

held in the capital city, Bamako, the government agreed to assist local activists and religious leaders engaged in grass-roots efforts to eradicate the custom by involving them in a national campaign.

“The meeting was an important milestone in our struggle against female genital mutilation,” said Fatoumata Sire Diakite, President of the Mali branch of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, an NGO with regional headquarters in Addis Abbaba, Ethiopia, and National Committees in 26 countries in Africa. “Government representatives listened to all of us, showed their concern and indicated their commitment to help us. This is a big change — a wonderful change — from the government’s former stance, which was frankly hostile,” said Diakite.

Mali is one of the countries with a very high prevalence of female genital mutilation: at least 95% of the West African country’s female population have undergone the procedure that involves the partial or total removal of the external female genitalia or other injury to female genital organs — a custom that has formed part of social life for centuries. The procedure can lead to negative health consequences including infertility, reproductive tract infections, obstructed labour and increased susceptibility to HIV/AIDS, hepatitis and other blood-borne diseases.

Other countries with a high incidence of female genital mutilation are Guinea, Somalia and Egypt. In all, an estimated 100 to 140 million girls and women from 28 countries in Africa and the Middle East are estimated to have undergone some form of this harmful practice. No less than 26 million young women have been subjected to infibulation — a radical form of the procedure that involves stitching or narrowing of the vaginal opening. Around two million female children continue to be at risk each year.

Participants at the Bamako meeting reviewed progress and developed new, community-focused, strategies to curb female genital mutilation. The government agreed to incorporate training on how to combat the custom into the national training programmes for teachers and nurses and called for a national summit meeting at which the problem will be debated in public. In an attempt to reach Mali’s 10 million Muslims — who represent approximately 90% of

the population — participants agreed to draft a brochure about female genital mutilation in Arabic and to disseminate it to Islamic religious institutions.

Despite mounting pressure from international organizations such as UNICEF and the European Parliament, Mali’s government has been reluctant to prohibit female genital mutilation by law — a step Diakite says local activists see as vital. “We need a law against this practice, and we need it fast,” she said.

Some international workers, however, argue that Mali is right to proceed cautiously. “Given that most people here are committed to the practice, the government is convinced an outright ban would not stop female genital mutilation but rather drive it underground,” said Sarmoy Cisse, WHO Program Administrator for Family and Community Health in Mali.

In Mali, as in other societies where the practice is prevalent, it is woven into the local belief system, Cisse explained. “These are customs that date back a long time. Changing them is complex and requires sensitivity.”

In many places, women themselves keep the practice alive, explained Dr Heli Bathija, WHO Area Manager for the African and Eastern Mediterranean Regions’ Department of Reproductive Health and Research. “They see it often as a religious obligation or a condition for marriage,” she said, adding that a ban alone is unlikely to be effective. Bathija advocates a shared commitment by NGOs and religious and community leaders to shift attitudes through education, with support from local government and international organizations.

Mali’s new grass-roots strategy is similar to some approaches taken by countries who have been successful in reducing female genital mutilation. “We have seen positive results in many places, for instance in Kenya, Uganda and Egypt. In Senegal women have taught other women about human rights, health and sanitation, which prompted them to see female genital mutilation as unnecessary,” Bathija said.

In Senegal, Tostan — an NGO funded in part by UNICEF — has been tackling the female genital mutilation problem village by village. The result: some 1271 communities — more than a fourth of Senegal’s villages — committed to ending the practice since 1997.

Mali takes grass roots approach to ending female genital mutilation

The Government of Mali has taken action against the widespread practice of female genital mutilation. During a four-day meeting funded by UNICEF and

Tostan also has initiated programmes in Mali, Guinea, Burkina Faso and Sudan.

According to Dr Djamila Khady Cabral, Regional Counsellor for the Family and Reproductive Health Division of the WHO Regional Office for Africa, laws can help further diminish the practice only when local people have already decided for themselves to stop the custom. "In Senegal and Burkina Faso, for example, recent laws prohibiting female genital mutilation have created a more favourable environment and made women feel they are protected," she said.

Preliminary results from a national survey launched by the government of Burkina Faso to establish whether a 12-year campaign against female genital mutilation has been successful, have indicated that the practice has been almost wiped out in some parts of the country.

Not all African governments, however, are following suit. A recent situational analysis of Female Genital Mutilation in the Gambia, commissioned by UN agencies including WHO and UNICEF, blamed government interference for recent setbacks in the local campaign against the practice. Although the government prohibits the custom, 80% of Gambia's female population are still prone to it. Lack of media access for anti-female genital mutilation activists was highlighted as a major obstacle to reducing this figure. ■

Judith Mandelbaum-Schmid, *Zürich*