

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/focus-on-global-medicine/2000-years-to-end-female-genital-cutting/3725/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

2,000 Years to End Female Genital Cutting

CHANGING A CULTURE: WOMEN AND HEALTH IN SENEGAL

Change and challenge is in the wind as 2008 comes to an end. The same is true when examining this month's ReachMD XM 160 special series - Focus on Global Medicine. We take a look at both the changes and the challenges impacting global medicine.

How an outsider helps change a culture from the inside. Welcome to a special segment - Focus on Global Health. You are listening to ReachMD XM 157, The Channel for Medical Professionals. I am your host, Dr. Maurice Pickard and joining me today is Molly Melching, founder and executive director of Tostan. She has also won the Sargent Shriver Distinguished Service for Humanitarian Service and the Conrad Hilton Humanitarian prize.

DR. MAURICE PICKARD:

Thank you very much Molly for joining us.

MOLLY MELCHING:

Oh, thank you for inviting me.

DR. MAURICE PICKARD:

First of all, what is Tostan and what language is it in.

MOLLY MELCHING:

Our Tostan is a Wolof of word that means breakthrough. It literally means the hatching of an egg, but we in fact use it to mean spreading of knowledge. When people learn in their own language and their national languages, then Tostan works in 19 African languages. They learn new information and then they share it with their relatives, their friends. They spread the word and people start getting the information may need to make very important decisions. So, Tostan is very meaningful. It is a very meaningful word to us.

DR. MAURICE PICKARD:

I know Tostan has its headquarters in Senegal and that is where you have lived for a long time, I know that initially you came there with an educational motive or an educational vision. How did you go from being educator into human rights and how did human rights education on a village level teach or improve health for the larger community.

MOLLY MELCHING:

Well, actually I went to Senegal to study at the university. I was going to finish my masters at the University of Illinois and I went for 6 months and so it was really just a personal thing when I went to finish my masters, but when I got here, I got so excited about the culture and the society and I was learning so much myself about Senegal and African culture and tradition that I became interested in staying and I originally worked in the children center and was teaching 3 children in their own language and with stories, traditional songs and poetry and theater and then moved to a village and in the village, I then started working on an educational program for the community that would really respond to their needs and priorities as expressed by they themselves, and as we worked on this program in 1988, UNICEF started funding us and we moved onto many different communities, and we were confronted with new demands and request by the population for themes and one of the themes that women wanted particularly to learn about was their own health and as we started working on that, on those modules to teach women's health, we realized that it was critical to start with human rights, because if women do not know their rights, how can they actually stand up for their health, how can they even use their health center or how can they defend their rights to do family planning, how can they tell their husband look, you had been off in the city and now, we are little bit worried about HIV AIDS and we wanted you to get your test, I mean women would never have dared to speak out on these issues before. Learning human rights gave them incredible confidence and made them much more proactive than they had been in the program that we had been doing for years. When we started introducing human rights, there was a huge change in what women were able to accomplish once they knew about human rights and one of the most amazing things that happened was that women decided on their own to abandon the practice of female genital cutting.

DR. MAURICE PICKARD:

Could you give me an idea statistically how frequent female genital cutting is in Africa and how many countries are involved.

MOLLY MELCHING:

Female genital cutting is a tradition that has lasted for 2200 years, originally began we believe, in Egypt with the Favorers and in the Favorers court, as he started marrying women who were infibulated, nephronic infibulation, women started practicing this so that they could even marry into the Favorers court or be a concubine and as women saw that they could move up in status, they actually practiced starting moving down and as there was migration out of the Egypt and across the Africa, it spread and particularly in countries such as Malawi where there was a hierarchy with the empires and Mandinka empire, which spread this practice even further and in the Senegal, for example, in Senegal, FGC is practiced by 28% of the population, but that figure is very deceptive, because when you look at the different ethnic groups within the Felony ethnic group or the Mandinka ethnic group, actually it is much, much higher. It is just a role of ethnic group that does not practice FGC. So, when you work in Mandinka village, you will find that all of the Mandinka is their practice, in fact it is like a social convention. If you don't practice it, you won't get a husband and this is what Tostan learned, as we started doing our human rights work that women were not even able to discuss this because it was a social norm, a social convention that was just expected of them and they couldn't imagine that if their daughter was not cut, they knew no man would want to marry their daughter, so of course they have to do it. They were trapped in this convention. Even if they themselves have problems, now, I knew a woman, an amazing woman, she told me that her daughter died during this tradition and she said the most incredible thing was that when her younger daughter then was ready to be circumcised that time, she said you would think that I would say no. She said because it was a most horrible experience to have all the girls go off for the circumcision ceremony and she was the only mother that was not called and then they finally called her in the morning and said your daughter has died and she is already buried. She said you would think and she

started crying when she told me this. She would think that with my second daughter, I would say no, I don't ever want to take the risk. She said, but I had no choice, Molly. And then she looked at me and she said, this is what human rights education has done for me. It has given me choice.

DR. MAURICE PICKARD:

And I wonder what the response of the women who are called cutters who do this, they really view themselves as honorable kind people. They don't view themselves as?

MOLLY MELCHING:

No, they are helping the mothers to make their children successful and so we soon learned and this is what one of the most important aspects of the Tostan program is that this one woman I told you about Maria too, she could not abandon FGC alone. The reason she was able to abandon is because Tostan in our program taught this core group of people, women, men, and adolescents about the dangers. We didn't tell people to stop. We merely informed them of the dangers. We allowed a form of space where they could openly talk about these issues and discuss some of these experiences that they have never talked about before. Maria too had never told anyone what happened to her daughter. So, by coming out and talking about these things for the first time, it allowed people to come together and Tostan helped to facilitate them coming together from many villages that might have been for us and difficult to get together, you know, to come and transportation and having to eat and spend the night. So, we had facilitated their coming together and discussing these issues on their own as an extended family for whom this tradition had been so critical for so many years. This form allowed them to make these important decisions as a united family and deciding together as of tomorrow, no one will practice this again and in that way, no girl would be ultra-sized, no girl would be marginalized and not marriageable. So, this was the critical thing that we discovered and we discovered it through the villagers themselves. We later found out from a scholar at the University of California in San Diego that this is how foot binding ended in China that women had wanted to end this practice, but they couldn't because it was required for marriage. A woman who did not have bound feet would not have a husband. So, what happened in 1895 to 1907, there were marriage clubs established where people would sign in and say our daughter will not have bound feet and our sons will never marry a girl that has bound feet, and this allowed people to stop safely and this is what happened in Senegal and we went from one village abandoning in 1997 in Malikounda Bougoula to today where we have had over 3300 communities abandoned female genital cutting, coming together publicly declaring that together we are family, are ethnic group, we have decided to stop this practice because we are moving towards health, we are moving towards human rights, we want our community to be in good health to be happy and prosperous and we can do this if we continue on with these practices.

DR. MAURICE PICKARD:

United States hears all the time just say no, and I can't help it make that association just saying no isn't enough, the change has to come from within, is that what actually happened with Tostan.

MOLLY MELCHING:

It is. I think that when there is a question of a social norm that people have the habit and the customers doing things and they have never questioned them before, coming up with the message saying the people stop this now, actually can have the opposite of sex. It could make people more defensive and reactive and say, wait a minute, who are you to be telling me what to do? This is something I have been doing for years. My mother did it, my family did it, my grandmother did it. How dare you? So, this was the reaction I think that many people have gotten when they tried to get others to stop things, especially something like female genital cutting. Whereas, going and informing people and trusting people and saying you are going to make the right decision when you have the right information trusting that people, you know, might take them a while, but that if they can do it under the proper condition that is getting together the

group that is concerned by this practice and discussing it with them, allowing them to come together and say, let's come up with a different social norm that will be more beneficial to us as a group in the future and then actually witnessing people doing that is much more productive in the long run to behavior change, then trying to you know put up posters, stop this, don't do that, it really and we have seen this also in Africa, has really led to people being even more resistant, marching against people who are trying to do this. It is understandable. We would do the same way. So, I feel very strongly that information and education is critical and others, we believe that human rights education really help to give people an idea of where they wanted to go and what would the framework was. Human rights provided that framework for them. We wanted society in which there is peace and security where there is help in education and lack of violence and lack of discrimination, you know, when FGC you couldn't marry someone who didn't undergo FGC, so they said look, this is a practice that have led the discrimination, we want to end this because we believe that is not good, even our religion speaks out against the discriminatory practices. So, it really helped tremendously to understand social norms and how they work to use those rather than going in and just putting up signs, stop this now, this is bad, and this prescriptive messaging.

DR. MAURICE PICKARD:

I have read where, when 2 women get together, there is hope and where there is 35, you can change the world.

I want to thank Molly Melching, founder and executive director of Tostan, an organization that through education has made both men and women in Senegal, in the greater African continent aware of human rights education and proved that leaving to changes in long established cultures, such as female genital cutting and how eliminating this has opened the culture up to better help.

I am Dr. Maurice Pickard, your host and you have been listening to a special segment on global health. To listen to our on-demand library, visit us at reachmd.com. Thank you for listening.

Thank you for listening to our special series - Focus on Global Medicine. As we celebrate this annual holiday season, everyone at ReachMD wishes you and your family a happy holiday and a successful new year. Free CME on ReachMD is now easier. Link to ReachMD's free custom application for your iPhone at reachmd.com.