

THE AFFECT OF UNIFEM FUNDED
PROGRAMS ON FEMALE GENITAL CUTTING
IN KENYA AND MALI.

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16 April 2009
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ABSTRACT

The issue of female genital cutting (FGC) and the Global North's interest in the practice has led to several recent studies examining different ways to reduce FGC. Missing from these studies is the research that shows if methods of deterrence are working. This study examines the affect of grassroots initiatives on the prevalence of FGC in Kenya and Mali. The purpose of this study is to determine if grassroots initiatives, like those funded by UNIFEM, are able to change public opinions about the value of FGC and if this is an effective way of reducing the prevalence of FGC. This author believes that grassroots initiatives will be successful at reducing FGC because they fully involve the community in educational programs to form a group consensus to abandon the practice. This study shows that grassroots initiatives were effective at changing public opinions about FGC and reducing the prevalence of FGC in both Kenya and Mali.

I. INTRODUCTION

The prevalence of female genital cutting (FGC), also referred to as female genital mutilation (FGM) or female circumcision, across Africa and the Middle East is a hot topic in the human rights field. The practice, which can be viewed either as a human rights offence or as a cultural tradition, is opposed by most of the global North.¹ The elimination of this practice, which would help save millions of women from health complications, is complicated by the traditional and cultural view of the practice as a vital aspect of the community.² International efforts from the global North to end such culturally based practices are often viewed as cultural imperialism by the native people.³ By investigating the effectiveness of UNIFEM's efforts to reduce FGC in Kenya and Mali, this paper seeks to discover if this is an effective way of changing local behavior.

This topic is interesting because by knowing how different forms of interventions succeed in their goal, human rights organizations and agencies can better tailor their efforts. Knowing the best method of influence is very important because the reduction of FGC will vastly improve the health of millions of women worldwide.⁴ Understanding how UNIFEM efforts affected Kenya and Mali is also important because these countries are examples of how agency action for human rights reasons could work in other African countries with a medium to high prevalence of FGC.

¹ Eva Brems, "Enemies or Allies? Feminism and Cultural Relativism as Dissent Voices in Human Rights Discourse." In *Human Rights Quarterly*. 19.1 (1997) 136

² The World Health Organization, "Female Genital Mutilation." Fact Sheet no. 241. May 2008. Accessed 2 November 2008. <http://www.who.int/mediacentre/factsheets/fs241/en/index.html>

³ Brems, 136

⁴ World Health Organization.

There are three main schools of thought on the affect of grassroots efforts on FGC: realism, liberalism and constructivism. Realists believe that the status quo maintains the tradition of FGC. Liberals hold that grassroots organizations have a moral obligation to help solve human rights problems. Constructivists contend that grassroots initiatives can alter harmful cultural practices without damaging the culture. Constructivist theories are more convincing because their argument is more centered on the use of grassroots initiatives for culturally sensitive situations.

Based on the constructivist school of thought, the hypothesis of this paper is that efforts to reduce FGC by grassroots organizations are successful at getting communities to abandon the practice. To determine the affect of grassroots organizations efforts on FGC, this paper will analyze the prevalence of female genital cutting among women 15-49 and their daughters and the attitude of women towards the practice both before and after the UNIFEM program began in Kenya and Mali.

If the hypothesis holds, this research will find that UNIFEM's efforts to reduce FGC by funding organizations to create alternative rite of passage ceremonies and hold educational conferences for practitioners is an effective ways of reducing female genital cutting. These results will affect the way aid organizations design programs to reduce female genital cutting. Since smaller grassroots organizations more effective at reducing the prevalence of female genital cutting in Kenya and Mali, policies should be aimed at assisting these local organizations in the way that UNIFEM has. Civically, this study is important because it shows that alternative rite of passage ceremonies and practitioner educational programs can contribute to a reduction of female genital cutting.

II. THE AFFECT OF GRASSROOTS INITIATIVES ON HUMAN RIGHTS: THREE PERSPECTIVES

Many scholars and political scientists have examined the affects of grassroots initiatives on human rights issues. Several major schools of thought investigate the best method to change human rights conditions in weaker second and third world countries. Realism, constructivism and liberalism are the most prominent and applicable of these theories. Although these three theories are often considered mutually exclusive, they all concede that grassroots initiatives are beneficial. For realists, the status quo maintains the tradition of FGC. Liberals hold that grassroots organizations have a moral obligation to help solve human rights problems. Constructivists contend that grassroots initiatives can alter harmful cultural practices without damaging the culture. These three arguments typify the scholarly debate over the affect of grassroots initiatives on human rights issues.

Realist View of Human Rights

The realist theory in international relations has three basic assumptions. The first is that people are flawed and imperfectible. They have a mixture of good and bad characteristics but the negative portions can never be removed. This is an essentially pessimistic view of human nature. The second assumption is that people naturally form social groups. These groups create conflict and divide society because they involve both inclusion and exclusion. This leads to group egotism where people view themselves and their group as superior to others. The final assumption is that conflict is inevitable. One reason for this is that no society can benefit all of its citizens equally. There will always be those that benefit from the status quo and those that

would benefit from a change in the status quo.⁵ These three basic tenets are pervasive in all realists thinking and help to inform realist opinion on the use grassroots organizations to attain human rights goals.

The second assumption of realist, that people naturally form social groups, translates well to the difficulties in eradicating FGC and the virtue of using grassroots initiatives.⁶ It is very difficult to convince one family to abandon FGC because they are part of a group that subscribes to the practice. If that family were to stop subscribing to FGC they would be ostracized and exclude from their group.⁷ The grassroots initiative model changes the opinion of the whole community so that they can collectively abandon the practice. This method removes inclusion and exclusion from the formula. In this way, grassroots initiatives dispel the second assumption of realism.

The final assumption of realism, that some members of society will benefit from the status quo while others would benefit from a change in the status quo, also touches on an obstacle of ending FGC. Certain member of society benefit from the practice and would be disadvantaged if the FGC was abandoned. FGC practitioners are usually older women who are looked up to in their society. Performing cutting ceremonies is the major source of revenue for most of these women.⁸ It is, therefore, against their interest to end the practice. Many grassroots initiatives, such as the UNIFEM funded program in Mali, focus on finding other employment for

⁵ Keith Shimko, *International Relations: Perspectives and Controversies 2nd ed.* Houghton Miffler Co., 2008. 48

⁶ Ibid.

⁷ UNIFEM “A Lifelong Battle: Changing Attitudes towards FGM in Kenya.” United Nations Development Fund for Women. 24 November 2000. Accessed 25 March 2009.

http://www.unifem.org/gender_issues/voices_from_the_field/story.php?StoryID=440

⁸ UNIFEM. “The Struggle against FGM in Mali.” United Nations Development Fund for Women. 24 November 2000. Accessed 25 March 2009.

http://www.unifem.org/gender_issues/voices_from_the_field/story.php?StoryID=396

practitioners so that they can abandon the practice without risking their livelihood. In this case, grassroots initiatives also dispel the final tenet of realism.

The realist perspective provides only tenuous reasons to support the use of grassroots initiatives for human rights purposes. This perspective attempts to show that there are no situations where all people would benefit from a change in the status quo. The theory fails to account for grassroots initiatives that make sure that no one is disadvantaged by changing the status quo. This theory is not substantial enough to support the thesis that grassroots initiatives are effective at reducing FGC in Kenya and Mali.

Liberal View of International Pressure

The liberal theory in international relations has four basic assumptions. The first assumption is that humans are ultimately rational, ethical, and moral. Although not perfect creatures, humans are perfectible. This is an essentially optimistic view of human nature. The second assumption is that conflict is not inevitable. Most interactions between states are peaceful and conflict only emerges when state actors fail to recognize their common interests. The third assumption is that human beings are always progressing. The accumulation of reason and knowledge has solved problems throughout history and will continue to do so in the future. Finally, they assume that social institutions can be developed to benefit everyone.⁹ These four basic tenants are pervasive in all liberal thinking and help to inform liberal opinion on the use of international pressure to attain human rights goals.

Liberalism emphasizes individual rights and popular sovereignty. The emphasis on the individual bodes well for the promotion of human rights. Some scholars even go as far as to

⁹ Shimko, 53

contend that “the moral obligations of people and states are not limited by artificial and transitory lines on a map.”¹⁰ Human rights abuses are the problem of all humans, regardless of country, and must be defended. This deep-set belief in human rights can be translated to the issue of grassroots initiatives. According to liberals, powerful states and other citizens have the obligation to pressure states with poor human rights records into improving the treatment of their citizens.

Another aspect of the liberal perspective is their emphasis on institutions as a determinant of state behavior. Institutions, such as the United Nations, affect how states behave by defining who receives praise and who receives punishment.¹¹ Liberal institutionalism “stresses the positive role of international organizations and NGOs in promoting cooperation and peace.”¹² International organizations are helpful because they build trust with states. According to this theory, agencies such as UNIFEM can enter a country without threatening their sovereignty. If this theory holds, then it is extremely beneficial for UNIFEM to fund (and put their name on) grassroots initiatives for human rights reasons.

A somewhat less common component of liberalism is social progressivism. Supporters of social progressivism believe that traditions are not inherently valuable and should be reformed as the society progresses. This belief makes liberals natural advocates of human rights as universal rights. Cultural relativism as an argument for the continuation of detrimental practices, such as FGC, does not sway many liberals who invest in social progressivism.¹³ Practices such

¹⁰ Ibid. 276

¹¹ Lisa Baglione, *Writing a Research Paper in Political Science: A Practical Guide to Inquiry, Structure, and Methods*. Belmont, CA: Thomson Wadsworth, 2007. 35

¹² Shimko. 56

¹³ Brems, 137

as FGC, whose main defense is in tradition, are major targets of social progressivism and therefore prime issues to be resolved through grassroots initiatives.

Another concept of liberalism is the harmony of interests. This philosophy states, “it is possible to create a social, political and economic order that is beneficial to everyone.”¹⁴ This perspective supports the first tenet of liberalism that people are essentially good. This viewpoint support grassroots organizations, such as those funded by UNIFEM, because these organizations seek to reduce FGC but to keep in place vital ceremonies and jobs.

The liberal perspective asserts that human rights standards should be upheld by grassroots initiatives because of a moral obligation. Although their contention that international organizations are trusted by governments and not seen as threats to sovereignty is unconvincing, their argument that cultural relativism is not a valid reason for the continuation of detrimental practices is a valid reason why grassroots initiative would be successful. Unlike realism, liberalism is supported by several valid arguments that support grassroots initiatives but the arguments are not very applicable to this case study. Liberalism cannot support the thesis that grassroots initiatives are effective for human rights purposes.

Constructivist View of Women’s Empowerment

The constructivist theory in international relations depends on just one tenet. Constructivists, such as Richard Rosecrance, believe that states and other actors use theories and experience to modify their behavior. In other words, “states behave as they do because they adhere to certain notions of how they should and do behave. Their behavior is determined by

¹⁴ Shimko. 54

their identities, which are neither given nor constant.”¹⁵ Constructivists rely on norms to explain state behavior.

Constructivism acknowledges an aspect of culture that is sometimes overlooked. That identity is not constant and culture can be altered are foreign concepts to many people. This theory contends that people behave the way that they think they should behave.¹⁶ If they think that FGC is good because it is a tradition they will continue to practice FGC until they agree that they should behave in a different way. Grassroots initiatives use this theory to convince people that by slightly altering their culture to accommodate human rights, they will not need to discard their culture.

The constructivist perspective shows that culture does not need to be discarded in order to accommodate human rights standards. In this way, constructivism supports the use of grassroots organizations as a way of altering harmful cultural practices. Even though the constructivist perspective does not provide as many arguments as either realism or liberalism, this perspective provides the argument with the most applicability in this case. The constructivist perspective can support the thesis that grassroots initiatives are effective for human rights purposes.

III. PROGRESSION OF THOUGHT

After examining the various schools of thought about the affects of grassroots initiatives on human rights issues, it is the constructivist school of thought that seems to be the best approach

¹⁵ Shimko. 66

¹⁶ Ibid

to evaluate the affect of UNIFEM's program to reduce FGC in Kenya and Mali. A causal chain is used to outline the argument:

Involvement of Grassroots Organizations => Reduction of FGC

The constructivist hypothesis is that grassroots initiatives will be successful at reducing the prevalence of FGC in Kenya and Mali. Constructivist demonstrate that culturally sensitive areas, such as FGC, and be altered without changing the identity of the community. In order to diminish the occurrence of culturally centered practices such as FGC, grassroots initiatives are require because they raise awareness and allow community participation.

IV. RESEARCH DESIGN

The purpose of this section is to operationalize concepts and determine the best way to measure the variables of this paper. This section of the study is comprised of three sub-sections. The first section defines the concepts and show how they will be measured. The next section chooses which case will be used in this study. The last section determines what data will be analyzed during this study to produce an outcome.

To determine the affect of the UNIFEM alternative rite of passage project on FGC in Kenya and the educational programs to reform practitioners in Mali these terms first must be defined. FGC "comprises all procedures that involve partial or total removal of the external

female genitalia, or other injury to the female genital organs for non-medical reasons.”¹⁷

Alternative rite of passage ceremonies replace the traditional cutting ceremony with a ceremony filled with education about health and a celebration of a girl’s transition into womanhood without the FGC.¹⁸ Educational programs train FGC practitioners about the health risks of FGC and dispel myths about the dangers of not performing the practice.¹⁹

To determine the success of the UNIFEM program on the reduction of FGC in Kenya and Mali this study will examine the prevalence of FGC before and after the program was implemented. In order to evaluate whether or not the UNIFEM program has changed local attitudes concerning FGC, this study will examine the percent of women who support the practice and the number of women with daughters that have undergone FGC.

This paper will examine the affect of the UNIFEM program on FGC in Kenya and Mali. As of 2007, in Kenya, a moderate amount, 32%, of women have undergone FGC. In Mali, 92% of women have undergone FGC.²⁰ The large difference in the percent of the population that has undergone FGC makes these two countries useful as case studies. Both of these countries are comprised of a wide variety of different populations with very different ethnic and cultural groups. These differences will allow this study to test how effective grassroots programs are on different populations.

The raw data for this study will come from a number of sources. For data on the prevalence of FGC before and after the UNIFEM program, this paper will use the 2005 United Nations Children’s Fund (UNICEF) report on female genital mutilation prevalence and the

¹⁷ World Health Organization.

¹⁸ UNIFEM “A Lifelong Battle: Changing Attitudes towards FGM in Kenya.”

¹⁹ UNIFEM “The Struggle against FGM in Mali”

²⁰ Bureau of Democracy, Human Rights, and Labor. “Country Reports on Human Rights Practices - 2007” from U.S. Department of State. March 11, 2008. Accessed: 2 November 2008. <http://www.state.gov/g/drl/rls/hrrpt/2007/100492.htm>

UNICEF statistics on female genital mutilation from 1986-2004. For figures on the economic and cultural conditions in Kenya and Mali, this paper will use the World Health Organization and the United Nations Statistics Division's statistics on per capita GNI, population distribution, religion, and ethnic groups. All of these sources are extremely reliable and minimally biased.

In summary, the countries to be analyzed will be Kenya and Mali. The variable to be used will be prevalence of FGC, prevalence of FGC among daughters and women's support of FGC both before and after the implementation of the UNIFEM program. The data will be taken from different agencies within the United Nations and the World Health Organization. These choices are the best for this paper because they will allow the study to determine the affect of the UNIFEM programs on FGC in Kenya and Mali with minimal resources. Since minimal resources were available, the measurements in this paper may not be completely accurate and may need to be reassessed following the analysis and assessment section of this paper.

V. ANALYSIS AND ASSESSMENT

The History of UNIFEM

The United Nations (UN) is a global organization that was founded in 1945 with 51 member states. The central goals of the founders of the United Nations was to create a body that could practice preventative diplomacy to help prevent a repeat of the atrocities of World War

II.²¹ The UN Charter sets forth four missions: to safeguard peace and security, to protect human rights, to uphold international law, and to promote social progress.²²

To help make human rights universal the Universal Declaration of Human Rights was adopted by the General Assembly in 1948. The Universal Declaration of Human Rights, together with the International Covenant on Civil and Political Rights (1966) and the International Covenant on Economic, Social and Cultural Rights (1966) are considered the international bill of rights. This bill of rights, which contains 30 articles that set the standards for human rights around the world, took force in international law in 1976.²³

The UN operates with five principle administrative organs: the Secretariat, the General Assembly, the Security Council, the International Court of Justice and the Economic and Social Council. As the UN grew, it created more agencies to deal with global problems. Now with 192 member countries, including Kenya and Mali, the UN has more than 30 agencies and organizations such as the World Health Organization (WHO), the World Bank, the United Nations Children's Fund (UNICEF) and the United Nations Development Fund for Women (UNIFEM) to assist the five principle organs.²⁴

In 1976, UNIFEM was created following the World Conference on Women. UNIFEM was created to provide “financial and technical assistance to innovative approaches aimed at fostering women's empowerment and gender equality.”²⁵ UNIFEM works in more than 100 countries. They have four goals: “Reducing women's poverty and exclusion, ending violence

²¹ Bertram Ramcharan. *Preventive Diplomacy at the UN*, 2008 Indiana University Press. p.22

²² Jussi Hanhimaeki. *The United Nations*, 2008, Oxford University Press. p.1

²³ Hanhimaeki. 112-113

²⁴ Hanhimaeki, 27

²⁵ UNIFEM. “Progress for Women is Progress for all.” United Nations Development Fund for Women. Accessed 25 March 2009. <http://www.unifem.org/about/brochure.php>

against women, reversing the spread of HIV/AIDS among women and girls, and supporting women's leaderships in governance and post-conflict reconstruction."²⁶

UNIFEM developed the Trust Fund to Support Actions to Eliminate Violence against Women in 1996. This fund provides financial assistance to local, national and regional programs to reduce violence against women. The Trust Fund has given over US\$44 million in grants to 291 initiatives. The Fund has operated in 119 countries working to end gender-based violence.²⁷

In 1997, two organizations, "Maendeleo Ya Wanawake Organization" (MYWO) and the "Program for Appropriate Technology and Health" (PATH), received grants from the Fund to begin their "*Effort to Reduce Female Genital Mutilation through Alternative Coming of Age Initiation Program*" in Kenya. This program holds alternative rite of passage ceremonies for girls in their community. These ceremonies include education about health, human rights and empowerment and conclude not with a painful FGC ceremony but with a celebration of the participants' entrance into womanhood.²⁸

It is important to fill the gap that FGC will leave behind in the lives of women. Since FGC is a rite of passage into womanhood and is followed by a celebration in many cases, a new ritual needs to be created so that women will still be celebrated. This program provides a ceremony and celebration that is held for girls when they are entering womanhood but the actually cutting is eliminated. This will preserve the cultural significance and allow young women to enter their communities without harming them.

²⁶ Ibid

²⁷ UNIFEM. "UN Trust Fund to End Violence against Women." United Nations Development Fund for Women. Accessed 25 March 2009

http://www.unifem.org/gender_issues/violence_against_women/trust_fund.php

²⁸ UNIFEM. "A Lifelong Battle: Changing Attitudes towards FGM in Kenya."

In 1997, the “Association pour le Progres et la Defense des Droits des Femmes Maliennes” (APDF) received a grant from the Fund to begin their “*Elimination of Female Genital Mutilation in the Mopti Region of Mali*” program in Mali. This program educates and helps to raise awareness about the dangers of FGC. Practitioners are invited to the workshops where mothers of girls who have died from complication of FGC and doctors who dispel myths surrounding the practice give testimony. Politicians, women, and religious leaders are also invited to the workshops as a way of training new advocates. The organization also retrains practitioners so that they can safely abandon FGC without risking their livelihood.²⁹

The History of FGC

In order to understand the prevalence of FGC it is important to realize what a long history it has had in the region and to learn the facts about the practice. FGC is prevalent in twenty-five countries across Africa, the Middle East and Asia. Between 100 and 140 million living women have undergone FGC. The practice is performed most commonly on girls between the age of four and fourteen but has been known to be performed on infants as well as women who are about to marry or who have delivered their first child.³⁰ The history of FGC can be dated back to the written record of Agatharchides of Cnidus when he document the practice in Egypt in two hundred B.C.E.³¹ This long history has allowed FGC to become deeply ingrained in the traditions and the culture of those who practice it.

²⁹ UNIFEM. “The Struggle against FMG in Mali.”

³⁰ UNICEF. “Female Genital Mutilation/Cutting: A Statistical Exploration.” The United Nations Children’s Fund. 2005. http://www.unicef.org/publications/index_29994.html, 1

³¹ Elizabeth Heger Boyle, Gail Foss and Fortunata Songora. “International Discourse and Local Politics: Anti-Female Genital-Cutting Laws in Egypt, Tanzania, and the United States.” In *Social Problems*. 48, no. 4 (Nov. 2001): 526

The World Health Organization has designated four types of FGC. The least invasive method, clitoridectomy, involves cutting off the clitoris and sometimes the prepuce surrounding it. The second type of FGC, excision, involves removal of the clitoris, the labia minora and sometimes the labia majora. The most extreme version, infibulation, involves cutting off all of the external female genitalia and sewing the vaginal opening closed. A hole the size of a match head is left open to allow the passing of urine and menstrual blood. The last type includes any other type of damage to the female organs that are preformed for non-medical reasons such as cauterizing, piercing to cutting.³² A doctor can perform FGC but it is usually performed by someone in the community such as barbers or midwives. The cutting instrument can range from a scalpel in the best scenario to the lid of an aluminum can, broken glass or a razor blade.³³

FGC can cause many undesirable side effects. Some of the “complications include excruciating pain, shock, urine retention, ulceration of the genitals and injury to adjacent tissue. Other complications include septicaemia... infertility and obstructed labor.”³⁴ FGC can cause death due to hemorrhaging and infection and also increases the risk of infant mortality and complications during birth.

Even with all the health risks, the practice is extremely controversial even among human rights activists. On one hand, FGC has clearly been shown to be detrimental to the physical and mental health of women and children. Since it is often preformed on children under the age of eighteen, consent cannot be established. On the other hand, the practice is largely culturally based and any attempt to eliminate it can be seen a cultural imperialism. Some activists urge governments and other activists to use cultural relativism when examining FGC. Since families

³² UNICEF. “Female Genital Mutilation/Cutting: A Statistical Exploration.” 1

³³ Frances Althaus. “Female Circumcision: Rite of Passage or Violation of Rights?” *International Family Planning Perspectives*. 23, no. 3 (Sept. 1997) <http://www.guttmacher.org/pubs/journals/2313097.html>

³⁴ UNICEF, “Female Genital Mutilation/Cutting”, 1

and individuals mainly carry out the practice in the private sphere, it is largely considered an issue of sovereignty which governments are reluctant to address.³⁵

Despite these concerns, international legislation has been passed prohibiting the practice of FGC in many countries. The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child all contain passages that denounce practices like FGC that do not benefit the woman or child.³⁶ The United Nations (UN) General Assembly Resolution 56/128 on Traditional or Customary Practices Affecting the Health of Women and Girls and the African Charter's Maputo Protocol both specifically focus on FGC.³⁷

Domestic legislation has also been passed in many countries in Africa and in countries in the global North where immigrant populations are practicing FGC. The majority of African countries have some sort of legislation, be it an outright ban as in Ghana or simply a health ministry decree as in Egypt. In 1996, there were two Kenyan Presidential decrees banning FGC. Unfortunately, that same year both decrees were voted down by the legislature. The only legislation that Kenya presently has is a ban on performing the practice in government hospitals and clinics.³⁸

Legislation has not been passed in Mali but the Malian government has made efforts to eliminate the practice by implementing educational campaigns, establishing a National Action Committee to supporting NGOs efforts in reducing the practice and allowing media access to proponents of a ban.³⁹ The National Action Committee was formed in December of 1996. It is

³⁵ Ibid. 2

³⁶ Ibid. 1

³⁷ Ibid. 2

³⁸ Boyles and Preves. 717

³⁹ Ibid, 718

headed by the Commissioner for the Promotion of Women and is composed of a government representative from each Ministry and representatives from NGOs, religious organizations, and health institutions. The committee forms smaller, regional committees who create action plans on the local level. This involves the local people in the efforts to increase education and prevent FGC.⁴⁰

In 1997, the government of Mali created a National Plan for the Eradication of FGM/FGC by 2007.⁴¹ Clearly, this plan has been unsuccessful since children are still being circumcised legally. The practice is still legal in Mali because the approval rating of FGC is so high, 80.3%, that the government would not be able to enact a formal law banning the practice without being overruled by the populations.

Cultural reasons behind FGC

In order to understand the practice of FGC it is important to look at the cultural reasons for its continuation. According to a UNICEF survey, the most common reason why women say that they support FGC is because it is a good tradition.⁴² FGC is often treated as a rite of passage for girls and marks their journey into womanhood. Ceremonies frequently surround the practice and offer the rare occasion for a girl to be the center of attention in her community. Women who are not circumcised are often viewed as more masculine and more promiscuous and are often excluded from their community. In Mali, a person is considered to be a child until they are

⁴⁰ United States Department of State, *Mali: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, 1 June 2001. Accessed 5 May 2009. UNHCR Refworld:

<http://www.unhcr.org/refworld/docid/46d5787a55.html>

⁴¹ Ibid.

⁴² UNICEF. "Female Genital Mutilation/Cutting", 17

circumcised. For this reason, women who have not undergone FGC are often unable to marry and are outcasts in their community.⁴³

Another important factor in the continuation of FGC is the association of purity with the practice. FGC is believed to reduce promiscuity among girls and women. It is believed that by removing the clitoris, desire will be reduced and females will be more faithful to their husbands.⁴⁴ In many countries, women believe that FGC should continue because it ensures girl's virginity.⁴⁵ While infibulations certainly insure virginity because the genitals literally are sewn close, infibulations is relatively rare in both Kenya and Mali.

There are also several myths associated with FGC. One myth is that it will reduce the chances of getting a sexually transmitted disease. This myth probably originated from the belief that FGC reduces promiscuity and therefore the chances of STD. The chances of contracting an STD actually increase with FGC because of the existence of open wounds and scar tissue.⁴⁶

Another myth is that women who have undergone FGC will have healthier children. This myth is also untrue. FGC leads to vaginal scars that can tear during labor. This tearing reduces the chances of survival for both the mother and child. Among some ethnic groups, women have begun eating up to 30% less while pregnant in an attempt to reduce the weight of their babies and ease labor. This leads to malnutrition and reduced survival rates for mother and child.⁴⁷

One of the major cultural reasons for the continuation of FGC is the belief that it is required by religion. FGC predates all modern religions and is not advocated in any religious text. FGC exists among Christians, Jews, Muslims and several other religious groups.

⁴³ United States Department of State.

⁴⁴ Boyles, Foss and Songora. 526

⁴⁵ UNICEF, "Female Genital Mutilation/Cutting", 17

⁴⁶ Ibid.

⁴⁷ Michael Horowitz and Forouz Jowkar . "Pastoral Women and Change in Africa, The Middle East and Central Asia." Institute of Development Anthropology. August 1992. 42

Regardless, many people believe that it is a religious requirement. In Kenya, only 4.9% of women believe that FGC is required by religion. In Mali however, 70% of women believe that FGC is required by religion.⁴⁸ Powerful Islamic leaders who have advocated the practice make the religious perception of FGC even worse.⁴⁹

Tradition, purity, myths and religion have all contributed to making FGC extremely difficult to combat. These values are deeply engrained in the communities that practice FGC. Educational campaigns aimed at the reduction of FGC attempt to debunk many of the myths surrounding FGC but with religious leaders touting the practice's requirement, education can fall short.

Socio-economic reasons behind FGC

In addition to culture, there are many socio-economic reasons for the continuation of FGC. Factors such as education, wealth, and ethnicity affect the prevalence of FGC just as much as culture does. Generally, women with higher levels of education are less likely to allow their daughters to be circumcised than women with less education. This was the case in Kenya, a country with moderate levels of education. Despite some decrease in FGC with an increase in education levels, education level did not dramatically reduce the practice of FGC in Kenya. Mother's education had little to no impact on their daughter's circumcision in Mali. This could be explained by the fact that education levels in Mali are very low, with only 7% of women

⁴⁸ UNICEF, "Female Genital Mutilation/Cutting", 17

⁴⁹ Boyles, Foss and Songora. 528

having some secondary education. Low levels of education mean that the few women who attained education would not be enough to change the statistics.⁵⁰

In most countries, FGC occurs more in rural settings than in urban settings. This is the case in Kenya, where the prevalence of FGC is higher in rural areas (35.8%) than urban areas (21.3%).⁵¹ This is not the case in Mali where the prevalence of FGC is so high that place of residence has little effect. (See Figure 1 in the appendix) Fewer people live in urban settings in Kenya, where only 21% of the population lives in cities than in Mali, where 32% of the population lives in an urban setting.⁵² Urban-rural differences could also be confused by high levels of migration from rural areas into cities.⁵³ Nevertheless, place of residence has a significant effect on the rate of FGC in Kenya and almost no effect in Mali.

Ethnicity is the most important factor in the prevalence of FGC within a country. In Kenya this is particularly true with FGC rates ranging from nearly unanimous among Somali (97%), Kisii (96%), and Masai (93%) ethnic groups to more rare among Kikuyu (34%) and Kamba (27%) ethnic groups⁵⁴. FGC also varies by region of the country. In western Kenya only 4% of women have undergone FGC whereas in the north-east 99% of women have undergone the procedure.⁵⁵ Among countries with a very high prevalence of FGC, such as Mali, ethnicity is mostly inconsequential.⁵⁶ There are very few differences in the prevalence of FGC in the different ethnic groups in Mali. The exception is the sparsely populated Tombouctou and Gao

⁵⁰ UNICEF, "Female Genital Mutilation/Cutting", 9

⁵¹ Ibid.

⁵² UNICEF. "The State of The World's Children 2008." The United Nations Children's Fund. 2008. <http://www.unicef.org/sowc08/statistics/statistics.php>

⁵³ UNICEF, "Female Genital Mutilation/Cutting", 10

⁵⁴ UNICEF, "Female Genital Mutilation/Cutting", 6

⁵⁵ Ibid. 5-6

⁵⁶ Ibid, 11

sections of Northern Mali that have a low rate of FGC (9.3%) but since there are few women living in those areas, this has little effect on the countries prevalence overall.⁵⁷

Wealth is also very important in Egypt and Mali. Both of these countries are very poor exemplified by the per capita gross national income (GNI) in Kenya of \$580 and Mali of only \$440.⁵⁸ Another measurement of wealth is the percent of people living on less than \$1 per day. In Kenya, 23% of the population survives on less than \$1 per day. In Mali, the number of people surviving on less than \$1 per day is as high as 72%.⁵⁹ Low education and wealth led to an estimated life expectancy of only 54 years among females in Mali and 53 years in Kenya.⁶⁰ Life expectancy is also affected by the high level of maternal death in Mali, 1 in 10, and in Kenya, 1 in 39.⁶¹

International pressure at play

This section of the paper will examine the international pressure that was applied to Kenya, Mali and other African states that affected the instances of FGC. The first formal statement against FGC was at a UN conference in 1964 where it was condemned as a violation of the right to health.⁶² Despite this statement, there was very little national or international action until the late 1970s when FGC really came into the public's eye.

In the late 1970s, many women's organizations in the Global North began criticizing the practice of FGC in journals and through international organizations. The 1979 Khartoum

⁵⁷ United States Department of State.

⁵⁸ UNICEF. "The State of The World's Children 2008", 123

⁵⁹ Ibid. 147

⁶⁰ Ibid. 123

⁶¹ Ibid. 151

⁶² Elizabeth Heger Boyle and Sharon Preves. "National Politics as International Process: The Case of Anti-Female-Genital-Cutting Laws." In *Law & Society Review*, Vol. 34, No. 3 (2000): 711

Conference and the Copenhagen and Cairo Conferences of 1980 were the first outlets that allowed African and non-African participants to discuss FGC and led to the creation of many new African organizations focused on the topic.⁶³ These declarations however, did not lead to any legal action on the part of African and Middle Eastern states until the mid-1990s. There was little action in Kenya or Mali until they experienced extreme international pressure in the form of denial of international aid.

In 1996, the United States exerted international pressure to end FGC by linking U.S. support of non-humanitarian loans and grants with governments educating their citizens about the dangers of FGC.⁶⁴ Since the targeted countries do not have to accept the aid, this approach allowed for the sovereignty of the receiving state while still spreading the U.S.'s norms and ideals. Neither Kenya nor Mali began any state action until this linkage was made. Kenyan and Malian people are much less wealthy than some of their African neighbors and have shorter life expectancies as a result.⁶⁵ Kenya and Mali therefore were in great need of international aid, so they were more likely to implement educational campaigns combating FGC in order to get U.S. aid.

Results of the UNIFEM Programs in Kenya and Mali

To assess the result of UNIFEM's programs on the prevalence of FGC in Kenya and Mali this study will examine the number of women who have undergone FGC, the percentage of women with at least one daughter who has undergone FGC, and the percentage of women who believe FGC should continue in Kenya. These measurements show not only the number of

⁶³ UNICEF, "Female Genital Mutilation/Cutting". 2

⁶⁴ Boyles and Preves, 711

⁶⁵ World Bank. "World Development Indicators, 2007." The World Bank. April 2007.

women who have undergone FGC today, but also indicate if there will be a reduction in the future.

Reduction in the prevalence of FGC in Kenya and Mali since the start of the UNIFEM programs in the late-1990s indicates that these programs have had positive results. (See Figure 2 in the appendix) In Kenya, the prevalence of FGC has decreased between 1998 and 2003. In Mali, the prevalence of FGC has decreased slightly between 1995 and 2001 (the most recent statistics).⁶⁶ This indicates that the campaigns against FGC have begun to work in Mali but have been more successful in Kenya. The short period of time between the inception of the programs and the most recent statistics on the prevalence of FGC could mean that changes in behavior have not had time to show themselves through these statistics. It is therefore necessary to examine women's attitude towards FGC and the number of daughters who have undergone the practice in order to determine if the campaigns have been successful.

There has been a recent decline in both Kenya and Mali in the number of women with at least one daughter who has undergone FGC. While 32% of women have undergone FGC in Kenya, only 21% of women reported that their daughters have undergone the practice. This pattern is consistent in Mali where 92% of women have undergone FGC and 73% of women reported that their daughter had undergone FGC.⁶⁷ Although these statistics are encouraging because they appear to indicate a decline in FGC in the younger generation, these statistics do not reflect the actual number or percentage of young women who have undergone FGC.

⁶⁶ UNICEF, "Female Genital Mutilation/Cutting". 32

⁶⁷ UNICEF, "Female Genital Mutilation/Cutting". 6

Percentage of women who believe FGC should continue by age group⁶⁸

	Age Groups						
Countries	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Mali (2001)	79.90%	80%	82.70%	79.20%	79.20%	80.20%	80%
Kenya(1998)	20.70%	19.50%	20.20%	17.10%	19.40%	20.50%	21.90%

The chart above shows the percentage of women who believe that FGC should continue. The data is not very clear in either Mali or Kenya because it was only available for one year. The data for both Kenya and Mali show a consistent percentile of women who support the continuation of FGC across all age groups with very little deviation. The consistency of these statistics indicates that the campaigns in Mali are not working because the youngest group would have experienced them and that group's approval is not significantly lower than the rest of the country. The statistics are too old to be useful in Kenya because the UNIFEM program began only a year before this data was collected.

The data showing the number of women who want FGC to continue is more encouraging. In both Kenya and Mali, the number of women who want FGC to continue is lower than the number of women who have undergone FGC. (See Figure 3 in the appendix) The number of women who support the practice versus the number of women who have undergone FGC is down by 38% in Kenya and 13% in Mali.⁶⁹ This is certainly encouraging because it shows that many women who have undergone FGC themselves would not like to propagate the practice.

⁶⁸ Ibid. 42

⁶⁹ UNICEF, "Female Genital Mutilation/Cutting". 18

VI. CONCLUSION

The analysis has shown that the results of grassroots initiatives efforts to reduce FGC have been positive. The prevalence of FGC did decrease, as was expected in the hypothesis of this paper, and the change in public opinion shows that grassroots initiatives funded by UNIFEM were effective at reducing FGC in Mali and Egypt. The prevalence of FGC has decreased in Kenya but has only decreased slightly in Mali. The increase in NGOs and women's groups focusing on the FGC is certainly promising but without an overall change of public opinion in Mali, government action is limited.

What is encouraging is the decrease across the board in the number of women who support the practice. This statistic is even more important than the prevalence of FGC because it shows a change in opinion which will lead to a reduction of FGC in the future. This change in opinion is especially remarkable when considering the vast cultural, traditional and religious backing that FGC has in Kenya and Mali. The change in opinion, which occurred as a result of grassroots initiatives to reduce FGC, supports the hypothesis of this paper.

This study is limited by the statistical data that is available. The data available on the many factors related to the prevalence of FGC in Mali and Kenya were only available for one year. This made any analysis over time impossible. Statistics from the same study were also unavailable for Mali and Kenya so some statistical data is taken from separate studies. Separate studies are problematic because they may base their data on different indicators. When different indicators are used comparison of the two countries can be inaccurate.

Because of time and monetary constraints, this study was unable to evaluate every variable that could cause the prevalence of FGC to decrease. Although the choices of grassroots

initiatives seems to be the most useful method of educating people, without full access to this information this study is limited.

It is difficult at this time to make a full analysis of the impact of the UNIFEM program on the prevalence of FGC in Kenya and Mali. Since these programs were implemented so recently, it will take more time to see if the rates of FGC have really decreased. Nevertheless, this study does show that FGC is declining in Kenya and gradually declining in Mali. The educational campaigns that the UNIFEM programs implemented were shown to raise awareness about FGC and as a result, public support for the practice decreased. From these results, it can be concluded that grassroots initiatives do affect the prevalence of FGC in Kenya and Mali.

Recommendations

Grassroots initiatives are not the only method of deterrence available to reduce the prevalence of FGC. International pressure and government intervention are also useful at setting standards and examples but without domestic groups such as NGOs and grassroots organizations that educate about the dangers of FGC and help to gain community support it is difficult to reduce support for the practice. It is important that locals spearhead the efforts to abolish FGC because the practice is largely promoted through culture and tradition. Outsiders trying to decrease FGC may be viewed as cultural imperialist, which would reduce the chances of successful reduction of FGC.

Increasing the literacy rate in Kenya and Mali and educating both the old and the young about FGC may help to diminish the prevalence. This method worked with the Sabiny tribe in Uganda. The tribe recently outlawed the practice and vowed to prosecute anyone who goes against the ban to have his or her daughters cut. Educated young women from the area have

spearheaded the movement.⁷⁰ This is a prime example of how reform can come through education. These young women were more respected than outsiders because they knew the customs and traditions of the tribe. They were able to change opinions of the practice from the inside. Having local backing is so important because without local support, enforcement for a ban such as this would be next to impossible.

⁷⁰ "Uganda Fights Circumcision Rite." The Times. October 16, 2008. Accessed October 17, 2008. <http://www.thetimes.co.za/News/Article.aspx?id=864645>

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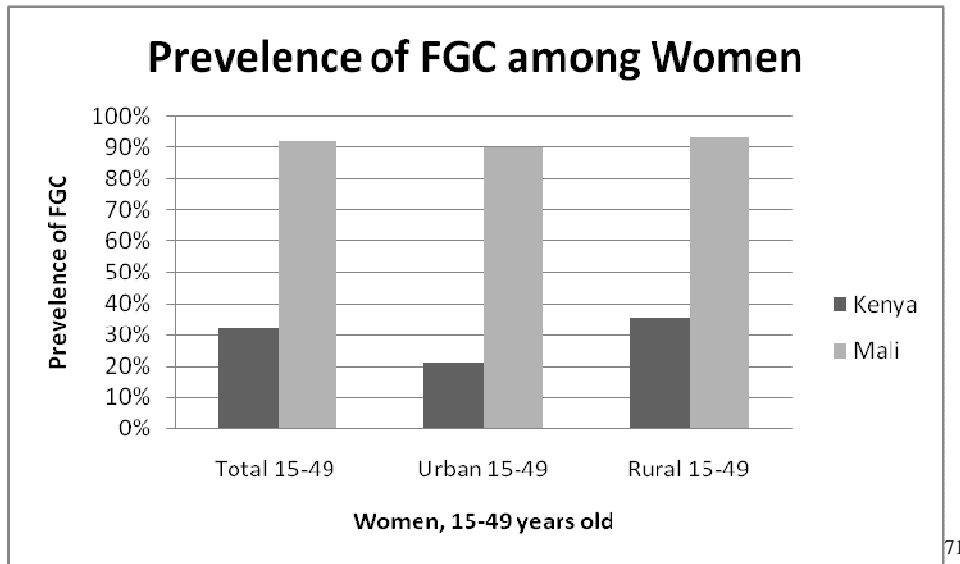
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VII. APPENDIX

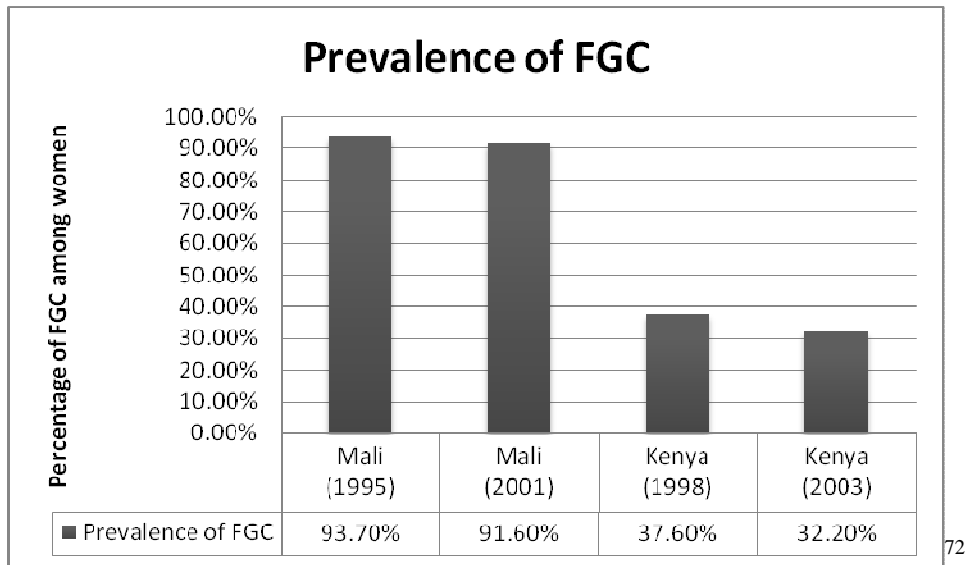
FIGURE 1



As you can see, both countries show an elevated amount in FGC in rural areas. In Mali, the rural prevalence is 3% higher than the urban prevalence of FGC. Although there is an increase in the prevalence of FGC in rural areas, the increase is not statistically significant in Mali.

⁷¹ UNICEF, "Female Genital Mutilation/Cutting." 30

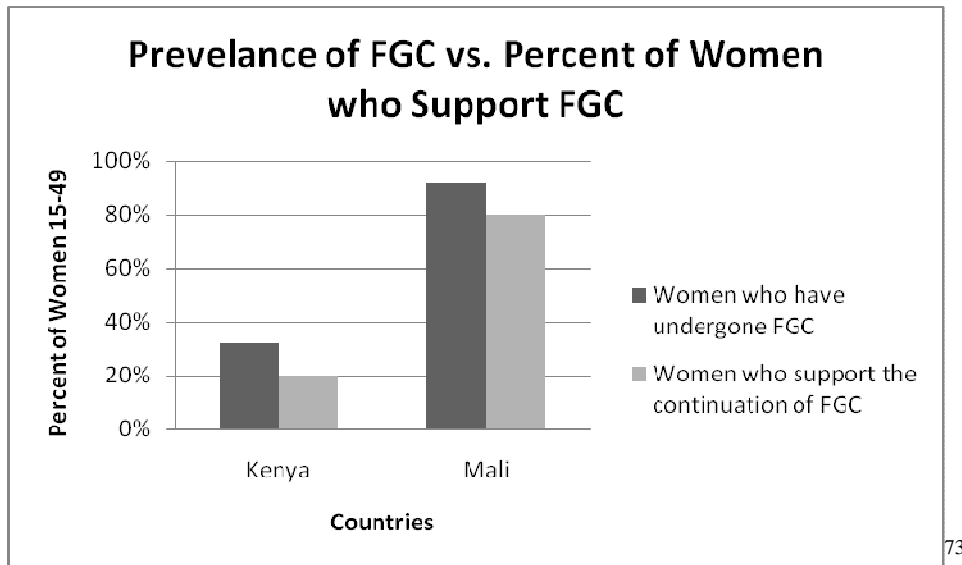
FIGURE 2



The prevalence of FGC has decreased by nearly 15% in Kenya since the 1997 UNIFEM program was put in place. The prevalence has decreased slightly in Mali since the start of the “*Alternative Rite of Passage*” program was introduction.

⁷² UNICEF, “Female Genital Mutilation/Cutting.” 32

FIGURE 3



As you can see, the percentage of women who support FGC is significantly lower than the prevalence of FGC in both Kenya and Mali. This indicates that attitudes about FGC are changing and prevalence of FGC will decrease in reaction.

⁷³ UNICEF, “Female Genital Mutilation/Cutting.” 18