Tradition and Rights: Female genital cutting in West Africa

Plan

FOREWORD

The subject of female genital cutting elicits strong emotions. Those who campaign for its abandonment are driven by empathy for the suffering of millions of girls. The harm done to women is obvious, there cannot be any argument. But for the women who practice excision it is often a cherished part of their tradition, a tradition they are reluctant to abandon because it helps them define who they are.

Not much constructive dialogue can ensue when two such deeply rooted beliefs clash. Condemnations of the cultural practices of others in disrespectful and reproaching tones have never changed any societal norms and behaviours.

Plan fully endorses the international and African consensus on female genital cutting. In the communities where it is practiced, we are actively pursuing its abandonment. Our work, however, has taught us to respect the communities with whom we work and to listen to their views and opinions. Changes of societal norms and behaviours have to come from within communities. Effecting such changes requires a constructive dialogue. This is only possible if we understand the motives and justifications for female genital cutting in the different social and cultural contexts where it is practiced.

This deliberation led us to conduct the research of the social and cultural determinants of female genital cutting on which this publication is based. We have tried to understand the practice, taking into consideration the views and opinions of girls, boys, women, and men in communities that defend the tradition, in those who want to abandon it, and in those that have already done so.

We hope that this publication will introduce a nuanced perspective into the international effort to promote the abandonment of female genital cutting. We hope to raise awareness of the complexity of the issue, and offer suggestions on how communities and development partners can arrive at a common understanding, and move together towards the abandonment of an ancient practice that has lost its place in today's world.

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ABOUT THIS PUBLICATION

Tradition and Rights is about female genital cutting in West Africa. The practice violates the rights of girls to be protected from harm. But in many communities it is a cherished tradition, defended by women and men alike. This publication describes the complexity and the sensitivities of the issue in West Africa. It is meant to generate the constructive dialogue that will be necessary for communities to abandon the practice.

Tradition and Rights is the result of a study conducted in 2005 by the West African Regional Office of Plan with support from Plan Germany. Over a period of six months, local research teams led by Alice Behrendt, a German psychologist, reviewed publications, interviewed national authorities and activists, and collected information about female genital cutting in villages in Mali, Niger, Guinea, and Sierra Leone. The results of this study are four country reports.[1,2,3,4] All quotations in this text are cited from these four field study reports.

Tradition and Rights uses two terms to refer to the practice, "female genital cutting" and "excision". The commonly used term "female genital mutilation" is avoided. The research revealed many sensitivities in the use of language when discussing the practice. It is easy to cause offence, and it is easy to close a dialogue with the injudicious use of words. Flexibility is needed in the type of language used when discussing the subject with different audiences.

The language of female genital cutting

When the discussions of the practice of female genital cutting started, it was generally referred to as "female circumcision". However, this term is anatomically incorrect and only applies to a procedure performed very rarely. It also creates an analogy to male circumcision, a practice that, in contrast to female genital cutting, has religious significance and proven public health benefits.

To distinguish the practice from male circumcision, the term "female genital mutilation" was introduced in the late 1970s. It emphasises the gravity of the procedure, and the long-lasting negative effects. In the beginning of the 1990s, this terminology was adopted by the UN System and it became widely used.

Towards the end of the 1990s, many people and agencies working in the field found, that using the judgemental term "mutilation" caused insult and offence to the women and communities concerned, and was a barrier to constructive engagement to promote the abandonment of the practice. Researchers and technical agencies started to use the more neutral term of "female genital cutting". This research, however, found that even this apparently neutral term can cause offence with some audiences.

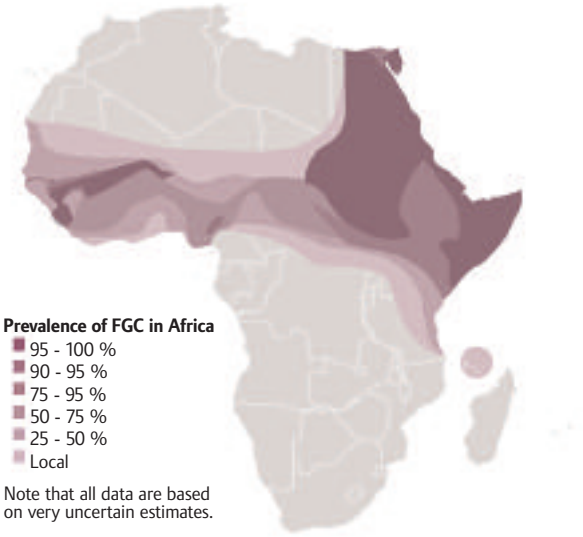
In Francophone countries of West Africa, the term "excision" is widely used and generally well accepted. Technically, excision does not describe all procedures in the category of female genital cutting, but it does describe the vast majority of procedures performed in West Africa.

This report uses the term "female genital cutting" because it is the most precise description of the practice, and "excision" because it is the term most widely accepted by the population concerned. There are, however, many other local language terms that may be more appropriate in specific settings.

THE PRACTICE OF FEMALE GENITAL CUTTING IN WEST AFRICA

The prevalence of excision

Each year, an estimated two million girls undergo excision. Most of these girls live in Sub-Saharan and North-eastern Africa. To a lesser extent, female genital cutting is also practiced in some countries in the Middle East and parts of Asia and the Pacific. The practice of excision among immigrant communities in Europe, North America, and Australia has recently drawn much public attention.



Female genital cutting is practiced throughout West Africa. In Guinea, Sierra Leone, and Mali almost all women are excised. In Niger and Ghana the practice is limited to small geographic areas, and the national prevalence of excision is less than 10 percent. There is, however, much uncertainty in the published data about the extent of the practice. For instance, in Mauritania the estimates vary between 25 percent and 71 percent.[5,6] In Benin, they range from 17 percent to 50 percent.[7,5]

Many national prevalence estimates are based on unreliable surveys. In Sierra Leone, for example, the commonly cited prevalence rate for excision of 90 percent is based on a single study of 300 women conducted in 1985 in the Western Region of the country.[8] In some countries, surveys of female genital cutting have been integrated into the national Demographic and Health Surveys. The results of these studies are more reliable, although they are also subject to a reporting bias. Depending on public perception of the practice and on the legal situation, women may or may not reveal that they have undergone excision.[9]

The prevalence of excision reported in Demographic and Health Surveys in West Africa

Country	Year of survey	Prevalence	Sample size
Benin	2001	17%	6,219
Burkina Faso	1998-99	72%	6,445
Burkina Faso	2003	76%	12,477
Côte d'Ivoire	1998-99	45%	3,040
Côte d'Ivoire	1994	43%	8,099
Ghana	2004	5%	5,691
Guinea	1999	99%	6,753
Mali	1996	94%	9,704
Mali	2001	92%	12,849
Mauritania	2000-01	71%	7,728
Niger	1998	5%	7,577
Nigeria	2000	25%	3,365
Nigeria	2003	19%	7,620

Reference: MEASURE DHS http://www.measuredhs.com/topics/gender/fgc-cd/start.cfm

The types of excision

Female genital cutting is defined as the partial or total removal of the female external genitalia, or other injury to the female genital organs for cultural or other non-therapeutic reasons.[10] Several types of the procedure are recognised.

Types of female genital cutting

Type I: Removal of the clitoral hood only (female circumcision), or together with partial or total removal of the clitoris (clitoridectomy).

Type II: Removal of the clitoris together with part or all of the inner vaginal lips (excision).

Type III: Removal of part or all of the external genitalia and stitching or narrowing the vaginal opening leaving only a small hole (infibulation)

Type IV: A variety of unclassified traumatic procedures of cutting, stretching, or piercing performed on the external genitalia such as cauterization by burning of the clitoris and surrounding tissue or scraping of tissue surrounding the opening of the vagina.

A draft reclassification currently under discussion includes a Type V, referring to symbolic practices that involve some form of pricking of the clitoris to release a few drops of blood.

Reference 11

In West Africa, the most common practice is female genital cutting of Type I and Type II. It is often difficult to distinguish between the two types, because women rarely have sufficient knowledge of anatomy to know what type of procedure they have undergone. Even the practitioners who perform the procedure may not be certain about what exactly they are cutting.[12,13]

> "I cut what I find in the middle of the vagina." (Practitioner in a village in Sierra Leone)

The very severe and dangerous procedure of Type III female genital cutting, or infibulation, is rarely found in West Africa. Existing cases of infibulation are, for the most part, not based on a deliberate decision but happen accidentally (see Textbox page 8). An exception is the practice of female genital cutting among women in Sierra Leone who strive to become practitioners of excision.[1]

> "If you accept becoming a practitioner, you will be cut seven times. They remove much more than usual, the lips, everything. The last time you have to cut yourself so you will have the courage to cut others." (Practitioner in a village in Sierra Leone)

The practice of Type IV female genital cutting is uncommon in West Africa. One form of non-defined cutting is practiced in some regions of Niger.[14] Descriptions of this type include two procedures, the cutting of the hymen in newborn girls, and an incision of the vaginal opening in girls married at a very young age, in order to facilitate sexual intercourse.[4,15]

The age of excision

Historically, most girls were excised between the ages of 8 and 14 years. Today, the age of female genital cutting has a much wider range. Excision is performed on newborn babies, during childhood, during adolescence or even after having given birth. Often, the moment chosen depends more on the economic means of the family than on the age of the girl. In the forest region of Guinea, for example, mother and daughter are sometimes excised the same day so the father and husband has to pay for only one initiation ceremony.[3]

There is a general trend of declining age of excision in West Africa.[7] In Mali, this tendency is particularly strong. In the past, the practice was a ritual for adolescent girls. A recent study by Plan in five regions of the country found that the average age of excision was less than one year. In many cases infants were excised within their first week of life.[16]

Cutting infants

Cutting infants increases the risk of serious physical consequences. The external genitalia of infant girls are not fully developed. There is a high risk of cutting much more than intended. After the procedure, as reported in Mali, the legs of the girl are tied together until the wound heals. This can result in scar formation, and in the fusion of the two sides of the vaginal opening through adhesions.

In Mali, where the average age of cutting has decreased dramatically, health workers report that they are seeing more and more women with reproductive health complications. These women appear to have undergone procedures that resemble the infibulation practiced in other parts of Africa.

Reference 17

The practitioners of excision

> "Practicing excision is my profession. It is my only income and it allows me to earn my living. I'm respected by the whole community and people listen to my advice."
> (Practitioner in a village in Sierra Leone)

The act of excision is usually performed by female traditional practitioners who have inherited their role from a relative. They make use of crude instruments, such as razor blades, knives, or scissors. The practice is, for the most part, carried out without anaesthetics and under poor hygienic conditions. Traditional medicines are used to treat the wound, including herbs, porridge, ashes, and mud. Recent campaigns to create awareness about the dangers of excision have lead to an increasing medicalisation of the practice, especially in cities and larger towns. Some practitioners have ceased using their traditional knives, and have started to employ a new razor blade for each girl. Sometimes local anaesthetics and antiseptics are used. Parents who can afford it may call a nurse to assist the procedure. An ever increasing number of excisions throughout West Africa are performed by health care workers[7] (See Textbox page 26).

A woman displays traditional instruments. Mali

Although most practitioners are elderly women, this is not always the case. In some societies in Guinea and Sierra Leone girls as young as five years old are trained in the craft, and may start performing excisions before the age of 10. In some ethnic groups in Benin and Ghana, the practice lies in the hands of male fetishists.[18,19]

Most practitioners have an interest in the continuation of female genital cutting. In some areas, the practice is a lucrative business. Most practitioners have no other stable source of income. Some of them work as traditional midwives, others are herbalists or spiritual healers. But financial rewards are not always the main motivation. In some regions of Mali, for instance, the payment is small and symbolic. Performing excisions is a social duty of designated women, something they have to do to contribute to the well-being of society.[20] In other regions, such as in Benin and Sierra Leone, the main reward for the practitioners is their highly respected and feared position in society. They are believed to have supernatural powers and the ability to harm or to protect people.[1,21,22]

> "If you don't pay the initiation, the practitioner puts a bad spell on you and you will never have children." (Woman in a town in Sierra Leone)

Individual practice or collective ceremonies

Girls or women are excised individually or in groups, with or without ceremonies or festivities. This depends largely on local customs and on the decision of the parents. There is a general trend towards fewer and less elaborate ceremonies, and towards more individual excisions. There are many reasons for a decrease in the number of group excisions and initiation rituals and ceremonies. They include increasing poverty of rural communities who can no longer afford the ceremonies of the past. Individual excisions of infants are also easier to hide from the law than group initiation ceremonies of young girls.

In some communities excision has become a cultural practice that simply "has to be done". It is reduced to a surgical intervention, there are no preparations or feasts. In other communities excision continues to be part of an initiation ritual that is celebrated extensively.

Both excised and non-excised girls play together. Mali

MOTIVES FOR PRACTICING FEMALE GENITAL CUTTING

Respecting tradition

By excising their daughters, parents show respect for their culture and to their ancestors. The practice of excision is perceived as a means whereby one can become aware of cultural and traditional values that are precious to society. Although many parents do not see any benefit in the practice, it would be inconceivable to them to disrespect ancestral customs by not excising their daughters.

> "We learned it from our ancestors and practice it in the name of culture. There is no other reason. It is a tradition that is done to satisfy our ancestors." (Man in a village in Niger)

Conforming to social norms

In communities where female genital cutting is widely practiced, it is the social norm. The pressure to undergo excision is immense. Those who disrespect the norm are likely to be stigmatised, treated as non-adults, or even ostracized from society. Non-excised girls fear being mocked and ridiculed by their peers. Their parents worry that they may not find a husband. It is therefore quite common that young girls demand to be excised in order to be accepted by their peers and their community.[4]

> "Excision is good because it brings you respect. My daughter has to be excised because I don't want her friends to laugh at her. The non-initiated is not respected and she is repelled from gatherings." (Woman in a village in Sierra Leone)

Even when the social pressure is not so strong, young girls and their mothers may hold on to the practice. In most rural areas of West Africa, the status of a young girl depends on not being different from others. Any aberration from the mainstream may attract negative attention and harm her reputation. The first generation of non-excised girls has to cope with the challenge of being different. Even if the whole village has decided to abandon the practice, young girls continue to worry that they will be disadvantaged in the future.[4]

> "The law (prohibiting excision) is not good. We want to get excised as our older sisters have done. It is unbearable to be different. If we were able to afford it, we would do it secretly. It is the food crisis that is hindering us from doing so, that's all." (Young girl in Niger)

Initiation into womanhood

In a number of African societies, the practice of excision is an important part of an initiation ritual that marks the transition into adulthood. The initiation is necessary in order to become a "complete" or a "full-grown" woman. Non initiated women (and men) are treated like children, even if they have reached an advanced age.

Initiation aims to transform girls into hard working, modest, and respectful women. Excision is only one part of initiation. Other aspects include training in skills such as cooking, dancing, traditional healing, and taking care of household, husband, and children. Initiation is intended to prepare girls for their future role as household managers, wives, and mothers.[23,24,25]

The pain endured during excision is seen as part of the girl's education. It is believed to change her into a respectful, calm, and less demanding person who accepts her role as a servant to her husband. This belief reveals the patriarchal social structures that maintain the practice of female genital cutting.

The girl, and later the woman, is supposed to act in the interest of the family. Her behaviour reflects on her family. She may bring her family shame or honour. A non-excised girl brings disgrace to her family, she is not respected in her community, and she may never find a husband. Consequently, even when aware of the pain and the dangers of the procedure, parents often continue excising their daughters. For them, traditional values and family honour are more important than individual needs.[3,26,27]

Rewards and special attention

In some societies girls are richly rewarded with presents, clothes, jewellery, and food after they have undergone genital cutting. In poor rural families, these material rewards are a strong motivating factor for young girls to follow in the steps of their elder sisters. Non-excised girls envy the initiated for their superior status and the attention they receive during the initiation ceremonies. In some cultures, the ceremony following excision is the only time in a girl's life when she may receive expensive gifts and be the centre of attention.

> "My parents explained to me that I will get new and very nice clothes for the initiation. They also told me that there will be a lot of good food. My body will be well nourished after initiation so that I can get married." (Young girl in a town in Sierra Leone)

Young girls may plead with their parent to organise their excision. Most of them, however, do not know what is awaiting them. The initiation rituals and the excision are a well guarded secret. The girls only see the material benefits reaped by the initiated. They do not expect a painful experience but only rewards, happiness, and acceptance.[1,4,21]

Religion

Some African Muslims believe that excision is recommended, or even required, by Islam. They hold on to the practice of female genital cutting to fulfil a religious obligation. Sometimes this belief is reinforced by local Islamic leaders.[2,21] The fact that Type I female genital cutting is also known under the name of Sunna (meaning 'following the Prophet's tradition') is often quoted as evidence for the religious roots of excision.

In fact, no form of female genital cutting is mentioned in the Koran. The subject is merely brought up in a Hadith (a narration of the life of the Prophet) where he is reported to have said to a practitioner in Medina: Do not cut severely as that is better for a woman and more desirable for a husband.[28]

Excision in West Africa is practiced by Muslims, Christians, and Animists. It is cultural and not a religious practice that predates both Christianity and Islam.[29,30]

Control of female sexuality

In many societies in West Africa, the conduct of women is strongly linked to the honour of the family. Virginity until the day of marriage, and faithfulness are the most important virtues. Promiscuity or openly expressed sexual desire by a wife or daughter dishonours the family. Family members therefore may see it as their duty to ensure that girls and women behave according to expectation.

Some communities consider excision as a tool to control female sexuality and to safeguard the honour of the family. The ablation of the clitoris is supposed to help protect the virginity of the young girl and to ensure the fidelity of the married woman.[31]

Another reason cited is to prevent girls from masturbating or experimenting with their body. Participants of the Plan field study in Niger explained that excision is carried out “in order to prevent girls from scraping themselves”.[4] When asked to explain, they replied:

> “At some age, the non-excised girls like to experiment. They start playing with the clitoris. A girl with the hand in her panties – that’s a scandal!” (Women in a village in Niger)

Hence, excision is understood as a means of exercising control over a woman’s sexuality. However, this perception cannot be generalised. In some societies female genital cutting is believed to promote sexual intercourse and fertility. This is based on the belief that a woman who can sexually stimulate herself, does not seek vaginal penetration. Leaving the girl uncut would forcibly lead to excessive masturbation. Since masturbation does not enhance procreation, it must be prevented by cutting the clitoris. Excised women are more eager to have intercourse, because their only way to feel sexual pleasure is by intercourse with a man.[32]

Creating a space for women

Among women interviewed in the field studies, excision was rarely perceived as a subordination of their sexual life. On the contrary, in some communities it is cherished as a symbol of women's power and freedom from men. It creates a "women's space", a realm over which they have power that cannot be taken away or challenged by men. For this reason, even educated urban women may decide to have their daughters excised.[1,21,27]

In some communities, female genital cutting symbolises the strength and power of women. While men show little interest in the continuation of the practice, women defend it fiercely and react hostile to any voice criticizing it. Participants of the Plan field studies in Guinea and Sierra Leone described initiation ceremonies as the only source of pleasure in a woman's life, a life that is marked by deprivation and hard work.

> "This is our only time to relax. We can discuss the problems we have at home and you can ask the elder women for advice. This is our time for sharing, singing and dancing. Men have no business to ask what you do within the initiation rites." (Women in a village in Sierra Leone)

In many communities, women carry the responsibility for the family's welfare and for most of the farm work. In spite of their immense responsibilities, women are not part of decision making in communities. Most women have to accept whatever their husbands say. In this context, the initiation rites during which the excisions are performed present the only opportunity to get away from daily work and to unite female power against the authority of men.

During initiation women step out of the reach of male authority and celebrate the legitimacy of female authority, the authority of their mothers and grandmothers. Men are neither allowed to enter the place of women's gatherings, nor to ask questions about the women's activities. In the "secret bush", where the initiation takes place, women come together. They discuss problems and give advice and comfort to those who need emotional support. It is one of the few chances to enjoy themselves. The initiations also provide opportunities for women to commit adultery. Since the husband is not allowed to ask his wife where she is going during initiation time, she can secretly meet other men.[1,3]

Myths and false beliefs

During the Plan field studies, the researchers encountered many communities who defended the practice of female genital cutting because of beliefs that were clearly false. These included:

- The belief that excision facilitates sexual intercourse and child birth, or that it enhances fertility.[25]
- The belief that the clitoris, if not cut, grows until it attains the size of a penis, or that it may hang between the thighs leading to permanent sexual excitement.[30]
- The belief that the clitoris is a dangerous organ that can kill or harm men during intercourse or the infant during delivery.[33]
- The belief that the clitoris represents the male part of the body. In order to become a "true" woman, it has to be cut off.[34]

Furthermore, the influence of witchcraft and superstition plays an important role in maintaining the practice of excision. It is not rare that excessive bleeding, infection, or even death after excision are blamed on evil spirits.[1] The topic cannot be easily discussed from a rational or logical point of view.

In Sierra Leone, the practitioners of excision are often believed to be possessed by demons. During their initiation, girls swear an oath never to talk about the subject. They eat a meal that has magic powers. If they ever break their oath and disclose the secrets of excision, the meal will cause their stomach to swell until they die. The belief in black magic and supernatural powers related to excision is widespread and can be found among women of all levels of education. Many people believe that they can be seriously harmed, even killed by black magic if the practitioners decide to punish them for disobedient behaviour.[1]

Hygiene and aesthetics

Some societies adhere to the practice of female genital cutting for reasons of hygiene and aesthetics. Non-excised women are considered to be impure. Some believe that the secretions produced by the female genital organs are smelly and unhygienic.[8] When they are touched while washing the body, the hands get contaminated and transfer the secretions to food and water. This may cause serious health problems in the family. This belief is linked to a cultural value of cleanliness, for "it is a measure of pride in African women to keep their bodies clean".[8] Other communities do not share the belief that non-excised female genitalia are unhygienic, but they consider them ugly and repugnant.

THE HARM OF FEMALE GENITAL CUTTING

The trauma and pain of excision

Most people are aware that the practise of excision is not without danger. Deaths of girls during initiation ceremonies are quite common. Many communities are firmly convinced that complications of excision are the work of evil spirits and not issues to be dealt with by health workers. It is therefore difficult to establish reliable statistics about these complications.

> "Demon attacks are dangerous, provoking fainting, screaming and bleeding. Everybody knows about two or three girls who have lost their lives in the forest." (Man in a village in Sierra Leone)

Most excisions are performed without anaesthesia. For the great majority of girls, the first experience is extreme and unexpected pain. The most common immediate complication is excessive bleeding due to accidental cutting of a major vein or artery. Other common complications are urinary retention following the procedure, tetanus, and other wound infections, sometimes resulting in septicaemia.[36,17,37]

How can a mother who has endured the pain of excision submit her daughter to the same fate?

It is not easy to understand how a mother can subject her daughter to the agony of excision, especially, when she knows about the dangers of the procedure. It is important to remember that mothers have the best interest of their daughters in their hearts when they send them for excision.

A mother faces a difficult dilemma. On the one hand, she remembers clearly the appalling event and aspires to spare her daughter the same experience. On the other hand, she wants her daughter to be accepted by society. Sparing her child from excision would mean exposing her to discrimination and bullying. Her daughter may never find a husband or become a respected member of the community.

Mothers who send their daughters to be excised usually act to fulfil a social obligation, to conform to societal norms, and to serve the perceived long-term interests of their daughters. This does not mean that they do not agonise and suffer over this decision.

> The weeks, during which their daughters are excised, their mamas lose weight. They cannot sleep anymore because they anticipate the pain their daughter will have to bear. They remember vividly this pain. But they cannot question something that the ancestors have already practiced. (Woman in a village in Guinea)

Excision and HIV infection

A synergy between the practice of female genital cutting and HIV infection is frequently postulated on theoretical grounds.[38] If excision is performed in a group ceremony without proper attention to clean cutting instruments, HIV may be transmitted through blood contamination. Furthermore, among women who have undergone Type III female genital cutting, sex is likely to be traumatic, potentially increasing the risk of HIV transmission.

There is, however, no real evidence for any link between excision and HIV infection. Group excisions are becoming rare, and more and more practitioners are using clean cutting instruments. Furthermore, girls participating in group excisions are usually at a very low risk of being infected with HIV.

Little is known about the effect of the trauma during intercourse on HIV transmission among women who have undergone Type III genital cutting. But this procedure is rare in West Africa. Furthermore, there is no epidemiological evidence that shows higher rates of HIV prevalence in communities practicing female genital cutting. The evidence rather points in the opposite direction.[11,39]

Excision and sexuality

Women suffering from gynaecological complications related to excision are likely to develop difficulties during sexual intercourse, for instance bleeding, pain, or lack of lubrication. Fear or avoidance of sexual intercourse and reduced sexual sensitivity are frequently reported. Many excised women complain about lack of sexual enjoyment. The difficulties during intercourse can result in sexual dysfunction in both partners.

> "My wife doesn't like to have sexual intercourse and I know it is because of the cutting thing. I talked to my friends, and they experienced just the same thing, always when you come home and you want to make love to your wife, she finds an excuse, saying that she is tired, having a headache and so on." (Man in a town in Sierra Leone)

On the other hand, a study of more than 1,800 women conducted in Nigeria in 1998/99 found that women who had undergone Type I or Type II female genital cutting had sexual intercourse and orgasms as frequently as women who had not been cut.[40]

Excision and reproductive health

The obstetric complications of female genital cutting are serious. They include obstruction of labour, tearing of tissues during delivery, the formation of vaginal fistulae (openings between the vagina and the urinary tract or the bowels) leading to life-long incontinence of stool or urine, and finally maternal and child death during delivery.

Complications of obstetric delivery are common in West Africa, but most of them are not related to excision. In June 2006, the "World Health Organisation study group on female genital mutilation and obstetric outcome" published the findings of a large study that finally shed some light on this issue.[41] Between 2001 and 2003, research teams in Burkina Faso, Ghana, Kenya, Nigeria, Senegal, and Sudan recorded the obstetric delivery of more than 28,000 women of whom 21,000 had undergone female genital cutting. The study showed clearly that women who had undergone Type II or Type III procedures had a significantly increased risk of obstructed labour, excessive blood loss, and infant death during delivery. The risk was considerably higher for women who had undergone Type III procedure. The study did not find a significant increase in obstetric complications among women who had undergone Type I female genital cutting.

Among the West African women in the study group, very few had undergone Type III genital cutting. This confirmed that the issue of excision in West Africa is somewhat distinct from what is observed in Sudan, Egypt, and the Horn of Africa. It is, however, only a difference in degree of risk. The complications of the Type II excision practiced in West Africa are the same, although they occur somewhat less frequently. Previous studies had already shown that even the least invasive Type I procedures can result in abnormal scarring and the formation of cysts and keloids leading to malformations of the external genitalia and subsequent chronic problems of urinary and menstrual retention, inability to have sexual intercourse, or problems of obstetric delivery.[17,5]

A large study in Cote d'Ivoire, Tanzania, and the Central African Republic concluded in 2000, that female genital cutting had no discernable effect on women's fertility.[42] A more recent study in Sudan, however, found a significant increase in primary infertility among women who had undergone Type III female genital cutting when compared to Type I and Type II.[43]

In general, the evidence points towards the fact that the risk of serious reproductive health problems is directly related to the degree of invasiveness of the excision. This raises further concerns about the tendency to perform excisions on younger and younger girls in West Africa, because the procedures performed on infant girls tend to be much more invasive than the excisions in adolescents.

Excision often take place in outside toilets. Mali

Excision and mental health

> "The first person, who is approaching the girl after the excision in order to clean the wound, scares the girl terribly. The girl starts trembling. She is frighten what people are going to do with her now. After having endured excision, you believe that people are capable of everything. Their capacity to hurt you is unlimited." (Women in a village in Guinea)

Female genital cutting can cause long lasting psychological harm. Excised women often experience feelings of incompleteness, humiliation, betrayal, and anxiety.[44,5] The event can leave similar long term psychological effects as physical or sexual abuse in childhood. About one third of excised women have symptoms of Posttraumatic Stress Disorder.[3,45] These include depression, insomnia, difficulty concentrating, irritability, and extreme startle responses. Flashbacks and intrusive thoughts are frequent. The women experience repeated disturbing memories and nightmares related to the event. The sensations of reliving the excision can be extremely frightening.

> "The night, your daughter has to got into the forest, you cannot sleep and you cannot eat. Your heart beats very hard. And you feel like your initiation is going to start all over again. This terrible pain." (Woman in a village in Guinea)

Many women try to control their disturbing memories by blocking them out of their mind. They try to avoid places, people, or situations associated with the traumatic event. They may refuse to talk about the subject of female genital cutting in an effort to block their own memory of the event.

> "I don't want to talk about this (the practice of excision). I try to forget this since the day it happened. But you can never forget an experience like that. The pictures still keep coming in my head, and I can't make them go away." (Woman in Sierra Leone)

Excision and household economics

The cost of excision varies widely. There are two types of expenditure, the remuneration of the practitioner, and the cost of the celebration. Where traditional initiation rites are still held, the cost can deplete a family's savings.

> "The expenses of the initiation ceremony are enormous for the family. A family that has a lot of daughters is screwed. After having paid all the initiation ceremonies, you have nothing left for living." (Village chief in Guinea)

Communities spend a long time preparing initiations. During the period, women and girls may be absent from home and field work for several weeks or even months. The large amounts of money and time spent on initiation are indeed an obstacle to development. After the ceremony, the family may have no resources left to pay for schooling, health care, or other essentials.[1,3]

LAWS AGAINST FEMALE GENITAL CUTTING IN WEST AFRICA

In November 2005, the Republic of Togo became the 15th Member State of the African Union to ratify the 2003 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, commonly known as the Maputo Protocol.[46] This means that the Protocol is now in force, and all African countries are obliged to pass legislation prohibiting excision.

Protocol to the African Charter on human and people's rights on the rights of women in Africa (Article 5)

States Parties shall prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognised international standards. States Parties shall take all necessary legislative and other measures to eliminate such practices, including:

a) creation of public awareness in all sectors of society regarding harmful practices through information, formal and informal education and outreach programmes;

b) prohibition , through legislative measures backed by sanctions, of all forms of female genital mutilation, scarification, medicalisation and para-medicalisation of female genital mutilation and all other practices in order to eradicate them;

c) provision of necessary support to victims of harmful practices through basic services such as health services, legal and judicial support, emotional and psychological counselling as well as vocational training to make them self-supporting;

d) protection of women who are at risk of being subjected to harmful practices or all other forms of violence, abuse and intolerance.

Reference African Union: http://www.achpr.org/protocol_women_maputo_final03.doc1

Legislation prohibiting female genital cutting already exists in most West African countries. It was introduced in Guinea in 1965 (updated in 2002), in Ghana in 1994, In Burkina Faso in 1996, in Togo and Cote d'Ivoire in 1998, in Senegal in 1999, and in Niger and Benin in 2003. However, with the exception of Burkina Faso, prosecutions under the laws are rare. In Guinea, for example, almost all girls are excised, yet there has never been a court case.

Government action against excision in Burkina Faso

The practice of excision is severely sanctioned in Burkina Faso since 1996. Convicted practitioners face a fine equivalent to about USD 1800, and risk a prison sentence of up to three years. If the girl has died during the procedure, the prison sentence may be up to 10 years. People, who have been informed about an excision can also be convicted, even if they were not directly involved in the act.

The law against female genital cutting is applied rigorously. Between 1996 and 2005 more than 400 convictions have been recorded. However, the application of the law is not the only strategy pursued by the State. The Government, has conducted public information campaigns about excision. Members of the police and the army have been trained to intervene in support of the law. The topic of excision is integrated in school curricula. Women suffering from complications of female genital cutting are treated free of charge in public health care facilities. A telephone hotline has been set up to help the denunciation of planned excisions. It receives approximately 150 calls a year.

The Government and civil society actions against excision appear to be effective. The number of girls being excised is falling rapidly. There are reports that excision has become a clandestine practice, but overall Burkina Faso has been successful in achieving the gradual abandonment of female genital cutting.

References: 47,48

THE COMPLEX DYNAMICS OF FEMALE GENITAL CUTTING

Why can the practice of female genital cutting not be eliminated through strict enforcement of laws? Why can African Governments not suppress the practice and punish the practitioners severely? The underlying dynamics of excision in West Africa are complex. They are linked to social, cultural, political and developmental issues in the region.

Excision and social development

In many West African countries, there is a wide gap between national laws and the reality of life, especially in remote rural areas. Many laws are not applied because of political instability, corruption, or the inability of the state institutions to reach all citizens. Furthermore, a large proportion of the population practicing excision is illiterate and lives below the line of poverty. National public education campaigns rarely reach these people, and when they do they are not understood. People who live in rural areas, who do not speak the dominant colonial language, and who cannot read or write are unlikely to challenge traditional norms. Things tend to stay the same for a very long time.

The authority of older women is often important in the practise of excision. Mali

The sensitivity of the subject of excision

Talking about genital organs is a sensitive and uncomfortable subject in all cultures. In addition, the subject of female genital cutting is considered taboo in many West African societies. It is only discussed under specific circumstances by selected members of the community. Discussion of the topic in a large group of people or with a person of the opposite sex is inconceivable.

In addition to the inherent sensitivity and the taboo of the subject, excised women may have sworn an oath not to talk about their experience. Many others are unable to talk about the subject because they are trying to block the memory of a traumatic event. Finally, in communities where the practice of excision is strongly supported by local opinion leaders, campaigners against female genital cutting may be afraid to speak out, fearing for their reputation or even their lives.

Breaking the silence on female genital cutting is a difficult task. To open the dialogue with communities requires the effort of respected native members of these communities who have a high level of sensitivity, diplomacy, and knowledge of local culture

Excision and tradition

The most commonly heard argument in favour of continuing the practice of female genital cutting is: “It is a tradition that we have found with our ancestors”. What is hiding behind this statement? If it is “only” a tradition, why is it not possible to abandon the practice just like numerous other traditions that have been given up?

> “We have sold our pride on so many fronts, but our culture and tradition must remain intact. We must always remember that we inherited the practice of continuity and therefore, foreign cultures should not be forced down our throats. Development does not mean selling our birth rights, just because we are poor. Government should take a stand now to preserve what was left to us by our great ancestors.” (Comment in the “New Vision”, Freetown, September 15, 2005)

Excision is often associated with ethnic identity in West Africa. The practice is a heritage of the ancestors and a source of pride. It is understandable that communities react with hostility when outsiders criticise practices linked to their ethnic identity. Traditions are maintained to preserve values. These values allow the individual to be socially accepted. They stand for dignity, security, and a source of identity within the community. Traditions establish a framework of norms that reassure the functioning and well-being of society. They are not to be questioned by individuals.

Campaigners against female genital cutting cannot ignore the conflict between human rights and societal norms. Clearly, girls have the right to be protected from harm and the right to have an intact body. But they also have a need to get married and to be accepted members of their community. This conflict needs to be resolved before there can be progress towards the abandonment of female genital cutting.

Excision and religion

When the practice of excision is confounded with religious beliefs it is difficult to address. Muslims who are convinced that excision is an Islamic practice would never consider giving it up. Many Imams, especially in rural areas, are strong supporters of excision, and exhort their followers to continue the practice. In some countries the campaigns against excision are portrayed as occidental crusades against Islam.

The growing awareness that female genital cutting is not an Islamic practice does not necessarily resolve the problem. Many education campaigns in West Africa have been directed at religious leaders. However, an Imam who has proclaimed for many years that girls should be excised will find it difficult to change his words without losing his credibility. Many of them therefore prefer to remain silent or continue to promote the practice.

Excision and politics

In countries where female genital cutting is common and supported by the religious and political elite, it can be a highly sensitive issue; politicians risk loosing their electorate if they take a public stand against the practice of excision. Many parliamentarians prefer to abstain from addressing the issue as not to offend potential voters. The Government of Guinea, for example, supports the efforts of local NGOs to promote the abandonment of excision. It is, however, very discreet in issuing public statements against the practice, which has been outlawed in Guinea since 1965. The most delicate political climate regarding excision exists in Sierra Leone.

> "If you want to succeed in your political career you either don't touch the subject of excision or you promote it. A politician, who is heard to have said a single word against the practice, is politically dead." (Agent of a local NGO in Sierra Leone)

In Sierra Leone, politicians have gained power and influence by supporting the practice of excision, while some who spoke out against it have literally failed in their career. The current government remains indifferent towards international pressure to outlaw the practice. During the election campaign of 2002, the First Lady sponsored a mass-excision of 1500 girls in order to increase her husband's popularity. The present minister of Social Welfare, Gender and Women's Affairs has stated publicly that a law prohibiting excision was no priority of the government. "We will do something if the women themselves ask for it".[47]

Excision linked to other practices

Female genital cutting is sometimes linked to other practices that violate the rights of girls and are harmful to their health. In some communities, the procedure of excision is interpreted as a sign that a girl is ready for marriage. Girls are kept in the house and fed excessively following the excision, so they will become fat and more attractive to men. Girls, most of them under 15 years of age and some of them not yet in their puberty, are rapidly married after the excision and the obligatory feeding.[4]

> "The excised girl is bigger. Men are more attracted to her. After the excision the girl stays for one month at home and eats a lot. When she leaves the house, she is fat. She will catch the attention of men and will be married soon afterwards." (Women in a village in Niger)

In Sierra Leone and Guinea, the initiation during which the excision is performed can be a highly traumatic experience for young girls. The period in the "bush" may include starvation, ritual corporal punishment, holding a girl's head under water, sprinkling hot pepper water into her eyes, or frightening her with myths about demons and evil spirits.[1,3]

> "After the excision, the eyes turn red because it is so painful. That pain is of educative value: it changes the behaviour of the girl. That's why, in the forest, the girls get ritually beaten with canes or branches and they are more docile afterwards. If the girl behaves badly after having been to the forest, you just tell her to remember the night of initiation and she obeys." (Woman in a village in Guinea)

Village elders. Mali

Changing practices of excision

The practice of female genital cutting is changing with time. This adds another level of complexity to efforts to promote its abandonment. In some communities, the practice has sparked an inter-generational conflict. The young are pressing for social change while the older generation is trying to hold on to traditions.[49]

Education campaigns have succeeded in breaking the silence on the topic of female genital cutting and have increased public knowledge about the potential hazards of excision. In some places, this has led to an increasing medicalisation of the practice. In other places, the enforcement of laws against female genital cutting has resulted in the practice moving underground.

Is medicalisation of excision a solution?

The medicalisation of excision has been increasing in all West African countries. This includes the performance of excisions by health workers and the use of modern medication to relieve pain and fight infection. "Medical" excisions tend to be less severe than traditional excisions.

Medicalisation can be understood as the logical response of parents who are under social pressure to excise their daughter, but who want to minimise harm. The risk of short term complications, like excessive bleeding or infections, can be well controlled, although the long-term health consequences are not eliminated.

The major problem with medicalisation is that it creates a new source of income for West Africa's underpaid health care workers. Once a strong financial incentive is created, the practice is very difficult to abandon.

In Guinea, health workers in some towns have developed a procedure that simulates genital cutting by pinching the clitoris until the girl cries out in pain. The genitalia remain intact, but the girl and her parents believe that she has been excised.

The problem with this approach is that many people in rural areas do not have access to health services, and do not know that the health workers in the clinics practice only a simulated procedure. They draw the conclusion that excision cannot be dangerous and must have legitimate benefits, since it is done by doctors and nurses. In a community where clinics perform female genital cutting, it will be difficult to change attitudes about excision.

> "Even the health agents continue. Once, they had forbidden the practice of excision. We held a meeting with the community heads who had heard about the prohibition on the radio. After that meeting, we abolished the practice and the women laid down their knives. But then, they heard that the health personnel in town continued with excisions and they also restarted excising. If the practice were bad, the medical experts wouldn't do it."(Woman in a village in Guinea)

Reference 3

PLAN'S WORK ON FEMALE GENITAL CUTTING IN WEST AFRICA

Female genital cutting is a major concern of Plan's child protection program in West Africa. In Mali, Plan has a long history as the leading international NGO working for the abandonment of excision. In other countries, initiatives are more recent, or are being developed on the basis of the Plan Mali experience.

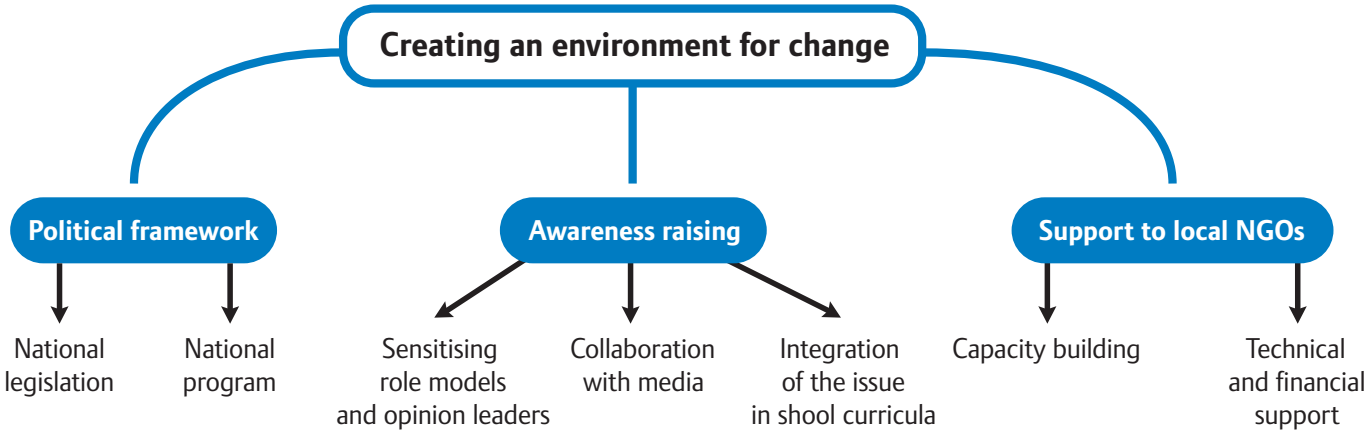
Following the field studies in Niger, Mali, Guinea, and Sierra Leone, Plan Program Directors and Child Protection Advisers met in Ouagadougou in 2005 to discuss approaches and strategies to scale up Plan's response to female genital cutting in West Africa. This resulted in a series of program recommendations that are now being applied in several countries.

Fundamental to the strategies chosen by Plan is the recognition that the abandonment of female genital cutting requires communities to collectively change their behaviour. In many of these communities, excision is a norm and a precious tradition. Promoting behaviour change is therefore not an easy task. It requires action at the community level, the national level, the regional and pan-African levels, and at the international level.

Creating an enabling environment

For the communities who practice excision, the Government and the international organisations are external actors. Engagement of foreign anti-excision activists has often done more harm than good. In some communities it has created the prejudice that the abandonment of excision is a "project of white people", an attempt to destroy African culture.

Communities are the owners of their own development. They set the pace and determine the direction. The decision to abandon excision cannot be forced upon them. The role of the State and of international organisations is to create an environment to support behaviour change. The elements of this objective are outlined in the figure.



Legislating against excision

Laws against excision strengthen the efforts to abandon the practice at community level by giving local campaigners more legitimacy in their work and by protecting non-excised girls and their families against social pressure. They show clearly that the abandonment of excision is a national objective and not an initiative of foreigners, and they prevent the public promotion of excision in the media.

Legislation, however, is not sufficient. Several countries in West Africa have passed laws that are ineffective because they are neither communicated nor enforced.

> "We don't know any law that prohibits excision, but if such a law is passed, we will respect it and follow it." (Elderly woman in a village in Guinea where excision has been outlawed since 1965)

Repressive enforcement of anti-excision laws can also be problematic. Behaviour change based on fear is not likely to be stable. Communities who never understood why they were forced to give up excision may restart as soon as the surveillance stops. Others continue clandestinely or excise their daughters in their infancy to evade detection. This increases the dangers and harm of the procedure.

> "I am in favour of a law against excision, but the abandonment of the practice has to be done discretely and without confrontation. If not, people will oppose the law." (Health worker in Guinea)

Working with the media

The media can become allies or foes in the anti-excision effort. Their constructive engagement in the issue needs to be facilitated, for instance through cooperation with schools of journalism, or through special information and education sessions for journalists.

The discussion of female genital cutting in the media can be counterproductive if the messages that are transmitted are insufficient, incoherent, insensitive, or not appropriate to the audience. Journalists may communicate information that causes offence because they did not consider the context of the communities they were addressing. Threatening messages are more likely to generate opposition than reflection.

The dynamics of behaviour change differ widely among and within countries. In Mali, for instance, activities promoting the abandonment of excision started more than 40 years ago. People are used to hearing radio talks discussing the issue. In Sierra Leone, on the other hand, the discussion has barely started. Radio programs listened to with equanimity in Mali would cause public outrage in Sierra Leone.

Opening doors

The first step in the promoting the abandonment of the practice of excision is to break the silence on the subject, especially in communities where excision is surrounded with many taboos. The subject has to be introduced in an acceptable language and an appropriate venue to allow people to start exchanging views.

> "Our tradition is not something than can be wiped off. The West has decided that female genital mutilation, or however they call it, is bad. We don't have the opportunity to discuss ourselves, because intruders from outside tell us what to do." (Women in a town in Sierra Leone)

An acceptable and frequently used door opener is to start a discussion about the health risks and long-term reproductive health complications of excision. This information is usually of interest to all community members. It is, however, important not to become stuck in the discussion at this point. Information about the risks does not prevent people from excising their daughters. It may lead to an increasing medicalisation of the practice. But tradition and social conformism are much stronger behavioural motivators than information about adverse health outcomes.

> "We have understood that excision is a dangerous practice. But this is our tradition. If your girl is not excised, she will be out of control and bring shame to her family." (Group of men in a village in Mali)

Adapting to local context

Each community has its own views on excision that is consistent with its experience and with the opinions of its leaders. There is no universal approach to promoting the abandonment of excision. Here are three examples of effective "home grown" approaches observed during the Plan field studies.

- In one region of Mali, the prejudices against non-excised women were very strong. Communities believed that non-excised women were unable to control their sexuality and that their clitoris grew to an enormous size. A local organisation collected these myths, and then started to discuss them in community meetings. People discovered that despite universal excision, young unmarried girls were still becoming pregnant. They started to think about the girls and women they knew who were excised late in life, and who did not have any behavioural or anatomical abnormality. The process allowed communities to question their traditional beliefs based on their own observation and knowledge. It led to a gradual change in attitude towards non-excised women.
- In Guinea, the practice of excision is strongly associated with initiation ceremonies. These ceremonies are important for girls and women. They affirm their value and their role in society, and they are associated with many positive aspects of traditional teaching. Some local groups worked successfully with communities in developing excision-free initiation ceremonies. Communities are more open to abandoning the practice of excision if the positive aspects of their cultural heritage are not threatened.
- Being the first to change a behaviour that is a societal norm is difficult. A family who wants to stop excising its daughters finds itself in a situation that is comparable to being in a group of people standing in a theatre. If they sit down, they will be more comfortable but they will no longer see the show. If everybody sits down, however, everybody will be more comfortable and everybody will continue to enjoy the performance. This example illustrates the power of collective declarations of the abandonment of excision.[50] In Niger, local groups have organised village ceremonies for such collective declarations.

Responding to local priorities

The abandonment of female genital cutting is not a priority for communities; it is a priority for development agencies. Community members become easily annoyed when a development organisation appears to have no concern for their daily problems and insists to speak only about excision

> "You come here all the time and talk to us about excision. We are tired hearing about this. Don't you see that we have other important problems? What have you done for us apart from getting on our nerves about the danger related to excision?" (Group of old men in a village in Mali)

In order to be effective, efforts to promote the abandonment of excision have to be integrated into a development program that is consistent with the needs and demands articulated by the community. This can be an education program, a micro-finance program, a health program or any other program that is seen as a priority. Extending the scope of a program leads to more frequent and varied contact with people in the community, it creates trust, and it avoids boredom and audience fatigue.

A participatory approach

Development organisations that are intent on "educating" villagers about how they are endangering the lives of their daughters are neither appreciated nor effective. People know that there are complications and deaths. But when confronted by outsiders they are likely to react with defiance and hostility.

> "You are a young and inexperienced person. You think you can tell us what to do? You think you have the right to condemn something that has already been done by our great, great ancestors? Who are you to tell us that we have to stop this practice?" (Group of old men in Mali to a development agent during a public education session on excision)

A father agrees to stop excision. Mali

People need the space to exchange ideas and to reach their own conclusions. Participating in the process of analysis and problem solving is an essential step towards sustained change of behaviour. Organisations working for the abandonment of excision can play an important role in supporting this process. This is not an easy task, and it can be costly and time-consuming. One model of encouraging community exchanges on traditional values has been developed in Guinea with assistance of the German Technical Cooperation under the name of "intergenerational dialogue".[51,52,49]

The intergenerational dialogue in Guinea

In a protected environment and with guidance from trained moderators, groups of young and of elderly community members exchange ideas on tradition and on their visions for the future. The groups are usually segregated by sex. The forms of exchange include discussions, role plays, and "brainstormings"..and participants are able to develop an understanding of different opinions, and a gradual change in attitudes.

The reactions of people who have participated in the dialogue sessions have been very enthusiastic. Frequently they have continued their discussions without the presence of the moderator. The effectiveness of the approach to stimulate changes in community attitudes and behaviours related to excision has been well documented.

Reference: 52

Involving the whole community

Most organisations working for the abandonment of excision at community level address opinion leaders, chiefs, and other key personalities. Clearly, the commitment of these authorities is key in achieving the desired behavioural changes. However, before investing in the relationship with these leaders, their own opinions and attitudes must be explored. They are often members of the traditional establishment, and they may be firm supporters of the practice of excision. Little would be gained by investing in their collaboration, and it would be more useful to start working with the most interested and receptive groups, irrespective of their rank in the community.

Men are intimately involved in the issue of female genital cutting. In many communities they play a major role in preserving the practice.[29] But the Plan field studies also found that sometimes men are most interested in abandoning excision because of the burden of having to pay for the ceremony.[1] This points to a common error of anti-excision activists to "feminise" the issue. Female genital cutting is not a "women's problem", it is a gender and a child protection issue that affects the whole community.

> "Men want a mistress that is not circumcised but prefer marrying someone who is cut." (Woman in Freetown, Sierra Leone)

It is also important not to forget the village grandmothers. In most West Africa societies they are the arbiters of correct behaviour for younger women. They have a key role in deciding whether a young girl is to be cut or not. Furthermore, they are the peers and mates of the traditional midwives and the practitioners of excision, and therefore the local authorities on the procedure and on its potential complications.

Finally, children are often forgotten in the campaigns against female genital cutting. Yet, children are the group most immediately affected by the practice. The Plan field study in Mali documents the impressive results that can be achieved when children are encouraged to participate in the discussions of the topic.[2]

Children's participation

Female genital cutting is a child rights issue, and children of all ages have a right to be heard on this topic. The level of involvement of children in this discussion has to be appropriate to the age group. A group of very young children, for instance, can be engaged in a discussion about what makes them feel secure and protected. With adolescents, on the other hand, one can have more direct discussions about sexuality and sexual health.

Opening discussions with children on sensitive issues such as excision is not without risks. The participation may generate conflicts with parents and other adults in the community, and lead to physical and emotional punishment. The risk has to be assessed by adults. There are ways to create protected environments where children can express themselves, but this is not always possible. In Sierra Leone, for instance, Plan abandoned an initiative to create a children's radio play on excision, because previous attempts to stimulate public discussion of the theme had caused outrage.

References (2,4)

Working with qualified and committed field staff

Qualified and motivated field agents who are native and well respected in the community are essential for a successful program on female genital cutting. Unfortunately, the majority of community-based organisations work with badly paid and insufficiently trained field agents. They may have participated in a training session about the potential dangers of excision, and they can cite all the gynaecological and reproductive health complications. But when confronted in their daily work with complex questions, they are unable to respond.

> "A basic problem in the fight against excision is the bad performance of local development agents due to their poor job training level. Conservative people profit from this weakness in order to promote excision because it is very easy to discredit a message that has been poorly transmitted." (Director of a local NGO in Mali)

Plan partner NGO leads discussion. Mali

Skills and knowledge are important attributes, but in this very personal issue, commitment and motivation are just as important. The field workers who are promoting the abandonment of excision are under the close scrutiny of the population. Yet, many of them continue to have their daughters excised. They are subject to the same social pressure as everybody else. But if they fail as role models to resist this pressure, they will not be effective in bringing about the desired behaviour change in the villages where they work.

Profile of effective field agents

- Being resident in the community where they work,
- Having the confidence of the communities they are working with,
- Being personally committed to the abandonment of excision,
- Being active in other sectors of community development (i.e. no "single issue" agents),
- Being knowledgeable, experienced, and professional in their approach,
- Having the skills to facilitate and work in a participatory manner.

Knowing the community

The type of excision, the meaning of excision, community perceptions and attitudes about excision, the tone of discussion of the subject, and the economic implications of the practice vary widely among and within regions. A program to promote the abandonment of excision may be successfully in one area, and a complete failure in another. Before starting to work on the issue, it is essential to conduct the necessary research in order to fully understand the practice in the local context.

Different types of studies are required to increase the knowledge about the practice of female genital cutting in West Africa:

- Research on the incidence and prevalence of excision, on trends in the types of procedures, and on trends in the mean age of decision.
- Research on community processes, on who does the excision, who decides that it is to be done, who organises initiation ceremonies, who has an interest in maintaining the practice, and who has an interest in abandoning the practice.
- Research on testing strategies, approaches, and programs by and with communities.
- Research on the economics of excision, the costs and opportunity costs, who pays, who gains, what is the economic burden on men, women, girls, and communities.

The importance of local research

In Mali, local organisations have, for many years, tried to promote the abandonment of excision by converting the practitioners, and by offering them alternate income opportunities. The results of these programs are very disappointing. Those who laid down their knives soon took them up again, or they were quickly replaced by others. In Niger, however, similar programs were highly successful. The conversion of the practitioners was one of the main strategies that led to a rapid decline in excisions.

In Mali, the practitioners of excision are female members of the families of blacksmiths. There are many of them, and they have no power of decision making in the community. When a village decides to conduct an excision, they will find someone to do it.

In Niger, there were very few women who practiced excision. They were members of a small number of influential families. When they laid down their knives, they were difficult to replace, and the communities tended to listen.

Advocating for the cause

Advocacy lends a voice to those who have little opportunity to claim their rights, including the girls and women in rural West Africa who are most affected by the issue of excision. It brings the issue to the attention of those who are able to make a difference. Advocacy has to start at the village level and reach the highest international fora.

Many decision makers at the national and international level overlook the practice or have only vague ideas about it. Advocacy, however, should not be limited to just drawing attention to the issue. It has to provide correct and locally relevant information and suggest appropriate areas of action.

The Plan field studies found that the abandonment of excision is easier to promote if the government takes a clear position against the practice, and assists local organisations in planning and coordinating their work at community level. In some countries, national advocacy should aim at getting Government to outlaw excision. In other countries, legislation has already been passed, and advocacy should focus on stimulating a more vigorous and better coordinated national response.

Key messages for national and international advocacy

Excision is a violation of women's and children's rights. Governments should assume their responsibility to protect the rights of their citizens, especially of those who have little power.

Excision is a harmful practice. There is no justification for its continuation. It is a traditional practice with cultural roots that have long lost their meaning. It has no religious roots or significance.

Excision can cause severe physical and psychological harm. In the worst cases, it can lead to death.

Abandoning excision is a behaviour change that should be supported through long-term engagement.

Excision is not a "women's problem". All members of the community are affected by the practice, all play a role in maintaining it, and all have to be involved in the efforts to abandon it.

CONCLUSION

This publication examined the practice of female genital cutting in West Africa, looking at prevalence, the types of excision, and the age at which it is performed. As noted, the reasons why it is carried out are many and complex; including a perceived need to control female sexuality and to initiate girls into womanhood.

The justification for the practice stems from the very heart of a society's social and cultural norms and is inextricably linked to the construction of female identities. Female genital cutting has it roots in profound beliefs that deserve to be, and need to be dealt with sensitively and from a perspective of understanding in order to engage communities in a constructive dialogue about changing societal norms and abandoning the practice.

Societal norms can not be overturned from one day to the next. Legislation against the practice of female genital cutting is necessary, but as our research has shown, it is not sufficient. There should, however, be no doubt that female genital cutting is harmful and can leave girls and women facing a lifetime of physical and mental consequences that may never be overcome.

Plan has worked with the issue of female genital cutting since 1996 when it first began a program in Mali. In line with the organisation's mission, it has adopted a participatory approach in its work to assist communities to abandon the practice. Together with local partners much has been done to develop "enabling environments" rooted in the local context, where dialogue about the abandonment of the practice can take place.

This work has transformed female genital cutting in Mali, for example, from being a completely taboo subject to one that can – at least – be discussed in public. In other countries, such as Guinea, Plan's work on female genital cutting is at its inception.

While it is impossible and dangerous to generalise, the practice of female gential cutting appears to be on the decrease in West Africa. Increased reflections on this ancient tradition and its validity have begun, for example, to change the way it is carried out. The final result of these movements towards change and transition are not yet know. We do not know how the next generation of excised and non-excised girls will grow up alongside each other. We are, however, convinced, that continued constructive dialogue with communities will accelerate the pace at which communities change their norms and behaviours, and take collective decisions to abandon the practice of female genital cutting.

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