



Supporting Advocacy to Abolish Female Genital Cutting in Mali

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Introduction

In most regions of Mali, female genital cutting (FGC), also called female circumcision, is practiced almost universally. The practice of FGC stems from a complex interplay of cultural and religious beliefs. In recent years, various advocacy groups and prominent leaders have begun to challenge this traditional practice. This brief describes the work of the USAID | Health Policy Initiative, Task Order 1 to bring together advocates to develop strategies and messages to advance dialogue around FGC.

According to the 2006 Mali Demographic and Health Survey (DHS), 85 percent of women ages 15–49 have undergone FGC. Of the women surveyed, 23 percent stated that FGC is a religious obligation; 37 percent said it is a social obligation; and 10 percent stated that it makes a woman more marriageable. Sixty-one percent of the women surveyed stated that there is no disadvantage to FGC.

Since the 1990s, several public and private groups have been involved in educating the public about the dangers of FGC. Founded in 1997 and based in the Ministry for the Promotion of Women, Children and the Family, the government's initiative is led by the National Committee for the Eradication of Traditional Practices Harmful to the Health of Women and includes governmental as well as nongovernmental members. In addition to participating in the National Committee, the Ministry of Health also has responsibility for treatment of the harmful effects for FGC and policies banning the practice of FGC by medical providers. The various nongovernmental organizations (NGOs) working on FGC include Centre Djoliba, *Association Malienne Pour le Suivi et l'Orientation des Pratiques Traditionnelles* (Malian Association for the Monitoring and Orientation of Traditional Practices or AMSOPT), *Programme National de Lutte Contre l'Excision* (National Program to Combat FGC or PNLE), Sini Sanuma (Healthy Tomorrow), and the *Association de Soutien au*

Développement des Activités de Population (Association for Support of Population Activity Development or ASDAP).

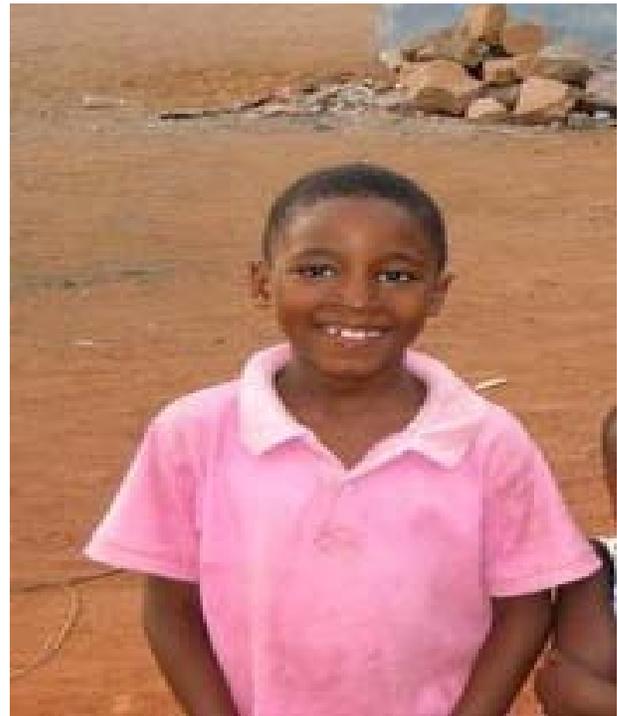


Photo courtesy of Health Policy Initiative, Task Order/Mali

As a result of advocacy efforts, in 1999, the MOH banned the practice of FGC in public health clinics. In 2002, the National Assembly seemed ready to approve a law banning FGC; however, opposition from religious leaders caused President Alpha Oumar Konaré to withdraw his support for the law.

In Mali, Islamic religious leaders are well respected. Elected officials such as Parliamentarians are highly influenced by religious leaders.

Identifying Target Audiences

To inform the activity design, the project team conducted a desk review of global FGC interventions, a local situational analysis to assess advocacy needs, and

interviews to identify and solicit input from key stakeholders about the FGC policy environment in Mali.

In identifying priority actions, the project team interviewed about 30 key stakeholders. Interviewees held mixed opinions regarding the country's readiness for a national law banning FGC. Some stakeholders wanted a law to curb the practice as soon as possible, while others reasoned that a law would have little effect because it would be difficult to enforce on a large scale and could drive the practice underground. Accordingly, the project team identified three audiences: (1) elected officials, who are afraid to publicly support a ban on FGC because of the influence of Islamic religious leaders on the electorate; (2) doctors and nurses who do not fully understand the health consequences of FGC; and (3) religious leaders and their constituents who believe that FGC is a practice endorsed by Islam.

Developing Key Messages

With assistance from a former Parliamentarian who served as a consultant, the project brought together the various stakeholders to prepare a core set of advocacy communication materials. Stakeholders included representatives of government agencies, NGOs, physicians, and religious leaders. The working group prepared a powerful presentation tool for advocacy that provided facts and photographs to refute common assumptions about FGC, "Female Genital Mutilation/Cutting: A Major Public Health and Human Rights Concern."

The following are some of the key topics covered:

- The prevalence of FGC in Mali nationally and by region and in neighboring countries;
- Explanations that FGC usually is performed by traditional female circumcisers under unsanitary conditions without anesthesia, mostly on girls younger than 5 years old;
- Evidence to refute the validity of stated reasons for FGC, including as a means of increasing fertility, removing the evil power of the clitoris, improving hygiene, and protecting the woman's chastity;
- Detailed discussion of the health consequences of FGC, including immediate risk of trauma, severe bleeding, and infection, as well as long-term complications that can affect women's health and well-being, such as pain and psychological trauma, increased risk of infant and maternal death during childbirth due to obstructed labor and hemorrhage, and adverse effects on the family's financial situation due to healthcare costs;
- Summary of laws applicable to the eradication of FGC in Mali;
- List of the 17 African countries that have adopted laws banning FGC;
- Summary of actions by public and private agencies to galvanize public support for FGC eradication; and

Rationales for FGC

In Mali, the main rationales for FGC revolve around religious, social and cultural, and hygienic and aesthetic beliefs, such as the following:

- **Religion.** Many Malians believe that FGC is a religious—and especially an Islamic—obligation. Because religion and culture are so closely linked, it is difficult to differentiate between religious and cultural beliefs. For example, individuals who believe that FGC reduces the likelihood that a woman will be promiscuous might link the practice with abiding by Islamic laws of chastity and morality.
- **Social aspects.** Many Malians believe that the practice of FGC increases fertility and improves women's chances of marriage. Some people view FGC as a rite of passage, enabling a girl's transition from the status of a child, or *blakoro*, to that of an adult. Many also believe that circumcised women are less likely to have sexual relationships outside of marriage. In some areas, an "uncut" clitoris is believed to cause a woman to become promiscuous by growing so big that she cannot control her sexual desires. FGC is thus seen as a way to control a young woman's sexuality, ensuring that she does not become over-sexed and lose her virginity, thereby disgracing her family and endangering her chance for marriage.
- **Hygiene and aesthetics.** In some areas of Mali, people view the "uncut" female anatomy as dirty or ugly. FGC is seen as a way of cleansing a woman's body and improving its appearance.

- List of specific actions that advocates can take to broaden participation in anti-FGC initiatives; educate communities, religious leaders, and elected officials; engage healthcare providers in awareness raising; and push for legal and political reforms.

In contrast to many FGC advocacy materials, the presentation graphically shows the harmful physical effects of FGC and provides concrete details on the many ways it affects women’s lives—and those of their families.

In November 2008, representatives from more than 60 government and civil society organizations reviewed and approved the advocacy tool. These organizations included the ministries of health, youth and sports, and culture; members of Parliament; NGOs; and religious leaders.

Engaging Religious Leaders

The project team also convened multiple formal and informal meetings with networks of male and female Muslim religious leaders to prepare another advocacy tool. The aim was to show that Islam does not endorse or require that its followers practice FGC. The networks involved in this series of meetings included the *Réseau Islam Population et Développement* (Islam, Population and Development Network or RIPOD), *Union Nationale des Associations de Femmes Musulmanes du Mali* (Federation of Muslim Women in Mali or UNAFEM), and the *Haut Conseil Islamique* (High Islamic Council). This working group used Islamic texts, especially the Qur’an and teachings in the Hadiths (Islamic texts originating from the words and deeds of the Prophet Muhammad), to illustrate Islam’s position on FGC and to show that the practice is in fact contrary to Islamic customs and values. The working group prepared the presentation, “Islam and Female Genital Cutting.”

The presentation identifies the following actions that religious leaders can take related to FGC:

- Meet with community leaders to discuss the issues and educate the community about FGC;
- Involve men, religious and community leaders, youth, and female elders in consciousness raising and discussion about FGC;
- Promote dialogue between women and men about FGC;

- Promote dialogue between religious leaders and policy decisionmakers; and
- Facilitate debates between religious leaders on both sides of the FGC issue.

Involved stakeholders was reviewed and approved the presentation at a February 2009 meeting attended by 63 male and female religious leaders, PNLE representatives, other governmental and NGO partners, and journalists.

In April 2009, the project team held a two-day workshop to build the capacity of selected Islamic leaders to understand and use the presentation on Islam and FGC in dialogue with national decisionmakers. The workshop covered both the content of the presentation and advocacy techniques.

The mobilization of Islamic leaders also inspired several Protestant pastors to request training on ways to address FGC in their communities. In February 2010, the project team conducted a two-day training with approximately 40 Protestant leaders. After the training, the pastors agreed collectively to hold sessions with their congregations regarding the abandonment of FGC.

Waiting for the Right Time

In August 2009 Parliament approved a new Family Code stating that husbands and wives have equal rights in marriage. After public protests against the Family Code largely organized by Mali’s Islamic leaders, President Amadou Toumani Touré refused to sign the Code into law and sent it back to Parliament to revise the contested language regarding women’s rights within marriage. In this charged atmosphere, advocates decided to delay a plan to have religious leaders give a presentation on FGC to Parliamentarians.

Nevertheless, the elements for future action are in place—a joint strategy with unified messages has been established, key audiences have been identified, religious leaders have been trained, and advocates possess two presentations that can be adapted to various audiences and settings. An important outcome is the multisectoral collaboration that has emerged among stakeholders, ensuring that future advocacy work will be well coordinated. Advocates are in contact with supportive Parliamentarians. The leading champion in Parliament is the Honorable Fanta Mantchini Diarra Sissoko, who is active in the Parliamentarian Network on Population and Development (REMAPOD) and has

been a staunch champion for policies related to women's issues, FP/RH, and HIV and AIDS.

Even though it appeared the policy “window” for addressing FGC in Mali was open, it may have been useful to examine the broader gender policy environment in Mali as part of the initial assessment. Health sector policy responses to end FGC cannot stand alone in any country; they are likely to be more successful in the context of other policies supportive of gender equality. The activity is also a good reminder that gender norms do not change quickly. The more organizations discuss FGC and FGC messages are informed by data and evidence, the more people will begin to take notice.

For more information, see:

Doggett, Elizabeth and Margot Fahnestock. 2010. *Policy and Advocacy Initiatives to Support Elimination of Female Genital Cutting in Mali*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

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