



Programme BRIEFS

Female Genital Cutting (FGC) describes a series of practices that involves the partial or complete removal of the clitoris and/or external female genital organs for cultural or other non therapeutic reasons. The terms Female Genital Mutilation or female circumcision are also used. These practices are prevalent in many African ethnic and religious groups; however, the age at which they are practiced varies. FGC used to be practiced at an advanced age and marked a rite of passage from childhood to marriage, but now it is common to cut girls at an early age, sometimes even before their first birthday. The reasons justifying FGC are based on various traditional beliefs such as: the preservation of cultural and female identities through principles of twinning of human beings and as protection against curses; religion, through a perceived Islamic recommendation; the control of sexuality by preserving a girls' virginity and ensuring women's faithfulness; and social conformity.

The repercussions of this practice are numerous, particularly the health-related consequences. These include hemorrhage, infections, urine retention, keloids, dysmenorrhea, vesico-vaginal fistula and cysts. In addition there are psychosomatic disorders resulting from this practice, such as shock, trauma and frigidity. To counter the practice, women's associations and NGOs have organized IEC interventions among communities, traditional circumcisors and medical personnel. FGC now makes world news, especially after the 1994 Cairo and the 1995 Beijing Conferences. United Nations agencies, as well as USAID and numerous NGOs, have made FGC one of their priority areas, and have supported detailed analyses of consequences and interventions. Many African governments have developed policies aimed at the elimination of FGC. Operations research is another approach which can contribute to eradicating FGC.

ACTIVITIES UNDER THE AFRICA OR/TA PROJECT II

<i>Country</i>	<i>Study Description</i>
BURKINA FASO	<i>Measuring the prevalence, typology and complications associated with FGC among clients attending clinics in Bazéga, Burkina Faso.</i>
BURKINA FASO	<i>A participatory approach to designing a community based intervention to address FGC</i>
BURKINA FASO	<i>A qualitative study on attitudes towards female circumcision</i>
BURKINA FASO	<i>A quantitative survey in Bazéga Province on practices and attitudes</i>
GHANA	<i>A quantitative survey in Kassena-Nankana district on practices and attitudes</i>
MALI	<i>Testing the Effectiveness of Training health facility staff in Client Education about FGC and Clinical Treatment of FGC Complications</i>
MALI	<i>Evaluation of a strategy to "convert" traditional circumcisors</i>
MALI	<i>Literature Review of FGC in Mali</i>
MALI	<i>National Seminar for defining a strategy to Eradicate FGC</i>
SENEGAL	<i>Description of NGO anti-FGC intervention</i>



OPERATIONS
RESEARCH
TECHNICAL ASSISTANCE

AFRICA PROJECT II

THE POPULATION COUNCIL

Female Genital Cutting

Results

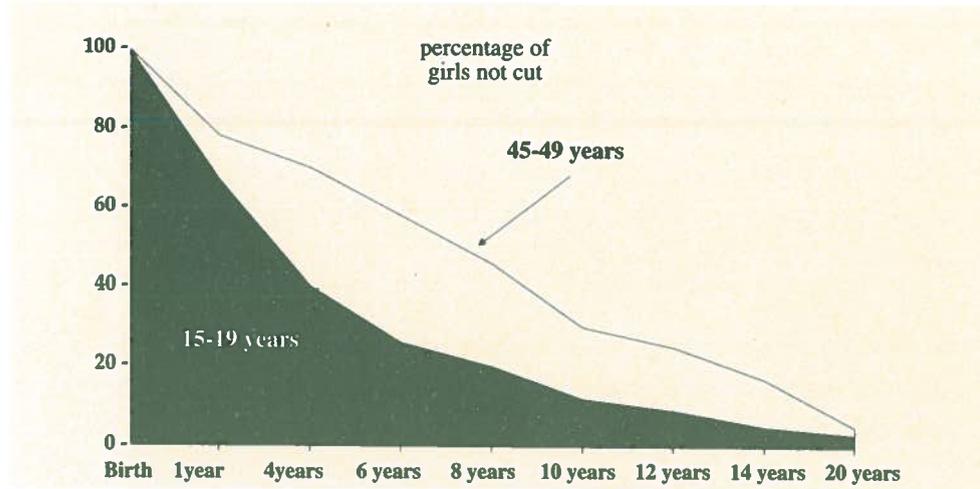
What do we know about the magnitude of the problem?

- Prevalence in the community: Results from population surveys have shown that FGC is practiced by a significant proportion of the population in Sahelian countries (e.g. Burkina Faso - 80%; Mali - 94%; Senegal - 20%; Côte d'Ivoire - 43%, Guinea - 90%, northern Ghana - 77%).
- Prevalence among women attending health centres: The presence or absence of genital cutting was recorded for all women having a pelvic examination in the 21 health centers of Bazéga province, Burkina Faso and in 7 centres in the regions of Bla and Bamako, Mali. In both studies, over 90% of all women examined had been cut.

What are the characteristics of women who have undergone FGC?

- Consideration of numerous characteristics suggests that those that are most significant in Burkina Faso are Islamism and ethnicity (specifically the Mossi). The probability of being circumcised is three times higher among the Mossi and twice as high for Muslim girls. In Mali, the practice is nearly universal, but the probability of being circumcised is highest for the Bambara/Malinke ethnic group.
- All ethnic and religious groups in the Kassena-Nankan District of northern Ghana practice FGC. The highest rates are found among the practitioners of traditional African religions, and schooling beyond the primary level appears to reduce the likelihood of being cut.
- In northern Ghana, girls are cut at around age 17 years, in Burkina Faso at around 9 years, and in Mali at around 6 years. As shown in Figure 1, the age at which girls are cut is getting lower in Mali, a trend found also in northern Ghana, but not in Burkina Faso.

Figure 1: Age of cutting is getting younger in Mali

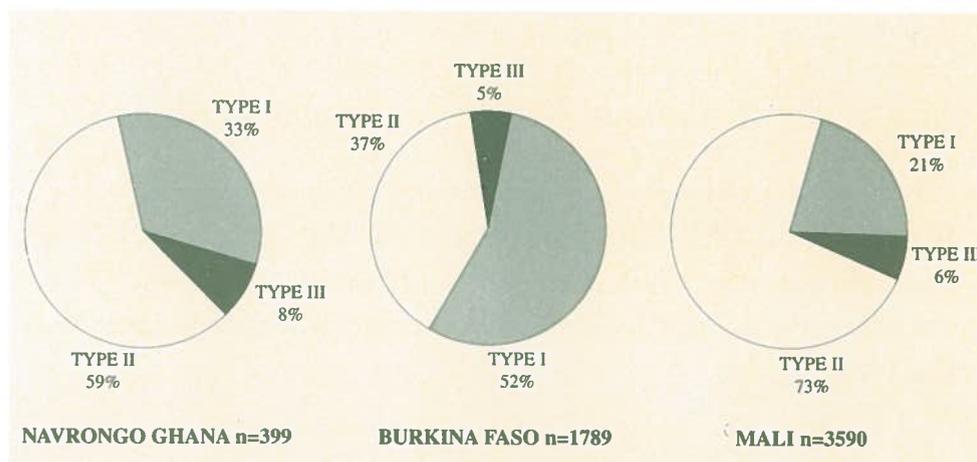


What do we know about the typology of FGC and the types of complications encountered?

What kind of operation is most frequent?

- 4 types of FGC have been identified. Type I refers to removal of the clitoral hood, sometimes with part of the clitoris; type II includes removal of both the clitoris and the labia minora; type III is infibulation; and type IV describes all other forms of FGC. Figure 2 describes the proportions of each type found among women who had been cut (observed among women attending clinics).

Figure 2: Distribution of types of FGC among women attending health centres



Which complications are most frequently encountered?

- Physical complications associated with genital cutting were found among 14% of women in the Burkina Faso study. The most common were keloids (62%) and adhesions (20%). Six percent of these women had vaginal obstructions. In Mali 7% of the women examined had complications, the most common being blood clots and tears in the perineum (35%), hemorrhage (33%), vaginal adhesions (8%), and keloids (4%).
- Among women attending clinics for deliveries in Mali, 29% of those with FGC reported experiencing a complication compared with 7% of non circumcised women.
- In Mali, over half of the health workers interviewed have encountered immediate complications, and 59 % had seen long term complications.
- In the Burkina Faso study, the probability of having difficulties during childbirth was 3 times higher when a woman is circumcised than when she is not. Even when variables such as age, level of education, marital status and number of births are taken into account, circumcision remains the main factor increasing the risks of encountering difficulties during childbirth.
- Women with FGC are more likely to report difficulties during delivery and more likely to have a stillbirth. As the type of FGC increases, women are more likely to have an observable complication and to report difficulties during delivery, with no differences by type of genital infection or stillbirths.

What do we know about the behavior of service providers and Community Health Workers?

What are the attitudes of health personnel towards FGC?

- Most clinic staff interviewed in Mali reacted positively towards eliminating FGC. Even though 93% of the female employees were circumcised, 33% of their daughters were not circumcised. The vast majority (87%) of both male and female medical staff have decided not to circumcise their daughters (those living or to be born).

- One quarter of the clinical officers think that the Koran recommends the practice, 39% that circumcised girls are more libertine, 32% that men prefer marrying circumcised women, and 21% that FGC is a rite of passage that makes girls more responsible. However, two thirds of the service providers think that FGC violates the rights of women and children
- Only 17% of community health workers believe that FGC is advantageous whereas most feel it has disadvantages, particularly during childbirth. 62% believe that it should be formally abolished. Only 18% of the clinic staff in Bazéga agree with the practice.

Are we witnessing the medicalization of FGC?

- In Mali, 13% of health workers interviewed admitted that FGC is practiced in their centers, but only 4% admitted having carried out at least one operation, and only 2% said that they would do so in the future.
- Over a third of clinical officers believe that if FGC is practiced in a hygienic environment it will not affect the girl's health, and that there are no health risks when the clitoris is cut.
- 71% of the women attending the clinics in Mali think that practicing circumcision in health centers is good because it can diminish health risks for the girl.

What is the community's point of view on FGC?

Reasons for practicing FGC

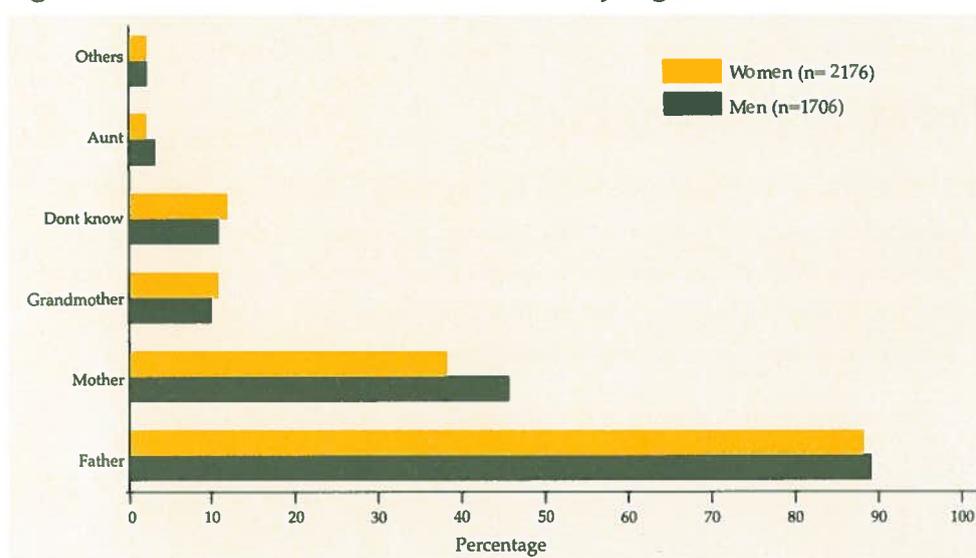
- The results of studies conducted in Burkina Faso, Ghana and Mali using qualitative research methods show that the main reasons to justify FGC are: to preserve one's cultural identity; to respect the norms laid down by Islam or by the ancestors; for hygienic reasons (because the clitoris is considered as a source of illness); and to control female sexuality.

- A fundamental reason is conformity to social norms, aimed at ensuring the continuation of an ancestral tradition. The practice has traditionally been carried out on a group of girls of the same age-group and was followed by a period of isolation during which initiation rites were practiced. Today, female circumcision is practiced at a younger age, thus losing its value as an initiation rite.

What is the attitude of mothers and men vis-à-vis female circumcision?

- Despite many sensitization campaigns and other interventions, the studies conducted in Burkina Faso and Mali show that most people do not recognize the harmful aspect of female circumcision and that many men and women still approve the practice. For example, in Burkina Faso 41% of men and 51% of women support female circumcision. Moreover, 18% of the women explicitly intended to have their daughters circumcised in the future. In Mali, 60% of the women explicitly stated that they intended to have their daughters cut in the future.
- Qualitative studies in Mali and Burkina Faso show that men have not been the target of IEC campaigns. Men themselves recognize that, without their involvement, the practice will not be abandoned. Figure 3 shows that in Burkina Faso fathers play the most important role in deciding whether to circumcise a girl, a situation recognized by both men and women.

Figure 3: Who is involved in the decision for girls circumcision



To what extent have interventions currently in place been able to bring about change?

What effect can be expected through the involvement of medical personnel in reducing FGC?

- Following a training course for health clinic staff in Mali, most health personnel have increased dramatically their knowledge of FGC. They also support the idea of IEC campaigns within their clinics for discouraging the practice. However, their communication skills are still insufficient; even after attending a formal training course, staff in only 3 out of 7 health centres were giving group health talks on the subject and only 3% of providers were counselling individual clients on FGC. Health providers are an important potential resource in any educational campaign, but a concerted effort is needed to ensure that they can become effective behaviour change agents.

What effect can be expected through the involvement of traditional FGC practitioners in reducing the practice?

- Several NGOs in Mali have tried persuading traditional FGC practitioners to stop the practice (through training in alternative income-generation skills). However this strategy appears not to have been successful, as many of those practitioners who had claimed to have abandoned the practice were found to have taken it up again. Many reasons appear to contribute to this failure, but a key reason is that traditional practitioners belong to the lowest class of society (the blacksmith caste). Consequently, they have little control over their role and are simply responding to requests from the community. Sensibilization of the whole community and a general decision to abandon the practice, thus reducing demand for their services, is therefore a prerequisite to convincing traditional practitioners to abandon their activities.

What effect can be expected from legislation?

- In Burkina Faso, Ghana and Senegal, laws have been passed that prohibit FGC. However, this seems to have encouraged clandestine practices so that girls can be circumcised. Whether a law can effectively contribute to reducing this practice is still unknown.

Results of a qualitative study in Bazega, Burkina Faso

Beliefs that perpetuate female circumcision

- *"If God allowed us to practice it from time immemorial, it must be a good thing"* (man)
- *"We found this practice in existence when we were born, it is an ancestral practice"* (men)
- *"There is nothing sinister with female circumcision, this is why it has never been abandoned"* (young men and women)
- *"It cures illnesses"* (young men and women)
- *"It protects young girls from worms that cause burning pruritus on the clitoris, making them lose weight and smell badly"* (men and women)
- *"It makes childbirth easier"*(men)
- *"It prevents young girls from flirting with boys"*(young and adult men)
- *"A circumcised woman will not suffer in the absence of her husband"* (men and women)

Beliefs that may contribute to reducing the practice

- *"It could cause death due to excessive bleeding"* (men and women)
- *"It hurts"* (women)
- *"It damages female genital organs, which makes sexual relations difficult"* (men and women)
- *"It could cause sterility"* (women)
- *"It causes complications during childbirth"* (men and women)
- *"Times have changed, it is no longer a compulsory practice"* (men and women)

Are IEC campaigns appropriate strategies for reducing the practice?

- IEC campaigns have been the main type of anti-FGC intervention tested by NGOs. It has been difficult to determine, however, the most important target groups. While efforts have been made to sensitize women through women's groups and meetings, research shows that men generally, and male opinion leaders in particular, play a key role in making decisions. In addition, IEC messages have generally not been well thought out nor sufficiently tested. Adolescents have been left out of the sensitization process, although they could prove to be the most effective target group in the long run. More attention needs to be paid to systematically testing alternative IEC strategies.

What effect can be expected from public declarations against female circumcision?

- Evidence from several countries points to the importance of public statements against the practice made by opinion leaders, especially religious leaders. Such statements reinforce educational messages and give social support for a reconsideration of the practice.
- In rural Senegal, this principle has been taken a step further. Female villagers who had learned about human rights and the health consequences of FGC through a basic education programme, decided that they wanted to end the practice. They then initiated a series of public discussions to extend and reinforce acceptance of the idea throughout the village. Finally, they made a public declaration that they would no longer continue the practice, a pledge that was agreed to by all members of the village.
- In rural Kenya, where FGC is a rite of passage for many adolescent girls, an educational programme with a special focus on mothers and their adolescent daughters led to the development of an alternative ritual to mark the transition. This ritual replaces genital cutting with other symbolic activities; in effect, a public declaration is made that the girl has successfully become a woman but has not been circumcised.

Future Directions

- **Support to government institutions.** Most activities to date have been carried out by NGOs. Most governments, however, have officially committed themselves to eliminating this practice. More support is needed through designing and financing activities to assist governments to achieve this goal. In Mali, for example, the involvement of the Ministry of Health in an operations research study resulted in the Ministry creating a special training curriculum on FGC and integrating this module into its in-service reproductive health training program.
- **Target Groups:** The results of various studies suggest that men and young people should be the priority target groups; men because they are the guardians of tradition and decision makers, and the youth since it is easier to change their behavior and since the future belongs to them. A conclusion from all OR studies is a lack of well-tested IEC materials and the need to develop these materials in local languages and disseminate them widely.
- **Research:** There are still several gray areas, particularly concerning the impact of these different interventions. Participatory research seems to be the way forward to ensure that any interventions developed and tested have the social support necessary for their success. An evaluation of apparent success stories and the test of successful interventions must be the next steps.

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Africa OR/TA Project II

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