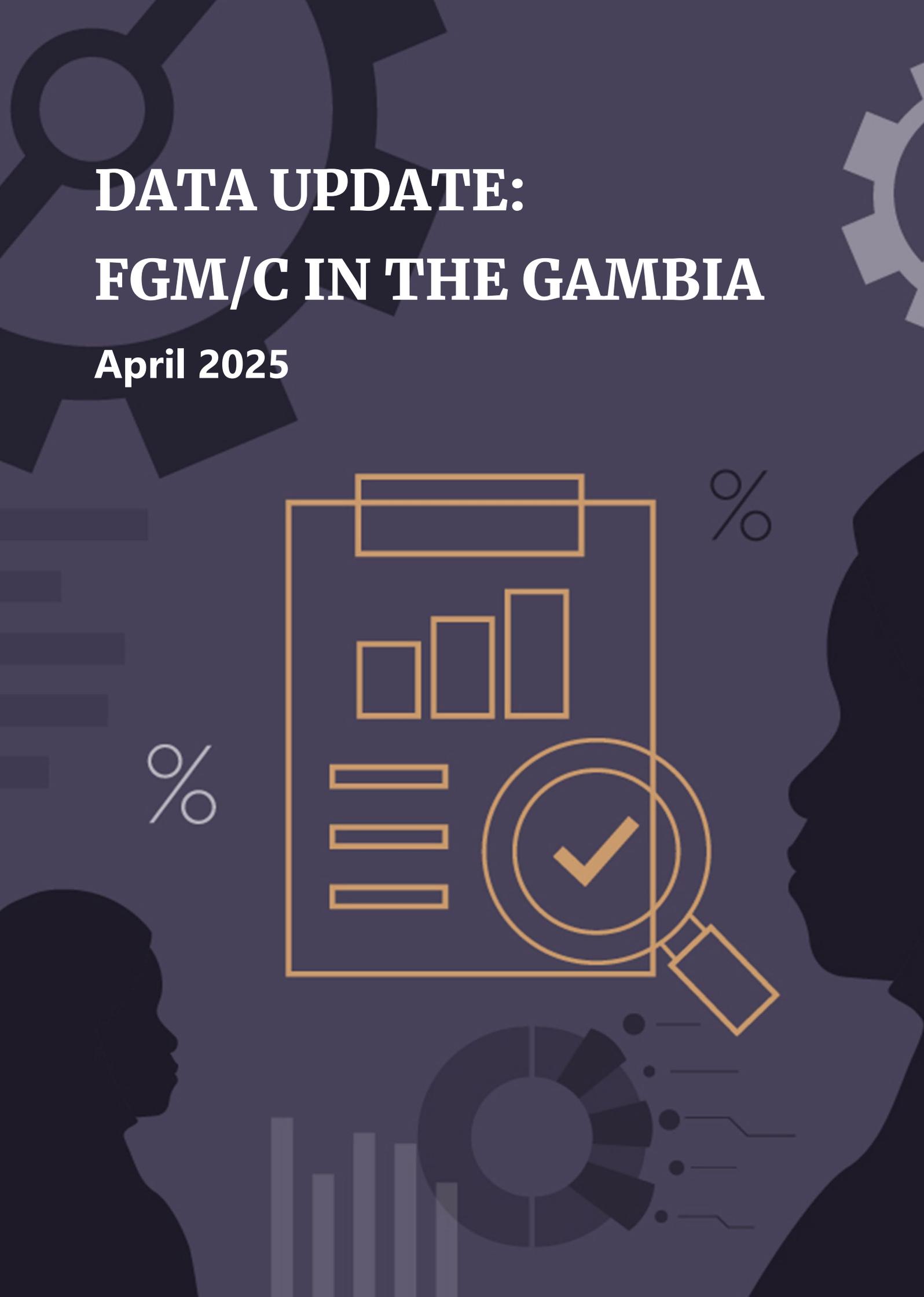


# DATA UPDATE: FGM/C IN THE GAMBIA

April 2025



# About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation (NGO) catalysing the global movement to end female genital mutilation/cutting (FGM/C). Its strategy for 2023 to 2028 focuses on three objectives:

1. to undertake research, generate evidence and curate knowledge to better equip those working to end FGM/C;
2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGM/C; and
3. to steer global and regional policies, actions and funding towards ending FGM/C.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative**.

## About the End FGM/C Network to Africa

The End FGM/C Network, Africa (African Network) is an African-led initiative providing a unified voice to influence decision-makers and drive coordinated advocacy to end Female Genital Mutilation/Cutting (FGM/C) across Africa. We are a network of civil society organizations dedicated to creating a sustainable movement to end FGM/C across the continent, similar to regional networks in Asia, North America, and Europe. <https://endfgmafrica.org/>

*All cited texts in this Data Update were accessed in April 2025, unless otherwise noted.*

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WORKING TOGETHER TO END  
FEMALE GENITAL CUTTING

# Summary

*The **prevalence of FGM/C** in The Gambia has reduced slightly from 74.9% of women aged 15–49 in 2013 (1) to 72.6% of the same cohort in 2019/20 (2).*

There have been more substantial changes in specific regions, namely Mansankonko, Kerewan and Janjanbureh. (1, 2)

*There has also been a decrease in **support for FGM/C**. 65% of women aged 15–49 thought that FGM/C should continue in 2013, but in 2019/20, that figure reduced to 45.7%. (1, 2)*

There has been significant **political upheaval** in The Gambia in the last ten years including a change in leadership from President Yahya Jammeh to President Adama Barrow in 2016; accusations of human-rights abuses under the leadership of President Jammeh; the removal of The Gambia from the Commonwealth; and the establishment of the country as an Islamic Republic.

In parallel, since 2023, important action has been taken on **the ban of FGM/C** in the country. Although the law was passed in 2015, the first convictions under the law occurred in 2023, which led to polarised views on the ban and, eventually, a bill presented in Parliament to repeal it. The bill was passed in March 2024, but later struck down and dismissed.

*The law continues to be upheld, but growing support for FGM/C to be allowed as a 'cultural right' and a desire to see the law repealed must be responded to with urgency.*

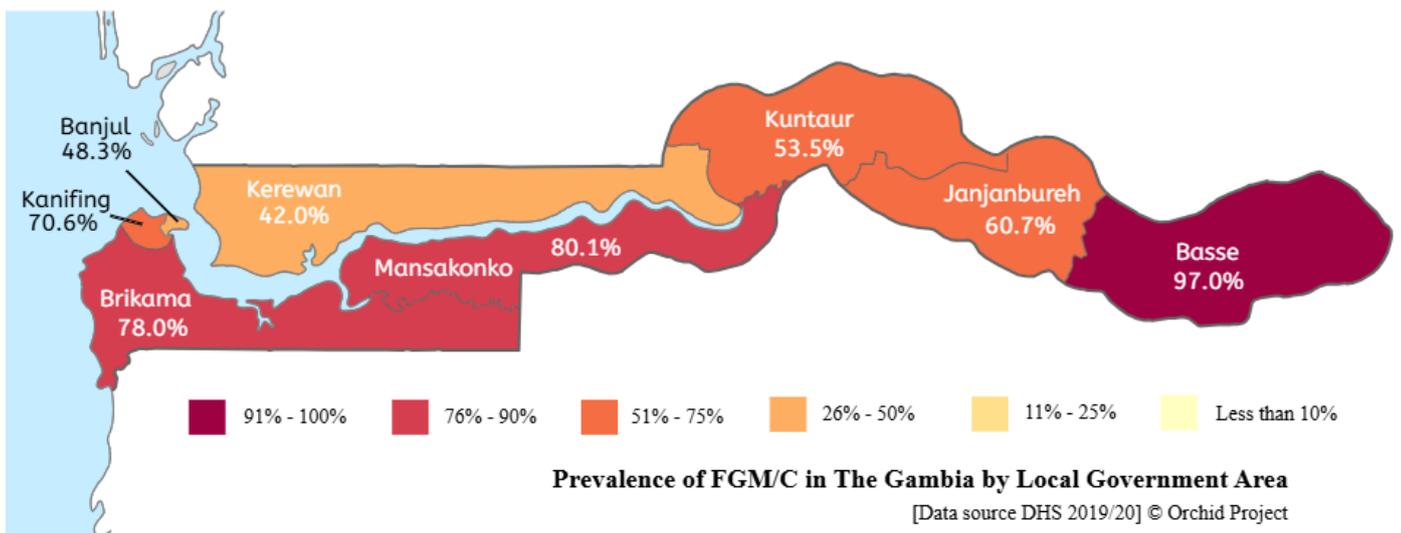
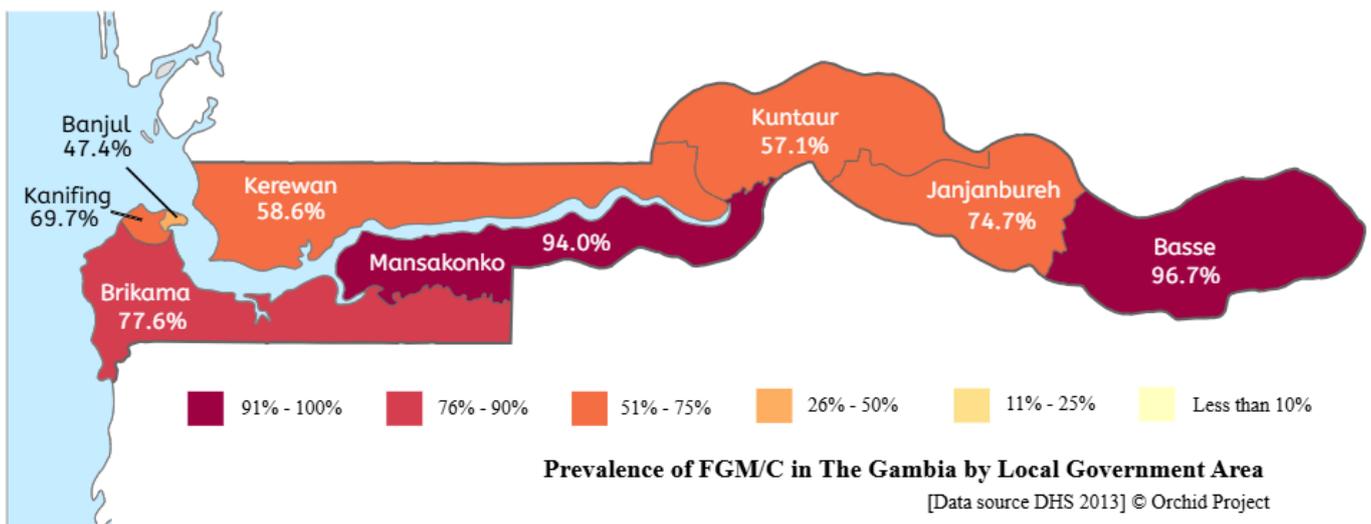
## A Note on Data

Statistics on the prevalence of FGM/C are compiled regularly through large-scale household surveys in developing countries, predominantly the **Demographic and Health Survey (DHS)** and the **Multiple Indicator Cluster Survey (MICS)**. For The Gambia, the main DHS surveys are 2013 and 2019–2020.

# Update on FGM/C Trends

*The prevalence of FGM/C in The Gambia reduced slightly between 2013 and 2019/20 – from 74.9% to 72.6% of women aged 15–49. (1, 2)*

However, there have been more noticeable changes in some geographic areas than in others. Mansakonko, Kerewan and Janjanbureh regions have seen the most notable reductions – from 94% to 80.1% in Mansakonko; from 58.6% to 42% in Kerewan; and from 74.7% to 60.7% in Janjanbureh. (1, 2)



There have been uncharacteristic changes in prevalence among women in rural areas, across wealth quintiles and when prevalence is disaggregated by educational background.

- 79.1% of women (aged 15–49) living in rural areas had undergone FGM/C in 2013 compared to 67.1% in 2019/20. (1, 2)
- a reduction among women and girls (aged 15–49) in the lowest wealth quintile from 79.3% to 64.5% (1,2);
- and a reduction among women and girls (aged 15–49) with the lowest educational attainment, from 74.5% to 69.5% (1, 2).

There has been a decrease in the **age of cutting**: of women aged 15–49 in 2013, 54.8% were cut before the age of five, compared to 64.9% of those aged 15–49 in 2019/20. (1, 2)

Changes in the **type of cutting** practised are difficult to pin down, as the DHS 2013 did not report the percentage of women who were ‘sewn closed’ (Type 3/infibulation) at the time. There has been a slight increase in ‘cut, no flesh removed’ and a more significant decrease in ‘cut, flesh removed’ (from 85.2% of women aged 15–49 to 73.4%). 16.6% of women and girls who have undergone FGM/C report being ‘sewn closed’. (1, 2)

What is most notable in terms of FGM/C trends is the change in **attitudes toward the practice**. In 2013, 65% of women aged 15–49 said FGM/C should be continued; in 2019/20 this was down to 45.7%. However, about half of the population aged 15–49 (53.4% of women and 46.6% of men) believe that FGM/C is required by their religion. (1, 2)

Looking at the **justifications** given for why people believe FGM/C should continue, it appears that men and women in The Gambia agree that religious obligation is primary, followed by tradition/culture. (2)

# Context

The Gambia is a small country with approximately 2,500,000 people, of whom 96.4% are Muslim. 55% of the population is under the age of 25 (2021 est.). 64.5% of the population lives in urban areas, and the country is rapidly urbanising, at a rate of 3.75%. This may explain the reductions in FGM/C prevalence in rural areas referred to in the above section. (3)

Maternal mortality is 458 per 100,000 live births (2020 est.), and infant mortality is 35.7 per 1,000 live births (2024 est.). (3)

The Government's health expenditure is currently 2.6% of GDP and 2.8% of its GDP is spent on education. (3)

In The Gambia, 5.6% of girls are married by the age of 15 and 23.1% are married by the age of 18. This is in strong contrast to the 0.2% of boys who are married by the age of 18. (4)

Remittances make up 21.9% of the GDP and public debt is estimated to be 88% of GDP (2017 est.). Only 43.5% of the land in The Gambia is arable and 53.4% of the population lives below the poverty line. (3)

In 1994, Yahya Jammeh seized power in a coup and remained in power for 22 years. In 2013, during his time in power, Jammeh announced a withdrawal from the Commonwealth, labeling it a neo-colonial institution, and declared that The Gambia was an Islamic Republic in 2015. (5) Jammeh was accused of human-rights abuses during his time in power. The European Union halted support due to these alleged abuses, and the former minister of interior, Ousman Sonko was sentenced to 20 years in prison for crimes against humanity, including torture, intentional homicide and forced imprisonment. (6, 7) Jammeh was ousted from power when President Adama Barrow won an election in 2016. (8)

FGM/C was banned in The Gambia under the Women's (Amendment) Act in 2015 and punishable by up to three years in prison or a fine of approximately \$1,250 (50,000 dalasis), or both. (9)

In August 2023, three women were charged under the ban for performing FGM/C on infants. Imam Abdoulie Fatty, a respected Gambian Islamic leader, paid the fines for all three convicted women. This started a movement to repeal the ban, led by Almameh Gibba, the legislator who introduced the bill to repeal. He argued that the ban violated citizens' rights to 'practice their culture and religion'. He claimed that, '[T]he bill seeks to uphold religious loyalty and safeguard cultural norms and values.' (10)

In a second reading in March 2024, the bill to repeal the FGM/C ban was presented to Parliament and passed with a vote of 42–4. (11, 12) However, activists fought hard to keep the ban in place and, in a third reading, Parliament voted to reject the bill and maintain the ban on FGM/C in The Gambia, a significant win for grassroots activists and organisations working in the country. (13)

# Research

**Health consequences of FGM/C in the Gambia:** A study conducted by Kaplan *et al.* in 2011 found that 34.3% of women who have undergone FGM/C in The Gambia have some form of health consequences, particularly infections. Even among girls and women who have undergone Type 1 cuts, one in five experience complications. (14)

In a similar study by Idoko *et al.* in 2010, the researchers compared obstetric and neonatal outcomes of women in The Gambia who had undergone FGM/C to those of women who had not. The study found that 77% of outcomes – such as postpartum hemorrhage, perineal tears, neonatal resuscitation and neonatal death – are in women who have undergone FGM/C. The risk of postpartum hemorrhage specifically doubles among women with Type 1 FGM/C and triples among those with Type 2. This risk increased five-fold for women with Type 3 FGM/C ('sewn closed'). (15)

A study conducted by Bendiksen *et al.* in 2021 found that depressive symptoms are associated with immediate physical health complications and with subsequent urogenital problems. Girls who receive immediate medical help have a lower risk of depressive symptoms. There are no differences in mental health outcomes between girls who undergo FGM/C before the age of four and those who undergo the practice after the age of four. (16)

Kaplan *et al.* conducted a study in 2013 to assess the attitudes of healthcare professionals in The Gambia toward FGM/C. The study found that 42.5% of healthcare professionals working in rural areas support the continuation of the practice, and 47.2% intend to have their own daughters cut. (17)

**Social-change theory in The Gambia:** A study conducted by Shell-Duncan *et al.* in 2011 tested social-convention theory in Senegal and The Gambia and found that FGM/C in these contexts is only indirectly linked to marriageability through the preservation of virginity. What matters more is that FGM/C serves as a signal to elder women that a young woman has been sufficiently trained to respect authority and that they can safely allow her into their social network. This suggests a necessity of taking intergenerational approaches to shift the inclusion criteria and social capital of young women away from FGM/C. (18)

# Recommendations

To make progress toward complete abandonment in The Gambia, Orchid Project calls for the following.

## Engagement of Religious Leaders

In recent years, The Gambia has declared itself an Islamic Republic, and 96.4% of the population is Muslim. The debate that launched the bill to repeal the ban on FGM/C was triggered by the actions of a respected imam in response to convictions under the ban.

*In a context like this, religious leaders have significant influence. It is, therefore, critical to engage with them to encourage support for the FGM/C ban and use their influence to shift attitudes and behaviours around the practice.*

## Social Norms

To make progress with the ban, social norms must align with legal norms.

There is evidence that attitudes are beginning to shift toward abandonment in The Gambia. This momentum should be maintained through civil-society action and influential changemakers (activists, leaders, etc.)

*Support must be driven to the grassroots to ensure that activists and local civil-society organisations can continue to work toward changing social norms.*

## Healthcare

There are significant health consequences to FGM/C that include immediate physical complications, poor obstetric and neonatal outcomes, and mental health problems.

However, many healthcare professionals in The Gambia support the practice.

*There is an opportunity to work with healthcare professionals to shift beliefs and attitudes related to FGM/C and to integrate counselling on the practice, as a preventative measure, into sexual/reproductive healthcare, maternal and child health services, antenatal care and other medical services.*

## Intergenerational Approaches

Research suggests that FGM/C in The Gambia serves as an indication to female elders that young women and girls have been sufficiently trained to respect the authority of their elders. Being cut allows them inclusion into a social network, providing them with social capital.

*To shift this dynamic, it is critical to work with older generations, taking intergenerational approaches, to negotiate the terms of inclusion in social networks apart from FGM/C.*

## Enforcement of the Law

*As a result of the recent pushback against the ban on FGM/C, it is critical that activists and civil-society organisations continue to advocate for enforcement of the law and a more robust legal framework for prosecuting cases.*

In addition, the law should include consequences for medical professionals who perform FGM/C. It does not currently include this, nor does it include provisions for cross-border FGM/C. Both of these issues must be pushed forward to strengthen the law.

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