

**FEMALE CIRCUMCISION IN WEST AFRICA:
A SOCIO-CULTURAL DILEMMA REVOLVING AROUND
HEALTH, RELIGION AND WOMEN'S PERCEPTIONS**

by

**Nafissatou J Diop, Ph D
Annamaria Cerulli, MPH
Diouratie Sanogo, Ph D**

**Africa OR/TA Project II
The Population Council
Dakar, Senegal**

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I INTRODUCTION

The practice of female circumcision (FC) was first brought to international attention in 1975 at the United Nations Conference on the Decade of the Woman. Since then, the subject has been widely discussed, documented, and condemned by the international community. According to numerous anthropological and sociological studies the reasons motivating men and women to perpetuate FC involve religious, cultural, hygienic, health, and moral considerations.

The purpose of this paper is twofold: to give a historical and progressive perspective of FC in West Africa, and to sensitize program and research decision-makers about the need to develop concrete and culturally-specific strategies that will help reduce the practice of FC in the region. To this end, we will review the leading debates, take stock of programmatic initiatives, and evaluate research knowledge on the trends of FC in West Africa.

II BACKGROUND

Female circumcision, as a traditional practice, has been heatedly debated at international forums and conferences. In retrospect, two perspectives on the question have dominated the debates and strongly marked the ways in which FC would subsequently be addressed: a feminist and a cross-cultural perspective.

Feminist Perspective

During the 1970s, the feminist movement highlighted the different mechanisms by which women were subordinate to the patriarchal system, FC being a typical example of some of the theories put forth and defended (WLUML, 1994). In the perception of feminist groups, FC was not only an attack on women's health, but also on their dignity. The practice was termed barbarous and attributed to a dominating power which men exert over women's sexuality. This is ultimately how the subject was brought to international attention.

Cross-cultural Perspective

While African feminists may have endorsed the arguments of Western feminist groups against FC they have also qualified some of their theories as outrageous. Indeed, an attempt from both groups to define the causes and consequences of FC has led to great rifts, which have had negative repercussions. African feminists have stood against the discourse of Western feminists declaring it as prejudiced, as lacking a reflection of African reality and as an attack on African cultures. To defend their views, African women have confronted Western feminists at international conferences and even refused to participate in public debates on the subject altogether (Mottin-Sylla 1993)

Impact of International Debates on FC

In general, international debates on the question of FC have had a positive impact particularly because they have raised public awareness and because they have opened ways for the international community to condemn the practice, for instance, by the Commission on Human Rights in 1982, and by the Regional Committee for Africa at the General Assembly of the United Nations in 1989. Several African countries have even developed laws condemning FC. In addition, an African Committee for Traditional Practices Affecting the Health of Women and Children was created in 1984, along with national committees in 24 African countries (Smith, 1995)

Despite progressive government support and the development of local advocacy groups looking to reduce the practice of FC, international debates have not been useful in identifying concrete activities for combatting the practice in the field. For instance, no government has effectively addressed the public health side of FC. The negative health and psychological effects of FC on women - hemorrhage, infection, keloids, fistulas, sexual frigidity, painful sexual intercourse, pain and frustration, and even death - have been documented, but they have rarely been addressed as a basis for intervening in the field. The limited progress made is primarily due to FC having been too closely associated with feminist platforms, which have created an identity crisis

amongst Africans including African immigrant populations who practice FC in Western countries (ENDA, 1995) In effect, international debates on FC may have instead caused an opposite reaction among many African countries which view the feminist movement with reservations often interpreting it as advocating acculturation, sexual liberation, and deprecation

Female circumcision has had renewed attention at the United Nations Conference for Women held in Beijing in 1995, and at the United Nations Conference on Population and Development (ICPD) held in Cairo earlier this year At both conferences, FC was again condemned with the support from the African contingent, who advocated eliminating negative cultural attitudes and harmful traditional practices However, the two conferences opened up a new dimension to the problem - reproductive health Indeed, the concept and definition of reproductive health that the international community unanimously endorsed allows a more approachable frame of reference in which to integrate FC interventions In Beijing, however, the Africans proposed a much broader perspective on the problem of FC, emphasizing the status of women while at the same time recognizing the vital role that African women play in the African family and social structure African women also stressed that the development of policies, objectives, and strategies should include elements favoring the social and cultural integration of women (ECA, 1994) These latest developments set forth by the Africans, and ratified by West African governments, permitted national communities to refocus and give new impetus to their actions

Having provided a historical perspective on the ideologies and debates that have influenced the conceptualization of FC, we will now take a look at the development of programs and research addressing FC in selected countries of West Africa

III PROGRAMMATIC DEVELOPMENT

a) Advocacy Groups

The creation in 1984 of an Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) facilitated the establishment of National Committees women's associations, and local NGOs addressing FC in several West African countries. In Mali for instance, there is no national committee, but there exist about 15 indigenous NGOs looking to reduce the practice of harmful traditional practices, including FC. However, it was only in 1990 when most West African national committees were actually in place, that local advocacy groups actively began sensitizing the populations and political leaders about eliminating FC. In their struggle, the National Committees have faced several challenges

- ▶ *Lack of reliable data* Most of the committees first noticed that there was very little documentation on FC in their countries, for some, correcting this shortcoming became their first priority (i.e., Burkina Faso). In Mali and in Senegal, university students have been encouraged to make FC the focus of their research.
- ▶ *Lack of a management structure* The National Committees practically function like networks, where often no staff is specifically hired to manage the structure on a full-time basis. Members of the committees, many of whom work full-time elsewhere, manage to organize meetings and develop strategies but can only devote part of their time to this mission and lack the management structure to follow-up and guide their activities.
- ▶ *Lack of an institutional framework* To have more political clout the national committees have felt the need to operate within an institutional government framework. Very few West African governments have taken concrete measures to support the National Committees. Guinea Bissau and Burkina Faso are examples where the Ministry of Social Affairs has moved beyond the rhetoric.

b) Leading Strategies

A key challenge for all local advocacy groups addressing FC in West Africa has been the definition of effective strategies

1 Legislation From a legislative perspective, the Committees have submitted projects of law proposing to make FC a crime. However, it should be noted that West African societies respect more traditional or religious customs than laws. In Senegal, laws on minimum age for marriage, newborn registration, and polygamy have been in place for more than 20 years, but are still largely ignored. Furthermore, criminal laws encourage the practice to be clandestine, making FC more difficult to address and document as has become the case in Ghana. Inevitably, the legal approach generates other pertinent questions. Is it necessary to use coercive methods and punishment to reduce the demand for FC, or will more persuasive methods such as IEC be as effective?

2 IEC In fact, IEC activities have been the priority and the focus of most local advocacy groups in West Africa. A challenge in this domain has been to determine the most appropriate group(s) to target with IEC strategies: men and women in the communities, opinion leaders, excisers, adolescents, religious leaders, etc. Given that FC is a culturally-sensitive subject, addressing the wrong group or using the wrong materials for IEC can be counter-productive. In Burkina Faso, for instance, the IEC methods and materials that the National Committee used offended the population to the point that they had to be changed.

3 Converting excisers Other groups have focused on ‘converting’ excisers, or discouraging excisers from continuing to practice FC. Excisers not only represent the instrument that perpetuates the practice of FC, but they can also act as barriers to reducing the popularity of the practice. There is a lack of alternative income generating strategies for excisers. In Sierra Leone, a large group of excisers actually organized themselves and went on strike demanding that international NGOs working against FC be expelled from the country (Le Soleil, 1996). This strategy has its limitations to the extent that reducing the number of excisers does not necessarily mean a reduction of the

practice, parents who want their daughters circumcised will find ways of doing so, including doing it themselves. Recently in France, a Senegalese woman was given five years in prison for having circumcised her three daughters. Once people learn that FC is a punishable offence, they will devise other strategies for preserving their culture. In many cases, for example girls born in France are sent to their parents villages to be circumcised.

4 Religion In West Africa, FC affects Islamized ethnic groups as well as Christians and animists. People are concerned about the question of FC and Islam, as there is a general belief among Islamic ethnic groups who practice FC that the practice is required by Islam. The lack of agreement among Islamic groups and religious leaders on whether, in fact, the Koran explicitly or not demands that girls be circumcised and the type of circumcision that they should undergo have made it difficult, if not impossible, for forums and programs to move forward in that country. The debates around this theme led to such agitation among the population and among religious leaders that NGO had to withdraw (ENDA, 1995). Therefore, telling the populations that Islam does not require FC, especially when religious leaders are not involved, may be inflammatory and may generate an opposite reaction.

5 Health One way to circumvent the problem of Islam and FC would be to present it in terms of "Islam and health," thereby not isolating FC, but associating it to women's reproductive risks and general well-being. The literature reveals that FC has drastic consequences on women's health. These consequences and possible complications depend on the type of circumcision as well as the hygienic conditions under which the operation takes place. In West Africa, the most common practice is clitoridectomy, or removal of the clitoris. Some of the short-term consequences are hemorrhage, post-operational shock, infection, tetanus, and damage of other organs close to the clitoris. The long-term consequences are more serious: dysmenorrhea, keloids, painful intercourse, fistulas, etc. While FC is clearly a public health problem, using this argument to change behavior must be done cautiously. Telling people that, following circumcision, girls may die of tetanus or become infected with HIV may not transmit the right message and instead foment mistrust of health workers. The truth of the matter is that ethnic groups who practice FC are aware of the number of

complications and deaths resulting from FC in their communities, but often they will find refuge in fatalistic ideas to remedy such incidents. Given the importance of reproduction in West African societies, associating FC to women's risks of infertility or complications during childbirth can be a more promising approach. However, more operations research is necessary in this domain.

6 Medicalization Another strategy that has either been proposed or taken place to reduce FC is the medicalization of the operation itself, which essentially consists of encouraging mothers to have their daughters circumcised at the nearest health facility rather than by an exciser in the village in order to reduce the risks of infection and death (i.e., Mali). However, if this strategy prevents the infection problem it does not address the long-term health consequences of FC.

Year 1996 has been crucial in linking the actors of different countries in the region working on reducing traditional harmful practices. Nine countries of West Africa met in the Casamance region of Senegal with the aim of elaborating suitable joint strategies. At this meeting, they created the Regional Network for the Fight Against Traditional Practices Affecting the Health of Women and Children with the goal of bringing together the isolated and scattered interventions that the National Committees have engaged in so far. The network members include Senegal, Mauritania, Burkina Faso, Mali, the Republic of Guinea, Guinea Bissau, The Gambia, Niger, and Côte d'Ivoire. At a follow-up meeting held in Guinea Bissau in July, the regional network developed a plan of action which are

- Get political and legal measures to be taken against harmful traditional practices
- Have internally strong organizations and engage in concerted actions,
- Define the best adapted tools for training and communication,
- Conduct research and create a databank covering every aspect of this phenomenon

IV RESEARCH DEVELOPMENT

The debates that have taken place so far in West Africa have been based more on observational data and personal experience than on any form of reliable research. Available statistics

are particularly weak and fragmented, and are often estimated or extrapolated from smaller, local studies

Along the same lines, the actions that National Committees or local NGOs have undertaken in the field over the years are too fragmented and difficult to evaluate. Some advocacy groups believe that they have raised consciousness about the evils of FC among the population and that they have contributed to diminishing its prevalence, however, their claims are weakened by the fact that their strategies have not been adequately tested or evaluated.

Since 1990, Demographic and Health Surveys (DHS) undertaken in the region have included a module on FC¹. The Population Council's Situation Analysis studies on MCH/FP service delivery have also recently integrated questions on FC (i.e., Burkina Faso's second Situation Analysis, 1995). This has made it possible to compile more representative data and determine clearer trends about the practice. The next section includes some of the more recent statistics on FC in West Africa.

a) Prevalence of Female Circumcision

The latest DHS conducted in Mali, where Islam is firmly entrenched, indicates that 94% of women aged 15-49 have been circumcised (EDSM II, 1995-96). The only two ethnic groups where the prevalence is low are the Tamachek and the Sonrai, other socio-demographic characteristics are not particularly significant. In Côte d'Ivoire, 43% of the women interviewed for the latest DHS survey declared to have been circumcised, with the highest percentage affecting the population from the savannah, the Diola (EDS, 1994). On the other hand, in Senegal, another strongly Islamized country, only 20% of women have been circumcised (ENDA, 1990), among which ethnicity was found to be the most discriminating variable. In Senegal, it is essentially the Peuls and the ethnic groups from the Casamance, the south of the country, that practice FC. The Burkina Faso Situation

¹ This module covers several aspects of FC: type of FC, age at the time of circumcision, type of person having done the circumcision, changes in the practice between generations starting with the oldest daughter, and opinions and reasons for approval or disapproval of FC.

Analysis study revealed that out of 1791 MCH and family planning clients interviewed, 41% declared to have been circumcised (Figure 1)

Conclusion The above data indicate that in West Africa, FC is more linked to ethnic groups than to Islamic religion. Furthermore, certain countries with a predominantly Muslim population have a lower prevalence (i.e., Senegal) than countries where Animism or Christianity dominates (i.e., Burkina Faso, Côte d'Ivoire)

b) Age at Circumcision

The literature claims that FC is practiced at an early age in Africa. In fact, in most countries, it occurs before the age of 10. The median ages in Côte d'Ivoire and in Burkina Faso are 9.7 and 5 respectively. In Mali, on the other hand, 44% of girls are circumcised before they reach one year of age, the others are circumcised before the age of 10.

Conclusion Today, the age for circumcision varies widely from one country to another but it occurs mostly before girls reach puberty. In effect, many ethnic groups in West Africa have interpreted FC as an initiation rite marking one's passage into adulthood (Ouedraogo, 1996, Mottin-Sylla, 1990). The fact that girls are being circumcised before the age of one, as in the case of Mali, may suggest a new trend in which circumcisions are taking place at the hospital under medical supervision.

c) Attitudes Towards Female Circumcision

With respect to people's attitudes towards FC, Diallo (1992) survey indicate that in the urban milieu of Mali, 55% of men and 69% of women favor the practice, and that the support is even stronger in the rural areas (92% of people). This overwhelming support of FC is based on people's recognition and respect for ethnic-based traditional practices. Fifty-six percent of the women surveyed in Mali declared that they intended to have their daughters circumcised (Diallo, 1996). In

Niger, out of 540 cases of women circumcised in the Niamey maternity wards, 90% believed that the practice should be maintained. In Burkina Faso, data from the Situation Analysis study revealed that 42% of the women in the sample approved of FC, the percentage is even higher among women who have been circumcised (65%) (Figure 2). The higher the educational level, the less support women have for the practice (Figure 3).

Conclusion Women and men are still strongly in favor of FC. However, a change of attitude and behavior is perceptible given that variables, such as living in an urban setting and having some level of education, are associated with less support for the practice. It should also be noted that given the cultural sensitivity of the subject and the social pressures that may exist as a result, the data may be overreported.

V DISCUSSION

Since the conferences at Cairo and Beijing, FC has received increasing attention from governments, indigenous women's groups, and major donors in West Africa. As renewed interest gains momentum, it is critical to keep in mind that FC is still a complex and controversial phenomenon linked to many factors of which culture, religion, and health are among the most significant.

In this paper we have examined several key issues pertinent to the anti-FC movement in West Africa. First, how Western vs African feminist platforms and cross-cultural barriers have dominated the international debates on FC. These debates have been useful insofar as the issue of FC has been brought to international attention and has been unanimously condemned by the international community. But they have also inhibited the development of a more in-depth definition of the problem and of effective strategies to address it. In some cases, the debates have been provocative and have evoked, in fact, the opposite reaction. The intense media coverage that FC had at the Cairo Conference, for instance, inspired Islamic religious leaders and politicians in Egypt to stand in favor of the practice thereby encouraging women, who were previously against FC, to doubt themselves and reconsider circumcizing their daughters (ENDA, 1995).

Second, a historical perspective on the development of programs addressing FC reveals that National Committees, women's associations, and local NGOs are currently leading the sensitization campaigns of the population and political leaders about the negative consequences of FC. Each of the strategies used so far, including addressing legislation, religion, IEC, excisers, and health, have their successes and limitations. The least explored and probably one of the most promising strategies is one that focuses on the public health side of the problem. However, research action in this domain is needed to establish culturally-sensitive mechanisms to present FC as a health problem to the communities.

Another promising strategy which assures a lasting impact lies in the education of children who represent the adults of tomorrow and the hope of inter-generational change. According to survey results, of all socio-demographic factors, education is the most associated with the non-practice and non approval of FC. Countries like Burkina Faso and Guinea have already begun investing in the next generation by introducing FC's side effects in the educational curricula of primary and secondary schools. Another promising strategy is to make preventive measures ethnic-based, as those who practice FC disregard territorial divisions established during colonial days and concentrate across the borders. This is why a well-combined regional programme or a subregional network, such as the one that is currently developing, is an ideal venue for better coordinating and collaborating on strategies to reduce demand for FC.

Third, an examination of research in the area of FC indicates that there is a dearth of empirical data on the subject. The research studies that exist have been carried out at a very small scale and are not representative. At the same time, anti-FC activities conducted in the field have not been properly tested nor evaluated. One weakness of the committees is that they fail to use operations research as a working tool. No diagnostic study has been conducted in these countries which would lead to an effective strategy for combatting excision. There is insufficient knowledge about the phenomenon and of the populations which practice it to permit proper action programming. Promising sources of data include a new FC module in Demographic and Health Surveys and FC questions in The Population Council's Situation Analysis studies.

Some of the most recent surveys in selected countries of West Africa show that FC is more linked to ethnicity than to religion, that most girls are excised before the age of 10, and that women are still strongly in favor of the practice. The latter issue is a big unknown. Whereas feminist debates have associated FC to the oppression of women in a patriarchal system, it appears that several West African societies were matriarchal before colonialism. In fact, most anthropologists agree that FC dates back much farther than the appearance of monotheistic religions. Therefore, a vital piece of information when interpreting women's persistent support for FC is the fact that women are by far the greater advocates of the practice themselves, and that most often it is the mothers, aunts, and grandmothers who persist in conserving the practice. From a cultural perspective, this may be partly explained by the fact that women feel the need to conform to a community's way of life and lack either the means or the desire to liberate themselves. Knowledge on this issue is still very limited, much more research is needed in order to understand how this social control really works.

Finally, after three United Nations conferences on women and three conferences on population, in which FC has been debated at length and condemned, perhaps it is time to withdraw from holding highly profile media-oriented debates in countries where FC is practiced and concentrate more on developing discrete, well-focused, and ethnic-based strategies that will really lead to progress in abandoning the practice of FC.

VI RECOMMENDATIONS

The recommendations proposed to address FC in this paper have been divided into two categories, those concerning research and those concerning programs.

a) Recommendations for Research

- 1 Conduct studies to better understand the links between women's favorable attitudes toward FC, women's role in society, and women's power of decision making in the communities.

- 2 Conduct research studies that are oriented toward the specific ethnic groups practicing FC
Using a more participatory approach in the research process by involving community members in the collection of data, in the discussion of results, and in the formulation of study recommendations

b) Recommendations for Programs

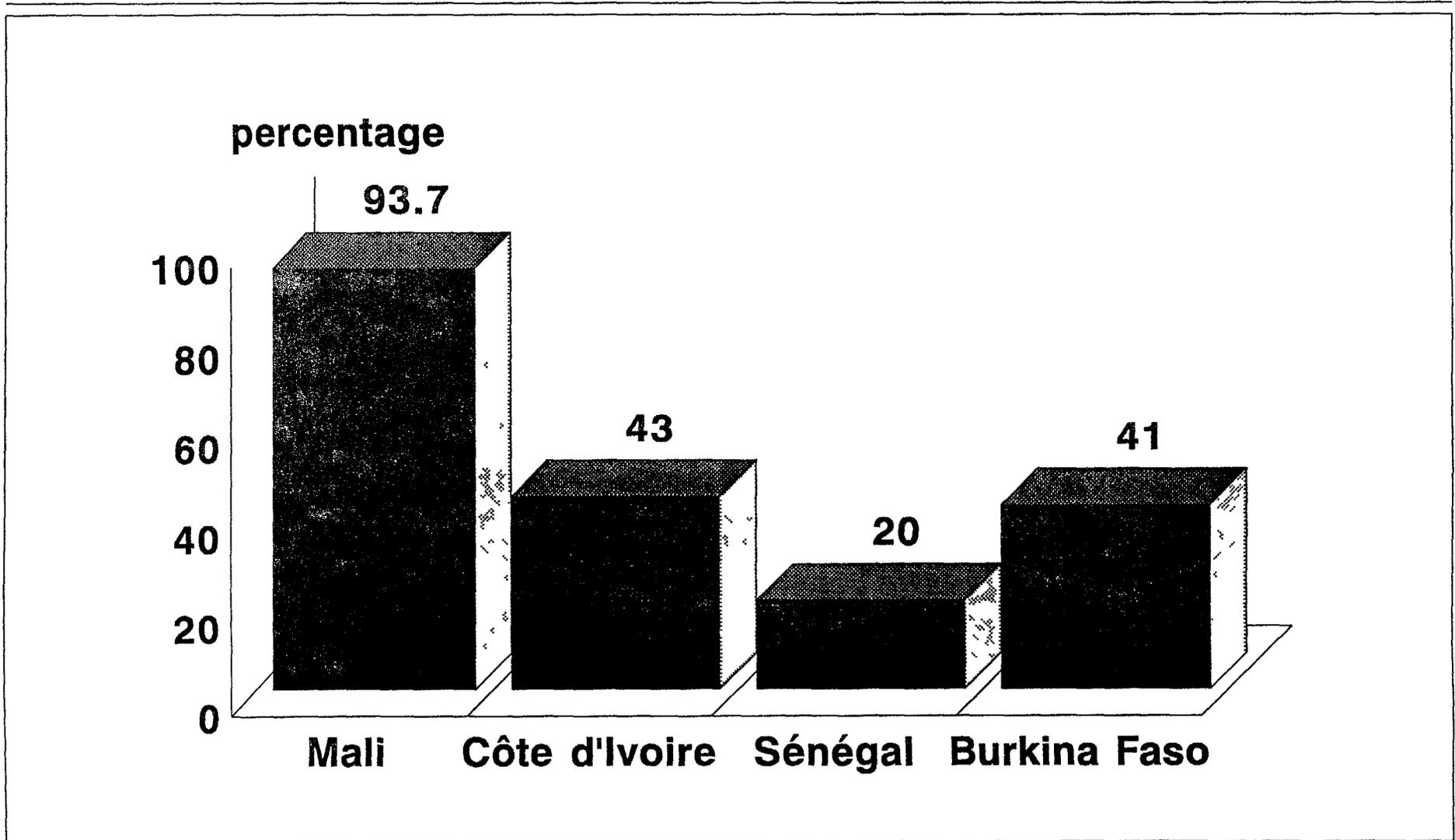
- 1 Emphasize education among youth on the health risks of FC in order to promote inter-generational changes
- 2 Orient IEC activities to the specific ethnic groups practicing FC, and use pre-tested IEC materials This is best achieved through a preliminary needs assessment of the FC situation in each country and through the use of focus groups for testing the materials
- 3 Given the importance of reproduction in west african societies, we must associate FC s negative health consequences to women’s risks for infertility and during childbirth when using the health argument as a strategy
- 4 Determine the position of Islamic religious leaders on the question of “Islam and FC” before deciding to involve them
- 5 Support the development of a subregional network given that ethnic groups practicing FC concentrate across boundaries
- 6 Integrated FC preventive measures in the reproductive health programs that UNFPA is currently establishing in most West African countries

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Female Circumcision Prevalence

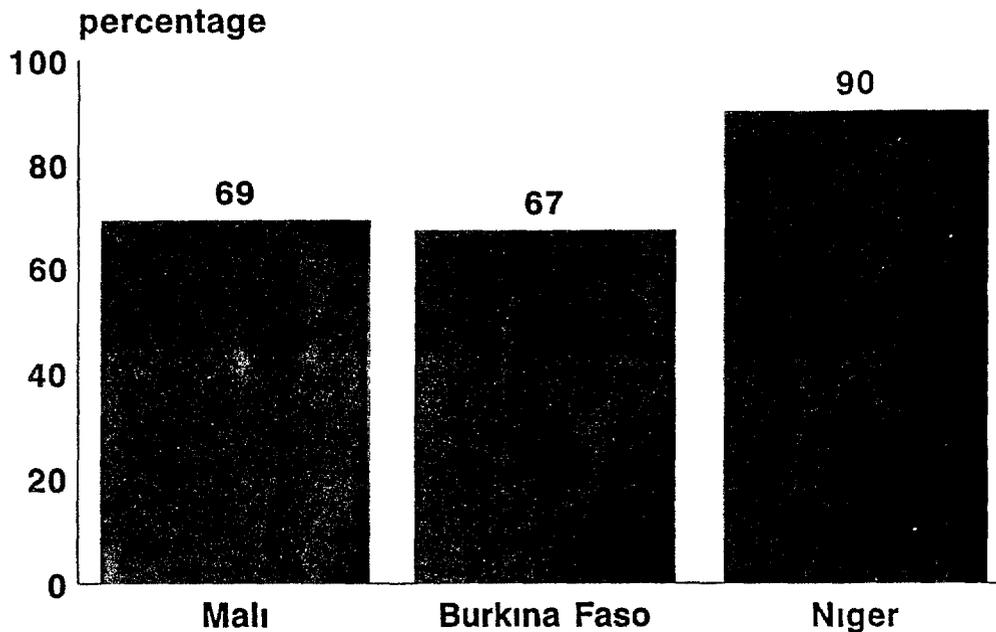
in selected West African Countries



Mali DHS 1995-96, Côte d'Ivoire DHS 1994, Sénégal survey on FC by ENDA 1990, Burkina Faso Situation Analysis 1995

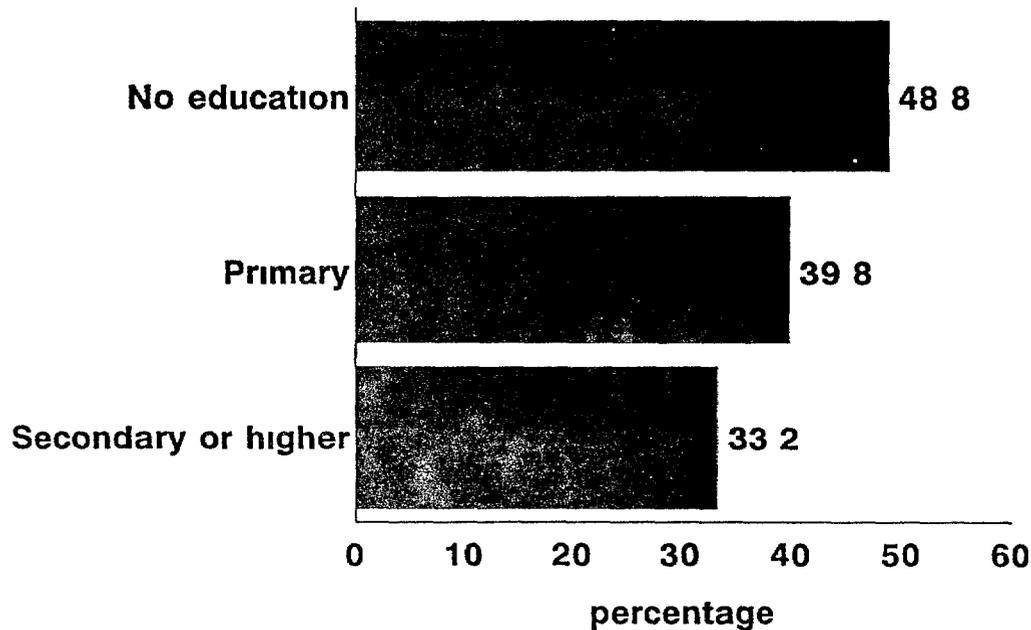
Women in Favor of Female Circumcision

among women circumcised in selected West African Countries



Estimated rates calculated from the Burkina Situation Analysis study 1995 (n=1791)
Mali Medical dissertation Survey on FC 1990 (n=987) and Niger survey on FC 1991 (n=540)

Women in favor of FC by level of education in Burkina Faso

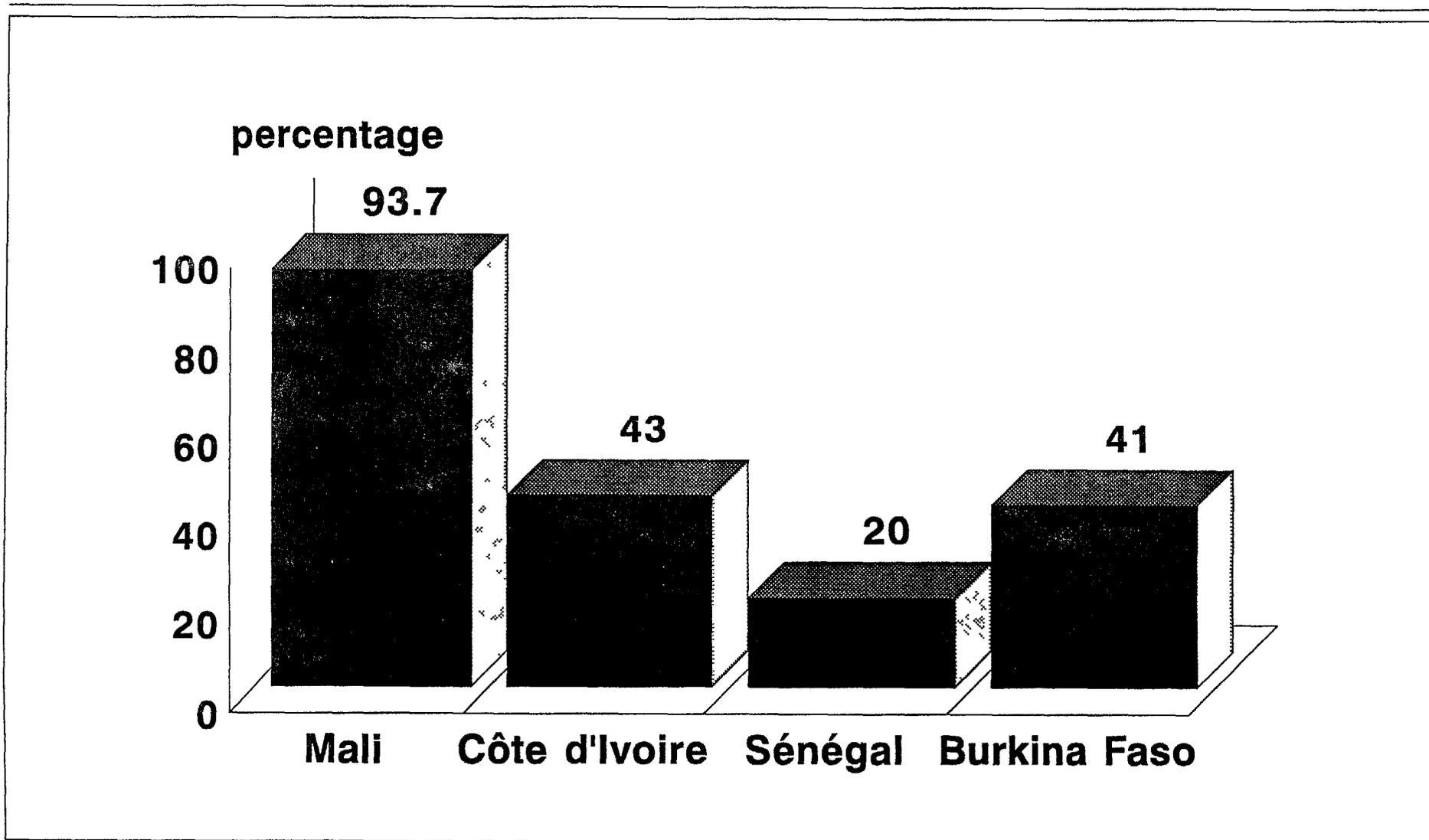


Burkina Situation Analysis 1995
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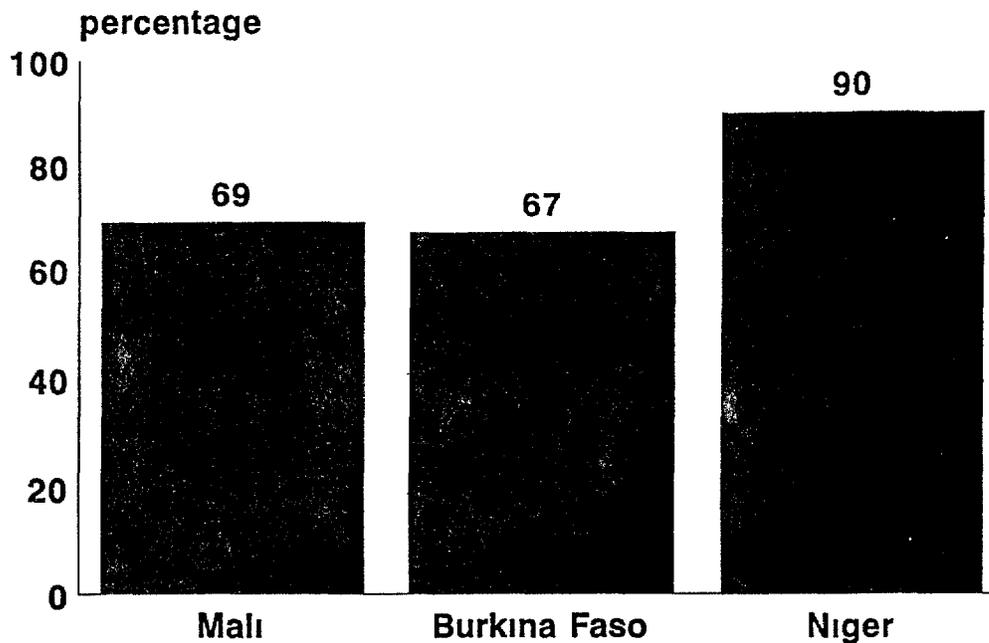
Female Circumcision Prevalence

in selected West African Countries



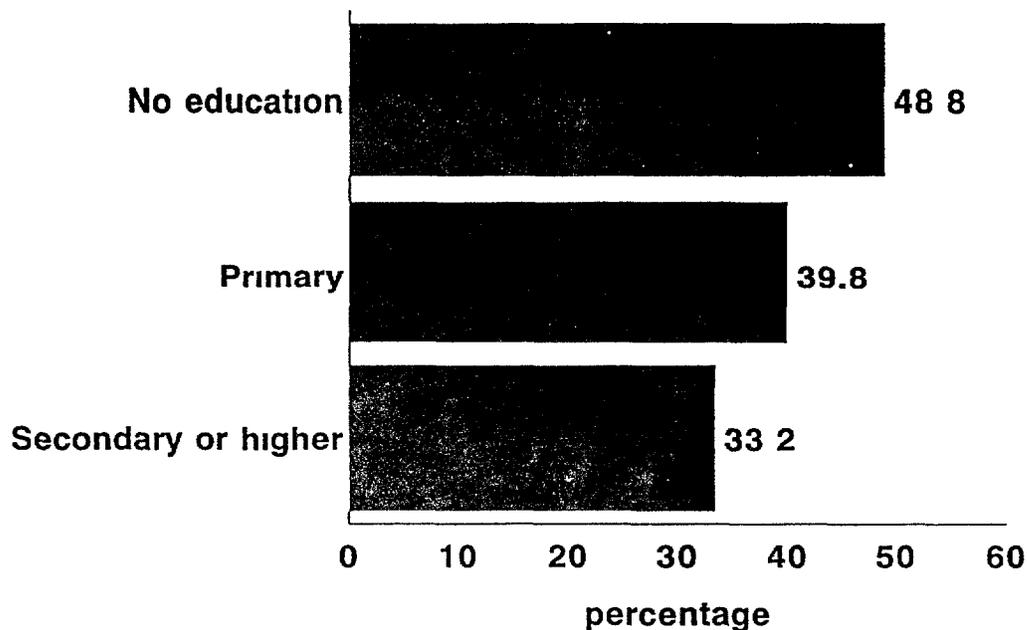
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