EU with her film *Desert Flower* (2000). It is a film about her life and dramatises the time that as a young girl living in the desert she was cut and sewn up (infibulated) with a thorn used as a needle. Every time the film is shown it appears to have an impact on the audience. Audiences are shocked at the scene in which her cutting is re-enacted. They promise to do whatever they can to “raise awareness”. Dirie (2015) records her dismay at attending conferences because despite all the “awareness” being raised, nothing was being done. In her book, Dirie quotes the speech she gave to an EU conference in 2008:

“Why do you keep holding conferences if you don’t do anything afterwards” she said: “The point of these events is not to help you get re-elected; it’s to help little girls like the one you’ve just seen in the film.” (Dirie, 2015, p. 23)

Dirie wanted the EU to guarantee protection for children. She thought that as she had made the film and “raised awareness”, people would now act on that awareness. In the West, films are often used to raise awareness. We go to the cinema or watch TV to be entertained, but we also know that the words “documentary” and especially “factual documentary” also mean that we will be informed. We will learn something we didn’t know before. We may be shocked. But shocked to do what? Will it change anything we do?

One thing politicians can do is change laws and, in a democracy, people can lobby their politicians to do just that. *The Cruel Cut* (2013) contributed to changing the law which now requires that all health and education professionals in the UK must report any suspicion they have that a child is in danger of FGM (Serious Crime Act 2015). This 2015 act extends the 2003 law, that no child must be cut in the UK, to one which makes it an offence for UK citizens or residents to take, or send, their children outside the UK to be cut. The documentary pointed out the limitations in the law and criticised the then Home Secretary, Theresa May, for refusing to meet the reporter Leyla Hussein to discuss those limitations. It should also be noted that it took Leyla 6 years

to convince the British broadcaster to make a programme about FGM at all. It was a process she found quite intimidating:

I had to describe what it was like being cut to a group of white, male, middle aged TV executives, and explain to them this was an important issue in Britain. (J. Aslett in conversation with Hussein, 2016)

Hussein is still hoping to make a follow up programme but in 2020 no broadcaster has yet shown any interest.

**a. The characteristics of FGM films targeting policy change in the West.**

What characterizes many FGM films targeting a Western audience is the case study. This usually focuses on one woman and her journey to fight FGM. The woman is usually a survivor of FGM herself. For example, Waris Dirie (*Desert Flower*, 2009), Leyla Hussein (*The Cruel Cut*, 2013) and Jaha Dukureh (*Jaha's Promise*, 2017). The survivor tells her story; we (the audience) sympathise with her and are shocked and horrified and (hopefully) inspired to support her campaign to end FGM. Other films use a celebrity female presenter to tell the story and we (the audience) listen closely because the film has the endorsement of the celebrity. For example, Alice Walker (*Warrior Marks*, 1993), and Zawe Ashton (*Stop Cutting Our Girls*, 2015) demonstrate this style of filmmaking. Both styles focus on the girl survivor as an individual, and the clear message is that FGM violates the human rights of the girl child.

What appeals to a Western audience has, so far, shown not to appeal so well to an African audience. Alice Walker came under enormous criticism for her film *Warrior Marks* (1993) once she started showing the film to an African audience (Beer and List, 1999). African feminists criticized her for oversimplifying the problem of FGM by suggesting it was a result of a patriarchal society. Walker compares her own “patriarchal wound” of losing the sight in one eye after being accidentally shot by her

brother, who was not punished by her parents for shooting her, suggesting this gives her an insight to the “wounds” of FGM (*Warrior Marks*, 1993).<sup>32</sup> Critics of the film went on to suggest that Walker was patronizing African women because she used a voiceover for the voices of “ordinary” interviewees while using subtitles for “experts”. The overriding criticism, however, was that although she is black and of African descent, Alice Walker is an outsider, an American, and her commentary, which some found opinionated, gave the impression that African women were unable to think for themselves, leading to charges of colonialism against Walker. (Beer and List, 1999)

Not all African activists have been so critical. Efua Dorkenoo, who appeared in *Warrior Marks* (1993), gave the example of Rose Bojang, a Scottish woman married to a Gambian man living in Banjul. Rose showed the film to a group of women she was working with at a health centre in Banjul. The feedback was that the group:

...realized for the first time that the practice of FGM, which they thought was their own little secret, was known to the whole world. (Dorkenoo, 1994, p. 102)

At the time this was an important connection and lent support to those trying to break down some of the taboos surrounding FGM in The Gambia.

It is clear that Western and African audiences are different and have a different cultural response to FGM and to documentaries made about FGM. *Warrior Marks* (1993) was a breakthrough film, made for and shown to a Western audience who had very little, if any, awareness of FGM. While more work still needs to be done to raise awareness in the West, it is clear a different approach is needed if film is to play a role in changing the practice of FGM in those countries where it is still the norm. The filmmaking needs to be led by local activists who understand the perceptions and preconceptions of the local audiences they are showing the films to. Certainly, these films can still raise awareness because in many areas men, in particular, say they have

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<sup>32</sup> I would agree with the critics that, even for a Western audience, this was a strange comparison, but it is also true that this film was groundbreaking in its time and should be seen in context.

no real understanding of what happens when girls are cut. But in 2020 the films must do more to promote a positive image of Africans, particularly African women, who are trying to change the status quo.

In 2002, Kim Longinotto made the film *The Day I will Never Forget* for Channel 4. She says she made it because of the positive message portrayed at the end of the film when two girls in Kenya took their parents to court to prevent themselves having to undergo FGM. In a rare interview the following year, Longinotto stressed that it was important to her that she didn't portray girls and women as powerless:

I thought, it's not going to be a film about victims, because I really didn't want to do that. It was always going to be the girls who were taking their parents to court in the end; that was always going to be the idea. (Fowler 2004, p. 102).

While the film doesn't shy away from showing the damage caused by FGM, both physical and psychological, it is, to an extent, non-judgmental. One of the most powerful scenes is the filming of two little girls being cut. We know from the film that the nurse doing the cutting, Fardhosa Hassan, wants to see an end to FGM. She has been unable to persuade some families to stop and is, instead, working with those families to make FGM less damaging. She has persuaded the father of the girls that she will not stitch them all the way (type 3) but will give them "just a little cut" (type 2) with one stitch (*The Day I will Never Forget*, 2002). Longinotto describes this scene as the hardest thing she has ever had to film. Fardhosa Hassan gave Longinotto strict instructions that if she couldn't keep filming she should leave rather than try to prevent the cutting as complaining could undermine all the work Fardhosa Hassan was doing. Interviewed two years later, Longinotto explains what she sees as the impact of the scene:

When you watch the scene itself the first thing you realize is the second girl, the sister, is absolutely shocked, she's got no idea. She's been told it's a wonderful thing, it's not going to hurt, and she's been told everyone will give

her presents, and she will become a woman because of it. You see from her face the absolute horror and shock of what's happening. I think it's important to show that they don't know what's happening to them because it's all around, this idea of consent. And then the following morning they're both saying, 'we wanted it', and if you hadn't seen it you wouldn't have known that they hadn't wanted it. The fact that they say this makes you realize the strength of the peer pressure on the families, and how hard it is to stand up against your whole culture and say that you don't want something that is meant to be part of who you are. (Fowler, 2004 p104)

The decision about how much detail to show in a film which shows the act of cutting, and what some of the after-effects can be, is always an ethical dilemma. Those decisions cannot be made without considering the platform used to show the film, and the audience the film is being shown to. In 2016, Sky News filmed a girl of about 12 years undergoing FGM in Somalia (*Somalia's Crackdown On Female Genital Mutilation*, 2016). After coming under pressure from activists in the UK, Sky News agreed not to show the actual event, just the interview with the girl before she undergoes the operation, which was carried out under local anaesthetic. The concern was that showing the cutting in the context of a fast-moving general news programme would be demeaning for the girl herself and other Somalis living in the UK who might feel the event would be misinterpreted and they, in turn, would also be misrepresented. Activists felt that showing the FGM procedure in a news programme, out of context, may have enhanced the Western view that FGM is simply "barbaric", thus possibly implying that Somalian culture is "barbaric". It also enhances the view that girls who undergo FGM are "victims" rather than survivors of FGM. In contrast, Kim Longinotto's film has been widely praised at film festivals and has been shown in Africa, by Fardhosa Hassan, as part of her work in preventing FGM.

**b. Making films to promote attitude change towards FGM in Africa.**

Richter (2015) made a film to show to communities in Burkina Faso to support the education and health campaign to end FGM in that country. In order to make the film, called *Excision. Un theme pour tout le monde* (2015), she carried out interviews with local NGO experts who described why they were changing the focus of the campaign from talking to chiefs and cutters, to talking to the whole community. While individuals might change their minds, they said, change cannot be implemented effectively in Burkina Faso unless that change had been seen and discussed and accepted by the community (Richter 2015). With that in mind, Richter decided to get a range of Burkina voices in her film. She spoke to young women, older women, and in particular, older men who are still more likely to be authoritarian figures in Burkina society. When she showed the film to groups of people living in villages, they concurred with the idea that it was important to have authoritative figures, such as village elders and cutters, speaking in the film, and that showing them on camera would influence others (Richter, 2015, p. 359). This guidance also influenced Richter in how she portrayed women in the film:

It is evident that in Burkina Faso, women's rights are considered less important than the rights of the community. This is especially troubling in a country where "Individualistic Western" human rights that aim to protect all human beings are sometimes rejected with reference to rights of the whole community. (Richter, 2015, p. 344)

As a result of this finding, Richter made her film emphasizing how abandoning FGM would make women better "mothers and wives". Her arguments were that women would be healthier, there was less risk of stillbirths or infertility and that sexual intercourse was easier if a woman has not been cut. One story she related in her research was of a woman who could not have sex with her husband because she was so tightly sealed. The husband sent her back to her parents within a week, and as a result, the woman was rejected by her community.

Richter also made the point, in the film, that traditions could be changed as some have changed in the past. For this last point she used the example of the donkey and cart taking over from just the donkey as a means of transport. The style of Richter's film was to have no presenter or voiceover. It is a series of interviews with people in the community giving their opinion. The feedback, two years after this film was shown, was positive. People were still able to identify with protagonists in the film who represented their viewpoint. The strongest arguments presented against FGM were those to do with the family. The parts of the film which showed that FGM could damage domestic happiness were the most talked about in the feedback. The least compelling argument, according to the feedback from viewers, was that the health of the girl or woman as an individual was important (Richter, 2015). Also, the respondents reiterated their positive reaction to the fact the film was "real":

Members of the *clubs d'écoutes* appreciated the fact that the documentary was not a fiction film, but instead gave local Burkinabé an authentic voice. (Richter, 2015, p. 361)

The NGOs working in the area reported that some individuals said they were rejecting FGM but there were no signs of widespread behaviour change. Instead, Richter defined the success of her film as being a tool that the NGOs could use to help people see and hear differing points of view and to promote discussion. Breaking the taboo of FGM, and talking about it, Richter concluded, was a first step towards change. Richter's method of filmmaking, which was entirely based on what local activists suggested should be in the film, is relatively new and untested. The film included a wide variety of voices and opinions. There was no "conclusion" and the viewer was left to make up his or her own mind.



## **PART THREE- METHODOLOGY IN COLLABORATIVE FILMMAKING**

### **10. Consultation and Collaboration with NGOs in The Gambia**

The methodology in this research was twofold. First, there was the research and practise of making the film and second, the research into the impact the film had on a local Gambian audience. Cross-sectional survey data was the focus of the second part of the study, which provided insights into PEER interviewee reflections on “My FGM Story” (2020) immediately after seeing the film (which was screened on a laptop). I received ethics approval from the University of Sussex ethics committee (ER/JA390/4).

Over the past five years I have consulted on an on-going basis with Gambian experts, journalists and members of the Gambian public to build a picture of the arguments for and against FGM. I have also been able to identify the main players in the argument. What has become clear is that in 2020, NGOs and other activists are increasingly moving their focus away from the community elders as the influencers of change, towards young Gambians. UNICEF’s Fatou Jah explains: “The idea is that we are targeting a generation in the hope that they will be the agents of change (Peyton, 2018)”. This is not just a shift in emphasis in policy on the part of international organisations. Gambians themselves, and in particular young Gambians, are forming their own groups to talk about FGM and take control of the campaign to end the practice. It is for this reason that this research focused on young people as activists and interviewers.

The first NGO I worked with in The Gambia in 2015 was “Safe Hands for Girls” (SHFG) which was set up by Jaha Dukureh who is a Gambian woman living in Atlanta. Her charity is funded by The Human Dignity Foundation, which also funded The Guardian newspaper #EndFGM campaign. In 2016, The Guardian campaign became “The Global Media Campaign” run by Maggie O’Kane, and this campaign and SHFG work closely together in The Gambia. SHFG is a group of young people using print, radio and social media to promote anti-FGM messages and I collaborated with them in

making the films “My FGM Story” (2017) and “My FGM Story” (2020). The second group I worked with was “The Girl’s Agenda” (TGA) which is a youth-led movement describing itself as “...created in 2011 by the young and for the young ([www.thegirlgeneration.org](http://www.thegirlgeneration.org))”. The group is committed to eliminating harmful traditional practices such as FGM and child marriage. Members carry out workshops to educate the population about the law and health implications of FGM. They are supported and recognized by the UNFPA and UNICEF and I collaborated with them in the PEER research. The third group is a network of journalists working all over The Gambia. They are called the “Network of Journalists on Reproductive Health, Population and Development.” Halimatou Ceesay is a member of this group and we collaborated throughout the work of this thesis over a period of five years.

## **11. Myself as a filmmaker**

I joined Independent Television News (ITN) as a TV news journalist in 1986 and while I was living and working in Africa as the Correspondent for Channel Four News in the 1990s most of my reports were shown on CNN, which was rapidly becoming the news channel of choice in the region<sup>33</sup>. That has given me considerable credibility and connection amongst my fellow journalists in Africa and with that in mind, my relationship with Harona Drammeh, the managing director and presenter at Paradise TV is important. He and his journalists wanted to support this research and contributed by working on the production, translations and voiceovers for the Mandinka and English versions of the film. In return, I trained the journalists in filmmaking techniques. When I first met the journalist Halimatou Ceesay I recognized her as a natural TV presenter and journalist with a passion for telling her story. What she did not have is any TV news or documentary experience. Halimatou and I collaborated; I knew about filmmaking and she knew about her audience. Eventually, the collaboration extended to the NGOs we spoke to who offered advice on who to

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<sup>33</sup> This was before Al Jazeera and BBC World were on air

interview and what messages were most important as a support in their campaign. This collaboration continued as the film evolved into the final film completed in 2020.

I am not Gambian, I am white British and a woman, but as a journalist I am also recognized as a professional and “independent” which goes beyond the personal. One of the main strengths of “My FGM Story” (2020), for the viewer, was that I was not in it. While I had credibility with the interviewees in the film, who wanted to know a bit more about me, and the research, and to understand I was a “real” journalist, before agreeing to be interviewed, I had absolutely no credibility with the Gambian audience who would expect their film presenter and producer to be Gambian. To that extent the “producer” credit goes to the Gambian NGOs who guided the content of this film. Also, Halimatou was not just “the journalist” in this film; this was her story and that gave her the relevant credibility and authenticity to tackle such a sensitive and controversial subject.

## **12. Making the film “My FGM Story” (2015)**

“My FGM Story” began as a film for a Western audience, which I made with Halimatou Ceesay in 2015, and it showed the work she was doing to promote the #EndFGM campaign. My decision to make the film was based on an interview I conducted with Halimatou where she described the day she was cut. That interview had a powerful emotional impact on me, and my experience as a filmmaker told me that Halimatou’s story, in a film, would have a similar impact on other people. “My FGM Story” (2015) was broadcast via YouTube and The Guardian online. The film showed Halimatou as a reporter - the Nichols Expository Mode for documentary making - but it was also Participatory (Nichols 1991), in that it included interviews with Halimatou conducted by me as the filmmaker. Halimatou was also the subject of the film, as it was about her life. “My FGM Story” (2015) was to be shown to a viewer who was not familiar with the practice of FGM, and who probably did not live in a country where FGM was common practise. It was a film designed to raise awareness.

In 2015, we had just one week to complete the film, “My FGM Story” (2015). Halimatou spoke to her family, Harona Drammeh at Paradise FM<sup>34</sup> allowed us to facilitate and film a phone-in at the station, and Amadou O Bah, the radio talk show host in the film, helped us facilitate interviews with a former cutter and midwife. The short amount of time available to us – five days to film a 20-minute documentary – meant we relied on news techniques<sup>35</sup>. We filmed the interviews quickly, directing participants (both Halimatou and her interviewees), and we had to adapt quickly and creatively when things went wrong. An example is that as part of the film we intended to find and interview the woman who cut Halimatou. As shown in the film, that interview fell through once President Jammeh announced, suddenly and unexpectedly, that he was going to make FGM illegal.

There was no thought, in 2015, that the film would be shown, in any capacity, inside The Gambia. Indeed, one of the interviewees only granted the interview on the grounds that the film would not be shown inside the country<sup>36</sup>. When it came to adapting the film, this had to be taken into account. While some of the material we shot in 2015 could be used, it was clear more material was needed. The film also needed to be adapted and tested before being shown to a Gambian audience.

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<sup>34</sup> Harona Drammeh was also a speaker at The Guardian #EndFGM conference

<sup>35</sup> At this time I was working as a TV journalist trainer rather than an independent filmmaker

<sup>36</sup> That interview was filmed in the days before Jammeh’s announcement of the change in the law and was dropped from the films made in 2017 and 2020.

### 13. Adapting the film to become “My FGM Story” (2017)

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Judy Aslett. President Adama Barrow. Halimatou Ceesay. July 2017

There were two main changes we had to make to the film for it to become “My FGM Story” (2017). First, we had to change the focus of the film from talking to an audience where the majority may not know about FGM at all and would probably not be living in a society where FGM was common, to one which spoke to a Gambian audience where the majority knew about FGM and probably came from a family where the women and girls had undergone FGM. Secondly, the film had to change from one where the audience would be likely to see FGM as a bad practice (a Western audience) to one where FGM was accepted as the norm and where many presumed it was a good practice (a Gambian audience). Both these changes meant that the film had to change from being one that Bill Nichols would describe as *“I (We) speak about us to you”* (Nichols, 2010), to one where *“I (We) speak about us to us”*.

Cialdini’s work, as previously discussed, assists in making this change and also helped take the film to another level where it not only informed the viewer but also promoted change. I applied four of Cialdini’s persuasion principles:

Liking: People like those who like them. (Cialdini, 2001, p74)

The application of this principle was that Halimatou was “one of us” and she respected and liked us as a member of her audience. She was friendly and questioning of us (her audience) as well as of her interviewees, rather than judgemental. She was the audience’s “friend” in the film and she was asking questions we also wanted to ask as she took us on her journey. She was informing the audience, without dictating. We liked her and we found her an attractive person to watch on camera. Cialdini showed that people are more likely to be persuaded by other people they are familiar with who may look like them and even dress like them. Cialdini cited the example of marchers in an anti-war demonstration being more likely to sign a petition of a similarly dressed requester and, in addition, to do so without even reading the petition first (Cialdini, 2007).

Social proof: People follow the lead of similar others. Use peer power whenever it is available. (Cialdini, 2001, p. 75)

Cialdini referred to a study by Robert O’Connor, which used film to influence shy youngsters to join in with other children at school.

Each scene began by showing a different solitary child watching some ongoing social activity and then actively joining the activity, to everyone’s enjoyment. O’Connor selected a group of the most severely withdrawn children from four preschools and showed them his film. The impact was impressive. The isolates immediately began to interact with their peers at a level equal to that of the normal children in the schools. (Cialdini, 2007, p. 91)

What was also interesting for this thesis, was that when O'Connor went back to the school some months later, children who had not seen the film were not socialising as well as those that had (Cialdini, 2007) indicating that the change displayed by the children who had seen the film was long-lasting. "In My FGM Story" (2017) and "My FGM Story" (2020) we sourced a variety of different voices. Young people, we suggested, could identify with Halimatou, who was a young person herself. She was speaking out in a way that others may have felt unable to do without seeing others do so first. Others in the audience would be able to identify with the men, older women, mothers and Imams in the film. We built a portfolio of characters reflecting the variety of people in the audience watching the film. The idea was that most members of the Gambian audience would be able to find someone in the film, "My FGM Story" (2020), that they could identify with.

Consistency. People align with clear commitments. Make commitments active, public and voluntary. (Cialdini, 2001, p. 76)

Some of the contributors in the film showed their commitment to the #EndFGM campaign and gave clear reasons for their commitment. Whether the reasons were health, the law or religion, the commitment was active, public and voluntary. No one was paid for his or her contribution to this film.

Authority: People defer to experts. (Cialdini, 2001, p. 77)

We interviewed the President, members of the government, health professionals and Imams. They were recognised experts and authorities in Gambian society. The interview with the President of The Gambia was considered, by all the activists I spoke to, as a particularly important element in the film. In January 2017, when there was a change in government and Adama Barrow became President, rumours began circulating that because Barrow had not said in public that the law making FGM illegal stood, the law could be ignored or even reversed. Lisa Camara, from SHFG, gave the

opinion: “If you go into communities they tell you that the law went with the former president (Peyton 2018)”.

As previously discussed in this thesis, we decided to ask President Barrow for an interview and when he finally and suddenly agreed, I flew to Banjul so that we could film Halimatou interviewing him. It was the first video interview he gave on the subject of FGM. As a result of this trip we made “My FGM Story” (2017) and that was the version we showed to mini focus groups in the UK and The Gambia. The new film not only included some additional interviews but also changed in tone from “My FGM Story” (2015). Key to this was the increased participatory nature of the filmmaking process leading to the decision that the film should be enquiring and open-minded but not entirely neutral. The film should aim to be persuasive in favour of changing the practice without falling into the “trap” of being dogmatic and critical of traditional culture in a way that could appear disrespectful.

#### **14. Participatory/Collaborative filmmaking: George Stoney**

I would like to have met George Stoney. He died in 2012 at the age of 96. He was a filmmaker and teacher and has been called the father of YouTube (Johnson, 2012). What he did, in his 60 years as a filmmaker and university professor, was to cultivate and value participatory filmmaking and he was an inspiration in the process of making “My FGM Story” (2020). George Stoney never had a box office hit and this is partly because he never seemed to promote himself, or saw himself as that interesting, even when the film was about him. When Mike Hazard asked him, on camera, “What would go into a good documentary portrait of you (*Happy Collaborator: George Stoney*, 2015, 0:57)”. Stoney replied:

I don’t know that it would be worth your time, unless you are using that portrait to say something else. If you have something in mind that needs to be said or needs to be conveyed and you can use me to say it, then it’s up to



you. But just doing a portrait, I don't think is worth the time. (*Happy Collaborator: George Stoney*, 2015, 1:07)

It is difficult to see, because of the reflection in his glasses, whether Stoney was talking directly to the camera (to us) or to Hazard when he said this. Either way we (the audience) get the message. This is not just a film about George Stoney, and you would be wasting your time if you didn't look for more meaning in the film.

As a filmmaker, Stoney followed the style of Grierson, giving a voice to the dispossessed. Stoney produced *You are on Indian land* (1969), which documents the dispute between the Mohawk and the Canadian authorities over the border between Canada and the US which divided Indian territory. At one point the Mohawk demonstrators asked to speak to the Canadian Prime Minister about their complaint. They were told by the police, somewhat dismissively, that the Prime Minister was "very busy". "We are very busy too (*You are on Indian land* (1969) 21:55)", said the protestors, illustrating the power imbalance that they were faced with.<sup>37</sup>

Stoney saw his role in *You are on Indian land* (1969) as a "collaborator". He supported the protesters, as a film producer, in getting their voices heard through the film. One of Stoney's most celebrated films, *All My Babies: A Midwife's Own Story* (1953), was shown to small private audiences and used as a teaching tool for health professionals. It couldn't have reached a wide audience because of the live birthing scenes, which would have been censored. Stoney himself supported the film being restricted to protect the film's subjects, two of whom were filmed while giving birth. This targeting of the audience was new in the 1950s:

The freshness of the issue before Stoney was not so much a matter of topics or tone, where the image of the Griersonian victim still dominated. Nor did it involve a new aesthetic: Direct Cinema, now a decade old, was the preferred mode. Rather, what was new was the application of a new sensitivity to the

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<sup>37</sup> Halimatou's interview with President Barrow was seen by both the NGOs and interviewees in this research as being an important endorsement of the film

relationship of filmmaker and subject and a sense that a targeted audience was more important than a mass one. (Winston, 2014, p. 37)

George Stoney saw documentary film as something to be used rather than just looked at. He saw documentary as a powerful tool and thought that more of that power should be in the hands of those the film was about:

Stoney's grail was participation. The key pregnant moment in his biography is thus not whether he "fathered" this media platform or that. Nor is to be found in any of the documentaries he wrote, produced, and/or directed over the six-plus decades of his filmmaking; nor even in his stellar (and nearly equally long) career as an educator. It is the moment he starts to cross the bridge from conventional documentary filmmaking in any of its established modes into the participatory, the most salient and significant potentiality of today's "documedia." (Winston, 2014, p. 36)

Indeed, one of the advantages of YouTube, public access TV, or special interest small group viewings, is that people can talk to their own small specialist audiences and those audiences can talk back. The relationship between the creator, the content, and the audience has changed dramatically as a result.

Another important observation made by Stoney is that filmmakers need training, not just in how to use the equipment, but how to plan a story, build a narrative and edit it together so as to make the sum more powerful than the individual parts and that was evident in his own work. Stoney called himself a "happy collaborator" (*Happy Collaborator: George Stoney* 2015). He worked with his filmmaking students and also with the participants in his films, rather than making films about them. It's not entirely clear how much he wanted to cut out the middleman, the professional filmmaker, and encourage participants to make their own films entirely, or how much he thought the collaboration model worked best. In the end Stoney's incredible foresight leaves a legacy of hope. Documentary is a tool in effective communication

and in his words the process should end with a “handshake or a kiss” (Winston 2014 p. 47).

### **15. Mini Focus Groups**

George Stoney talked about “testing” his films by showing them to people while he was making them and after they were complete (*Happy Collaborator: George Stoney* 2015). It was mostly informal. He wanted to ask their opinion, to take their ideas on board, and see what impact the film may have on his audience. This is largely the model used in my mini focus groups.

Making the final film “My FGM Story” (2020) was a process which involved making the development film in 2017 and testing it. This project used four focus groups to try to find out how the film “My FGM Story” (2017) could be improved before making the final film “My FGM Story” (2020) which was used in the PEER process. No one was paid to attend the focus group. The members came because they were asked to do so by a friend:

Focus groups are routinely used to identify participants’ preferences, attitudes, motivations and beliefs, and they also provide researchers with interviewing flexibility. (Brennen, 2012, p. 59)

With reference to Brennen (2012), focus groups are usually comprised of between six and twelve members. The groups in this thesis numbered between four and seven members and are, therefore, defined as mini focus groups. I acted as the moderator drawing on my experience over the past 30 years, as a journalist, moderator and trainer:

In order for a focus group to be successful, a moderator must be able to gain all of the participants’ attention and quickly create a welcoming environment of openness and trust. The facilitator should also control the group dynamics

so that everyone can share their experiences and interact effectively in a non-threatening environment. (Ibid, p. 64)

The aim of the focus groups was to assess opinions, from Gambians both in the UK and in The Gambia, on the film “My FGM Story” (2017). I included both men and women in the groups because although men often say that FGM is “women’s business” men have been shown to be an important part of the decision-making process when deciding not to cut girls (Alradie-Mohamed, Kabir and Arafat, 2020). The questions were quite general and I was open-minded about what would be said by the participants in the focus groups. The information was used to feed back to the filmmaking group (Halimatou, the NGO “Safe Hands for Girls” and myself) to inform our final production of the film “My FGM Story” (2020).<sup>38</sup>

## **16. Conducting the Mini Focus Groups**

All the mini focus groups, both in the UK and in The Gambia, were shown the version of the film “My FGM Story” (2017). As previously discussed, this film was made during my trip to The Gambia to interview President Barrow in 2017. The members of all the focus groups filled out consent forms, and a questionnaire<sup>39</sup> assessing their knowledge of and perception of FGM before seeing the film. I then moderated using a set of questions (see appendix 1) as prompts. Getting a focus group together in the UK proved more difficult than I had anticipated and although I approached groups representing the Gambian diaspora in the UK, I was initially unable to set up the first group. I then approached Harona Drammeh, from Paradise TV in The Gambia, who had worked on the first film “My FGM Story” (2015) with me (as previously discussed). He immediately connected me with Lamin Jaiteh, a friend and media colleague based in London. Lamin arranged for me to meet a group of men based in the UK and the first mini focus group took place in Nottingham. I considered it a good idea to have single sex focus groups because the NGOs I worked with in The Gambia

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<sup>38</sup> The questions used are in appendix 1.

<sup>39</sup> See appendix 3

told me their experience had been that women were sometimes reluctant to speak frankly about FGM when men were in the room. Also, there was no benefit to this research project for the groups to be mixed so I followed advice from the NGOs.

#### **a. Summary of the mini focus group discussion amongst Gambian men in the UK**

The first focus group in Nottingham, on 3<sup>rd</sup> February 2018, threw up some very interesting ideas. The group consisted of five men, currently living in the UK, aged between 28 years and 44 years old. Four said in the preview questionnaire that they were against FGM. One man said he had no views on FGM in the preview questionnaire but came out very strongly against FGM after seeing the film and taking part in the discussion. All gave good ideas as to how the film could be improved. I have recorded the age and profession of the participants and fictional names to protect their identities: **Hal**, 44, businessman; **Lamy**, 40, journalist; **Luk** 34, film director; **Georg**, 41, IT; **Leo** 28, student.

The first reaction to the film was positive. Before the discussion started all commented on the fact the film was “well made” and was a good watch from an aesthetic point of view. The fact that the film was well made and professional focused their attention, and my impression was it helped them take the discussion seriously.

The first subject for discussion was brought up by Lamy. He opted not to record his cultural background on the preview questionnaire but made it clear he was from a culture where girls are cut. His sisters were cut and that had affected him profoundly. He had married a “solema”, a woman who wasn’t cut. He recalled the pressure that was put on him by an aunt to get his wife cut by saying to him: “If she is a solema she will have nothing to do with me.” At the time he stood his ground but was clearly upset by the reaction of his family towards his wife. Later, when he had his own daughter, he refused to have her cut. By this time he was living in England but visiting The Gambia regularly. On one occasion he said he challenged his sister and her husband and prevented them getting their daughter (his niece) cut. He also criticised his parents:

*Lamy: I said to them: "Whatever you did to my sisters. At that point I didn't have any influence. I was younger. I couldn't say anything that you would listen to. But this is something that has to stop. There is no basis for it and anyone who does it in the family you will have to face me. And I mean it".*

This resonates with the evidence of Bellemare, Novak and Steinmetz (2013) and Alradie-Mohamed, Kabir and Arafat (2020) that in The Gambia, FGM is a family concern and that men can have an influence in deciding against FGM despite going against the norm in society as a whole.

The next to comment was Hal. He was disturbed by the fact that the senior state counsel from the ministry for justice, Kimbeng T. Tah, was Nigerian. As a result, he dismissed his personal comment about being shocked when he saw a film about FGM. The others in the focus group agreed this part of his interview should be taken out and it was taken out of the final film, "My FGM Story" (2020). Hal also went on to criticise the lawmakers for not explaining how the law, banning FGM, will be enforced:

*Hal: The likelihood of someone dying is maybe every thousand operations one will die. So if that's the only way the law will be enforced what is the point? But if you cut now, and it's known now and you can act now, who would do that? Would it be the police? Would it be social welfare workers? If the law is not enforced then there is no point.*

Unfortunately, that is something the lawmakers themselves are unclear on and despite numerous requests, the police declined to be interviewed for "My FGM Story" (2020). Luk led the discussion on the tone of the film and suggested it was not emotional enough:

*Luk: .... you need to bring their tears out. Like one man was a bit emotional but the others were just narrating a story.*

This comment led to an interesting debate about how that “emotion” can be generated. Hal made the point that Gambians do not show their emotions much:

*Hal: We are a very sensitive society so a lot of things we will show in private but not in public. Even the show of affection. You would notice even between parent and child. You don't see it; we don't hug each other in public those are all sensitivities.*

Despite this, the whole group agreed that the film needed more stories about how FGM affects women physically and emotionally throughout their lives. I asked if the film should be longer to include these stories and the group all said that it should. Finally, Luk made the point that the film should give a voice to those who support FGM:

*Luk: .... the choice of people to interview could be expanded because everybody then it can bring in a debate. Because still now in the villages there are still people who believe in this which is why it is still happening.*

In *An Inconvenient Truth* (2006), Al Gore has sections where he shows dissenting voices. He gives his explanation as to why the dissenters dismiss his arguments as political and short-sighted. He allows them to speak and then challenges them. He does not do this directly in an interview, but rather plays video of them speaking, and then puts the speeches in (his) context. At this time I considered this could be a good methodology, which we could adapt, for “My FGM Story” (2020), as it would avoid the risk of Halimatou appearing to be disrespectful by directly challenging those (often senior people) who support FGM. In the end we opted for the style that she would give everyone an equal voice and be interviewed in the same enquiring rather than

interrogating style, and leave it to the viewers to decide who (if anyone) they agreed with.

### **b. Summary of the mini focus group discussion amongst Gambian women in the UK**

This second focus group took place in London on 8<sup>th</sup> July 2018. Five women attended. Three said in the preview questionnaire that they were against FGM. One woman left that section blank and one said that, as a Christian, she had limited knowledge. I have recorded the women's ages and professions (where possible) and have given fictional names to protect their identities: **Helen**, 51, Nurse; **Eli**, 52, Teacher; **Anni** 50, Teacher; **Ash**, 47; **Nana**, 60, Civil Servant

The first to comment at the end of the film was Ash (who had opted to leave most of the preview questionnaire blank). She was not cut but told the story of her sister whose husband's mother took Ash's sister's five girls to be cut. Ash talked about being called "solema":

*Ash: I say to them "I am not a solema it is you people. (laughs)." As for me and my children I will never go through it. It pains me that my sister had no say on her kids. You understand? She had no say on her kids. And I know deep inside her heart it's still affecting her. But she can't say anything.*

The rest of the group was sympathetic and understanding that Ash and her sister could do nothing in the face of the grandmother taking the girls to be cut:

*Me: And what about them? How old are they?*

*Ash: They are big girls but I've never ever discussed things with them but I know it's affecting them.*

*Me: Do you think that they will change when they have their children?*



*Ash: To be honest the thing is the grandmother is still there.*

One of the other main themes for discussion was how graphic the film should be. Ash thought the cutting should be shown in full. Others disagreed and said showing the men's reaction was strong enough:

*Helen: Can I just say that I think the cutting film that was shown to the men. The impact was so profound I don't think they realised what happened. And I think living in a patriarchal society if they think it is so horrible they can drive the change. Then it (change) will happen a lot quicker.*

The women also agreed with the men's focus group that the film could be longer but should retain its focus:

*Nana: ...you have to bring in more perspectives. We have to really zero in on the health aspects. Doctors and nurses to come and talk about it.*

*(All) Yes.*

*Me: So more voices?*

*(All) Yes.*

*Nana: Yes more voices and more male voices. The other side. It's not only childbirth. It's about your life. People say people who have been through circumcision don't have sexual satisfaction.*

*Me: So maybe talk to couples?*

*Helen: Yes, and maybe more personal experiences.*

*Me: Can the film be longer though? How long will people sit and watch a film?*

*Eli: This film is gripping. Yes. Maybe 15 – 20 minutes. Yes longer.*

*Me: Because I have more that I have taken out.*

*(All) Put it all in. (General laughing and chat)*

*Nana: - But it must be focussed.*

The other question I asked was about balance. How much of the other side of the argument should go into the film? One of the most influential Imams in The Gambia is Imam Fatty who was the Imam for President Jammeh for many years. He is well known for his pro FGM views:

*Me: I also have an interview with Imam Fatty who as you know is very pro FGM. Shall I show that?*

*Anni: To be balanced...*

*Nana: No. Seeing is believing. If you put someone who is going to convince me I will see it their way. I would rather look at the progressive people rather. Imam Fatty is a good speaker. He tries to convince people that FGM is good.*

*Anni: But if you don't present it then people are going to think that everything is bias because you haven't presented their view.*

*Nana: You are going to get yourself in trouble. We want to get rid of it so let us have people who show your point of view rather than confuse your audience.*

*Me: What about balance?*

*Anni: I think sometimes things have to be brought out into the open. People already know what his views are. Bring it out and challenge it.*

*Nana: This has been a long-term practice and what people need to know is the other side. The other side has never come out it has always been pro. Everyone has only heard it's Islamic it's this and this. We need to bring in more professional evidence so people change their thinking.*

In the event, and after consultation with the NGOs in the Gambia, the interview with Imam Fatty was included in "My FGM Story" (2020).

### **c. Summary of the mini focus group discussion amongst Gambian men in Banjul**

This third focus group took place on 2<sup>nd</sup> February 2020 and included young men between the ages of 19 and 22 who lived around the Kotu Quarry area of Serekunda. In the pre-questionnaires they all said they saw FGM as a bad practice. Two said they thought this view was common amongst their peers. Two said it was not. They had all been taught about FGM in school and talked about debates they have had. They were most interested in the debates amongst the Imams as they see these debates, and the law, as the key to change. Two also mentioned the role of the media and suggested it should be used as a way of educating people about the harmful effects of FGM. I have recorded the participants' ages and given fictional names to protect their identities: **Man**, 19; **Set**, 22; **Ram**, 20; **Dom**, 20:

*Me: what is your immediate reaction to the film?*

*Set: The cutters have their own reasons for cutting. They should be given a chance to explain their reasons in the film.*

*Me: So we should have more from their side?*

*Set: Yes.*

*Me: what do other people think?*

*Man: I think it is an interesting and good film. It is also very comprehensible. You use local languages and all people will be able to understand what it means. The woman in the film (Halimatou's mother) said they do this FGM to instil respect in these young women. That is not the case. For me, FGM only causes harm to females. It's really detrimental to females especially when it comes to giving birth. So really the movie is nice and I really understood it.*

Others agreed that the film should be more balanced in terms of reasons given for supporting FGM. This should include, they thought, a more open public debate in the mosques:

*Me: What about the religious aspect?*

*Dom: Yes, it's important to have religious leaders in the film because local people look up to religious leaders. It would be great if the leaders could preach about it at the mosque, which would be very difficult because there is a taboo against it. They are trying to fuse the culture into religion. Trying to justify the act with religious practise.*

*Me: Does it get discussed at the mosque?*

*(All) No.*

*Set: Like one of the interviews said what happens to women is for women and men for men so women's business is not discussed.*

*Dom: Yes but the one (Baba Leigh) said that what is women's business is also men's business. But he's saying it in that room. The mosque is different. It's public. I don't think he would be so brave to speak against.*

*Set: It is more difficult to speak out in a public place. The thing with Imams is you cannot predict. Some will say it is against the Koran. Others will say that it is in the Koran.*

*Me: Really? Because it is definitely not in the Koran...*

*Dom: Baba Leigh's statement that his own father didn't think it was right but he didn't do anything about it. They are afraid of speaking up because people will judge them. Even religious people. But if you stand up for what is right you always get criticised but in the end you will win.*

This exchange was interesting because it confirmed the view that this matter needs to be discussed by men and by young people who want to have their voices heard in

“public” places. It also confirmed the view that the mosque would be a good platform for the film.

I then moved the conversation on to the question of family and sexual relationships between women and men. One of the main reasons given for performing FGM in The Gambia is the belief that women cannot control their sexual urges and that “cutting” is needed to stop them “misbehaving”. The belief is that before marriage, FGM will prevent girls and young women having sexual relations, which could result in unwanted pregnancies, which would bring shame on the family. After marriage, the belief is that it will be easier for a man to satisfy his wife (who has a low sex drive after undergoing FGM), and that she is less likely to want sex outside the marriage (Hernlund and Shell-Duncan, 2007a; Richter, 2015):

*Me – What about you? None of you are married yet. What do you think about marrying someone who is cut or not cut?*

*Set: Well maybe we will know if they are virgins.....however if they cut it there is always pain (during sex) so if there is pain you can conclude she is a virgin.*

*Dom: For me I'm not interested in marrying a girl who has been cut because I don't want to deal with those complications.*

*Man: The thing is how will you know if she has been cut or not?*

*Dom: But she will be honest with me.*

*Me: So you must discuss it then?*

*Man: Yes and most of them will not be open to that. What I have been told is that when you have been cut you feel pain when you have an affair (sex) with your husband so the emotional side is also not there.....For us that is not good. Not good at all actually. Because when you want to have an affair (sex) you can only when she decides and anyway, she will not feel anything. So you cannot do anything because if you do then it is rape.*

*Dom: I think they are only doing it so women stay loyal to them. So they reduce their sexual feeling. And if that feeling is reduced ...it's that if a man cannot*

*satisfy the wife and the woman has not been cut, they are worried that the woman may go outside to satisfy herself.*

Finally, I asked about how they responded to Halimatou as the presenter of the film. For the film to have the impact the campaign is looking for it is important that the audience identifies with her and likes her (Cialdini, 2001):

*Man: She is good. I wish I could be like her. (laughs). She is taking up her responsibilities and I think other girls will follow in her steps. I think she is doing a great job.*

*Dom: I think it is quite bold of her. Involving her family.*

*Ram: Not many people will want to do that.*

#### **d. Summary of the mini focus group discussion amongst Gambian women in Serekunda**

The forth focus group took place on 2<sup>nd</sup> February 2020 in the Kotu region of Serekunda. Six women between the ages of 18 and 23 took part. Four of the six women were students and the other two were visiting the school as educators. All thought FGM was a bad practice. One said this was not a common view amongst her peers but others said it was a common view as they had learned it was a harmful practise in school. I have recorded the participants' ages and given fictional names to protect their identities: **Gina**, 19; **Ana**, 23; **Mani**, 21; **Fana**, 19; **Fati**, 21; **Kilo**, 19:

As the women all thought FGM was a bad thing, and most knew the various health and religious arguments against FGM, I wanted to focus the discussion more on the film itself. Content was a factor in this, but also the way the film, "My FGM Story" (2017), was put together:

*Me: In terms of the film itself what did you feel had the most impact on you?*

*Mani: For me it's the law enforcement. Because when Halimatou went to her house to interview her sister in 2015 her sister decided to cut her child. But in 2017 after the law enforcement since the new government came into place she went to the President to have a discussion with him. The President says they will work under the rule of law. Then she went back to her family and found the child had not been cut due to the law. So that's making a great impact.*

*Me: Thank you for that. What do you all think was the best part of the film? Or what had an impact.*

*Gina: It was the part with the razor blade. It was shocking.*

*Fana: The most important part for me was the woman who decided not to circumcise her child (Isatou). That is what inspired me because so many girls are in danger. Also the part where the woman said they used to use one knife to circumcise each girl because that is something that can spread diseases.*

I was also interested in what else should be in the film and found that the young women agreed with what was said in other focus groups, that it should better reflect a wide range of views:

*Mani: For me it should be that different thoughts about FGM should be shown. Because a lot of people ask what are the reasons for FGM?*

*Me: So more people talking about that?*

*(All): Yes.*

*Fati: Also more information about what it actually is. What parts of you are damaged and more on what it means for our health.*

I also asked who they thought the film should be shown to:

*Fati: People inside the houses like our mothers. Parents. To tell them this thing is doing more harm than good. Maybe they don't know that is why they are still doing it.*

*Me: So older people in the community?*

*Fana: And younger people too. Because I heard that it is done to stop young girls getting pregnant so it should be shown to everyone because it is not true. It does not prevent girls having sex.*

*Me: So it doesn't work?*

*Ana: No. People who are circumcised still end up getting pregnant. When you look around the funniest thing is people will tell you it is to stop girls getting pregnant. But when girls have been told they are circumcised, even sealed, they will still venture into things that can make them get pregnant. It is ironic they think that if they have been cut they can't get pregnant. If you look at the Wolof and Mandinka tribes they are set up differently. The Wolof always converse and talk to girls about sex and sexuality. In Mandinka the young ones are excluded. With the Wolof young people know more about sex and sexuality. They are told how to protect themselves and they know more than young girls who have been cut. And research has shown that with girls who get pregnant say they thought they couldn't because they were cut.<sup>40</sup>*

The results of the mini focus groups were collated and discussed by the NGO, "Safe Hands for Girls", Halimatou Ceesay, and myself. We then agreed a list of material we wanted to add to the film, and some parts we decided to edit out as a result of the findings.

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<sup>40</sup> This last point is quite a worrying misconception what can be achieved through FGM and helps explain why, traditionally, it has taken place as part of a ceremony to teach girls how to "behave". One of the results of the change in the law is the ceremony, and much of the "teaching", has been abandoned so anecdotally, this research has found it has become more common for people to misunderstand that FGM alone does not prevent unwanted pregnancy.



## 17. Adapting the film to become “My FGM Story” (2020)

As has been established, and to recap, the film “My FGM Story” (2020) evolved over five years and three edits. One of the biggest challenges for this project was finding a style for “My FGM Story” (2020) that would benefit from the experience of filmmakers like John Grierson, Robert Flaherty and more latterly Michael Moore and Davis Guggenheim, while at the same time remaining recognisable and accessible as a “Gambian film” that has the credibility and authority of a film made by Gambians - “*I (We) speaking to us about us*”. I decided that the most effective way to do this, in this thesis, was for me as a non-Gambian to work as far in the background as possible. I needed to help with technical skills and with the editing process but the content was determined by Halimatou and members of the NGOs we were collaborating with. To that extent my own cultural identity was minimised and it would have been detrimental to this thesis if that had not been the case.

As previously discussed, one of the questions I asked, when showing “My FGM Story” (2017) to the focus groups, was whether or not the film should show the video of the actual cutting of a baby and two young girls which had been watched by participants at the conference run by The Guardian in Banjul in 2015. In the Peabody Award winning film *The Cut* (2017), reporter Fatma Naib shows a man from the Maasai tribe in Kenya watching a video of a cutting on a laptop. His response was: “if anyone did that to my daughter I would kill him (*The Cut*, 2017, 22:51)”. As “My FGM Story” (2020) was not necessarily going to be broadcast, the debate was whether having explicit pictures could impact individuals in The Gambia, in the same way as they had in Kenya, and have a positive effect in the campaign to end FGM. The contrary argument is that this film could be shown to a wide audience, albeit in small groups or as individuals, and some people, particularly women who have undergone FGM themselves, may be badly affected by seeing explicit images. In the event, the focus groups, and the NGOs we were collaborating with, supported the idea that the explicit images should not be shown, even to individuals, and that the footage we had of participants in the seminar reacting to the film had enough of an impact. It was also

noted by the focus groups that the sound of the young girl screaming added to the impact.

Another consideration was whether the film should expand on the idea of the “Alternative Rites of Passage” (ARP)<sup>41</sup>. *Nancy’s Girl Revolution* (2016), based in Kenya, shows Nancy arguing that she will be more valuable to her family if she gets an education and is able to earn her own living, than if she is cut and “sold” to a future husband for a number of cows. In some schools in Kenya, graduation is now seen as an ARP in preference to girls undergoing FGM. The focus groups, Halimatou and the NGOs in The Gambia all thought this was not relevant in The Gambian context largely because girls are increasingly being cut at a younger age and not as part of a “marriage” contract.

“My FGM Story” (2020) was completed in February 2020. Halimatou and I decided to add a music section with a local drumming group to represent the passage of time from 2017 to 2020 when Halimatou becomes a wife and mother. We went to Janjanbureh where we connected with Omar Jammeh. Halimatou had met Omar Jammeh at a conference the year before and he knew her. He agreed to connect us with women who support FGM. I wore local dress when we met the women for interview as a sign of respect. They seemed to appreciate the gesture.<sup>42</sup>

It was important that the women we met felt free to talk about their views on FGM openly and frankly. We made it clear to Omar, and the women, that we would not show any comment that they might make that could get them into trouble with the law. Therefore, Halimatou did not ask if they were still cutting their girls. Instead she only asked questions about their views on FGM. It is important in “My FGM Story” (2020) that Halimatou is, and is seen to be, consistent and respectful to those in the film who support FGM, in the same way that she is respectful towards those who are against it. This was the clear advice from the focus groups. The NGOs and the focus groups told us that in order for people in The Gambia to have proper respect for the film they would have to recognise it as “Gambian”. People in The Gambia do not like being told what to do by “outsiders” (Beer and List, 1999; Ahmadu, 2005). Young

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<sup>41</sup> The “Drop the knife” campaign in The Gambia encouraged cutters to teach tradition but without FGM

<sup>42</sup> Molly Melching from TOSTAN told me she always wears local dress in the villages in Senegal. Halimatou bought the material for me, which is typical for The Gambia, and her aunt arranged for the dress to be made for me in The Gambian style.

women (like Halimatou) are expected to show respect. Although Halimatou is a “reporter” in this context, there is no history of reporters challenging interviewees in The Gambia in the way that there is on BBC or CNN for example.<sup>43</sup> If Halimatou was to be challenging it would most likely be seen as disrespectful, and possibly unfair, because she is young and a woman, which would alienate the very audience she is hoping to engage, namely, people who currently support the practice of FGM but who may be open to persuasion.

Time and “follow up” are also important factors in this film. When gaining consent from Imam Baba Leigh to use his interview, we showed him “My FGM Story” (2017), which was the film we first interviewed him for. He commented that it was nice to be asked, but also that this is the first time anyone who said they would show him the final use of a filmed interview with him had actually done so. It is true that Western journalists and filmmakers usually fly into countries, make video reports or films, and then fly on to the next story without following up with the people they meet along the way. As filmmakers, we gained credibility by keeping in touch. The film itself also gained authenticity and authority by being filmed over a five-year period. Halimatou developed from being a single woman to being a wife and mother. This allowed her persona to develop at the same time, so her experience resonated with a larger audience and more people were able to identify with her. The follow up with her sister, Isatou, is also important within the film. Rama (Isatou’s daughter) developed from being a baby to a six-year-old girl starting school. At the time of writing she has still not been cut. Isatou changed her mind and kept to her word. Halimatou’s mother also changed her mind. This is a very important message within the film as in The Gambia, girls are increasingly being cut at a younger age but could be cut when older if they, their parents or grandparents wavered in their resolve to resist cutting.

The longevity of this filmmaking process is also important in that it shows persistence. “My FGM Story” (2020) shows that Halimatou has been working for five years to bring about change and she is still working hard. She is not giving up. Nor are others in the film. Imam Baba Leigh talked about his father, another Imam, never quite believing FGM was right but not saying so openly. Imam Baba Leigh has taken that

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<sup>43</sup> There is a strong tradition of critical journalism in the print sector and journalists have been heavily fined and jailed for criticising the government, particularly under Jammeh’s rule.

belief further by speaking out and has been heavily criticised in the past for doing so but he is persistent and consistent in his message. Others in the film are speaking publicly for the first time. Mass Laye talks about the damaging lubricants married women are using in order to engage in sexual relations with their husbands. This has never been talked about on film before and, by definition, only married women (and possibly some married men) would ever be aware of the practice in the first place.<sup>44</sup>

What's very important to the credibility of the film is that "My FGM Story" (2020) is timely. It shines a light on the current debate within The Gambia and the interviews are with people and ideas pertinent to the debate. The law is being disregarded and Maria Saine alludes to this in the film.<sup>45</sup> In this way the film shows itself to be aware of what is actually happening in terms of the actual practice of FGM and recognises that the change in the law is not enough. It may be that in future there may be arrests and successful prosecutions. As previously discussed, we did ask for an interview with the police so that Halimatou could ask why that hasn't happened yet but our requests were denied. In the event, I think it may have helped the film to remain open and enquiring to have the idea of the lack of enforcement of the law left hanging.

When the interviews were completed, we needed to get the film translated into Mandinka and for that we are grateful to Paradise TV for loaning us an office and staff to do the necessary voiceovers. Our relationship with Paradise TV has been important throughout this research. The management and staff provided valuable insights into understanding how the media works in the country. Both the English and Mandinka versions of "My FGM Story" (2020) were broadcast first on Paradise TV and that lent credibility to our pitch to have the film broadcast on GRTS (Gambian state TV) where it was aired twice on 11<sup>th</sup> March 2020.<sup>46</sup>

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<sup>44</sup> Halimatou and others confirmed they had no idea about such practises until after they were married

<sup>45</sup> Maria Saine said off camera that she regarded the change in the law as the beginning of that campaign to end FGM in The Gambia rather than the end

<sup>46</sup> Analysing the impact of broadcasting the film on TV lies outside the scope of this research project.

## **PART FOUR – PEER RESEARCH INTERVIEWS**

### **18. Researching the impact of the film using PEER**

PEER is a qualitative participatory research methodology first developed by Marie Stopes International to help researchers investigating Reproductive Health. PEER enables access to marginalized communities which can be hard to reach with other research methods (Hawkins and Price 2002; Ernest et al, 2014; Maina, 2015; Otoo-Oyortey, Kwateng-Klavitse, and Howard-Merrill, 2016; Elmusharaf et al, 2017). The idea behind PEER is that people are more likely to feel comfortable and tell the truth about what they really think to someone they like and trust and who is like them. They are also more likely to honestly question their thoughts and beliefs if they feel the person they are talking to likes and trusts them. In short, people are more likely to say what they really think and have an open and honest conversation with a friend from their own community (Hawkins and Price 2002; Ernest et al, 2014; Maina, 2015; Otoo-Oyortey, Kwateng-Klavitse and Howard-Merrill, 2016; Elmusharaf et al, 2017). PEER empowers the team of interviewers because they are involved in gaining information and learning more about the research subject. They also take part in designing the research questions as well as collecting data.

FGM does not exist in isolation of other harmful cultural practices. It is part of a cultural mindset (Ernest et al, 2014; Maina, 2015; Otoo-Oyortey, Kwateng-Klavitse and Howard-Merrill, 2016). PEER enables interviewers to explore areas of interest and concern relating to, but not specific to, the research topic which they may not have initially thought relevant. In this way they gain a better insight into how to adapt their working practises to engage more effectively within communities.

PEER has been used in at least fifteen different countries over the past sixteen years and has a “strong track record” as a highly valuable methodology in health and social research (Ernest et al, 2014, p.13). The more in-depth interviews carried out by interviewers from the same community allow for a more nuanced understanding of what people actually mean by what they say:

By eliciting narratives of actual lived experiences, PEER has been praised for its ability to inform more impactful programmes. It achieves this by helping development actors to understand the means by which sociocultural, political and economic factors influence the continuous subjugation of women and children – violating their human rights. (Maina, 2017, p. 7)

This research thesis relied on people talking about how to bring about change so it was important that they felt free to discuss with the PEER interviewers' ideas and practises which deviated from the dominant norm of FGM. It was also important that participants felt free to gossip. FGM is still seen as a taboo subject in many communities and conversations about FGM are riddled with misinformation, misunderstanding, exaggeration and what we sometimes call "urban myth". Addressing the veracity or otherwise of "urban myth" is not enough to stop people believing it or passing it on to others. It is possible, however, to persuade an understanding of it as gossip rather than gospel:

Gossip is the local currency of social networks, providing invaluable insight. Instead of discarding gossip as invalid because it derives from biased accounts, the peer ethnographic method embraces and analyses gossip as an essential component of ethnographic data. (Hawkins and Price, 2002, p. 133)

Hammel (1990) also puts a value on gossip as a way for researchers to better understand culture; the researcher is "eavesdropping" on participants:

The virtue of ethnographic approaches for the demographic enterprise is that the actors, who know the ground, are permitted to lead the way. The value of culture for social analysis is not so much that the informants speak to the investigator, but rather that they speak to one another and can be overheard. (Hammel, 1990, p. 475)

Elmusharaf et al (2017) elaborated on the PEER process. The steps are: Training of the PEER researchers; development of data collection instruments; data collection; de-briefing; insider interpretation; thematic data analysis. I followed this process in The Gambia in January and February 2020 over a period of five weeks. PEER was used to train members of those communities that practice FGM, to become peer interviewers; they then carried out in-depth conversational interviews among their own peer group. The PEER interviewers interviewed their chosen peers (usually friends and family) before watching the film and then again afterwards to gauge the impact of the film. In line with PEER methodology, all interviews could be conducted in the third person;<sup>47</sup> the idea being that people would be more likely to say what they really think, and even talk about their own experiences, if they could do so without using the word “I”. Interviewers asked their interviewees to talk about “other people” like them or what other people in their social network say. PEER interviewers were not asked to name individuals or to record information that could identify individuals.<sup>48</sup> Data collection was carried out over a short time frame (viz. five weeks), during which time the PEER interviewers interviewed three people they had chosen from their social networks. PEER interviewers made some notes to remind themselves of the interview using data sheets.<sup>49</sup> The PEER interviewers then discussed amongst themselves which were the most important points that came out of their interviews. They also talked about their own interviews with the lead researcher (myself).

The research was conducted in and around the town of Brikama, which is predominantly inhabited by members of the Mandinka ethnic group who traditionally practise FGM. However, many compounds also have members of other ethnic groups, which gave this research a chance to build a more comprehensive picture of the impact of the film on Gambians with different preconceptions, knowledge and understanding of the practice of FGM. It was also quite common for

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<sup>47</sup> Most interviewees chose to speak about their own personal experience and views but it was made clear they were not obliged to do so

<sup>48</sup> In most cases PEER interviewers chose to tell me who the interviewees were but that information has not been published

<sup>49</sup> Appendix 2

families to be made up of members of different ethnic groups through marriage. A member of the Wolof ethnic group, which does not have a culture of FGM, may be married to someone from the Mandinka, which does. One of the areas of this research was to look at what may happen to the girl child in such cases, and what impact the film may have on the decision making process within families.

The idea behind this research thesis was that the findings would inform and support the campaign to #EndFGM in The Gambia. The more the activists themselves were involved in and took ownership of the research, the more motivated they would be to take action based on the research results (Ernest et al, 2014; Maina, 2015; Otoo-Oyortey, Kwateng-Kluytse and Howard-Merrill, 2016). The disadvantages of PEER research, that were relevant to this thesis, were that the data were not quantitative and it could be difficult to make wide generalisations from them. Time and cost restrictions meant the scope of this research was limited.<sup>50</sup> Also, the PEER interviewers were mainly young and they were being asked to interview people who may be socially “superior” to them. That could potentially cause social disruption, so I discussed this with the PEER interviewers to make them aware of the risk. However, the fact that the interviewers and interviewees knew each other, and had an existing relationship, could mitigate the effects of any potential status imbalance.

## **19. PEER Training**

The nine PEER interviewers all came from the area around Brikama. As previously discussed, the town and surrounding settlements are predominantly Mandinka but other ethnic groups are also represented and some of the compounds<sup>51</sup> are quite mixed. The majority of girls and women have undergone FGM. PEER interviewers were selected from three sources; The Gambia College, the NGO “The Girl’s Agenda” and local communications networks. All spoke English, as well as the local languages

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<sup>50</sup> I self-funded this PhD

<sup>51</sup> The compounds mostly comprise family groups and on occasions close family friends. The homes are grouped together with a common entrance and security



they used in interviews, which meant they could accurately report their findings to me, the lead researcher.

Each PEER interviewer selected three people to interview, from their own inner circle, which made 27 interviews in total. The interviewees they selected were people close to them who they thought would give their honest views. As lead researcher, I asked the interviewers to try to select people with views across the spectrum of being for and against the practise of FGM. This with the understanding that the interviewer may not know the views of the interviewee until the interview was underway. PEER interviewers attended a training session at an office leased by “The Girl’s Agenda” in February 2020.<sup>52</sup> The interviewers all filled out the forms giving details about themselves.<sup>53</sup> The interviewers were given travel expenses but other than this were not paid. I have given the interviewers pseudonyms to protect their identity and the identity of those they interviewed. I record here the pseudonym and gender of the interviewers: **Seb**, male; **Alice**, female; **Mam**, female; **Tam**, female; **Jow**, male; **Maine**, male; **Rima**, female; **Muma**, male; **Amfa**, male.

The interviewers viewed the film in English and Mandinka and gave their feedback. It was positive. They found the film true to Gambian opinions; they described it as comprehensive and representative of different views. They said it was emotional and all said it had an impact on them. The interviewers were told the film was going to be shown on Paradise TV. All the interviewers supported the idea of showing it on National TV (GRTS) as well. The three interviewers who were #EndFGM activists said their work would be enhanced if they could use the film in their own workshops and asked us to add subtitles for the commentary, as well as the translations, for the work they do with the hard of hearing.<sup>54</sup> The interviewers then tested interviewing by talking to each other about the film and built on the initial set of interview questions. It was recognised as important that the questions were open to encourage the interviewees to talk, and give opinions, rather than simply answer “yes” or “no” to a closed question. It was also understood that follow up questions such as “why do you say that” or “what do you mean by that” should be asked to get a clear and

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<sup>52</sup> This research covered the cost of the room hire and travel by crowdfunding.

<sup>53</sup> See questionnaire appendix 3

<sup>54</sup> We did this at a later date

comprehensive view of the opinions, feelings and reasoning of the interviewees. All understood that the research was aimed at analysing the impact of the film as opposed to seeking approval for it.<sup>55</sup>

The interviewers then spent several days testing their interview technique and returning for a further training day. I was struck by how much the interviewers themselves (especially the men) were learning about FGM. One interviewer said he had no idea Wolof women were not cut until he conducted his interview with his cousin. It also became clear that although we had originally thought some of the viewings and interviews could take place in the office we had leased, this was not going to happen as the interviewers felt the only way they could get the interviewees to talk openly was one-to-one, either in their own home or, in one case, the home of the interviewer himself.

The interviewers and I (the lead researcher) finalised the list of questions on 17th February 2020. The other thing that emerged on this day is that nearly all the Test interviewees wanted to talk about their own personal experience and opinion as well as the opinions of their peers. Talking in the third person did not appear to be as important as talking about themselves in many cases, and yet being able to talk about “other people”, in the third person, is seen as an essential strength of PEER. I was aware I needed to keep an open mind as to how relevant this might be in The Gambia where people seemed, in the most part, to be uninhibited about giving their own opinion freely.<sup>56</sup> At the end of this training day we agreed the interviewers would make it clear to interviewees that they have the option to talk about themselves and/or their peers when answering the questions.<sup>57</sup>

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<sup>55</sup> One researcher later apologised that one of her interviewees could find nothing wrong with the film, saying she wanted to find ideas for improvement

<sup>56</sup> There are several possible reasons for this. It could be the law change. It could be that the researchers, on the whole, were younger than those they interviewed, and often knew them well, so the interviewees felt empowered to give their own opinion.

<sup>57</sup> This slight change in the methodology worked well and gave the interviewers scope

## 20. PEER interview results

The PEER interviewers each carried out three semi-structured and unstructured interviews, one at a time, with the friends and/or relatives they had chosen and allowed the interviewees a considerable amount of time to discuss any emotions or thoughts prompted by the film. In line with PEER methodology, interviewers took notes of the interviews, which were conversational, and were reported back to the lead researcher (me) at a later date. Those notes were key words or sentences but were not a verbatim record of the interview. The PEER interviews with the friends and relatives were as close to free conversation as possible.

I recorded the gender and age of the interviewees in my recorded interviews with the PEERs but no other information in order to protect their identities. Those details of the three interviews for each PEER interviewer are as follows: **Seb**: (1) Female, 34. (2) Male, 30. (3) Female, 31. **Alice**: (1) Female, 30ish. (2) Female, 35. (3) Female, 21. **Mam**: (1) Female, 35. (2) Female, 32. (3) Female, 44. **Tam**: (1) Male, 35. (2) Female, 52. (3) Female 24. **Jow**: (1) Male, 26. (2) Male, 62. (3) Female 18. **Maine**: (1) Female, 22. (2) Male, 33. (3) Female, 21. **Rima**: (1) Male, 30. (2) Female, 36. (3) Female 27. **Muma**: (1) Male, 60. (2) Male, 30. (3) Female, 21. **Amfa**: (1) Male, 25. (2) Female, 47. (3) Male, 52.

While the key “themes” of the interviews were covered, to enable coded analysis, some of the most interesting data came from comments unique to the individual interviewee. The unstructured part of the interviews also revealed information that had not been specifically anticipated at the planning stage of the research, but could now be incorporated into the results, either as an additional code, or as comments, which could be used as a basis for further research.

After the interviewers had completed their work, I interviewed the PEER interviewers about what had been said and what the reactions of each of their interviewees had been to the film. These interviews were audio-recorded and transcribed by me. Most of the PEER interviewers had taken good notes during their interviews. In my interviews with them, I not only talked about the content of the interviews they did but I also asked about their interviewees’ emotional reactions to

the film. It was also the case that the PEER interviewers themselves talked about what their own reactions had been while they were carrying out the interviews. Some were surprised at how their friends/family members had reacted, even though they thought they knew them well.

The transcribed interviews I conducted with the PEER interviewers were all uploaded and coded using NVIVO software. Fifteen codes were created and the numbers of entries into the codes ranged from 27 (has the law change made a difference) to one (what else should be in the film). There were nine entries into a code (miscellaneous), which consisted of new ideas that did not seem to fit clearly into any of the designated categories, but which were interesting, nevertheless.

Before the interviewees saw the film they were asked a series of questions to assess their awareness and preconceptions about FGM. Eight said they were strongly against FGM at this stage and eleven said they were strongly in favour. The interviewees were also asked about their understanding of the health problems that can arise during and after FGM. Fourteen said they felt strongly that there were negative health side effects while thirteen said they felt there are none or that the effects were positive. This split suggested that, broadly speaking, the interviewees represented a range of views about FGM from very much in favour of the practice to very much against. This turned out to be the case when the data were examined more closely.

**a. How did interviewers report participants' views on the effects of FGM on women's health?**

The first NVIVO code related to health. The interviewers asked about the knowledge and preconceptions understood by the interviewees about the health side effects of FGM both before and after viewing the film. Below are some of the quotations taken from the interviews I had with the PEER interviewers when they reported back to me after their interviews in the community:

## **Belief that there are no negative health effects**

*Amfa (2) - "She says she does not believe there are any health implications, unless it is done by people who don't do it properly".*

*Rima (1) - "They did not believe FGM was the problem with his sister. He spent time talking to his mother but still she is not convinced.....she thinks it is the fault of the daughter not being able to deliver. She was the one at fault".*

*Muma (1) - "He said the health effects are good. He believes the woman is clean and he believes it increases fertility which the wife also said she believed".*

These comments came from interviewees who were strongly in support of FGM and seeing the film did not appear to make a difference to their overall view at the time of the PEER interviews. While everyone was aware that some women do face problems at childbirth, those who believed strongly in FGM tended not to accept that the problems were caused by, or had anything to do with, FGM. Some believed that FGM actually helped childbirth and if they, themselves, had not had problems giving birth, this research suggests it was unlikely they would be persuaded by the film that FGM was a bad practice.

## **Belief that there are negative health effects**

This was the part of the interviews when some of the interviewees were most inclined to talk in the third person. No one spoke of their own experience of pain during sex while many did relate the experience of others. Some interviewees did talk about their own complications in childbirth and also spoke about the psychological effects of FGM: <sup>58</sup>

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<sup>58</sup> The psychological effects of FGM are often long lasting and complicated and this research project did not have the scope to go into this area specifically

*Alice (2) - "She has friends who have given birth and faced complications. She also talked about painful experiences during sex but she didn't talk about herself directly on that subject".*

*Maine (1) - "She said she still has problems. It was difficult for her to heal. She also told me about having the baby and she said she had to go to hospital and it took 2 days of labour. So she had a lot of pain and she finds it difficult to understand why people still do this (FGM)".*

*Rima (3) - "She said she couldn't see the face of the woman (who cut her) and that is really affecting her. She believes FGM is really affecting her badly. She has two girls and they are cut but if she knew more she would not have cut them because she herself has a lot of problems".*

*Seb (1) - "She had six children but 3 passed away. She now has just 2 girls and 1 boy. She thinks the death of the babies is because she was circumcised. She didn't find out about the side effects until recently and now she thinks it was the cause of the deaths".*

The interviewers reported that for women who had doubts about the benefits of FGM, the various arguments that it is harmful to women's health were the parts of the film that resonated most. The interview in "My FGM Story" (2020) with Binta Jammeh-Sidibeh, who said she first found out about FGM when she had problems giving birth to her first child, was mentioned more than once. Also, the interview with the midwife, Saffia Coker Jallow, who reported feeling very sorry for one woman who came to her after she had been cut many times on her wedding night was cited by some as the most emotional part of the film. Some of the interviewees who supported FGM condemned the practise of sealing (type 3 infibulation) as unnecessary and harmful. However, one of the PEER interviewers said to me that in her opinion, sealing was becoming more common now that FGM is illegal in The Gambia. The reason for that, she said, is because FGM is no longer being performed as part of an initiation festival so parents are concerned their daughters are not being taught about

the importance of remaining a virgin until they are married. The way to protect their virginity, according to the parents, is to seal them when they are cut.<sup>59</sup>

#### **b. Beliefs as to whether the law change has made a difference**

Since FGM was made illegal in The Gambia under the leadership of President Jammeh, there has been a strong, NGO-led, campaign in the country to ensure people are aware of the law. That campaign has been successful. As previously discussed, ninety-two percent of people in The Gambia say they know of the law (<https://mics.unicef.org/surveys, 2018, p. 360>) and that high level of awareness was confirmed in this research. However, what was not clear is how many people were abiding by the law. That is still an unknown, and cause for concern. As previously discussed, the UNICEF Multiple Indicator Cluster Survey 2018, reported an even split between women who say they are for or against the practice of FGM (<https://mics.unicef.org/surveys, 2018, p. 356>). That statement of attitude was not being supported in practise, according to this research, where nearly all those interviewed said the majority of girls were still being cut. The interviewees who commented on the law, whether they themselves were for or against the practice of FGM, said the majority of people ignored it. The interviewees were also asked for their understanding of the law before and after the film. These comments were made by some of them as reported by the PEER interviewers:

*Alice (3) - "She says yes she knows there is a law and people in her community also know. I asked if people follow the law and she said to some extent. But to a larger extent people do not follow it".*

*Alice (1) - "What she told me is that because of the law people are hiding the practice. She even said she wouldn't tell people she was practising it".*

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<sup>59</sup> This comment was not made within the scope of this research project and I have no quantitative evidence to support it. However, I do think it is an area which could benefit from further research.

*Tam (3) - "She knows it is against the law and she supports it (the law) but she says many people do not support the law against FGM".*

*Jow (1) - "...there was one man he met and he knew all about FGM yet he was the one in the village who was encouraging for girls to be cut. People have the traditional mind set and it is very difficult to be changed".*

*Rima (1) - "He says people don't agree with the law and they are still practising. But he also thinks that because of the law the number of people practising has decreased. Those still doing it are hiding it".*

The research asked if the film had changed the interviewees' perception of the law before and after viewing. Only one said it had changed her mind but others said the President confirming the law change was important. They confirmed that having the authority figure of the President, Adama Barrow, stating that the law would be implemented would make people take the law more seriously:

*Jow (3) - "Before she saw the film she said that everyone should be able to do what they want.....Afterwards, Halima (Halimatou) talks to the President so she knows more about it. That is what convinced her it was a real law".*

*Muma (3) - "She thinks the law change is important because it will make people think again about cutting their children. Because they have a high opinion of authority and the President has said that in the film. So it won't stop straight away but it will make people think".*

Another common comment was that the law was "weak" and, because it was not enforced, obeying the law was seen as a choice rather than a demand:

*Maine (3) - "What she says is that if there is a law then FGM comes down to choice. Even if there are some health implications it is still a choice".*



Several of the participants said the law would have to be enforced, and be seen to be implemented, for it to be a deterrent. One also said the film should show sequences of people being arrested for cutting: <sup>60</sup>

*Mam (1) - "She says that is very important because FGM is rampant. She says even with the law change she feels the government should do more. People should be arrested".*

*Alice (2) - "She said people must be prosecuted and that's the only way to make things change. The thing is because there is no law enforcement people don't care. They know it is happening but they don't care".*

Some of the research interviews probe more deeply into possible reasons for the law not being implemented. The main reason given was that it was political:

*Amfa (1) - "He is also a law student so he knows it is against the law. What he thinks is that those who are supposed to implement it are not doing it as they are supposed to. He thinks this is political. Because Barrow is relying on the votes of people in the rural areas and he is worried that he will lose those votes if he talks too much about this. That is why he thinks the law is weak".*

All participants said FGM was still being carried out locally though none went into detail. One man suggested that even if the law were to be enforced it would be easy to take a child across the border:

*Jow (2) - "He said the law is very important but people do not feel bound by that in The Gambia and it only applies to The Gambia. It is not the only solution because I can have a child and take her to another country to have her cut".*

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<sup>60</sup> The interviewer pointed out that a factual film could not show something that was not happening.

One definite consequence of the law change is that all the interviewees who spoke about it reported that the traditional ceremonies and cultural teaching of young girls when they are cut has been abandoned, because of the change in the law. This change was corroborated by members of the NGO groups we were working with. Girls are mostly cut on their own or with their sisters and then returned straight to their homes.<sup>61</sup>

### c. Solema

One of the societal pressures put on women and girls to undergo FGM comes from the cultural view that an uncut woman is '*solema*' which means 'dirty' (Hernlund and Shell-Duncan, 2007a). Uncut women are also seen as unable to control their sexual desire (*Jaha's Promise*, 2015); they will masturbate and there is also the belief that an uncut woman will "leak" from the vagina (*Newsnight* 2013).<sup>62</sup> One of the recommendations from the focus groups was that the film should make a reference to *solema*. At the end of the film, Isatou tells Halimatou that she is concerned her daughter may be called *solema* after her decision not to cut her. That did prompt some comments about *solema* from the interviewees:

*Alice (2) - "Yes she said solema can be a problem for society but personally she doesn't care. If she has a daughter she wouldn't care if she was called solema. She is a strong lady".*

*Rima (2)- "It is offensive. If she has a friend who is solema – they are put under pressure".*

*Muma (1) - "He said solema is not a problem because it is a choice for people to cut their children. Although it is cultural some still deviate. He didn't see it as a*

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<sup>61</sup> This is important because it changes the context of FGM being part of a "Rite of Passage".

<sup>62</sup> In her BBC Newsnight report 2013, Sue Lloyd-Roberts challenges Imam Fatty by saying that she has had a clitoris for 50 years and it has never "leaked".

*problem. He wants it (FGM) to be practised but if people don't it is not a problem".*

On the whole, this research does not show "solema" to be as big a problem in The Gambia in 2020, as it has been shown to be in the past. Most interviewees only commented on it after being prompted by the interviewer.<sup>63</sup>

#### **d. Initial reaction to the film**

None of the interviewees who viewed the film said they had seen anything like it before. As previously discussed, FGM is not a subject openly talked about or shown on TV in The Gambia. The interviewers reported a strong emotional reaction to the film, whether the interviewees were in support of the people and messages in the film or reacting against them. Some simply said they were seeing something they were not expecting and had not seen before. The research showed that the film did encourage further discussion and some interviewees were "shocked":

*Jow (2) - "After seeing the film he was shocked. Really shocked because he didn't know so much about this so this was the first video that he has seen. He was really shocked when the woman was explaining about the fistula. He said wow this is crazy. And he was really sad. Because he never believed people would go to this extent, with the sealing".*

*Jow (1) - "The funny thing is when I was asking him these questions before the video he was really calm. But after he watched the video he became radical. He said "Wow. All these people should be arrested and shot"! (meaning the people who practised FGM)*

*Amfa (1) - "He couldn't even watch one part of it. Where the men were in the seminar and the girl was being cut. He covered his eyes for most of that. He*

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<sup>63</sup> Some PEER interviewers commented in conversation with me that it may be that the law change has made it more acceptable for people to choose not to cut their girls.

*couldn't believe that was FGM. He didn't even know that was happening in the country".*

*Seb (2) - "He didn't know what to think to start with. He said there was a lot to think about. He said it was amazing to have so many people talking about it. Talking against it I think he means".*

One of the most common reactions to the film was that people thought others should see it. This was more common amongst those interviewees who were against FGM rather than among those in favour of it:

*Rima (3) - "Ah, she felt so emotional. For her it should be shown a lot to people of her generation so they don't keep on with the practice".*

When we made "My FGM Story" (2020), the collaborators felt it was important not to "over-dramatise" the effects of FGM by talking about girls dying as a result of the practice.<sup>64</sup> The feeling was that the emphasis of the film should be on FGM as a whole as a bad practice, rather than on the extreme cases where children have died, most commonly by bleeding to death. In the discussion, one man did point out that he was aware of girls dying the time of being cut. One interviewer spoke of an emotional interview he had with this interviewee:

*Rima (1) - "He was very emotional. He said he knows people whose children have even died because of FGM. Even in delivery he says children have died. And some of his friends have lost their children at the place (and at the time) where they are circumcised".*

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<sup>64</sup> One of the concerns was that this could be seen as the only time FGM should be challenged and that would deflect attention from the wider argument

What was quite common in the feedback was how seeing the film prompted people to talk about their own experiences even if they had not done so in the questioning before the viewing:

*Mam (2) - "She said she didn't know about the health side. It was only after I showed her the film that she realised about the health effect. That was the time she was telling me that when she was giving birth to her children she had some complications but she didn't know that these complications are as a result of FGM. Meaning the film has really impacted on her".*

One man was very clear that the film would not change his mind (much to the surprise of the PEER interviewer):

*Maine (2) - "The most surprising part for me is that I thought when he saw the movie it would make him change his mind. That was the surprise of it. For him the movie was fine, he said, but he didn't see anything that would change his mind".*

The fact that the interviewee also said the film was "fine" is encouraging because it suggests that the arguments are acknowledged and respected even if he did not agree with them.

#### **e. Perceptions on the importance of the film being Gambian**

Nearly all the interviewees reflected that they liked that film was "Gambian". This resonates with the findings of Johanna Richter in her film, *Excision. Un theme pour tout le monde* (2015), made in Burkina Faso, where viewers commented that the impact of the film in that country was largely down to the fact it contained "real" local Burkinabé people they could relate to (Richter, 2015). Some of the comments made

to the PEER interviewers in this research related to people, others to places in The Gambia. Either way, the Gambian identity gave the film authenticity:

*Alice (3) - "Every person in the movie was Gambian and she saw people in the movie as her own people".*

*Alice (2) - "She said for her the film does capture the Gambian society. She was talking about the local settings especially Halimatou's house. People can identify".*

*Mam (1) - "It is real. It is not like people are talking in riddles or saying things that are not happening. She is really pleased people are speaking their mind".*

**f. Who was most important in the film?**

This research resonated with Cialdini (2001) that people identify with similar others. The research showed that men were more likely to comment on the views of other men, mostly the Imam's, while the women were more likely to comment on the health aspect of the film. Halimatou appealed to a cross section of viewers because of her status as narrator. Viewers related to her "story" and many commented that she was "brave" to make the film. Six interviewees saw Halimatou as the most important person in the film. For example:

*Rima (3) - "The most important part for her was when Halimatou met the President and was talking about the law that really impressed her. Because Halimatou cares about us and she spoke to the President".*

*Alice (3) - "She said Halimatou. When she talked about herself being cut especially the bit about when the child cries. She was very touched by that because I think she remembered and she saw that the old women (cutters) are very wicked".*

*Muma (2) - "He said Halima. Because it is her story. She went through it herself and then she changed the mind of her sister. That is very important".*

Halimatou's ability to change the mind of her sister (as it was perceived) was important to this research in that it supported the work of Bellemare, Novak and Steinmetz (2013). Those authors highlighted the importance of the family in The Gambia as an agent for change, which they saw as distinct from neighbouring Senegal where the "community" was a more powerful agent.<sup>65</sup> While the PEER interviewers could choose any three people they liked to interview, most chose at least one member of their own family. Some of the interviewees also noted that one of the strengths of the film was that Halimatou had the cooperation of her family, including her parents and her sister, and this prompted the interviewees to talk about their own family experiences:

*Maine (1) - "Her Mum is Wolof so she is not cut but she and her sister were both cut because I think it must be that the father felt strongly that they should be. In fact she and her older sister are cut but her two younger sisters are not cut. She also talked to me about her father and mother's relationship and said that in the end they did discuss it for the younger two".*

*Tam (3) - "Well her mother's group does it. But her father is Wolof so her mother hid it from her father".*

*Seb (2) - "I asked him if it changed his mind about cutting his daughter and he said he would talk to his wife. He said both of them would make that decision".*

Those interviewees who commented on the importance of the Imams, were mostly in favour of the Imam who spoke in line with their own view for or against FGM. However, the debate itself, within the film, was important because most interviewees said they did not know there was such a difference of opinion, or in fact any difference of opinion, within Islam:

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<sup>65</sup> Richter (2015) also saw community, and in particular the elders in Burkina Faso, as the most significant potential agents of change. The UNFPA in The Gambia spent years targeting The Cutters (Drop the knife campaign). That campaign is not considered to have been successful.

*Jow (1) - "Baba Leigh. Because he is a highly respected Imam. He says people like him should have an influence and they should go forward with their message".*

*Amfa (2) - "Imam Fatty. She likes those parts that support FGM only".*

The other person who was often commented on as important in the film was Safia, the midwife. As a health professional she had authority and both men and women respected her testimony. This resonates with Cialdini (2001) that people defer to experts:

*Maine (1) - "She loved the midwife. She said that was great. When she saw that part she said come here you must watch this"!*

*Seb (1) - "She did not know many of the things Safia talked about. That had a big impact on her".*

**g. What part of the film had the most impact?**

While we were making the film we knew that the scene where young men and women in a seminar were watching a video of girls and a baby being cut was powerful. As previously discussed, early on we debated and rejected showing the actual cutting itself.<sup>66</sup> When the film was shown on TV we put a warning on the front to highlight that some people may find some of the scenes shocking.<sup>67</sup> It came as no surprise that this was the scene many of the interviewees said would have the most impact on the audience:

*Alice (3) - "She saw how emotional the men were when they saw the young girls being cut. And how it affected them psychologically. She believes this is a chance to convince men to stop the practice of FGM".*

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<sup>66</sup> See chapter 13

<sup>67</sup> "Some viewers may find parts of the following film disturbing."



*Maine (1) - "She says she liked the part of the men watching the film in the seminar. She said that had an impact on her".*

*Jow (3) - "The part where they are watching the girl being cut because she has been through it but she didn't know what actually happened. But when she saw the men covering their eyes she said to me is this real? And have I already gone through that? Have I survived this kind of pain? And when she heard Halimatou talking about when she was 9 years old. She said 9 years old. Wow. And at that point she was confused. So I had to calm her down".*

Regardless of which part of the film was chosen by the interviewees as having the most impact, all agreed the impact came from being shown something for the first time. Whether they said that image or information was new to them, or new to members of their community, they said the impact was that they had learned something. Some interviewees also said that they thought the film could bring about change. These are some more comments made by the interviewees:

*Muma (1) - "He says the midwife and Mass (Laye) talking about the lubricants. That had the most impact on him, destroying the vaginal wall he said if this is the case then we should stop it. Because he believes what the health professional says. That really had an impact. I don't think he had heard about that before".*

*Mam (3) - "When Mass (Laye) spoke about that she said it educated her. People marry like one, two, three women, so everyone wants to make sure the husband's attention is on you. So you have to go the extra mile. You have to do certain things to make the husband like you more. So women insert things in their private parts and it causes problems. So Mass's part was very educative".*

*Seb (2) - "I think he was quite shocked. He said there were a lot of things he did not know about. He said it was very educational and he liked that. He liked that so many people were talking out it. Imams and everyone. So openly. Amazing. He said it is all about education. He says he knows more about it now but he wants to talk to his wife. I gave him a copy of the film to show to his wife".*

Identifying the film as “educational” was a common theme in the responses from participants, particularly because the film contained personal testimonies from those who have undergone FGM and testimony from authoritative people like Safia and Mass Laye. This supported the view that documentary can “teach”. It was not the “facts” themselves that were convincing, according to the interviewees, it was that other people “like us” and from “our community” have been convinced, thus providing “social proof” that FGM can be damaging.

#### **h. Did the interviewees believe the film would change minds?**

The final question the researchers asked was: “Will the film change minds?” In many cases this did not need to be a separate question at all because the answer had been given in response to previous question prompts. In the event, it was up to the interviewers to assess how they were going to ask the question knowing that, in many ways, this was the most important question of the research. Being asked in the third person was helpful as some interviewees opted to talk about “other people”. However, a significant number also chose to talk about themselves; how the film had changed their minds:

*Amfa (1) - “In the past he would just see that some people believed in it and some people didn’t. He was not that interested one way or another. But since seeing the movie he says he should have known this and he wants to fight it (FGM)”.*

*Rima (2) - “For her she says yes because it has already changed her mind. And she believes it will change other people’s minds as well”.*

*Rima (1) - “He thinks that after watching the film most people will be against FGM. He didn’t say one thing or another it was the film as a whole”.*

*Alice (2) - "She said the young people, yes, because they are being influenced by mothers and grandmothers. If young people can now be exposed to this information, it will have a strong impact".*

*Muma (3) - "She thinks it is a process. So the law is part of that. She does think this film will change people's minds because there were so many people in it. Midwives, Imams everyone so that is very important".*

*Jow (3) - "Before the film she had a little knowledge about FGM and the law. She knew there was a law but she didn't know the details. But after she saw the film she regretted that she had advocated for FGM. Because before when I asked her the questions she said FGM is good then I showed her the video and she said it was bad. And she said that if she had a girl child she would not cut her".*

Some of the interviewees said the film revealed things about FGM that had been unknown to them in the past. In many ways this revelation was the main strength of having the debate around FGM on film. It demystified the process and practice of FGM to the extent that it lost some of the mystical qualities that it held. At the beginning of this PhD research I thought that men would be the most likely to say they did not know what FGM really was. However, in this research women, too, said they were learning new things from the film and some said they were inspired to pass the message on to others:

*Seb (3) - "She has a friend who is thinking of having her daughter circumcised but now she will go and tell her friend about the film".*

*Jow (3) - "After watching the film she said she would also sensitise her friends not to have their girls cut".*

*Mam (1) - "She says it should be shown in different languages. And played again and again. I have played it again in my house to one of the people I interviewed including her 18-year-old daughter. And she said she didn't know it could bring harm. She said that if she had a choice, she is 18 now she says she*

*would not have gone. You see girls are not given the chance to say whether they want FGM or not”.*

This research specifically looked at how documentary film can support NGOs in their work and for this reason one quotation stood out for me. It highlighted how documentary film can lend authority to a message. This film brings authoritative people, such as the President, Imams and health professionals, into “the room”. It also has the authority of being published and on record. This PEER interviewer felt the film gave her a new credibility and authority amongst her peers:

*Mam (2) - “I have been telling her and my other friends ‘stop FGM’ and they tease me. They say: ‘you had better take your daughter (to be cut) she is growing old you had better do it now’. I always tell them you don’t know what you are talking about. They say to me: ‘Since you started this activist work you have changed – you want to abandon your culture. You want to abandon FGM’. But yesterday, after seeing the film, she said: ‘to be honest, what you were telling us. It is true’”.*

#### **i. Other Results**

One thing that PEER research methodology does not necessarily anticipate (though it can accommodate) is women wanting to talk about personal past experience of FGM. Indeed, as previously discussed, PEER does not require anyone to talk in the first person at all. However, all the interviewees did talk about themselves and some women talked specifically about their own experiences:

*Mam (2) - “She told me she went for FGM herself. She couldn’t remember how old she was but she remembered everything. She remembered how her Mum fooled her saying they were going to buy bananas. She just woke up one morning and she was so excited they were going to buy bananas. Then she*

*heard some drumming and singing and she was so excited. Then her Mum told her to sit and wait for her. And then she was blindfolded and women gripped her and some of them held her legs and some of them her arms and then she was cut. She told me she felt the pain and she was shouting and she could hear the drumming. And then her Mum told her not to cry”.*

This recollection is quite important for this research because FGM in The Gambia, in the past, has been seen as part of a traditional practice, often taking place in the bush, which includes girls being “taught” cultural practises (Ahmadu, 2005). Now that FGM has been illegalized and is taking place illegally, this teaching, according to this research, has also been largely abandoned. When I spoke to women working for “The Girl’s Agenda” they confirmed that teaching about the “culture” was now down to individual families and mothers who often did not have the time, nor the detailed knowledge, of the *Ngamano* (traditional cutter and teacher) to teach their girls about what “society” expects from them.

One of the issues I did not consider in the planning stage of this project was the medicalisation of FGM; this was because the NGOs I worked with said it was not a significant consideration in The Gambia at the time<sup>68</sup>. However, it was something that was mentioned by two interviewees in the PEER research interviews; the first said it would be a way of making FGM “better”:

*Muma (1) - “He said he would love you to talk about medicalising the practice instead of stopping it. He said it was more important to talk about how to do it better rather than stopping it”.*

The other said that she had found the whole experience of taking her girls to be cut traumatic. However, she considered medicalising it a possible alternative if it cannot be stopped:

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<sup>68</sup> It is unlikely medicalising FGM in The Gambia will become common according to Mass Laye in conversation with me.

*Rima (3) - "She took them (her daughters) to see an old woman. And that was bad for her. She said that if the practice is going to continue they should medicalise it. She would prefer to stop it completely but if not it should be medicalised".*

While it is quite common for boys to be circumcised as babies by a medical professional in The Gambia, no one in this research said FGM was currently being performed on girls in a medical setting. However, other countries, such as Egypt, have made FGM a common medical practice even though the practice in that country is also illegal; it is estimated 72% of FGM in Egypt, where 91% of women and girls are cut, is carried out by a doctor (<https://www.letstalkfgm.nhs.uk/where-it-occurs/egypt>).

## **PART FIVE – CONCLUSION**

This research has demonstrated that documentary film can contribute to changing the common understanding, beliefs and attitudes regarding the practice of FGM in The Gambia. This resonates with Richter (2015) and her work on FGM in Burkina Faso, and the much larger scale Man Up project researching men's mental health in Australia (King et al., 2018, Pirkis et al., 2019). This thesis has also suggested that factual documentary film works most effectively when made in conjunction with other interventions such as law change, education in schools, local NGO workshops and by the teachings of Imams and health professionals. I very much doubt the film would have been so well received if it had been the first time the practice of FGM had been debated in the communities where it was shown.<sup>69</sup> I found the most poignant PEER research interviews to be with those who had thought, privately, that FGM was "bad" before seeing the film and now saw their views authenticated. This resonates

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<sup>69</sup> In particular the law making FGM illegal in 2016 has led to discussion within families and communities about the practice.

with Kuran (1997) and Cloward (2016). The most emotional interview was with a PEER interviewer who was also an activist. What the film did for her was to show members of her community that what she had been telling them about the harmful effects of FGM was “true”.<sup>70</sup> She finally felt vindicated in her decision to speak out and that her opinions had been recognized by her friend who changed her mind. Those who said the film had changed their minds on FGM often also said they knew something about the facts and arguments against FGM but had not been persuaded that the arguments were valid until viewing the film. As Cialdini (2001) suggests, people defer to authority and the responses from the PEER interviewees showed a positive response to authoritative figures in the film, such as health professionals, Imams and the President. For some PEER interviewees, the impact of the film established a tipping point. The film gave that final push for some people to voice their private doubts about FGM and persuade them they could change their minds even though the view of society had not changed (Kuran, 1997; Cloward, 2016; Otoo-Oyortey, Kwateng-Kluyitse and Howard-Merrill, 2016).

Making FGM illegal in The Gambia has made people aware that the practice can be questioned. Those still determined to continue practising FGM have had to recognise that it is now illegal in The Gambia and that they will have to change the way it is carried out, in secret, without the affirming traditions of parties and celebrations. With this in mind, the timing of the making of this film is pertinent. It is the right time for people who are already asking questions, to see a film showing those arguments and opinions being put forward by members of their own community in context. This builds on research by other documentary makers and critics who suggest documentary can “shape” the world (Grierson, 1946; Nichols, 2010; *An Inconvenient Truth*, 2006) and that one way of doing that, and to have an impact, lies in the relationship between the filmmaker, the subjects of the film, and the audience (Nichols, 2010). This research builds on Nichols’ analysis and adds the format: “*I (we) speak to us about us*”. The connection we (viewers) have to “people like us” (Cialdini, 2007) makes films that are targeted and localized all the more powerful as tools for social change (Winston, 2014; *Happy Collaborator: George Stoney* 2015).

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<sup>70</sup> See the quotation at the end of section “h. Will the film change minds?” in chapter 21 of this thesis

One of the benefits of using PEER research in this PhD is that it revealed some topics not covered by the film, “My FGM Story” (2020), which could benefit from further research. The medicalisation of FGM, which has become increasingly popular in some other countries (<https://www.letstalkfgm.nhs.uk/where-it-occurs/egypt:https://www.28toomany.org>), is not yet seen as a concern in The Gambia, but this research showed that health professionals should be aware the idea is being voiced.<sup>71</sup> Another concern is that because FGM is now being carried out without the traditional attendant teaching of girls, FGM alone is increasingly being seen as a substitute for education about sex and understanding the role of women in society. As a result, the NGO “The Girl’s Agenda”, report that young women, who are not married, are getting pregnant because they thought it would be impossible for them to conceive once they had undergone FGM.<sup>72</sup> Most girls who had undergone teaching from the *Ngamano* (cutter) in the ceremonies in the past, would be more likely to understand that is not true (Ahmadu, 2005).

“My FGM Story” (2015) was originally made for television and as previously discussed, one of the bonuses to come out of this research project is that “My FGM Story” (2020) has been shown by independent TV (Paradise TV) in February 2020 and by the Gambian state broadcaster (GRTS) in March 2020. While it is beyond the scope of this PhD to measure the impact of the broadcasts, if we could extrapolate from the results of the viewings we conducted in this research, it would be fair to say that thousands of Gambians who have now seen the film would have had their understanding of FGM broadened and conceivably changed. This resonates with the Man Up project in Australia (King et al., 2018; Pirkis et al., 2019). The anecdotal feedback that Halimatou has received, as the presenter of “My FGM Story” (2020), has been positive and at the very least it is a benchmark that the debate about FGM has now reached mainstream TV media in The Gambia.

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<sup>71</sup> Two of the interviewees suggested that medicalising FGM would be a good thing.

<sup>72</sup> In 2019 members of “The Girls Agenda” told me they were helping several pregnant teenagers who thought they could not conceive because they had undergone FGM.



## 21. Making the film

The “Stoney” methodology of making a film and testing it with focus groups worked effectively with this film (Winston, 2014; *Happy Collaborator: George Stoney*, 2015; Richter, 2015). I developed Stoney’s approach by consulting and collaborating with local NGOs at all points during the filmmaking process. In my previous experience as a filmmaker for ITN and BBC, making films by “committee” could result in too many people contributing conflicting opinions. This did not happen with “My FGM Story” (2020) and Halimatou and I were able to weave our way through the suggestions and opinions with ease. Imam Fatty, the former Imam for President Jammeh, was an obvious choice for an Imam putting forward the view that FGM should continue because he has been on record in The Gambia with this view. In the same way, Imam Baba Leigh, is well known for his views. The fact that Baba Leigh is also a wonderfully charismatic and fluent speaker meant that his views came across well on TV and, as with many of the interviewees, his passion in this documentary “activates our social consciousness” (Nichols, 2010, see also McLane, 2013; Winston et al., 2017). Nichols’ highly relevant observation that documentary is different from a “training film” was illustrated in this thesis, because while it was true that “My FGM Story” (2020) did inform the viewer by relaying facts, it did so by talking to people who are passionate and personal when relating their experiences and opinions. The research results showed that the film had an “emotional impact” on the PEER interviewees as well as an intellectual one (Nichols 2010).

“My FGM Story” (2020) relied heavily on Halimatou’s entire family agreeing to take part and this support was unusual in The Gambia. Family has been identified as important in decision-making about FGM (Bellemare, Novak and Steinmetz, 2013; Alradie-Mohamed, Kabir and Arafat, 2020), so it was important that Halimatou had the cooperation of her family and this was recognized in comments by interviewees in this research. Halimatou’s sister, Isatou, said in the film that she had been persuaded not to cut her daughter, Rama, because of the health risks and also because FGM was now illegal in The Gambia. As previously discussed, some of the interviewees in the PEER research also credited Halimatou with influencing her sister in her decision.

Members of SHFG and local journalists arranged the other interviews either directly or by giving their endorsement to Halimatou and myself. I do not think the filming would have moved so smoothly or quickly without that support. It was essential that everyone in the film gave his or her views honestly and freely because we wanted the PEER interviewees to respond by feeling free to voice their own opinions. We knew that with such a controversial subject there would be interviewees who would be critical and suggest the film was “made-up” or unduly influenced by “outsiders” but in the event only one person suggested that. Imam Baba Leigh told me he had been accused of: “bowing to the white man”,<sup>73</sup> in The Gambia by people who were critical of his views in the past.

Having both sides of the argument expressed in “My FGM Story” (2020) was important for this research as it allowed arguments in support of FGM to be answered by those putting forward the arguments against FGM which may not have been heard by the viewer before. This style of filmmaking is similar to Stoney’s *“You are on Indian Land”* (1969) and Guggenheim’s *“An Inconvenient Truth”* (2006). It also resonates with Richter (2015). The film style she used in Burkina Faso followed the tradition of a TV “news” or “current affairs” documentary, rather than a propaganda movie, and it worked well to promote debate about FGM.

I was sorry that we were unable to interview a cutter as I would have liked to include that perspective. However, as previously discussed, once FGM was made illegal no cutter was willing to participate in the film. Halimatou and I did discuss the idea of asking a cutter to be interviewed anonymously<sup>74</sup> but rejected it on the grounds that we had the cutter’s perspective/arguments voiced by others and we wanted this to remain a forum where everyone speaks to camera openly.

“My FGM Story” (2020) targeted the place of change to be within the family and amongst young people, rather than the country as a whole.<sup>75</sup> As previously discussed, this was contrary to Mackie’s theory of change, which likens change to driving on one or other side of the road (Mackie, 2000). People in the Gambia tend to live in villages

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<sup>73</sup> Imam Baba Leigh in conversation with me in February 2020

<sup>74</sup> We did not know whether anyone would be willing to do so

<sup>75</sup> Halimatou’s sister, Isatou, is the only person who has changed her mind within the film. Other interviewees relate their change of mind in relation to their own personal or family related experiences.

and family-based compounds, and this research has shown there is debate within those families already, so I believe this targeted approach for the film was the right one. The PEER research suggested that some people were making individual choices, especially when members of different ethnic groups get married.<sup>76</sup>

For a film promoting change to have an impact, viewers have to feel they can make a difference, that the film is not just promoting something for “other people” to do (*An Inconvenient Truth*, 2006; *The Cruel Cut*, 2013; *Stop Cutting Our Girls*, 2015). The message “My FGM Story” (2020) promoted was: “You can stop cutting your girls”. It was a message directed at every parent and every potential parent. The message was enabling rather than demanding and it was designed for people to recognise that they have a choice. The story arc, of Halimatou’s sister moving from a decision to cut her daughter, Rama, to not having her cut was immensely powerful because Isatou was making that decision at the end, after having “seen” all the arguments in the film. She was jumping on the “bandwagon” and joining the new “peer leadership” of those who were advocating for change (Kuran, 1997; Cloward, 2016).

One of the main areas this thesis has identified for further research is the psychological impact of FGM. That is not a subject I tackled specifically in this research because this area probably deserves a whole film in itself<sup>77</sup>. In the debrief session with the PEER interviewers some commented that the film “brought back memories” for women who had undergone FGM. The interviewers also found that some interviewees were conflicted about their feelings towards their mother or grandmother who had taken them to be cut, especially if that had involved deception. The NGOs I worked with said they did have help groups and professional advice available for women who needed psychological support and were fully aware of the emotional and psychological impact FGM can have on women throughout their lives. Another area for further research could be to assess whether the change in attitude expressed by some of the interviewees who watched the film, “My FGM Story” (2020), has progressed into consistent behaviour change over time, and whether those who said they would not have their girls cut, have in fact stopped the practice of FGM on

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<sup>76</sup> According to the research, debates about FGM within families are currently related to ethnic group.

<sup>77</sup> Dr Leyla Hussein OBE set up the Dahlia Project to support women suffering from poor mental health as a result of FGM <http://www.dahliaproject.org>

the girl children in their families. One of the benefits of this research spanning over five years was that we could show that Rama, Halimatou's niece, had still not been cut in 2020. However, the nature of FGM in The Gambia is that the girl child can be cut at almost any time unless there is the resolve on the part of her family and, in some instances, herself, not to undergo the practice (Hernlund, Shell-Duncan, 2007a).

The most important lesson I learned from the filmmaking part of this research was that it is possible to bring Western filmmaking skills to an African film project and produce a film that the audience perceives as Gambian. In other words it is possible to remain "invisible" to the viewer, as a filmmaker, if you want to. This may seem counter intuitive to filmmakers who usually say that they want their voices to be heard and identified and they do that through their films. The process of using filmmaking skills to empower someone else to tell their story, and put their point across more effectively, is demonstrated by George Stoney (*Happy Collaborator: George Stoney*, 2015) and is a methodology that could work whatever the subject matter, provided you have, as I did, a group of people with knowledge, contacts and a clear idea of what they want to say. This thesis has also demonstrated that professional filmmaking is still an effective medium for communication in The Gambia despite the proliferation of social media and online channels. The reason for this, I think, is twofold. Firstly, social media and the internet is still a relative luxury in The Gambia. While all the NGOs I worked with use it extensively to talk amongst themselves, and to the #EndFGM campaigners in the rest of the world, just 18 percent of the population in The Gambia has any access to the internet and 0.05 percent has access to fixed broadband (<https://internetworldstats.com>). Also, data is expensive. One Gigabyte of data, in 2020, costs just over \$5.00 (<https://www.visualcapitalist.com/cost-of-mobile-data-worldwide>). As a result, the only way most people will be able to see this film in The Gambia is if it is shown to them by the NGOs I worked with or it is seen on TV. Secondly, all the members of the focus groups and the PEER interviewers gave the same opinion that in the Gambia people like to talk and it is respectful to give people time to express their view and debate. At the outset, given my experience of working in TV news and current affairs in the UK and USA, I anticipated I would be under pressure to support the people making this film to get their message across in "fifteen seconds" which is the standard

time for a news soundbite.<sup>78</sup> I also thought twenty minutes would be a good length for the film; any longer would have risked the audience losing interest. In the event, I was completely wrong. The final film is thirty-five minutes long and none of those interviewed by the PEER interviewers said the film was too long or did not hold their interest.

## **22. The impact of the film**

The most common comments made about the film by the interviewees in the PEER research were that it was educational and comprehensive. This resonates with the responses given to Pirkis and her team about their documentary *Man Up* (King et al., 2018; Pirkis, et al., 2019). Whether the interviewees/viewers were for or against the practice of FGM, they found the film informative and they all said they learned something. To that extent the film was not alienating even to those who said they did not agree with the majority of speakers filmed who were against FGM.<sup>79</sup> Most said the film was authentic and some commented that it had more of an impact on them because it was “real” and reflected the truth about Gambian society today, rather than “talking in riddles” in the way of some fiction or propaganda films.

It was also important that the film was respectful. Halimatou’s enquiring rather than challenging approach was seen as “Gambian” which gave the film authenticity. While Michael Moore’s more confrontational approach in *Fahrenheit 9/11* (2004) was appropriate for an international audience, the Gambian NGOs and PEER interviewers were unanimous it would not be suitable for “My FGM Story” (2020). While Halimatou was seen as respecting her interviewees, it was also important that they were seen to respect her. The President answered her questions, so did her father and mother, and Imam Fatty. She was the leader of the conversation even though she was a young woman. That, in itself, was a powerful message and when asked who was most important in the film, many singled out Halimatou. She connected with the

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<sup>78</sup> It is not uncommon, nowadays, for a soundbite to be even shorter than that on TV news in the UK or USA

<sup>79</sup> I hope George Stoney would have recognized this as ending with a “handshake or a kiss”.

audience and they liked her, which resonates with Cialdini's research (Cialdini, 2001 and 2007).

The PEER methodology worked well for the final interview stage of this research because the film was seen by people who may not have agreed to come to a group showing and almost certainly would not have given their honest opinions except to someone they knew. One PEER interviewer said his interview was granted because he went to the home of his cousin:

*Seb (1) – “What she told me is to come to her home. She would not want to be forced to see things so she may not have come (to “The Girl’s Agenda” office). I think she was open to me because she is my cousin. You see sometimes it would be seen as an insult to ask about things if you are not from that tribe. If you are from another tribe, it is difficult to ask questions”.*

I was surprised at how open the interviewees were about their own opinions and experiences and it is a credit to the PEER interviewers that this was the case. It is doubtful this research would have benefitted from such in-depth and honest insights if the interviews had taken place as part of a group viewing or discussion or if the interviews had been conducted by a researcher the interviewee did not know. This openness was also experienced, to an extent, by others who have used PEER methodology (Hawkins and Price 2002, Ernest et al., 2014; Maina, 2015; Otoo-Oyortey, Kwateng-Kluyitse and Howard-Merrill, 2016; Elmusharaf et al, 2017). The Gambia is a small country and nearly everyone is now aware of the change in the law relating to FGM (<https://mics.unicef.org/surveys>. 2018). Indeed, many commented it is a subject of much discussion. With that in mind, all the interviewees were in a position to have an opinion on FGM, and while a few said they had “no opinion” before seeing the film, only one said, after watching it that he thought FGM was “women’s business” and nothing to do with him. As previous research has shown, it is important that men are involved in the decision not to cut girls, so this result was positive (Alradie-Mohamed, Kabir and Arafat, 2020). What the film has done, in this respect, is raise issues and ideas, which viewers, particularly men, can no longer claim they

know nothing about, and do not affect them. Indeed, rather than being a practice that is carried out in a community by default, without question, FGM is now a practice people have to choose to perform on their daughters and “My FGM Story” (2020) has shown that there are strong reasons for choosing not to follow the practice.

Significantly, the authority the film brought to the debate about FGM is also relevant. As previously discussed, all the interviewees took the film seriously. While the President may not have been emphatic in his rejection of FGM, his statement in support of the law, and the fact that he granted an interview to Halimatou, lent his authority to the film (Cialdini, 2007) and that had an impact on the viewers/interviewees. It was also important that the film included Imams representing different viewpoints as this showed that Islam sees FGM as a “choice”, or at least an interpretation, not as an instruction. This opened the way for people to change their minds on FGM, with religious justification. The film also gave strong arguments from health professionals against the practice of FGM. For example, the discussions about dangerous lubricants used by married women was unknown to most of the PEER interviewers and research interviewees because it is something that only married women who have undergone FGM talk about in The Gambia. The film was able to highlight these facts to a much wider audience in a way which would have been difficult any other way. The fact that this film has now been shown on state television in the Gambia has widened the audience even further.

Another positive impact is that the film has set a precedent for activists, particularly women who identify with Halimatou, who told me they would now like to tell their stories using video and film. When I showed the film to the PEER interviewers, one of them immediately came to me afterwards and told me her story of being sealed and what happened on her wedding night. Others told me their personal stories over the weeks we carried out the research. I found this very humbling, and I appreciated being trusted with such personal information. I do not think this would have happened had people not seen, through the film, that I “understood”<sup>80</sup> and was sympathetic to the nature of FGM from their point of view. I also think this thesis shows there is justification for developing the participatory training programme I

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<sup>80</sup> This as far as anyone can really understand a culture they do not belong to or are a member of

began at Paradise TV, in 2015, to support local journalists and filmmakers to make their own films for TV, so that documentaries tackling sensitive subjects become more commonplace on Gambian TV. I am sure that if more Gambian journalists wanted to tell the story of FGM on Paradise TV or GRTS there would be many women and men willing to give interviews to them about their experiences, especially now the precedent has been set.

The results of this thesis show that further research on the impact of documentary film to support the #EndFGM campaign in other countries is likely to have positive results and that having a strong impact is more likely when the film is country specific. A film to be shown in Kenya, for instance, would highlight different traditional understanding and beliefs about the practice of FGM in that country and would be dependent on gaining local, Kenyan, nationals to participate. A country which would make a good case study for further research is Sudan where a law banning FGM came into effect in July 2020. This thesis has suggested that a change in the law can stimulate a national debate about FGM to the extent that a documentary film is more likely to be pertinent and influential. In Sudan, as in The Gambia, the campaign to end FGM is being led by young women. They are the ones who could benefit from any future filmmaking project, making their own films to be shown to their own families and local communities.



## Bibliography – books and articles

Agboli, A., Botbol, M., O'Neill, S., Richard, F., Aujoulat, I. (2019) *Transforming Vulnerability into Power: Exploring Empowerment among Women with Female Genital Mutilation/Cutting (FGM/C) in the Context of Migration in Belgium*. Journal of Human Development and Capabilities. 21:1, 49-62

Ahmad, I. (2000) *Female Genital Mutilation: An Islamic Perspective*. Bethesda: Minaret of Freedom Institute. Pamphlet #1

Ahmadu, F. (2000) 'Rites and Wrongs: An Insider/Outsider Reflects on Power and Excision', in Shell-Duncan, B.; Hernlund, Y. (ed.) *Female "Circumcision" in Africa: Culture, Controversy, and Change*. Boulder. CO: Lynne Rienner Publishers pp 283 - 313

Ahmadu, F. (2005) *Cutting the Anthill: The symbolic foundations of female and male circumcision rituals among the Mandinka of Brikama, The Gambia*. London School of Economics and Political Science (United Kingdom): ProQuest Dissertations Publishing

Alradie-Mohamed, A. Kabir, R. Arafat, S.M.Y. (2020) *Decision-Making Process in Female Genital Mutilation: A Systematic Review*. Basel. International Journal of Environmental Research and Public Health

Beer, A. and List, C. (1999) *Chapter 4. Looking at African Women: Media Representation of Feminism, Human Rights and Development (from the book The feminization of Development Processes in Africa edited by Valentine James and James Etim*. Westport Conn: Praeger Publishers

Bellemare, M., Novak, L., and Steinmetz, T. (2013) *All in the family: Explaining the Persistence of Female Genital Cutting in the Gambia*. Journal of Development Economics September 2015 pp 252 - 265

Brennen, B. (2012) *Qualitative Research Methods for Media Studies*. Taylor & Francis Group, ProQuest Ebook Central

Cialdini, R. (2001) *Harnessing the Science of Persuasion*. Harvard Business Review

- Cialdini, R. (2007) *Influence: The Psychology of Persuasion*. Harper Collins ebooks
- Cloward, K. (2016) *When Norms Collide: Local Responses to Activism against Female Genital Mutilation and Early Marriage*. University Press Scholarship online
- Dillon, M. (2014) *Introduction to Sociological Theory: Theorists, Concepts and Their Applicability to the Twenty-First Century*. John Wiley and Sons Ltd. Chichester
- Dirie, W. and Miller, C. (1998) *Desert Flower*. William Morrow Publications
- Dirie, W. (2015) *Saving Safa*. Virago
- Dorkenoo, E. (1994) *Cutting the Rose: Female Genital Mutilation - The Practice and Its Prevention*. London: Minority Rights Group
- El Dareer, A. (1982) *Woman, Why do you Weep?* London: Zed Press
- Elmusharaf, K., Byrne, E., Manandhar, M., Hemmings, J., and O'Donovan, D. (2017) *Participatory Ethnographic Evaluation and Research: Reflections on the Research Approach Used to Understand the Complexity of Maternal Health Issues in South Sudan*. Qualitative Health Research. 2017, Vol. 27(9) pp.1345–1358
- Ernest, D., Howard-Merrill, L., Norman, K., Otoo-Oyortey, N. (2014) *'Do not hide yourselves, you are not cursed' – A PEER study on Obstetric Fistula*. London. FORWARD
- Fowler, C. (2004) *The Day I Will Never Forget: an interview with Kim Longinotto*. Women a Cultural Review 15(1):101-107.
- Gillespie, D. (2009) *Tostan Community-led development*. TOSTAN. Available at: <http://www.tostan.org/sites/default/files/reports/tostan%20brochure.pdf>.
- Greer, G. (1999) *The Whole Woman*. New York: Anchor
- Grierson, J. (1946) *Postwar Patterns*. Hollywood Quarterly, Vol. 1, No. 2 pp. 159-165
- Hammel, E. A. (1990) *Theory of Culture for Demography*. Population and Development Review, Vol. 16, No. 3 pp. 455-485
- Hawkins, K. and Price, N. (2002) *Researching sexual and reproductive behaviour: a peer ethnographic approach*. Social Science & Medicine 55 (2002) pp.1325–1336
- Hernlund, Y. and Shell-Duncan, B. (2007a) *Contingency, Context, and Change: Negotiating Female Genital Cutting in The Gambia and Senegal*. Africa Today, Vol. 53, No. 4, Female Genital Cutting (Summer, 2007), pp. 43-57

- Hernlund, Y. and Shell-Duncan, B. (2007b) *Transcultural Bodies*. London: Rutgers University Press
- Hughes, L. (2018) *Alternative Rites of Passage: Faith, rights and performance in FGM/C abandonment campaigns in Kenya*. *African Studies*. 77:2, pp. 274-292
- Johnsdotter S. and Essen B. (2010) *Genitals and ethnicity: the politics of genital modifications*. *Reproductive Health Matters*. Volume 18, pp. 29 - 37
- Kaplan, A.; Forbes, M.; Bonhoure, I.; Utzet, M.; Martin, M.; Manneh, M.; and Ceesay, H. (2013) *Female genital mutilation/cutting in The Gambia: long-term health consequences and complications during delivery and for the newborn*. *International Journal of Women's Health*. #5: pp 323-331
- King, K., Schlichthorst, M., Keogh, L., Reifels, L., Spittal, M. J., Phelps, A., & Pirkis, J., (2018) *Can Watching a Television Documentary Change the Way Men View Masculinity?* *Journal of Men's Studies*, 27(3), 287-306
- Kuran, T. (1997) *Public Lies, Private Truths: the social consequences of preference falsification*. Harvard University Press
- Mackie, G. (1996) *Ending Footbinding and Infibulation: A Convention Account*. *American Sociological Review*. Vol. 61, No. 6 (Dec., 1996), pp. 999-1017
- Mackie, G. (2000) *'Female Genital Cutting: The Beginning of the End'*, in Shell-Duncan, B.; Hernlund, Y. (ed.) *Female "Circumcision" in Africa: Culture, Controversy, and Change*. Boulder. CO: Lynne Rienner Publishers pp. 253 - 281
- Maina, R. (2015) *Gender-based violence: Assessing the applicability of the Participatory Ethnographic Evaluation Research methodology to enhance intervention programmes*. MA Thesis. London.
- Macfarlane, A. J. and Dorkenoo, E. (2015) *Prevalence of Female Genital Mutilation in England and Wales: National and local estimates*. London: City University London in association with Equality Now.
- McLane, B. A. (2013) *A New History of Documentary Film Second Edition*. New York: Bloomsbury Publishing
- Molloy, A. (2013) *However Long the Night*. New York: Harper Collins

- Nichols, B.(1991) *Representing Reality*. Bloomington: Indiana University Press
- Nichols, B. (2010) *Introduction to Documentary*. Bloomington: Indiana University Press
- Noelle-Neumann, E. (1974) *The Spiral of Silence a theory of Public Opinion*. Journal of Communication, Volume 24, Issue 2, June 1974, Pages 43–51
- OHCHR. (2016) *Summary of the OHCHR Report on human rights and the practice of female genital mutilation and excision in Guinea*. April
- Otoo-Oyortey, N.; Kwateng-Kluyitse, A.; Howard-Merrill, L. (2016) *Now Girls Know their Rights Lessons from An Intervention on Child Marriage and Female Genital Mutilation in Mara Region, Tanzania*. London: Foundation for Women's Health Research and Development (FORWARD).
- Phelps, A. (2018) *Unpacking the Man Up documentary*. In Psych #3 June, Australian Psychological Society
- Pirkis, J. and Francis, C. (2012). *Mental illness in the news and the information media: A critical review*. Accessed from [www.mindframe-media.info](http://www.mindframe-media.info)
- Pirkis, J., King, K., Schlichthorst, M., Keogh, L., Lockley, A., Reifels, L., Spittal, M. J. and Phelps, A. (2019) *Looking for the 'active ingredients' in a men's mental health promotion intervention*. Advances in Mental Health, 17:2, 135-145
- Richter, J. (2015) *Human Rights Education through Cine Debats*. Springer Nature
- Shell-Duncan, B. (2008) *From Health to Human Rights: Female Genital Cutting and the Politics of Intervention*. American Anthropologist, vol. 110, no. 2, 2008, pp. 225–236. JSTOR, [www.jstor.org/stable/27563985](http://www.jstor.org/stable/27563985). Accessed 12 Nov. 2020.
- Shell-Duncan, B. and Hernlund, Y. (2000) *Female "Circumcision" in Africa*. Boulder, CO: Lynne Rienner Publishers
- Simpson, K. (2008) *Classic and Modern Propaganda in Documentary Film: Teaching the Psychology of Persuasion*. Teaching of Psychology. Volume: 35 issue: 2, page(s): 103-108. Sage Journals.
- Slack, A. (1988) *Female Circumcision: A Critical Appraisal*. Human Rights Quarterly Vol. 10, No. 4 (Nov., 1988), pp. 437-486

*Sunan Abu Dawood, 41:5251*

Thomas, P. (2012) *Karl Marx*. Reaktion Books Ltd

UNICEF (2008) *Long term evaluation of the TOSTAN programme in Senegal: Kolda, Thies and Fatick regions*. Working document. New York: UNICEF. Unpublished (Accessed 6 November 2020)

WHO (2008) *Eliminating Female Genital Mutilation*. Geneva: WHO Press

Winston, B. (2014) "A Handshake or a Kiss": *The Legacy of George Stoney (1916–2012)*. *Film Quarterly*, Vol. 67, No. 3 (Spring 2014), pp. 35-49

Winston, B, Vanstone, G. and Wang, C. (2017) *The act of documenting : documentary film in the 21st century*. London and New York: Bloomsbury

## **Filmography**

*The day I will never forget* (2002) Directed by Kim Longinotto [film].

*All My Babies: A Midwife's Own Story* (1953) Directed by George C. Stoney [film].

*An Inconvenient Truth* (2006) Directed by Davis Guggenheim [film]. Lawrence Bender Productions. Paramount.

*Desert Flower* (2009) Directed by Sherry Hormann [film]. Washington. National Geographic

*Excision. Un theme pour tout le monde* (2015) Directed by Johanna Richter [film].

*Fahrenheit 9/11* (2004) Directed by Michael Moore [film]. Vancouver. Lionsgate Films.

*Happy Collaborator: George Stoney* (2015) Directed by Mike Hazard [film]. Minneapolis. The Center for International Education

*Jaha's Promise* (2017) Directed by Patrick Farrelly [film]. London. Guardian Films

*Nancy's Girl Revolution* (2016) Directed by Sara Nason [film]. Thames Ditton. Journeyman Pictures

*Warrior Marks* (1993) Directed by Pratibha Parmar [film]. Tonbridge. Kali Films

*You are on Indian Land* (1969) Directed by Mort Ransen and Mike Kanentakeron Mitchell [film]. Montreal. National Film Board of Canada

## TV Programmes

*Man Up* (2016). ABC Television. October. Available on <https://iview.abc.net.au/show/man-up>

*Newsnight*. (2013). BBC Two Television, 3 September

*Somalia's Crackdown On Female Genital Mutilation* (2016). Sky News. 9 June

*The Cut* (2017) Al Jazeera, 7 October

*Stop Cutting Our Girls* (2015) Directed by Claire McFall [TV film] UK. BBC One Television. 5 March

*The Cruel Cut* (2013) Directed by Vicki Cooper [TV film] UK. Channel Four. 6 November

## Websites, blogs and news articles

'An Inconvenient Truth (film)'. *Wikipedia*. Available at [https://en.wikipedia.org/wiki/An\\_Inconvenient\\_Truth](https://en.wikipedia.org/wiki/An_Inconvenient_Truth) (Accessed 1 November 2020)

'Fahrenheit 9/11 (film)'. *Wikipedia*. Available at [https://en.wikipedia.org/wiki/Fahrenheit\\_9/11](https://en.wikipedia.org/wiki/Fahrenheit_9/11) (Accessed 6 November 2020)

Hodal, K. (2018) 'She clearly has no idea': Kenyan doctor condemned over bid to legalise FGM'. *The Guardian*. London. 26 January

Hoover, J. (2015) 'Dropping the Knife in The Gambia'. *28toomany*. 21 December . Available <https://www.28toomany.org/blog/dropping-the-knife-in-the-gambia-guest-blog-by-jacqueline-hoover/> (Accessed 5 November 2020)

Johnson, N. (2012) *Did George Stoney Invent YouTube?* Jul 24, <https://patch.com/iowa/iowacity/bp--did-george-stoney-invent-youtube>

Mire, S. (2020) 'We won't eradicate FGM if we keep misunderstanding its history'. *The Guardian*. London. 9 March

Peyton, N. (2018) 'With newfound democracy, Gambia faces resurgence in FGM and child marriage'. *Reuters*. London. 30 January

<https://internetworldstats.com>

<https://www.28toomany.org> (Accessed 5 November 2020)

<https://www.afro.who.int/health-topics/female-genital-mutilation> (Accessed 20 November 2020)

[https://www.equalitynow.org/fgmc in the americas](https://www.equalitynow.org/fgmc-in-the-americas). 2016

<http://www.fuambaisiaahmadu.com> (Accessed 5 November 2020)

<https://www.letstalkfgm.nhs.uk/where-it-occurs/egypt>

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/female-genital-mutilation-fgm>

<https://www.Options.co.uk> (Accessed 5 November 2020)

<https://www.tostan.org/programs> (Accessed 5 November 2020)

<https://www.unfpa.org/female-genital-mutilation> (Accessed 5 November 2020)

<https://data.unicef.org/topic/child-protection/female-genital-mutilation> (Accessed 5 November 2020)

<https://mics.unicef.org/surveys>. 2018

<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>  
(Accessed 5 November 2020)

<https://www.visualcapitalist.com/cost-of-mobile-data-worldwide> (Accessed 5 November 2020)

## **Appendices**

- 1. Questions for focus group moderator.pdf**
- 2. Helpful prompts for PEER Interviews.pdf**
- 3. Focus group questionnaire.pdf**