



FAITH OR TRADITION?

The potential of faith in ending female genital mutilation or cutting in Kayes region, Mali

Photo: Sabine Nkusi/Tearfund

1. Female genital mutilation/cutting

1.1 Introduction

Female genital mutilation/cutting (FGM/C)¹ is a harmful traditional practice involving the ‘partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons’.² It is estimated that at least 200 million women and girls alive today have undergone FGM/C in more than 30 countries worldwide.

FGM/C is associated with a number of significant short-term health effects, including pain, bleeding and risk of infection. FGM/C also results in many long-term consequences, which may include chronic pain, infections, decreased sexual enjoyment, psychological problems and a significant increased risk of complications during childbirth.³

The World Health Organization (WHO) classifies FGM/C into four types depending on the extent of the cutting:

- ⇒ **Type I** : Partial or total removal of the clitoris and, in very rare cases, only the prepuce (clitoridectomy).
- ⇒ **Type II** : Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
- ⇒ **Type III** : 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.
- ⇒ **Type IV** : All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterising the genital area.⁴

1.2 Mali: country context

The Mali Demographic and Health Survey (DHS) in 2013 found that 91.4% of women and girls aged 15–49 have undergone FGM/C. Rates of FGM/C are highest in the western and southern regions of Kayes, Sikasso, Koulikoro and Bamako and peak in Kayes region at 94.7%. They are lowest in the north-eastern regions of Kidal and Gao.

Mali has a largely Muslim population, at 95%, and the other 5% are Christian and animist. FGM/C affects people of faith and of no faith.

Although there are provisions in Mali’s Penal Code prohibiting assaults and grievous bodily harm, there is no specific law in Mali that prohibits the practice of FGM/C.

2. Research overview

2.1 Research location

Since 2010, Tearfund, an international Christian non-governmental organisation (NGO), has been involved in building national and global movements of faith that have a vision to end sexual and gender-based violence.

Tearfund commissioned research in Kayes region, where FGM/C prevalence is highest at 94.7%, and specifically in Kayes, Yélimané and Kita districts.

¹ This report uses the term FGM/C.

² WHO (2016) *Female genital mutilation: fact sheet*.

³ WHO (2008) *Eliminating female genital mutilation: an interagency statement*, OCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO.

⁴ WHO (2016) *Female genital mutilation: fact sheet*.



2.2 Objectives

The purpose of this qualitative research was to document awareness and practice of FGM/C within faith communities, and assess the potential of faith to end FGM/C in the Kayes region of Mali, in particular Kayes, Yélimané and Kita districts. Tearfund is keen to mobilise faith actors to work together to prevent and respond to the harmful impacts of FGM/C in local communities.

Moreover, research demonstrates that early/child marriage (ECM) is a practice present in Mali. The research sought to identify links between FGM/C and ECM.

The specific aims of the research were to:

- determine the nature, prevalence and key drivers of FGM/C in faith communities
- identify faith communities' current response to FGM/C
- identify the links between FGM/C and ECM
- understand what community members would like their faith community to do to end the practices of FGM/C and ECM
- understand FGM/C survivors' needs and how faith can respond to them
- identify the role of men in the prevention of and response to FGM/C and ECM
- define ways to mobilise and support faith leaders to end the practice of FGM/C in their communities.

3. Summary of findings

The sample size of the research was 140 people. They identified either as Christians from Protestant or Catholic backgrounds or as Muslims. The sample comprised 39 men who were all faith leaders (34 Christians and 5 Muslims) and 101 women (76 Christians and 25 Muslims). A subsample of

women included young adults (45, aged 17–25) and older women (56, aged 45–60).

The findings suggest that FGM/C and ECM are widely practised in both the Christian and Muslim communities, with a disproportionately higher prevalence in Muslim communities.

According to some Christian participants, FGM/C has no basis in religious texts; 23.5% of women and 66.6% of faith leaders said it is linked more to tradition than religion. There is a misinterpretation of holy scriptures, which in fact stipulate that what God created is good and should not be altered.



Women talking about FGM/C in their communities.
Photo: Sabine Nkusi/Tearfund

3.1 Awareness, nature and prevalence of FGM/C and ECM

- The majority of participants from both Christian and Muslim faith communities are aware that FGM/C and ECM are practised in their communities.
- Most women had undergone FGM/C before the age of five, including in infancy, which corresponds to national statistics.⁵
- The majority of participants are unsure of the type of FGM/C they had had, but confirmed 'flesh had been removed'.
- Some participants stated that FGM/C is often performed in secret, especially within the Christian community, and is done by traditional birth attendants, circumcisers or midwives.
- The decision to have a daughter undergo FGM/C rarely rests with the mother. It is usually a collective decision by the family and often involves older women such as mothers-in-law.

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⁵ Mali DHS 2013, p. 291.

3.2 Key drivers

Some common themes on the key drivers for FGM/C emerged across the three districts.

⇒ Social norms and tradition

- 56% of participants said that FGM/C is performed on daughters because it is what everyone else does. There is a social cost to not conforming to social norms, such as daughters being ostracised.
- Some participants said that FGM/C is a practice passed on by ancestors:

‘Some do it because they found their parents, grandparents have done it. It is a tradition left by ancestors.’ Pastor from Kayes.

- The older generation are gatekeepers of tradition and therefore want FGM/C to continue:

‘As long as the older generation says to keep FGM/C, the younger generation will follow.’ Woman from Yélimané.

- 23 % of female participants said that FGM/C is linked to tradition rather than religion.

⇒ Religious requirement

- 100% of Muslim faith leaders interviewed believed FGM/C to be a religious practice if done ‘the right way’.
- 66% of Christian participants said the practice has no biblical basis:

‘What God has created is always good, there is no way to improve the divine work: when God declares something well done, there shouldn’t be any discussion but to submit oneself.’ Pastor from Kayes.

⇒ Preventing promiscuity

- FGM/C is seen to control a woman’s sexual desire, thus preventing and reducing promiscuity.

⇒ Notions of femininity, beauty and maturity

Participants referred to beliefs that:

- FGM/C makes women and girls more beautiful.
- FGM/C improves the appearance of the female genital area.
- A girl who has undergone FGM/C is mature and is not ‘bilakoro’.⁶

3.3 Links between FGM/C and ECM

This study also aimed to find out whether there are links between FGM/C and ECM. Findings suggest that although the practice of ECM co-exists with FGM/C, there is no link to suggest that FGM/C is a prerequisite for ECM in Kayes region. Rather, the main driver for parents to marry off their daughters is to protect them from getting pregnant out of wedlock, thus bringing dishonour to the family.

ECM is widespread in both Christian and Muslim communities, with a greater prevalence in the latter.



Women from Yélimané talking about ECM in their communities.
Photo: Sabine Nkusi/Tearfund

3.4 Current faith response

Apart from some efforts by the Catholic Church in Kayes to respond to FGM/C, faith leaders and communities have largely been silent around this issue. Some participants said that faith leaders viewed the subject as taboo and were ashamed to speak about it.

The Catholic Church has provided training for its members, especially the youth, and has raised awareness of the issue in the communities that it serves. It has also collaborated with NGOs such as World Vision and other public structures to prevent and respond to FGM/C.

3.5 Survivors’ voices

Church to acknowledge FGM/C in church

All Christian survivors were clear that these issues are not fully addressed in church, and for them to start the healing process the church leadership needs to acknowledge that FGM/C happens and start doing something about it.

‘FGM/C happens in our churches and mosques. We need to stop this practice because it is a matter of someone’s life.’ Survivor from Yélimané.

Awareness of consequences of FGM/C

Many survivors felt that their faith communities did not understand the consequences of FGM/C and ECM. Work is needed to make faith leaders and men more aware. Mothers also need to be educated on the consequences of FGM/C and ECM.

‘We don’t enjoy sex. We want our girls and daughters-in-law to enjoy sex. We don’t want to just advocate against it because of problems in childbirth. We also need to enjoy sex because our men say women who are not cut enjoy sex.’ Survivor from CAFO in Yélimané.

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⁶ Term used in Malian culture to describe a woman who is not mature and is therefore still a child. In the case of FGM/C, it has a derogatory meaning.

Healthcare provision

Due to the nature of the long-term consequences of FGM/C and ECM, survivors want support to access healthcare to treat some of the complications, such as chronic pain and recurring infections.

Equip survivors to speak out

Some survivors are ready to speak out against FGM/C. However, they are unsure how to do it. Moreover, there is a lack of materials in local languages to facilitate training and dialogue in the community.

Men as allies

Survivors said that, for a long-term solution to FGM/C and ECM, men need to become allies in the prevention and response to these issues, and to see them as their own issues, not just as a 'women's affair'.

'If a girl has gone through FGM/C and she is very young, she would cry every night because of pain and the husband would know... so men cannot pretend they don't know... they do!'
Survivor from Yélimané.



Survivors want men as allies against FGM/C.

Photo: Sabine Nkusi/Tearfund

4. Key recommendations

4.1 Potential of faith

Faith leaders are recognised as key opinion leaders, both within their faith groups and in the wider community, with a well-established position of respect and authority. As an integral and influential part of the community, they have a unique mandate to speak on, and so transform, sensitive cultural issues and attitudes around gender and social norms, and are thus vital agents to engage in FGM/C prevention.



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Tearfund is a Christian relief and development agency building a global network of local churches to help eradicate poverty.

4.2 For faith communities and faith leaders

- Make prevention and response to FGM/C and ECM a priority in church activities.
- Create spaces within the church for dialogue to bring people to the same level of understanding of FGM/C and ECM.
- Create safe spaces where survivors can share their experiences.
- Create frameworks for dialogue and interfaith discussions around FGM/C and ECM.

4.3 For NGOs at programme level

- Invest in raising awareness of FGM/C and ECM in local communities by developing key messages, training and relevant materials that suit faith perspectives and address harmful social norms.
- Recognise faith leaders as key allies and equip them and faith communities with information on FGM/C.
- Identify strategies and mechanisms to enable survivors' voices to be heard so that communities can understand the impact and ensure responses address survivors' key concerns.

4.4 For communities: women, men and youth groups speaking out to prevent FGM/C and ECM

- Set up mixed-gender groups where women and men can learn together about the issues and take part in advocacy and mentoring activities.
- Take advantage of the decision-making power and counsel of the older generation to replicate positive experiences existing elsewhere in the Christian community.
- Have a system of support for the 'Mothers of the Church' for constant advocacy against the perpetuation of these practices.
- Empower young women and men to spread the word beyond their religious circles into the larger population of Kayes region.
- Explore alternative ways of addressing harmful social norms, including engaging with cutters.

Deepest thanks go to Pastor Issouf Amini and Pastor Founekè Danfaga who facilitated our access to other faith leaders and men and women in the communities. A special thanks to all the participants, in particular FGM/C survivors who courageously shared their experiences with us.

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