“WITH AN ANTENNA WE CAN STOP THE PRACTICE OF FEMALE GENITAL CUTTING”:
A PARTICIPATORY ASSESSMENT OF ASHREAT AL AMAL, AN ENTERTAINMENT-EDUCATION RADIO SOAP OPERA IN SUDAN*

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RESUMEN

Este artículo discute los resultados del proceso de evaluación participativa de Ashreat Al Amal (“Velas de Esperanza”), una telenovela radial con formato de entretenimiento-educativo desarrollada en Sudán. A través de dinámicas de dibujo y fotografía participativa, los autores pudieron apreciar cómo oyentes activos de la telenovela se relacionaban con ésta y eran afectados por sus contenidos educativos. Los dibujos y fotografías de los y las participantes de la evaluación muestran una clara comprensión de los mensajes e historias de Ashreat Al Amal, así como la intersección de unos con otros, en temas como la necesidad de empoderamiento de las mujeres, prácticas de salud reproductiva seguras y los riesgos de la circuncisión femenina (una práctica tradicional muy común en Sudán). Tanto los hombres como las mujeres participantes de la evaluación coincidieron en que las historias relacionadas con el tema de mutilación genital femenina fueron las más significativas, ya que reflejaban sus experiencias vividas. Por otro lado, esta investigación también demuestra el poder de las metodologías participativas de evaluación de impacto, sobre todo para promover diálogos alrededor de temas tabú como por ejemplo la circuncisión femenina.

PALABRAS CLAVES: Evaluación participativa, mutilación genital femenina, diálogo, Sudán.

ABSTRACT

This article presents the results of a participatory evaluation of Ashreat Al Amal (“Sails of Hope”), an entertainment-education radio soap opera in Sudan. Using participatory sketching and photography exercises, we investigated how avid listeners of the radio soap opera engaged with its educational content. Our respondents’ sketches and photos suggest that they comprehended several intersecting plotlines and educational messages of Ashreat Al Amal, that is, a more empowered status for women, safe reproductive health practices and the dangers of the traditional practice of female genital cutting (a practice that is widespread in Sudan). Both male and female respondents emphasized that storylines related to female genital cutting held the most personal meaning for them as it closely paralleled their lived realities. Furthermore, our research demonstrated the power of participatory assessment methodologies, especially to generate unanticipated dialogue on “taboo” topics such as female genital cutting.

KEY WORDS: Participatory evaluation, female genital cutting, dialogue, Sudan.

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INTRODUCTION

On a hot summer day—on July, 2006—in an office building in Khartoum, Sudan, 31-years old Yaseen Hasan Ali was slouched over a piece of blank art paper, holding four or five colored pencils in his hand. Thoughtful and visibly reflective, Ali, who was an avid listener of Ashreat Al Amal (“Sails of Hope”), an entertainment-education radio soap opera was wrestling with how he could convey in a sketch the personal meanings he derived from listening to his favorite radio program. Some 20 minutes later, holding his colorful drawing in hand, he muttered: “With an antenna we can stop the practice of female genital cutting.”

Can one stop the highly entrenched social practice of female genital cutting with a piece of electronic hardware? The present article employed a participatory methodology to assess how Sudanese listeners of Ashreat Al Amal engaged with the radio soap opera, deriving meanings, interpretations, and guides to action about reproductive health and, specifically, about female genital cutting.

Our article is organized as follows. First, we provide (a) a background on FGC, including the terms used to describe the various types of practice, the reasons for the practice, and its debilitating physical and psycho-social consequences. Certain promising grassroots and media-based binterventions to combat FGC are then reviewed, followed by a description of the Ashreat Al Amal radio project in Sudan. Next, the research questions guiding our present research are outlined, our participatory methods are described, and key results presented. Implications for employing participatory methods in assessing entertainment-education storylines are discussed.

FEMALE GENITAL CUTTING: A DEEPLY ENTRENCHED PRACTICE

From the perspective of women’s health, female genital cutting (FGC) is perhaps the “most dangerous ritual custom still practiced”
(Abboud et al., 2000: 1153). Of the estimated 150 million girls and women who have undergone FGC, a majority of them live in sub-Saharan and northeast Africa\(^1\) (Abusharaf, 2006; El Saadawi, 2005; PRB, 2001; Rahman & Toubia, 2000; Shaaban & Harbison, 2005; WHO, 1999; Yount, 2004). FGC prevalence rates in some countries are astronomical (Miller et al., 2005; Snow, 2001): Somalia (100%); Guinea (99%); Egypt (97%); Mali (92%); Sudan (90%); Criteria (89%); and Ethiopia (80%).

Various terms are used to describe the act of cutting and stitching a woman’s genitalia: female circumcision, female genital mutilation, and female genital cutting. “Female circumcision” is a deceptively benign term as it de-emphasizes the severity of the cutting and stitching by comparing it to the removal of foreskin in males (Shell-Duncan & Hernlund, 2002; Toubia, 1998). “Female genital mutilation” (FGM), a term that finds favor with international organizations such as the World Health Organization\(^2\) and the United Nations Population Fund\(^3\) (UNFPA), is inaccurate because “mutilation is not the intent of the action” (Toubia, 1999: 2). Further, FGM is coined by “outsiders advocating intervention” (p. Guindi, 2006: 30). Korieh (2005) further challenges the word “mutilation” for it portrays African women’s bodies as incomplete and deformed (p. 122). The favored term for the present article is “female genital cutting” (FGC) even though we realize that FGC does not account for the practice of infibulation—the stitching of the vaginal opening, leaving only a small opening for the passing of urine and menses (Toubia, 1999; Abusharaf, 2002; Boyle, 2002; Billings, 1995; Abdel-Tawab & Hegazi, 2000; Yount, 2004).

FGC includes “all procedures that involve partial or total removal of the external female genitalia” for cultural or non-therapeutic reasons (WHO, 2006: 1835). There are different types of

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\(^1\) Pockets of them are also present in Yemen and in African-immigrant communities in Europe, North America, India, Malaysia, the Arabian Peninsula, and Indonesia
\(^3\) See the UNFPA website for more information: [http://www.unfpa.org/support](http://www.unfpa.org/support)
FGC as (1) Type I, that is, excision of the prepuce, with or without excision of part or all of the clitoris, (2) Type II, that is, excision of the clitoris with partial or total removal of the labia minora, and (3) Type III, that is, excision of part or all of the external genitalia and stitching or narrowing of the vaginal opening (infibulation) (WHO, 2006). Differentiating further, Bibbings (1995) offers six different categories of FGC: (1) “Ritual circumcision” involves only the pricking of the clitoral hood to release a drop of blood; (2) Sunna (which means “tradition” in Arabic) involves the cutting of the hood of the clitoris; (3) Clitoridectomy involves a procedure in which the clitoris is held between the thumb and index finger, pulled out, and amputated with one clean stroke of a knife (Toubia & Izett, 1998); (4) Infibulation involves the excision of all or part of the mons veneris, the labia majora, the labia minor, and the clitoris; the raw wounds are sewn together, leaving an opening for the urinary and menstrual flows amidst a band of scar tissue. Some 80 to 90 percent of the incidence of FGC in countries such as Sudan, Somalia, and Djibouti involve infibulation, which guarantees the virginity of young women (Abdalla, 2006; Miller et al., 2005;}

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4 Bibbings actually has eight sub-sections (a-h) in her description of different kinds of FGM, of which one is redundant (excision) while the other is only “reportedly been practiced” (p. 153) among Australian Aborigines. For this reason only six of the eight categories is included in this essay.

5 Both “ritual circumcision” and the Sunna form of FGC, as previously defined, are reported to least common forms of FGC in Africa (Boyle, 2002, p. 26). Adding confusion to the variety of terms already offered is the fact that the term Sunna has also been in some places (most notably Sudan) to describe Type II FGC, which is much more severe (Lightfoot Klein, 1989; Boyle, 2002). In Sudan, this form of FGC is often also referred to as Khitan, which in Sudanese Arabic means “removing something extra.”

6 The removal of the clitoris, in particular, serves to control and limit women’s sexuality (Miller et al., 2005; Unicef, 2005; Boyle, 2002; Boyle & Hoeschen, 2001; Rahman & Toubia, 2000; Spadacini & Nichols, 1998; Walker & Parmar, 1996; Dorkenoo & Ellworthy, 1992; Lightfoot Klein, 1989).

7 Dorkenoo and Ellworthy describe this rationale as “odd” since “reinfibulation is easily done to look like the original” (p. 13), whereas Abdel Harim (2003) describes infibulation as a way “to make virginity visible…if loss of virginity can easily be detected, just by looking at genitalia, then women would think twice before they submit to a sexual relationship out of wedlock” (p. 123).
Unicef, 2005; Abdel Halim, 2003; Abusharaf, 2001); (5) De-infibulation involves cutting open the vaginal wound formed after infibulation to make penetration possible after marriage (El Bashir, H. 2006; Miller et al., 2005; Boyle, 2002; Balk, 2000)\(^8\); and (6) Re-infibulation (also called “re-circumcision”) involves re-stitching of women’s genitalia, often after childbirth (Abdalla, 2006; Miller, et al, 2005; Lightfoot-Klein, 1989)\(^9\).

FGC is often performed as part of initiation rites on girls at different ages. For instance, in Kenya, Taita girls are cut within a month of being born, Gussi girls between the ages of five and eight, while the Maasai perform FGC on girls in their late teens (Halperin, 2005, p. 268). In some villages in Western Nigeria, girls are circumcised when they are nine days old for they are believed at this age to be young enough to not “know pain.” In contrast, the Urhobos of the Delta Region of Nigeria circumcise girls as late as the delivery of their first child (Olujobi, personal correspondence, March 17, 2007). Given the differences in the timing and severity of the practice of FGC in Africa, it would clearly be misleading to speak too generally about the practice. What the great variety does suggest, however, is the need for organizations interested in combating the practice of FGC to conduct extensive formative research prior to designing and implementing interventions (Abdel-Tawab & Hegazi, 2000: 24).

In many communities, FGC symbolizes a transition from childhood to adulthood, and it is perceived as a means for ensuring a young girl’s eligibility for marriage. In this sense, Mackie (2000) argues that FGC is similar to the practice of foot binding.

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\(^8\) De-infibulation is often done with a knife or a sharp object, or by the act of repeated attempts of penetration during intercourse (Abdalla, 2006; Boyle, 2002; Rahman & Toubia, 2000; Dorkenoo & Elworthy, 1992). Sudanese researchers Ahmed Abdel Maghied and Suad Musa (2004) report that among the men they surveyed, the fear of being unable to penetrate their spouse on their wedding night was common (p. 23).

\(^9\) In Sudan, re-infibulation immediately after childbirth is often referred to as a’adal (El Bashir, 2006, p. 164).
in China. Foot binding, like circumcision, was seen as a practice that enhanced the beauty and desirability of an unmarried girl. In one region of Western Nigeria, for example, the local word for female circumcision is “beautification” (Olujobi, personal correspondence). Mothers and grandmothers often take the lead in arranging FGC for young girls since not circumcising the girls often renders them ineligible for marriage (Abdalla, 2006; Boyle, 2002; Miller et al., 2005). Spadacini and Nichols (1998) found that rural inhabitants from five different ethnicities in Ethiopia perceived FGC as “a harmless practice” which is likely to “ensure marriage and guarantee community blessing” (p. 50). Egyptian writer and medical doctor Nawal El Saadawi noted that in Egypt, circumcision is often perceived as a means for protecting the virginity and honor of girls who have reached the “dangerous age” of puberty and adolescence. Many of women treated by El Saadawi considered circumcision good for one’s health. El Saadawi notes that the name for circumcision used in some rural areas in Egypt translates as a ‘cleansing’ or ‘purifying’ operation (1980/2002: 34).

The World Health Organization (2000) provides a variety of reasons for the practice of FGC (table 1).

Table 1
Reasons for Female Genital Cutting

<table>
<thead>
<tr>
<th>PSYCHOSEXUAL REASONS</th>
<th>TO ATTENUATE SEXUAL DESIRE IN THE FEMALE, MAINTAIN CHASTITY AND VIRGINITY BEFORE MARRIAGE AND FIDELITY DURING MARRIAGE, AND INCREASE MALE SEXUAL PLEASURE;</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIOLOGICAL REASONS</td>
<td>IDENTIFICATION WITH THE CULTURAL HERITAGE, INITIATION OF GIRLS INTO WOMANHOOD, SOCIAL INTEGRATION AND THE MAINTENANCE OF SOCIAL COHESION;</td>
</tr>
<tr>
<td>HYGIENE AND AESTHETIC REASONS</td>
<td>THE EXTERNAL FEMALE GENITALIA ARE CONSIDERED DIRTY AND UNSIGHTLY AND ARE TO BE REMOVED TO PROMOTE HYGIENE AND PROVIDE AESTHETIC APPEAL;</td>
</tr>
<tr>
<td>MYTHS</td>
<td>ENHANCEMENT OF FERTILITY AND PROMOTION OF CHILD SURVIVAL;</td>
</tr>
<tr>
<td>RELIGIOUS REASONS**</td>
<td>SOME MUSLIM COMMUNITIES, HOWEVER, PRACTICE FGM IN THE BELIEF THAT IT IS DEMANDED BY THE ISLAMIC FAITH. THE PRACTICE, HOWEVER, PREDATES ISLAM. (WHO, 2000).</td>
</tr>
</tbody>
</table>

10 Rahman and Toubia (2000) call FCG a cultural, rather than religious, practice (p. 6). Despite not being practiced in many Muslim countries, FGC has become “strongly
Complications resulting from FGC include acute pain, hemorrhaging, and bacterial infections (Abdalla, 2006; Unicef, 2005; Boyle, 2002; WHO, 2001; Balk, 2000). Untreated infections, often as a result of unclean cutting instruments, can lead to septicemia (infected blood), which can be fatal (Rahman & Toubia, 2000, p. 8). Such cases are rarely reported, especially in countries where FGC is illegal, for fear of prosecution (Kirby, 2005; Levin, 2003; Rahman & Toubia, 2000). Longer term complications include difficulty in passing urine, recurring urinary tract infections, incontinence, pelvic inflammation, and sexual dysfunction (Balk, 2000; WHO, 2001; Toubia, 1999). Infibulated women also risk developing a “haematocolpos,” the accumulation of menstrual blood over many months in the vagina and uterus due to closure of the vaginal opening by the scar tissue (Toubia, 1999).

Health-related arguments abound to stop FGC. However, emphasizing the health complications of FGC often has the unintended consequence of “medicalizing” the practice: that is, instead of being performed by untrained midwives, traditional healers and barbers, it begins to occur in hospital settings with trained doctors and nurses (UVA/UNFPA, 2006; Unicef, 2005; Abusharaf, 2001; Gruenbaum, 2001). The recent highly publicized case of Bedour Shaker a 12 years old Egyptian girl who died of an overdose of anesthesia while undergoing FGC, succeeded in drawing popular attention to the issue of FGC while simultaneously highlighting the failure of “medicalization” to improve the fate of young women undergoing the practice. The Egyptian government responded to the popular outcry following Bedour’s death by banning female circumcision, closing a loophole to an earlier ban (1996), which had provided an exemption from the ban to “qualified doctors” performing FGC in “exceptional cases only” (Abdelhadi, 2007).
Despite the media and legislative attention given to the occasional cases of death resulting from circumcision, the practice continues to be highly valued socially (Obermeyer, 1999; El Saadawi, 1980/2002; 2005).

How can, or how has, this highly entrenched social practice of FGC been addressed?

INTERVENTIONS TO COMBAT FEMALE GENITAL CUTTING

Here we describe several communication-centered interventions, including examples of grassroots organizing and media-centered initiatives, to combat female genital cutting.

GRASSROOTS INTERVENTIONS

When it began in 1991, the TOSTAN basic education program in Senegal\(^\text{11}\) imparted reading, writing, and math skills to illiterate villagers, along with training in problem-solving, leadership, and hygiene (Population Council, 1999). In 1994, participatory research led TOSTAN to more fully incorporate women's issues into the curriculum, and topics such as FGC began to feature widely in participant discussions.\(^\text{12}\) In mid-1997, TOSTAN’s field coordinator Malick Gueye telephoned the head office, noting: “Did you know that the women of the class of Malicounda Bambara have stopped FGC in their village?” (Population Council, 1999: 45). Within months of the action in Malicounda, other villages followed suit.

\(^{11}\) 1991 is the year that the NGO TOSTAN was officially created. The “roots” of TOSTAN go back to 1976, when a Senegalese Resource Center named “Demb ak Tey” began offering classes to local children in Wolof (Population Council, 1999, p. 10). Over the years, the amount of material covered and the number of modules has expanded, reaching 8 modules in 1994.

\(^{12}\) An evaluation conducted in 2004 found that in the region they studied, many villagers (men in particular) objected to the topic of FGC being taught in the TOSTAN program (PC, 2004, p. 8). In that instance, the issue of FGC was seen to be imposed by the facilitator rather than stemming from the input of local men and women.
The village of Nguerigne Bambara declared their abandonment of FGC on November, 6 1997. Two larger declarations to abandon FGC followed: The Diabougou declaration (comprising 13 villages in February 1998) and the Medina Cherif declaration (comprising 18 villages in June 1998).

TOSTAN, in Wolof language, means “breakthrough” (Population Council, 1999). By 2003, a total of 16 “breakthrough” public declarations were made, covering a footprint of 1,271 villages (Mwangaza Action, 2003). In 2001, Mwangaza Action, an NGO in neighboring Burkina Faso began replicating the TOSTAN program in 23 villages.

While TOSTAN was getting underway in Senegal, the Kenyan NGO Maendeleo Ya Wanawake (MYWO) decided in 1991, to focus its efforts toward the abandonment of FGC (Mohamud et al., 2006). Although Kenya’s national FGC prevalence rate is about 32% (DHS, 2003), in some groups (such as the Masai) the prevalence rate is substantially higher (Mohamud et al., 2006; Halperin, 2005; Chege et al., 2001). Field-based research in high prevalence communities suggested to MYWO that FGC was part of a more comprehensive rite of passage. To retain the “positive social aspects” of the traditional initiation ceremonies, MYWO developed alternative rites of passage (Mohamud et al., 2006: 87), including a program called “circumcision with words (Singhal & Rogers, 2003). Among the groups that MYWO worked with, the proportion of women under the age of 20 who underwent FGC declined from 78% in 1993 to 56% in 1999 (Mohamud, 2006: 94).

A novel approach to grassroots problem-solving was implemented in Egypt to combat FGC. According to the 2003 Demographic and Health Surveys (DHS), Egypt has an FGC prevalence rate of 97% among “ever-married” women. In 1998,

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\[13\] The U.S. Department of Health and Human Services defines “Ever-married women” as those who are 1) currently married (i.e., married with spouse present) or 2) who have, at some time in the past, been married (i.e, divorced, widowed, married but separated). Source: http://aoa.gov/prof/statistics/future_growth/aging21 programa.asp

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the Egypt Country Office of the Centre for Development and Population Activities (CEDPA-Egypt) initiated a project guided by this question: “what about the other 3%?” How did families with “uncircumcised” girls withstand social pressure to conform? One element of this strategy, called the Positive Deviance (PD) approach, is identifying those who “deviate” from the norm, in a positive way (Papa, et al., 2006; Pascale & Sternin, 2005). Rather than aiming directly for “eradication” of FGC, CEDPA-Egypt sought to foster and facilitate discussions about FGC amongst NGOs, community groups and individuals and also to better understand the reasons why/how “positive deviants” (PDs) choose to abandon FGC (CEDPA, 2003: 3; CEDPA, 1999). The project gained new “spokespeople” in the form of the positive deviants whose testimonials provided social proof that it was possible to abandon FGC and yet remain virtuous (Positive Deviance Initiative, n.d.). Thus the stars of the CEDPA-Egypt FGC abandonment project were the girls and family members who were courageous enough to come forward and who shared their stories with their community.

In June 2006, United Nations Volunteers sponsored a study tour for Sudanese women activists to visit FGC abandonment projects in Egypt. In her trip report, delegate Dr. Nafisa Bedri, professor at Ahfad University for Women in Khartoum, recommended the inclusion of the positive deviance approach in Sudan to combat FGC (Bedri, 2006: 9). Dr. Bedri, whom the present authors had an opportunity to personally interview in Khartoum in 2006, commented further on the FGC abandonment activities in Sudan: “I feel this [succeeded] because…. it was the community people who did it. Those positive deviants who believed in the fight against FGC produced many innovative interventions such as slogans on match boxes or puppets show by school kids (Personal communication, September 22, 2006).

Complementing the grassroots approach to abandoning FGC, various innovative media approaches in Africa have also been effective. The media-based approaches to combat FGC range from the use of fiction (in novels and film), to participatory video, to
art exhibits, to the use of radio and television for public service-type advertisements and popular soap operas (Singhal & Rogers, 1999).

MEDIA INTERVENTIONS

A well known popular culture personality who has addressed the issue of FGC is Alice Walker, the American novelist and poet. Walker’s novel *Possessing the Secrets of Joy* (1992) presents the story of a young woman, Tashi, who kills the woman who “circumcised” her. Walker’s approach to FGC is to present the viewpoints of both the young girl (Tashi) and her excisor (M’Lissa). The result is a nuanced, although overall disparaging portrayal of FGC and its consequences. Walker also collaborated on a film about FGC with filmmaker Pratibha Parmar called *Warrior Marks* (1993) and co-authored a companion book, *Warrior Marks: Female Genital Mutilation and the Sexual Blinding of Women* (1993). Several African writers have criticized Walker and Parmar for *Warrior Marks*, calling it voyeuristic (Akudinobi, 2005), hateful (Nwankwo, 2005), reductive (Abdel Halim, 2003), and demeaning and evasive (Mekuria, 1995). However, *Warrior Marks*, at the very least, succeeded in increasing discussion on the practice and portrayal of FGC.

Another film on FGC, *Moolaadé* (2004), was directed by the Senegalese filmmaker Ousmane Sembene. The film depicts one mother’s attempt to protect girls in her village from FGC by creating a “safety zone,” or *Moolaadé*. The young girls flee their initiation rite after hearing an Imam on the radio who argues against FGC. As a consequence, in one scene the male villagers are shown burning the radios in a bonfire (Levine, 2004). Sembene portrays FGC as an issue that pits men against women despite evidence that FGC is often

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14 The word “circumcised” is used here for lack of an unambiguous verb for FGC. It is put in quotes to reflect that female circumcision in not analogous to male circumcision.

15 For an equally disparaging treatment see the novel by Lebanese American author Evelyne Accad “The Excised (1982 - originally titled in French *L’Excisé*)”.

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requested and performed by mothers and grandmothers (Lionnet, 2005; Boyle, 2002: 29; Abusharaf, 2001: 113, Greunbaum, 2001). Critical acclaim for Moolaadé at the Cannes Film Festival (2004) and its selection as Best Foreign Language Film (2005) by the National Society of Film Critics Association) bodes well for spurring a larger public discourse on FGC.

In 1998, an FGC -themed art exhibit entitled Female Circumcision in Nigeria: The Suffering, the Sorrow, the Setback was organized by the Nigerian NGO, Women Issues Communication Services Agency (W.I.C.S.A.) (Levin, 2003). The exhibit included paintings and sculpture with titles as graphic and evocative as the FGC images that were portrayed. They included Agony – an experience I will never forget (Stella Ubigho), Blade and Shell (Alloysius Osagie), and Instrument of the act (Angela Japhet), a watercolor depicting a larger than life razor blade superimposed on a screaming girl (Reinharz et al., 2006). The exhibition has since been revised and expanded and has traveled to several countries including Germany, the U.K. (showcased in the London Parliament), and the U.S. (Levin, 2003). The creation of a traveling exhibit has made it possible for the perspective of Nigerian artists and the subject matter of FGC to reach (and continue reaching) a broad local, national, and international audience.

In 2002, the Tanzanian NGO, TAMWA, collaborated with the Italian International Association for Women and Development (AIDOS) on a campaign, Stop FGM, which utilized multi-media, as well as community outreach approaches (Gender and Media Summit, 2004). The campaign included the distribution of information kits on FGC to the media, training on FGC related issues for journalists and artists, dissemination of posters, pamphlets and fact sheets in targeted communities (those practicing FGC), and the airing of radio and television spots (Gender and Media Summit, 2004, p. 30). The TAMWA “Stop FGM campaign exemplified a strategy commonly referred to embodying “air cover and ground support” (Singhal et al., 2004). The thesis here is that interventions have their strongest effects when on-air educational messages are
incorporated in long-running entertainment genres (such as soap operas) and are complemented on the ground with group listening and service delivery (Singhal et al., 2004).

In Africa, several entertainment-education programs have addressed FGC. *Ushikuwapo Shikamana* (“If Assisted, Assist Yourself”) was a highly popular entertainment-education radio soap opera in Kenya created by Population Communication International (PCI) in collaboration with Kenyan writers and crew. Broadcast from 1999 to 2004, *Ushikuwapo Shikamana* had a regular audience of seven million people, or 40 percent of all Kenyan households (PCI, 2004: 5). The storyline of the radio serial, which included the topic of FGC, also appeared three times a week as a comic strip in the Kenyan Kiswahili daily *Taifa Leo* (est. circulation 57,000). Later, a compilation of all the comics was released in a book format.

Perhaps the most focused entertainment-education initiative to combat FGC was the *Ashreat Al Amal* radio soap opera project in Sudan.

**THE ASHREAT AL AMAL PROJECT**

Ashreat Al Amal was a 144-episode entertainment-education radio soap opera, broadcast in Sudan from November 17, 2004 to June 30, 2006. Two episodes of the program, each 15 minutes in length, were broadcast each week on Radio Omdurman, a station whose signal covers the entire city of Khartoum, and surrounding areas.

While *Ashreat Al Amal*’s educational purposes, at the time of conception, included promoting a more equal status for women,

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16 A previous version of this radio soap opera was broadcast in the late 1980s, but was subsequently discontinued.

17 Source: http://www.nationsencyclopedia.com/Africa/Kenya-MEDIA.html

18 The *Ashreat Al Amal* radio project was implemented in Sudan by Population Media Center of Shelburne, Vermont, USA with financial support from the David and Lucile Packard Foundation.
small family size, and HIV/AIDS prevention, during the development of the program formative research identified an additional issue as being vitally important to women: To promote awareness about the dangers of *khitan* (female genital cutting), and to reduce the prevalence of this widespread practice. Some 90 percent of Sudanese women and girls undergo *khitan* and this practice directly impacted their reproductive and psychological well-being. The scriptwriters had a steep educational and motivational challenge.

To achieve these educational goals, various intersecting storylines promoting the main educational themes were created. The theoretical inspiration for these storylines came from was Stanford University social psychologist, Albert Bandura, who explained how audience members learned new behaviors from media role models (Bandura, 1977; 1986). Bandura’s theoretical premise was operationalized effectively in the 1970’s by Miguel Sabido, a creative writer-director-producer at Televisa, the Mexican national television network, in the form of a methodology to produce entertainment-education *telenovelas* (Singhal & Rogers 2002; Singhal, Cody, Rogers, & Sabido, 2004). In each of the seven entertainment-education *telenovelas* that Sabido produced, which were both ratings hits and fulfilled their educational goals, Sabido creatively incorporated Bandura’s principles of role modeling in carefully delineating the key characters.\(^{19}\)

In the Sabido methodology, entertainment-educational *telenovelas* should have three types of characters: (1) those who support the educational value (positive role-models) (2) those who reject this value (negative role-models), and (3) those who sit somewhere in the middle (or on the negative side) and, as the storyline unfolds, gradually begin to adopt the positive behaviors (transitional characters). When a positive character models a behavior that is socially desirable, the character is rewarded. If a negative character models a behavior that is socially undesirable, the character is punished.\(^{19}\)

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\(^{19}\) Remarkably, each of Sabido’s *telenovelas* was popular with its audience, made a profit, and met its educational objectives (Singhal & Rogers, 1999).
emulated a socially undesirable behavior, he/she was punished. The transitional characters, designed to mirror the attitudes and beliefs of the target audience, carefully watch the consequences accruing to the positive and negative role models, and gradually move toward the positive end of the continuum.

ASHREAT AL AMAL’S STORYLINES AND CHARACTER DELINEATIONS

Ashreat Al Amal purposely addressed the issue of female genital cutting through three key female characters: Al Shoul (negative role model), Awatif (transitional role model), and Rugaia (positive role model).

Al Shoul, a local midwife, is a negative character who makes her living circumcising young girls. When she and her husband El Dai have a baby girl, Al Shoul circumcises the baby who then dies of excessive bleeding. Al Shoul and El Dai divorce over this unfortunate event and she turns to the street, selling tea and alcohol. As the story unfolds, Al Shoul (re)marries Hamid, a supportive man, and becomes pregnant. While in labor, Al Shoul experiences birthing complications since she herself was circumcised, and requires a blood transfusion. When Hamid’s blood is screened for transfusion, he is found to be HIV positive. In turn, Al Shoul learns that she is also HIV-infected. Her newborn baby girl is also HIV-positive, and dies of AIDS. Angry over the death of her child and her HIV-positive status, Al Shoul loses her mind, and her body is found floating in a pond.

Awatif (a transitional character) is a sacrificing and hardworking wife and mother. She is exhausted by the burden of taking care of her six children. Awatif’s husband, Hassan, refuses to assist Awatif in raising the children, and so she is forced to continue working far into each pregnancy, becoming physically weak and anemic. Faulting Awatif for her weakness and constant exhaustion, Hassan takes a second, much younger wife, leaving Awatif all by herself to care of all of their children. When Hassan has second thoughts, and wants to return to Awatif, she demands...
that they start using family planning methods. After visiting a clinic together, and receiving sound advice from Rugaia, a local reproductive health educator, Hassan and Awatif become adopters of birth control.

Rugaia (a positive character) is a devoted community advocate and resource person for information about reproductive health and family planning. She does community outreach activities in rural areas, providing people with health information, and encouraging healthy practices, such as not circumcising baby girls, spacing births, and practicing good nutritional habits during pregnancies.

Through the stories of these three women characters\(^\text{20}\), listeners of Ashreat Al Amal learned about the importance of eliminating the harmful practice of female circumcision, and protecting the health of the mother and ensure greater opportunities for her children.

**RESEARCH QUESTIONS**

Our participatory assessment exercise centered on asking, and answering, the following three questions:

- **Research question Nº 1:** What is the radio drama Ashreat Al Amal about? In essence, what is the nature and scope of its plot, its characters, and its educational themes?
- **Research question Nº 2:** As a female (or a male) listener, which scene from Ashreat Al Amal was most meaningful to you and why?
- **Research question Nº 3:** How has your life has changed as a result of listening to Ashreat Al Amal? In other words, what aspects

\(^{20}\) For each of these female characters, *Ashreat Al Amal* had male counterparts, who illustrated men’s roles in either promoting or denying women’s reproductive and sexual health. The male characters also performed other actions unhealthy for the youth and society. The primary male characters in the drama were Jabir (negative), Hamid (transitional), and Ali (positive).
of your life have been influenced, changed, or impacted by your engagement with the radio program?

PARTICIPATORY ASSESSMENT METHODOLOGY

In recent years, participatory sketching and photography have emerged as novel, audience-centered, and low-cost qualitative methodologies for assessing the meanings that audience members of entertainment-education (E-E) programs derive from their engagement with the mass media text (Singhal & Rogers, 1999). Such participatory methodologies offer a different perspective on audience engagement than, for instance, can be gathered through survey data.21

The inspiration for participatory sketching and photography comes from the work of noted Brazilian educator, Paulo Freire. In 1973, while conducting a literacy project in a barrio of Lima, Peru, a team led by Freire (author of the seminal 1970 book Pedagogy of the Oppressed), asked people questions in Spanish, but requested the answers in photographs. When the question “What is exploitation?” was asked, some people took photos of a landlord, grocer, or a policeman (Boal, 1979: 123). One child took a photo of a nail on a wall. It made no sense to adults, but other children were in strong agreement. The ensuing discussions showed that many young boys of that neighborhood worked in the shoe-shine business. Their clients were mainly in the city, not in the barrio where they lived. As their shoe-shine boxes were too heavy for them to carry, these boys, rented a nail on a wall (usually in a shop), where they could hang their boxes for the night. To them, that nail on the wall represented “exploitation”. The “nail on the wall” photograph spurred widespread discussions in the Peruvian barrio about other forms of institutionalized exploitation, including ways to overcome them.

21 Clearly, all methods of data-collection—whether quantitative or qualitative—have their respective strengths and weaknesses.
Drawing upon Paulo Freire’s work with participatory photography in Peru, researchers have employed participatory sketching as a method to obtain rich, nuanced narratives from audience members of E-E programs. For instance, one of the present authors employed the participatory sketching methodology to assess the effects of an entertainment-education radio soap opera initiative in the Philippines and also to assess the effects of another radio initiative in the Peruvian Amazon, spearheaded by Minga Perú, a non-governmental organization that promotes gender equality and reproductive health (Singhal & Rattine-Flaherty, 2006). As the Peruvian example of participatory photography demonstrates, in privileging visual forms of expression, researchers position themselves to question the dominant hegemony of textocentrism that legitimizes the lettered, literate, and text-based ways of knowing (Conquergood, 2002).

Inspired by this Freirean technique and Conquergood’s (2002) call for incorporating more visual, performative methods, our assessment of Ashreat Al Amal in the Sudan included both participatory sketching and participatory photography. Our participatory data collection activities in the Sudan comprised of a total respondent pool of 55 avid listeners of Ashreat Al Amal, all of whom hailed from the Khartoum capital region. Of these 43 of our respondents were women, and 12 were men. Among the women, most were married and between the ages of 18 to 40 years old, and coming from the lower to middle socio-economic strata. Such an audience profile of married stay-at-home mothers is fairly consistent with the audience profile of daytime radio soaps in most countries.

PARTicipATORY SKETCHING

As part of the participatory sketching exercise, we asked our respondents, either as individuals or in pairs, to answer the three questions that guide our present research study (as listed previously). However, rather than having them respond orally to
our query, we asked them instead to sketch their responses using colored pencils. The participants were encouraged to draw whatever they wanted, regardless of their drawing ability, and no rigid time limits were set to not rush them. This sketching activity with 55 respondents yielded a total of 73 drawings. After the sketches were completed, individuals (or pairs) responsible for the drawing narrated what the sketch was about, including how it answered the posed questions, in front of the entire group. These narrations were audio-recorded while translators simultaneously translated the participants’ narratives from Arabic to English for the present researchers, providing opportunities to seek clarification and/or ask follow-up questions. The audiotapes were then translated and transcribed into English-language transcripts by bi-lingual speakers fluent in both languages.

**PARTICIPATORY PHOTOGRAPHY**

To further assess the effects of *Ashreat Al Amal*, 14 of our 55 respondents took part in a participatory photography exercise. To them, only one question was posed, similar to the third question posed in the sketching exercise: That is, *How has your life changed, or what aspects of your life have been affected, by listening to Ashreat Al Amal?* Once again, we asked them to provide answers in visual form through photographs. The participants were given the freedom to interpret the question as they wished, emphasizing that there were no right or wrong answers.

The 14 participants who took part in the participatory photography exercise received disposable cameras, including a brief training on how to correctly operate them. Given each disposable camera yielded 27 exposures, we requested each participant to take about 8 to ten pictures to answer the question we had posed,
and the remaining pictures could be of their friends and family members. The participants were given a time-frame of about 24 hours to take their pictures.

A day after the cameras were handed out, they were collected. After the pictures were developed, the respondents returned the next day to narrate—in front of the group—what each picture was about, what it meant to them, why did they take it, and how it answered the posed question. All 14 people returned the cameras, but only 13 could return at the appointed time to review and narrate their photographs. Of these peoples 9 were women and 4 were men. Interestingly, most of the women (5 out of 9) and some of the men had never operated a camera before.

Of the 8 to 10 photographs that our 13 participants took to answer the posed question, we asked them to select their top four or five photos that they believed best answered the question. A total of 74 photos were narrated by our 13 participants in front of their respective groups, while willingly being audio-recorded. Translators aided the process by translating the participants’ photo narratives from Arabic to English to ensure concurrent opportunities for seeking clarification or asking follow-up questions. The audiotapes were then translated and transcribed into English-language transcripts by bi-lingual speakers.

AUDIENCE INTERPRETATIONS OF ASHREAT AL AMAL

To gauge the personal meanings that avid listeners of Ashreat Al Amal drew from its plot, characters, and educational messages, we organize our results around the three guiding research questions.

GRASP OF INTERSECTING PLOTS, CHARACTERS, AND EDUCATIONAL MESSAGES

Research question Nº 1 asked: What is the radio drama Ashreat Al Amal about? In response to above question, Ahmed Mohammed (M, 23 years) and Ahmed Abdullah (M, 24 years) collaboratively
drew the following sketch (figure 1), and related to the program’s intersecting storylines:

![Figure 1](image)

I [Ahmed Mohammed] listened to some of the episodes of the program but I also used to listen to what the family said about it. Specifically, I drew something about which we argued a lot, which is the pharonic circumcision. Personally, I care about this issue; we suffer from this a lot. All my sisters are circumcised, and my grandmother used to circumcise girls. I wanted this drawing to be very clear and transparent. This is the girl who was circumcised in the radio program, I can’t really remember her name, but Al Shoul circumcised her. Al Shoul is an ugly woman carrying scissors. This program was useful because your grandmothers could be listening to the problems of circumcision. This serial program was broadcast at the same time when there was conflict between religious philosophers about whether to circumcise the girls or not.
Many listeners, both in their sketches and photos, focused on the female circumcision storylines of Ashreat Al Amal. For instance, Nafisa’s (F, 34 years) photo was about a recent circumcision (figure 2). She noted:

The girl’s family told me that the girl’s face must not appear in the photo. This is the room of the already circumcised girl. She was circumcised in this room a week ago. The girl is fine now, but if any complication did not appear now, they will appear later. The girl is eight or nine years old. These are sweets which are given to the circumcised girl [pointing to the box]. Girls are usually given money and presents to encourage them to carry out the operation. They often do not know what they are going to experience.

In sum, our respondents’ sketches and photos suggest that they comprehended the various intersecting plotlines and educational messages of Ashreat Al Amal, that is, a more empowered status for women, abandoning harmful practices such as female genital cutting, and seeking safe motherhood and childhood.

PERSONAL RESONANCE, EMOTIONS, AND MEANINGS

Research question No. 2 asked: *As a female (or a male) listener, which scene from Ashreat Al Amal was most meaningful to you and why?* Our
respondents talked about several emotionally charged-scenes. For instance, Yaseen Hasan Ali (M, 31 years), in reflecting on the death of the girl child in the radio program (figure 3), said:

This is a bed on which the dead are carried – The Alangaraib. The little girl was a victim of circumcision and died. She was a little girl and her mother insisted that she must be circumcised. I think this scene is representing the whole idea of the program. I added the crescent on the forehead of the girl which is a symbol of circumcision in Sudan.

Figure 3

Our respondents’ sketches suggest various degrees of emotional and personal resonance with the key plotlines and characters. The female circumcision scenes and their deadly consequences held the most personal meaning for both male and female respondents as it closely paralleled their lived realities. Many of our respondents freely and openly shared the debilitating consequences of large families, especially on the health of women and children.
LEARNING AND IMPACT

Research question N° 3 asked: *How has your life has changed as a result of listening to Ashreat Al Amal?* Our respondents answered this question about the influence of *Ashreat Al Amal* on their lives in various ways. Yaseen Hasan Ali’s sketch was most telling about the influence of radio (figure 4). He noted:

> I drew the midwife in a shape of devil –you can see the devils tail– and she is holding her bag because midwives always carry a bag here in Sudan. On the bag you can see danger sign, the skull and bones. The other woman is a grandma and she is protecting her little granddaughter while she strikes the midwife with an antenna. I think that the radio is very important for older women… In the drawing, we see the grandmother fighting but not with a sword, she is fighting using a radio antenna. I meant that we couldn’t fight against bad habits with a sword but we can do that through media like radio.

![Figure 4](image-url)

After listening to Yaseen Hasan Ali’s poignant narrative, we grasped what he meant by saying: “With a radio antenna we
can stop the practice of female genital cutting” (quoted at the beginning of this paper).

Nafisa Abu Hassan (F, 34 years) drew this colorful sketch (figure 5) and noted:

I want to speak about health, through personal experience. My relative had a lot of children. Every year, she was pregnant with one. Before the radio program I felt her suffering, but I did not reflect it on myself. But after the program, I stopped having children. I already had three children. It is wrong to have children one after the other, and there should be a gap [spacing] between a child and the other one.

Figure 5

In sum, our respondents’ sketches and photos, and their accompanying narratives, suggest that listening to Ashreat Al Amal affected their lives in various ways. Listeners emphasized that they learned about, or were reinforced in abolishing the practice of female genital cutting, and giving girls and women more control of their reproductive health.
SUMMARY AND CONCLUSIONS

The present article presented the results of a participatory sketching and participatory photography exercise conducted in the Sudan to gauge how avid listeners of Ashreat Al Amal (“Sails of Hope”) engaged with the radio program, and especially with its educational messages on reproductive health and female genital cutting.

Our respondents’ sketches and photos suggest that they comprehended several intersecting plotlines and educational messages of Ashreat Al Amal, that is, a more empowered status for women, abandoning harmful practices such as female genital cutting, and seeking safe motherhood and childhood. The female genital cutting scenes and their deadly consequences held the most personal meaning for both male and female respondents as it closely paralleled their lived realities.

What implications does our work with participatory sketching and photography have for researchers of entertainment-education initiatives? First, these participatory methods lie at the interface of theory, method, and praxis (see also Morphy & Banks, 1997; Singhal & Rattine-Flaherty, 2006). In taking stock of the sociology of visuals –whether in the form of sketches or photos– it is not difficult to discern the obvious conclusion: Almost all paintings, sketches, and photos are usually produced by “the powerful, the established, the male, the colonizer” (Harper, 1994: 408). Through participatory photography and sketching, E-E researchers hand over the means of visual production to the oppressed, the silent, and the muted.

This research also suggests that the results of participatory evaluations of entertainment education programs have great yet largely untapped potential for providing rich, context-specific content for future programming. The discussions held during the participatory evaluation revealed that the FGC story line resonated with Ashreat al Amal listeners to a greater extent than anticipated by script-writers and program staff. The listening audience's
welcome of the FGC story line in *Ashreat al Amal* indicates that follow on story lines exploring and broadening the same theme would also be welcome. The next step for the script writers should be to incorporate what they’ve learned from the audience feedback to weave an increasingly textured set of story lines that will continue to resonate with local audiences.

Participatory methodologies have the potential to uncover topics that truly resonate with audience members. Information discovered via participatory evaluation can then be utilized to develop new, nuanced storylines, representing a move toward a more dialogic entertainment-education.

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