

Malian Leaders Join Movement to Abandon Female Genital Cutting

In the West African nation of Mali, where most families subsist through agriculture and fishing, 94% of women have undergone the traditional custom of female genital cutting (FGC). The commitment of the PRIME II Project and other global health programs to assist in efforts to end this harmful practice has been bolstered this year by strong political support from Malian President Alpha Oumar Konaré and Mali's Ministry of Health.

National Action Committee Hosts Meeting

In response to requests from constituents to address FGC, President Konaré resolved to educate himself and his cabinet about the practice. The president called a special meeting in January 2001, hosted by the National Action Committee to Abandon Harmful Practices (CNAEPN) and attended by six cabinet members, including the ministers of health, justice, foreign affairs, social development, and women's promotion. Dr. Moustapha Touré, a gynecologist who has photographed cases of FGC-related complications, opened the meeting with a brief slide presentation. The president and his advisors were deeply affected by the graphic images and by Dr. Touré's explanation of the serious health consequences of FGC for Malian women and children. The president declared his commitment to the fight to abandon FGC and promised to make the issue a high priority.

Documentary Video Explores the Issues

After the January meeting, PRIME II's country coordinator in Mali, Dr. Cheick Oumar Touré, approached Dr. Moustapha Touré about incorporating his slides into a documentary on FGC. Production of the 35-minute video was financed by PRIME II in partnership with Plan International and USAID/Mali. The video contains interviews with Professor Amadou Dolo, chief of OB/GYN at Hospital Point G; Professor Kalilou Ouatarra, chief of the urology department at Point G; and Dr. Touré, who describes case after case of gynecological and obstetric complications caused by FGC. Commentary from a Malian anthropologist and opinions of men and women interviewed on the streets of Bamako round out the video's treatment of the subject. At the request of President Konaré, copies of the video were distributed to all government ministers, members of parliament, and mayors.



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What is Female Genital Cutting?

Female Genital Cutting (FGC) is a traditional cultural practice that serves as a rite of womanhood. In Mali, FGC is usually performed on girls between the ages of 6 and 12, although it is sometimes practiced on infants. The types of FGC range from clitoridectomy, in which part or all of the clitoris is removed, to more severe excisions, including the removal of the clitoris and the labia and the sewing together of the two sides of the vulva. FGC is associated with such complications as genital and urinary tract infections, painful or difficult menstruation, incontinence, and sterility. Due to obstruction of the vagina by scar tissue, women who have been cut are more likely to experience difficulties during childbirth. Practitioners believe that FGC helps to preserve a woman's virginity by controlling her sexual desires. Many adherents also maintain that FGC is recommended by the Muslim religion, but leading Islamic scholars have refuted this belief. Adherence to tradition is the most common reason cited for approval of the practice.

PRIME II Takes a Community-Based Approach

Efforts to steer traditional excisors away from FGC have failed in Mali because of the continued strength of deeply rooted customs that encourage parents to seek out and pay these older women for the service. Public campaigns that emphasize the health risks of FGC have only led to an increased "medicalization" of the practice by trained health professionals, which, as data suggests, does not make FGC safer or less harmful.

PRIME II's approach focuses on expanding the role of primary care providers in eliminating FGC in their communities. In collaboration with project partners, PRIME has immediate plans to train 150 providers and their supervisors to manage complications from FGC, counsel clients and parents about the practice, and serve as resource people for community educators. The FGC video serves as a technical tool to help providers recognize, treat and refer complications, and is part of an FGC resource package that also contains a national FGC training curriculum, poster and flipchart to assist providers during group health talks and individual discussions with clients. The national FGC curriculum will be integrated into pre- and in-service training programs for Malian health professionals. The resource package will be available to adapt and use in programs in neighboring countries such as Guinea, Burkina Faso, and Senegal, where the practice of FGC is also prevalent.

PRIME II/Mali appreciates and recognizes its FGC project partners: Ministry of Health: Direction Nationale de la Sante and the Division de la Sante Familiale et Communautaire (DSFC); Association de Soutien au Développement des Activités de Population (ASDAP); Centre National d'Information, d'Education et de Communication pour la Santé (CНИЕCS); National Action Committee to Abandon Traditional Harmful Practices (CNAEPN); Plan International.

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