

## **An overview of excision in Mali**

**FRCH 450/490R**

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**Abstract:**

An overview of excision in Mali was written by three students in Dr. Giusti's FRCH 450/490R course in response to a request for information on excision in Mali by students of Dr. Dunkel's PSPP 465R (Health, Agriculture, Poverty: Concepts and Action Research) course. The first part of this report, entitled An introduction to excision in Mali, was prepared by Sara Cochennet. This section provides an overview of excision in its socio-cultural and religious context. The second part of the report, entitled Legislations, associations and NGOs was prepared by Heather Lee. This section provides information on the legal status of excision in Mali, several NGOs and associations operating in the country and the methods they employ. The last part, entitled The impact of Euro-American media, was prepared by Elvis Akpla. This section examines the historical and current impact of Euro-American media on public perceptions of excision. In order to assist readers who may be interested in only one section of the report, or desire further reading on a particular topic, each bibliography has been placed directly after the section to which it refers rather than collected into one large bibliography at the end of the report.

## **An introduction to excision in Mali**

Excision is defined as “removal by cutting” and can be used in many contexts. With regard to surgeries, the term can be used to reference the removal of a tumor or organ from a body. Excision is also used in reference to taxes on goods and services (Merriam-Webster, n.d.). The Australian government uses it to help define their migration zones (Commonwealth of Australia, 2009). In Mali, however, excision takes on an entirely different meaning. It references female genital mutilation, which the World Health Organization defines as “procedures that intentionally alter or injure female genital organs for non-medical reasons.” While there are no known medical reasons for having a woman excised, there are many cultural and social reasons, which are acknowledged by the Malian people.

The World Health Organization has established four different classifications of female excision, which have been adopted worldwide. These different types are as follows:

- “Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
- Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. “ (World Health Organization, 2010).

All of these types are practiced in Mali today, and 92% of the women between the ages of 15 and 49 in Mali have been excised in some way (OFPRA, 2008). In 50% of cases, the clitoris is completely removed, and in 50% of excisions, the labia are removed (GTZ, 2007). The age at which a girl is excised varies greatly depending on the culture of her people, as well as the significance of the excision. The range is anywhere between a

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few days after being born, to twenty years old. The significance of being excised varies by ethnicity and region. The Yélimanté and the Dyala-Khasso people, in the Kayes region, excise their girls at puberty as a passage into adulthood and then they can get married. Currently, 77% of girls in Mali are under the age of 5 when they are excised (GTZ, 2007).

Those who perform the excisions are elderly women who are generally a part of the blacksmith caste. The women who perform this procedure are the only ones allowed to do so because they know the traditional medicines, and are believed to have powers to ensure the success of the excision (ACDI, 2011). The women who perform excisions are also the midwives of the community, and are present for the births of new babies. This woman is paid a fee by the girls family, in money or in services of some kind. In some cases, medical professionals perform the excisions, but only in places where medical stations have been set up for that very purpose (UNFPA, n.d.)

Interestingly, even women in cities who have daughters have stated that they would like excision to be banned, 80% of them have already had their oldest daughter excised (GTZ, 2007).

Just because women may not want excision to continue, does not mean they will not continue to excise their daughters. Why? Because being excised is part of Malian culture and it is part of being a woman. Excision takes on many meanings to the people of Mali:

- Everyone else is excised, and if you aren't, you are a pariah of your society. It is a cultural tradition that needs to be followed. A girl will be shunned and unable to be married if she is not excised (World Health Organization, 2010)(OFPRA, 2008)
- To be raised properly, and to be prepared for adulthood and marriage, a girl needs to be excised (WORLD HEALTH ORGANIZATION, 2010).
- If not excised, it is believed that a woman will not be loyal to her husband, and will be unfaithful while committing illicit sexual acts. The third type of excision, where the opening to the vagina is narrowed and covered, is most common when infidelity is a concern. The pain of opening it, and the fear that it will be discovered, is used to deter sexual intercourse with anyone but your husband (World Health Organization, 2010).
- Excision is used to help associate women with femininity and cleanliness. Girls are clean and beautiful only after the removal of sexual organs, which are considered male or unclean.
- Many Malians believe that Islam requires that all women be excised (World Health Organization, 2010).
- Religion is often used as support for excision. Excision has been associated, for Muslims, as an act of absolution and purification, which is indispensable when praying to Allah (OFPRA, 2008).

Excision is culturally acceptable, and culturally required in Mali. Their beliefs on the issue are very strong (OFPRA, 2008)”

- “If my daughter is not excised, she is called ‘Bilakoro,’ which signifies to ‘stay in one state.’”
- “Women not excised do not have honor in the eyes of the community. She is deemed Bilakoro, a very derogatory term.”
- “A woman not excised is a woman who is not serious. She will have less social consideration because a woman who is not excised does not meet the standards of society.”
- “Men say it is degrading to leave the clitoris on women.”
- “A woman who is not excised is considered garbage. She is not considered a woman.”
- “One says that a woman who is not excised is unfaithful, that she cannot marry. Social recognition is important. It is necessary to be like the rest of the world. The term Bilakoro is an insult that has very grave consequences for Malian women. She cannot participate in society.”

Not being excised has very negative consequences for the women in Mali. They are not considered women, they are not a part of society, and they cannot get married. Being excised is an important part of becoming a woman, and many girls want to be cut so they can become an adult. Some

Interestingly, the women in Bandiagara, a city in Mali, openly discussed the health risks associated with excision with a group of Canadian human rights activists. They are learning that it causes a higher risk of death for a child being born, as well as for the mother, and they still support it and want their daughters to have it done (ACDI, 2011). Immediate consequences include “severe pain, shock, hemorrhage, tetanus or sepsis, urine retention, open sores in the genital region and injury to nearby genital tissue (World Health Organization, 2010).” Long-

term consequences can include: recurring UTIs (urinary tract infections) and bladder infections, cysts, infertility, childbirth complications, the requirement to get surgery later on, and death.

The surgeries that may be required later on are most prevalent with a type 3 excision, where the vagina is closed off. This area needs to be widened, by cutting it open, for sexual intercourse, as well as for childbirth. After the incident, the vaginal opening is reclosed. This means that a woman can be cut, and stitched, multiple times in her life, increasing the risk of all of the consequences listed above (World Health Organization, 2010).

The following chart includes countries in which female excision has been documented:

COUNTRY	YEAR	Estimated Prevalence of FGM in girls and women 15-49 years old
Benin	2001	16.8%
Burkina Faso	2005	72.5%
Cameroon	2004	1.4%
Central African Republic	2005	25.7%
Chad	2004	44.9%
Cote d'Ivoire	2005	41.7%
Djibouti	2006	93.1%
Egypt	2005	95.8%
Eritrea	2002	88.7%
Ethiopia	2005	74.3%
Gambia	2005	78.3%
Ghana	2005	3.8%

Guinea	2005	95.6%
Guinea-Bissau	2005	44.5%
Kenya	2003	32.2%
Libera*		45.0%
Mali	2001	91.6%
Mauritania	2001	71.3%
Niger	2006	2.2%
Nigera	2003	19.0%
Senegal	2005	28.2%
Sierra Leone	2005	94.0%
Somalia	2005	97.9%
Sudan	2000	90.0%
Togo	2005	5.8%
Uganda	2006	0.6%
United Republic of Tanzania	2004	14.6%
Yemen	1997	22.6%

The \* indicates a country in which the data was acquired through local and sub-national studies (World Health Organization, 2008)

There are many organizations that wish to stop FGM in the world. But many of the women in Mali do not wish to stop this custom. It is an honor to be excised and to become a woman. Without this tradition, there would be no rite of passage between girlhood and adulthood. In their eyes, they would remain unclean and unfeminine.



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## **Legislation, associations and NGOs**

This section is divided into two parts. The first part discusses the current legal status of excision in Mali. The second section provides an overview of select Malian associations and NGOs combating excision and the methods they employ. The word *excision* is used to refer to all types of female excision as described in the second paragraph of the above section.

### **Legal status of excision in Mali**

The legal status of excision in Mali requires a somewhat lengthy explanation. Although there is no law that specifically prohibits excision, there is already legislation in place which could feasibly apply to the procedure. Articles 166 and 167 of the Malian Penal Code state that an individual who intentionally wounds another person will be punished by a prison term from eleven days to five years and/or a fine between 20,000 CFA and 500,000 CFA, with five to twenty years of forced labor as punishment for a premeditated act (Republic of Mali, 1961). In order for one of these Articles to be applied, however, an excised girl or her parents must lodge a complaint against the excisor (the woman who performed the excision) or any persons involved in forcing the girl to undergo the procedure. This is unlikely to occur, as family members are nearly always involved in a girl's excision, and causing family members to be arrested or otherwise suffer at the hands of the authorities would be completely unacceptable in the Malian socio-cultural context. However, the problems associated with Articles 166 and 167 do not stop with unwillingness to lodge a complaint. Even if a girl or her parents complained to the authorities, they would most likely be faced with an unwillingness to arrest and prosecute the perpetrator on the part of police and judges, who may not consider the Articles to be applicable to excision, and who may face tremendous societal and cultural pressure to avoid taking any action (Mission de l'OFPRA, 2008).

Despite its reticence to introduce legislation directly prohibiting excision, the Malian government faces international pressure to fight the practice, as Mali is a signatory or adherent to the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child (Atji, 2007). As a signatory to the African Charter on Human and Peoples' Rights, Mali is required to prohibit "through legislative measures backed by sanctions, (...) all forms of female genital mutilation, scarification, medicalisation and para-medicalisation of female genital mutilation and all other practices in order to eradicate them (African Commission on Human and Peoples' Rights, 2003)." Unfortunately, the Charter does not give a time frame in which signatories must adopt this legislation. In other words, the Malian government is required to introduce legislation against excision at some unknown point in the future.

It is easy to wonder why the government has not introduced anti-excision legislation, when it is faced with international pressure and expectations. According to a brochure published by the Project in Support of the Fight Against Practices which are Harmful to the Health of Women and Children (PASAF), a program created by the Malian government in 2000, there are numerous reasons why this legislation has not been introduced. First, the extent to which excision is practiced (more than 94% of Malian women have been excised) would prevent a law from being effective. The author of the brochure states that "A law which does not have a socio-cultural base has no chance of being respected in a society." Secondly, the majority of the population has not received any education about problems relating to excision. This lack of education could lead to several outcomes. For example, fringe groups who support excision could use the general confusion and discontentment that the law would engender to "agitate" the

population. In addition, some Malians could see in the law a conspiracy against their own culture. Lastly, the authorities responsible for applying the law would have little incentive to do so, as they themselves may approve of the practice (Traoré, 2001). In addition to the arguments provided in the brochure, the game of politics is another probable reason why the government refuses to prohibit excision. Madame Mounkoro of the Centre Djoliba (an organization which works to end the practice of excision) explains that the authorities fear becoming involved in the issue. According to a report published by the French Office for the Protection of Refugees and Stateless Persons, “taking a stand against excision is a politically perilous exercise, and very few elected officials dare to take this risk (Mission de l’OFPRA, 2008).”

Despite its reticence to introduce legislation expressly forbidding excision, the Malian government has certainly not been inactive in the fight against the practice. In 1999, the Minister of Health, Aged Persons and Solidarity declared that the practice of excision “would not be tolerated” in medical establishments (Maiga, 1999). In addition, the government has a long history of creating and supporting programs aimed at improving the health and status of women, most of which include an anti-excision component. The most recent of these programs, the National Program for the Fight Against the Practice of Excision (PNLE), was created in June 2002. Attached to the Ministry for the Promotion of Women, Children and Families, PNLE represents an official governmental policy which encourages “the abandonment of the practice of excision.” The program is charged with:

- coordinating all activities in the fight against excision
- conducting all research and studies that relate to the phenomenon of excision in Mali
- developing an information and communication strategy that will encourage individuals social groups and communities to abandon the practice of excision

- planning national programs in conjunction with partner groups and associations
- evaluating and supervising anti-excision programs and activities
- creating a database of excision-related information
- supporting the preparation of anti-excision curriculum and introducing it into schools of medicine and education (Ministère de la Promotion de la Femme, de l'Enfant et de la Famille).

In addition to PNLE, the Malian government sponsors the Comité National d' Action pour l'Abandon des Pratiques Néfastes à la Santé (National Action Committee for the Abandonment of Harmful Practices (CNAPN)). This inter-ministerial committee is charged with:

- educating the population on harmful practices (including excision)
- producing educational audiovisual materials
- providing professional training
- promoting research-based activities
- reforming legislation
- supporting 84 NGOs and associations which work toward ending harmful practices
- encouraging healthy practices (Ministre de la Promotion de la Femme, de l'Enfant et de la Famille, Mission de l'OFRPA, 2008).

As has been seen, the legal status of excision in Mali on a national level is somewhat complicated. The government has so far refused to introduce legislation prohibiting the practice of excision, yet a national policy aims for the abandonment of the practice. The government has agreed to abide by the African Charter on Human and Peoples' Rights, yet a pamphlet published by a government-created program outlines reasons why legislation should not be considered at

the current moment. In addition, Articles exist in the Malian Penal Code which could feasibly be applied to excision, but the authorities may or may not be willing to actually apply these Articles.

A discussion of the legal status of excision in Mali would be incomplete without mention of legal issues at the local level. An individual village may choose to prohibit excision by instituting what is known as a community law. This concept is defined in the following manner: “Community laws are laws which are created following a community consensus. All inhabitants of the village are committed to (...) respecting the law, with punishment at stake. This (...) is like a customary law (Mission de l'OFPPRA, 2008). Regarding punishment, “The community can sanction the person; for example, he can be penalized by being fined a goat or a sheep, or by being subjected to social exclusion. In other words, the person would be excluded from all social activities concerning the village. No one would attend a baptism, marriage or funeral of any of the accused person’s family members. In Africa, and especially in Mali, this is just as ‘punishing’ as prison or any other judicial sanctions (Mission de l'OFPPRA, 2008).” As of 2008, more than forty-five villages were listed as having abandoned excision (Mission de l'OFPPRA, 2008).

### **An overview of select Malian associations and NGOs combating excision**

Despite the complicated legal status of excision, Malian-based NGOs and associations have been fighting the practice since the early sixties, when the American- and European-based women’s rights movement spread to the country. Today, there are over 2000 associations and NGOs working in the field of Malian women’s rights (Courants de Femmes). The author has chosen to provide an overview on ten of these organizations that are active in the fight against excision, are well-known within the country, and have been successfully operating for at least ten years.

Centre Djoliba (Djoliba Center) – Founded by the Catholic Church in 1964, the Djoliba Center was the first anti-excision organization in Mali. The Center is located in Bamako (with branches in Ségou and Sikasso), where it houses one of the most complete collections of excision-related information in the country. It also directs educational campaigns and activity sessions, offers professional training, produces teaching aids, conducts research and lobbies against excision (Mission de l’OFPRA, 2008).

Plan International Mali – Plan International is an independent international organization that works to end child poverty and promote children’s rights (Plan International). Plan has been operating in Mali since 1976, where it works directly with the government to promote children’s rights and facilitates educational activities and campaigns aimed at reducing excision (Plan International Mali 2010, 2011, n.d.).

Population Council Mali – Population Council is an international NGO that “seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources (Population Council).” Population Council has been operating in Mali since 1981, where it conducts research and directs programs in various fields, including excision. The website of Population Council Mali states that it “assisted the (Malian) government in developing a policy on female genital mutilation/cutting and forming a national strategy against the practice (Population Council Mali).”

Association pour le progrès et la défense des droits des femmes maliennes (Association for the Advancement and Defense of Malian Women’s Rights) – This association (APDF) was formed in 1991 and is present throughout the country. It provides education on and lobbies for women’s and children’s rights, and councils and supports individual women and girls

(Association pour le progrès et la défense des droits des femmes, 2006; Mission de l'OFPPA, 2008).

L'Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles (Malian Association for the Monitoring of and Education on Traditional Practices) – “AMSOPT was formed in 1991 in the wake of the birth of democracy in Mali, which brought women's NGOs together to share their problems and strategize to solve them on their own behalf. The objectives of the group are to: (1) eliminate all forms of discriminatory practices against women and promote women's right to further their potential; (2) encourage women to exercise their rights, especially in the domain of reproductive rights and physical integrity; (3) reduce the prevalence of the morbidity and mortality due to complications arising from female genital cutting (FGC); (4) support and shelter girls who have undergone excision; and (5) educate circumcisers on alternative sources of income (The Global Fund for Women).”

Coordination des associations et ONG féminines (Coordination of Women's Associations and NGOs) – CAFO was formed in 1992 to facilitate the coordination of women's activities aimed at the socio-cultural, political, legal and cultural development of the Malian people. The NGO works to improve the image and status of women in Mali, and lobbies for women's interests. The organization currently counts over 2000 women's associations and NGOs as members (Courants de Femmes).

Association de soutien au développement des activités de population (Association for Support of the Development of Activities of the Population) – ASDAP was founded in 1993 and focuses on public health issues. According to the organization's website, “ Our mission is to promote the participative development of Mali. For over 16 years, we have been working diligently to gain the confidence and respect of our communities. We are actively involved in the



dialogue concerning health on a national level, assisting in the formation, the implementation, the monitoring, and the evaluation of Mali's health policies." ASDAP also operates a recreation and training center in Bamako and public sexual health clinics in Bamako, Ségou and Koutiala (Association de soutien au développement des activités de population).

Réseau Malien de lutte contre les mutilations génitales féminines (Malian Network Fighting Against Female Genital Mutilation) – This network (RML-MGF) was created in 1995 by twelve NGOs and associations dedicated to the promotion of women. Today, approximately fifty organizations, including the Djoliba Center, AMSOPT and ASDAP belong to the network (Mission de l'OFPRA, 2008).

Réseau des communicateurs traditionnels du Mali et de l'Afrique de l'ouest (Network of Malian and West African Traditional Communicators) – This network (RECOTRADE) was created in 1999, and has been combating excision since 2001. "RECOTRADE organizes seminars with traditional communicators and traditional and religious chiefs." It also collaborates with the International Organization of French-Speaking Communities (OIF) on a project entitled "Traditional communicators mobilize against excision (Mission de l'OFPRA, 2008)."

Population Service International Mali – "PSI is a global non-profit organization dedicated to improving the health of people in the developing world (Population Services International, 2010b)." PSI has been operating in Mali since 2001, where it introduced a program in 2007 to reduce the incidence of excision (Population Services International, 2010a). Financed by the Federal Republic of Germany, it operates workshops and mass media campaigns aimed at changing public opinion on excision (Population Services International, 2009).

### **Approaches used to combat excision**

Despite the large number and seemingly different styles of NGOs and associations, the methods they use to combat excision are quite similar. These methods (termed *approaches*), include the health approach, the human rights approach, the legal approach, the religious approach, the reconversion approach and the IEC (information, education and communication) approach.

**The health approach** is used by a variety of NGOs, and it remains the most popular method of changing public opinion. This approach consists of presenting the negative effects of excision, such as showing women how the childbirth and urinary problems they currently experience could be related to excision and presenting photos of excision-related trauma, such as deformed genitals.” The health approach is used with multiple groups: men and women in both urban and rural areas, traditional and religious chiefs, and schoolchildren. However, the main goal of the health approach is not only to convince individuals to abandon excision, but also to convince *communities* to do so (Mission de l’OFPPRA, 2008).

The health approach also includes the education and training of health-care professionals. Many NGOs work to ensure that these professionals understand the medical complications of excision, urging them to discourage their patients from practicing the procedure. Some health-care professionals work directly for NGOs, training their colleagues or providing medical care to girls and women suffering from excision-related complications (Mission de l’OFPPRA, 2008).

Although this procedure can be effective, it also has its drawbacks. The health approach can fail when an individual accepts the negative consequences of excision but believes that these consequences can be prevented by if medical professionals excise girls. In addition, the fact that not every woman suffers excision-related complications weakens the argument that excision should not be practiced because of health concerns. Some individuals also believe that women

affected by excision-related complications are being punished for some reprehensible act, so health concerns are not a justifiable reason to stop practicing excision (Traoré).

**The human rights approach** is often used in conjunction with the health approach, as this appears to be an effective method of convincing some individuals and communities to abandon excision. For example, the Djoliba Center uses a system whereby it points out the harmful effects of excision and then asks its audience “When there is bleeding, what right is violated? The right to life. When the clitoris is cut, what right is violated? The right to physical integrity (Mission de l’OFPRA, 2008).”

Just as with the health approach, the human rights approach has its drawbacks. Unlike photos of deformed genitals, human rights are highly subjective. When this approach is used, certain individuals can feel that their own culture, religion or value systems are being attacked, and some traditionalists can feel that appealing to human rights will lead to equality between the sexes, a highly undesirable situation (Mission de l’OFPRA, 2008).

**The legal approach** is used by NGOs to push for legislation related to excision and women’s and children’s rights. Some organizations consider the introduction of a law forbidding excision as one of the principal objectives of the anti-excision fight. APDF, for example, has stated that “A law could protect those who want nothing to do with excision (...) If there was a law, a mother who does not want to excise her child could say that (...) it is forbidden. Her child would be protected... every person involved would be punished: the parents, the excisor, the village chiefs who (support excision); a law would help our consciousness-raising activities (Mission de l’OFPRA, 2008).” Another argument for the implementation of a law prohibiting excision is that “Certain village chiefs do not want to take this responsibility. If a law existed, they could say: According to the law... (Mission de l’OFPRA 2008).” Other organizations

believe that a law would not be very effective or could even be harmful to the population, citing the reasons listed in the *Legal status of excision in Mali* section. It can also be argued that a law could lead to more excision-related deaths, as parents and relatives of excised girls could be reluctant to take them to medical facilities in the case of severe bleeding or other complications, for fear of being reported to the authorities. However, most NGOs and associations working to combat excision take part in some sort of lobbying activity (Mission de l'OFPPRA, 2008).

**The religious approach** is aimed at religious leaders, as the Malian population largely believes that excision is required by Islam. This approach consists of involving religious leaders in all areas of the fight against excision, “informing them of the dangers of excision and urging them to take the initiative against this harmful practice (Mission de l'OFPPRA, 2008).” Religious leaders are encouraged to speak out publicly against excision, as they are respected by the majority of the population. Discussions and meetings involving Malian imams, foreign imams, and organizational staff versed in the Quran and other Islamic texts are a popular method used in the religious approach.

**The reversion approach** was used unsuccessfully to attempt to lessen the number of practicing excisors in Mali. Several NGOs attempted to convince excisors to “retire” by educating them on the dangers of excision and training them on how to generate revenue by alternate means. Excisors were the only community members targeted for education and training. This approach produced no noticeable results, because:

- “Parents continued to seek out excisors as needed. They also found health workers willing to do FGC (female genital cutting, another term for excision).
- The low social status of excisors does not put them in a decision-making role to end FGC.

- Excisors receive community recognition for their role and thus payments from their work are not their only source of motivation (Frontiers in Reproductive Health, 2000).”

**The IEC (information, education and communication)** approach is used to change public attitudes about excision. This approach consists of using methods such as public debates, photos and drawings, films, plays, and radio and television programs to bring a predesigned message to a target audience. IEC can be applied to all the other approaches discussed so far.

In terms of methods used in the IEC approach, facilitating and guiding discussions and debates is by far the most popular. As Malian culture places a high value on resolving differences through friendly discussion without outside intervention, many organizations choose to guide their target audiences (usually village communities) toward a desired conclusion, rather than lecturing them directly.

Many organizations also work directly with griots, who “explain the messages (of the organization) to everyone (...), who are the keepers of the word in Mali (...) and who can say things that others cannot (Mission de l’OFPRA, 2008).”

Dr. Traoré of the University of Bamako has identified several ways in which the IEC approach may be ineffective. According to his article entitled *Excision in Mali: Approaches to the fight and their limits*, “In the majority of cases, this approach does not take community specificities into account. The messages are created in advance and applied on the ground without any thought of adaptation. It often happens that the content of the anti-excision message attacks a particular problem which does not exist in a particular community.”

The six approaches discussed in this section (health, human rights, legal approach, religious, reconversion and IEC) can all be effectively used to combat excision in Mali, as long

as the specific needs of individual communities are taken into account and the methods' weaknesses are addressed.

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## **The Impact of Euro-American Media**

Female circumcisions are performed routinely in the country of Mali, located in West Africa. The issue at hand is a hot topic, and can draw some comparisons to the stance on abortion in the United States, because it “it challenges fundamental understandings of body, self, sexuality, family, and morality, and as it plays upon tensions relating to cultural difference, the relationship between women and "tradition," and the legacy of colonial-era depictions of gender relations in non-Western countries (Walley)”, but also challenges the separation of First and Third world segregation, as female circumcision has challenged the very definition of universal “human rights”. This operation has been performed for generations in local villages for centuries in Africa, but has gotten international attention, due to immigrations to Europe and the United States. “Several legal cases in France in the early 1990s generated widespread publicity when African immigrant parents and a circumcisor were charged with child abuse and assault for performing clitoridectomies. In 1994, a Nigerian woman residing in the United States, Lydia Oluloro, successfully contested her deportation by arguing that if she returned to Nigeria her daughters would be forced to undergo "circumcision". The recent case of Fauziya Kasinga, a young Togolese woman who came to the United States seeking political asylum in an effort to escape a forced clitoridectomy and a forced marriage, has generated even greater media attention; a public outcry emerged when it was revealed that Kasinga had been incarcerated in a Pennsylvania prison for 16 months along with other asylum-seekers (Walley).” As a result, female rights activists and anthropologists have been at the forefront of combating labeled atrocities through literature and media power. Since the early 1990s, several novels, documentaries, editorials, and opinion pieces have been producing thousands of materials discussing the hot topic debate.

This topic was first given the international spotlight due to the second feminist movement. The feminists decided to fight against “female genital mutilation” in the 1970s, headlined by writers like Mary Daly. The effect of nomenclature alone began to shift international view to the Euro-American point of view, who relatively unaware of the phenomenon. The debate among Euro-American opposition and promoters starts at the definition of the act where writers described the ritual “as *circumcision* signaling relativistic tolerance and *mutilation* implying moral outrage (Walley)”, the latter definition supported by American feminists of the 1970s. However, the First world feminists and the Third world women initially had the same goal, “while some of these women them-selves opposed female genital operations, they objected to the way the issue was being handled by First World feminists...who felt that their experiences and understandings had been excluded by white, middle-class formulations of feminism (Walley).” A rift was created between First and Third World feminist groups, which derailed a global opposition to female circumcision. This rift came at a crucial time, since most African countries in the 1970s were more willing to hear new ideas, following the era of independence in the 1960s.

This microcosm of international differences has been at the core of the debate for the last 40 years, and has also fueled media releases like Alice Walker’s *Possessing the Secret of Joy* (1992), where she describes that “Torture is not culture”. The Euro-American opposition of female circumcision begins with the cultural rationalization that “the [mutilated] women themselves are in fact a passive instrumental role ... Mentally castrated; these women participate in the destruction of their own kind (Daly)”. The initial onslaught of media effect begins with the idea that these women are part of a social construct that promotes male domination and female submission. This generalized view, of Third world female oppression, is

one of the first reasons the international pressure has begin to affect the law making in countries like Mali.

Another argument proposed by Euro-American writers is that outdated 'customs' are to blame for such an atrocity. Since the constant attempt to modernize Third World countries, established culture proposes a difficult hurdle to overcome for First World countries, when it comes to imposing new technologies and 'rational' ways of living. In this sense, traditional views are to be ignored and casted aside since they represent "meaningless hangovers of a pre-modern era (Walley)." It was described in 1982, that "the myth about the importance of 'cultural traditions' must be laid to rest, considering that 'development'-the introduction of imported Western technology and living patterns-is the goal of every country where the operations are practiced today (Hosken)." This idea of cultural abandonment has backfired, since the act of female circumcision has been a tradition for centuries, and has made the goal of the opposition much more difficult to implement and adopt in Africa societies.

As a result of African rejection, the media has highlighted several international cases in Europe and United States, which have also helped generate a lot of global debates. Since the rise of refugees in Africa, the rate of immigration has also increased and challenged these countries receiving an immigration influx, with a new problem: Conflicting cultures within the same country. The United States was confronted with such a problem, in 1994, when Lydia Oluloro bid for asylum. Oluloro, native of Nigeria, had long out-lived her stay, since she had become a mother of two American girls, aged 5 and 6. Her augment for asylum was the fear of female circumcision if she was deported back to Nigeria. "Nigerian officials expressed opposition to the practice, say their country's culture is not such that Mrs. Oluloro should fear her daughters' being required to submit to the ritual if she returns with them. A report issued last month by the State

Department, however, suggests otherwise (Egan).” Having won her case, the incident fueled international publicity among human rights activists, and has since been a repeated case for asylum in the United States from 1996-present.

The effect of the international media has caused proposed reforms in African countries like Mali, to insure the eradication of female circumcisions. SayNottoViolence.org reported that in 2005, “Mali ratified the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa which in Article 5(b) requires States Parties to prohibit FGM through legislative measures backed by sanctions. This is in addition to Article 1 of Mali’s Constitution, which sets forth the right of all citizens to integrity of person and guarantees the protection of all citizens from inhumane, cruel and degrading treatment, as do other similar international obligations of Mali. Elections were held recently in Mali and a new cabinet appointed. Both the Speaker of the National Assembly, Mr. Diounounda Traoré, and the Chair of the Committee on Health, Dr. Omar Mariko, has publicly stated their opposition to FGM. Dr. Mariko, an opposition Member of Parliament, offered to draft a specific law against FGM. More advocacies are now needed to encourage the government to honor its commitments and to enact a strong law against FGM as well as supporting education and outreach to relevant communities on the dangers of FGM (SayNottoViolence.org).” The effect of the media has infiltrated all domains in politics, and greatly influenced the how politics in Africa will be affected, since African voters, supporters and opposition alike, will take into consideration the stance of its candidates on this hot topic issue.

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