

Good practices from Burkina Faso: The example of promoting the abandonment of FGM

INTRODUCTION (justification of the choice of the subject “promoting the rejection of FGM “)

- Prevalence of FGM: It is estimated that up to 77% of women aged between 15 and 49 in Burkina Faso are excised (Demographic and Health Survey, 2003). According evaluation report of the CNLPE interventions from 1990 to 2005 this rate would be 49.5% for women from 0 to 60 years and more.
- FGM due to their nature and their harmful consequences affect several rights such as the right to physical integrity, to a fulfilled/joyful sexuality, to reproductive health as well as the right to life; because sometimes the victims lose their lives because of extreme pain or infections they cause. Article 4 of the Maputo Protocol recognizes that "Every woman has the right to respect for her life, physical integrity and security of her person".
- FGM violates the rights to liberty and security which are fundamental rights of women, especially since they are mostly practiced on young children who have neither the opportunity nor the capacity to oppose and to defend themselves.
- FGM is a violence offending the dignity of women and the young girl in that it concerns the woman's most intimate parts namely her genitals.
- FGM poses a threat to the reduction of infant mortality and safe motherhood (as advocated by the goals of MDGs 4 and 5) because they can cause serious complications during childbirth and post- partum.
- The Burkinabe government has an obligation to achieve the realization of the right to the highest attainable standard of health because it has ratified international and regional commitments, including: the International Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Convention on the Rights of the Child (CRC), the African Charter on Human and Peoples' Rights and the Protocol to the African Charter Human and Peoples' Rights on the Rights of Women in Africa (known as the Maputo Protocol).
- Also, sections 1 and 26 of the Constitution of Burkina guarantee the right of everyone to life and health and Article 2 states that "The protection of life, safety and physical integrity is guaranteed".

I. What individual, leadership and context factors led to action?

- Movements and associations of women in Burkina Faso aware of the harmful consequences of FGM who led advocacy and lobbying towards political and administrative leaders
- Policy environment is favorable to promoting women's rights and equality between women and men
- The Burkinabe government created the National Committee to Combat FGM (CNLPE) in 1990 and designed and implemented National Action Plans
- Awareness-raising activities/ campaigns have been undertaken by the civil society (NGOs, CBOs, Associations, etc.) and public services (Health, Social Welfare, etc.)
- Adoption of a law to ban this practice in 1996 followed by its application

II. Obstacles to action and how were these overcome

II.1. Obstacles

- Families and individuals perpetuate FGM in the belief that is what their social group expects of them and that is for the sake of their daughters
- Some traditional and religious authorities are in favor of the practice
- The weak decisive position of women in the family: the man decides! However the man is not targeted enough by the IEC / BCC
- There are neighboring countries which have no law prohibiting the practice or do not apply it rigorously when it exists; this is an obstacle to changing the behavior of families living on both sides of the border and could lead to cross-border practice
- Men's desire to control female sexuality

II.2. How were these obstacles overcome

Conducting studies to better understand the foundations, analyzing strategies and opportunities for reorientation of interventions

- The development of innovative approaches based on studies for more effectiveness
- Developing and implementing a national action plan 2009-2013 with the support of international partners

- The multisectoral approach involving several ministries, civil society organizations, traditional and religious leaders, etc.
- The offer of medical intervention for victims of after-effects (*sequelae*) of FGM
- Increased pressure from the law on authors and accomplices of FGM
- Establishing and supporting networks of associations, NGOs, journalists and religious organizations to strengthen their capacity and autonomy of action
- The personal commitment of the head of state of Burkina Faso who has decided to provide the leadership of the elimination of the practice of excision in Burkina Faso: He made an official statement on the 10th Memorial Day of the fight against the practice of excision in May 2009. A few citations: "An improved legal and social status of Woman, her ability to access to knowledge, health advances, but also and especially the protection of her physical integrity, constitute a prerequisite to her full development and self-fulfillment. "Far from being a rejection of our customs and traditions, promoting the elimination of FGM reflects the will of the State to ensure the full development of an important component of our nation."
- The intensification of information, education and communication activities / behavior change communication (BCC)
- Teaching modules on the harmfulness of FGM in primary and secondary schools

III. Has action improved health? Has it been sustained?

III.1. Health improvement

- There is a reduction of the prevalence of FGM in girls 0-15 years, allowing them to avoid the adverse effects of the practice: Women who undergo Female Genital Mutilation are significantly more likely to experience a caesarean section, postpartum hemorrhage, episiotomy, extended maternal hospital stay, resuscitation of the newborn, and inpatient prenatal death, than deliveries to women who have not undergone FGM. These statistics are taken from women who could afford care and hospital for women who give birth at home: postpartum hemorrhage and obstructed labor are likely to have more serious results outside hospitals.
- The strategy informing the population on health risks which the practice of FGM entails and offering medical treatment for cases of sequelae,

contribute to resolving health problems of women and girls associated with FGM and improve their quality of life. From 2006 to date more than 1000 cases of sequelae of FGM have been supported by 154 physicians, obstetricians, gynecologists, surgeons, trained in the technique of repairing sequelae.

- Teaching modules on FGM in schools is a service offering information on the harmfulness of FGM, its prevention, promotion of rights in sexual and reproductive health of children, adolescents and youth belonging to future generations (the right to access information and services needed to support the rights to bodily integrity).

III.2. Sustainability

- 1 The adoption of a National Action Plan 2009-2013 Promoting the Elimination of Female Genital Mutilation in perspective of “Zero Tolerance”
- 2 The increased funding of the government by increasing the budget allocated in favor of eliminating the practice of FGM.
- 3 A strong commitment of international partners to support government efforts to eliminate this practice violating the rights of women and the set up by technical and financial partners of a **basket funding** of the national action plan.
- 4 The involvement of religious, traditional and political leaders,
- 5 Since 1996, a national law prohibiting the practice of FGM provides a legal frame for expression for the defenders of the physical integrity of girls and women.
- 6 The synergy of action by all partners under the supervision and coordination of the Permanent Secretariat of the National Committee of Fight against the Practice of Excision.
- 7 The integration of the teaching modules for the abandonment of FGM in vocational training centers for teachers guarantees the scaling up into the school system.
- 8 It also promotes a change in long-term behavior in children, adolescents and young people and leads to a total abandonment over time. It prepares future generations to adopt attitudes of rejection of FGM which are sustainable because they are passed from generation to generation.

9 The enhancement of of communities and networks capacities ensures continuity of activities and promotes sustainability of effects (elimination of FGM).

10 FGM are no longer a taboo subject: it is discussed publicly and openly.

IV. Lessons learned and recommendations

1- Lessons learned

- The abandonment of entrenched practices such as FGM requires long-term actions at different levels (political, community, etc.), with diverse approaches and adapted to the local context
- *An effective strategy for advocacy and lobbying led by credible and deeply committed individuals against the practice of FGM allows the indispensable involvement of community leaders and politicians for effective social mobilization and real political commitment (*
- Strong political commitment, a clear legal framework (laws and application texts) and a coherent national program increase the effectiveness of the fight against FGM
- The leadership of the fight against the practice of FGM at the highest level is a factor of resource mobilization
- Repair of *sequelae* of FGM is a health service offer that gives back hope to the victims and is an opportunity to educate/ inform and raise awareness among their family and friends.
- The national leadership can trigger a ripple effect on the international level: At the 65th UN General Assembly to be held on XXX 2010, Burkina Faso, through its Head of State, will introduce a resolution to ban the worldwide practice of FGM. Several African countries support this initiative.

2- Recommendations

- Intensify advocacy in countries where there is not yet any leadership of the high authorities of the State in order to promote its emergence
- Allocate necessary funds and resources (**by** development agencies and States) to support the implementation of action plans

- Encourage and support initiatives and interventions of the civil society to strengthen its capacity for action at communal/local level and its role as counterbalance and for lobbying for the adoption and enforcement of laws relating to sexual and reproductive rights
- Accompany interventions with baseline studies and monitoring to provide evidence of effectiveness