



COUNTRY FACT-SHEET

ENDING FEMALE GENITAL MUTILATION



Female Genital Mutilation in Senegal

COUNTRY INFORMATION ■ The Republic of Senegal is located on the coast of Western Africa. There are about 20 different ethnic groups. The largest ethnic groups are the Wolof, the Fulbe and Toucouleur, the Serer, the Diola and various Mandingo groups. Women are disadvantaged in both economic and societal terms as a result of their status and the prevailing sociocultural norms.

SENEGAL:

Population: 13 million

Population growth: 2,6 %

Religious affiliation: 94 % Muslims, 4 % Christians, 2 % traditional religions

Literacy rate: women: 33 %, men: 52 %

Percentage of women aged 20-24 who were married before the age of 18: 39 %

Maternal mortality: 4,1 %

PREVALENCE OF FEMALE GENITAL MUTILATION ■ Female genital mutilation (FGM) refers to all practices involving partial or complete removal of or injury to the external sexual organs of women and girls for non-medical reasons. The World Health Organisation (WHO) distinguishes among four types of FGM based on the invasiveness of the intervention.

According to the Demographic and Health Survey (DHS) conducted in 2005, 28 per cent of all women aged between 15 and 49 have been subjected to FGM. The regional differences are huge. Genital cutting is most widespread in the South of the country (94 per cent of women are cut in Kolda Region) and in the North-east (with a 93 per cent prevalence in Matam Region). The next highest prevalence rates are found in the Tambacounda (86 per cent) and Ziguinchor (69 per cent) regions. By contrast, FGM is rare in other parts of the country, such as Diourbel and Louga Regions, where fewer than five per cent of women have been cut.

The major differences between one part of the country and another can be explained by the distribution of the various ethnic groups within the country. FGM is almost unknown for instance among the Wolof and the Serer.

If one compares rates of FGM in the various age groups, one sees a slight decline in the practice. While about 30 per cent of women aged over 30 have been cut, the figure for the 15 to 19 year olds is only 25 per cent. It is, however, clear that FGM is still practised in the generation of daughters. 20 per cent of mothers surveyed with at least one daughter stated that they already had one daughter cut, and four per cent intended to do so. A prevalence of 24 per cent must then be assumed among the generation of their daughters.

In Senegal, there is a major difference between urban and rural areas (with a prevalence of 34 per cent in rural areas as compared to 22 per cent in urban areas). Muslim women are significantly more likely to be subjected to FGM (29 per cent) than Christian women (eleven per cent), and women with no schooling are more frequently affected (34 per cent) than women with post-primary education (19 per cent).

Most women undergo excision (Type II according to the WHO classification). This involves the partial or total removal of the clitoris and the labia minora. About twelve per cent of women stated that they had been subjected to infibulation (Type III according to the WHO classification, i.e., narrowing of the vagina with (partial) removal of the labia minora and/or majora, and/or the clitoris). Almost all interventions are performed by traditional circumcisers. Only 1.3 per cent of girls had been cut by medically trained staff. The age at which girls are cut did not vary much between the generation of mothers and the generation of daughters: almost three quarters of women subjected to FGM in each age group had been cut before their fifth birthday.

The most important reasons given for FGM were the social standing it confers and the need to preserve girls' virginity, followed by the belief that FGM is a religious duty. Of women who have themselves been cut, 53 per cent believe that the practice should be retained; of men, twelve per cent do.

On behalf of

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Federal Ministry
for Economic Cooperation
and Development

APPROACHES ■ The Senegalese Government has ratified several international conventions that reject FGM. These include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the UN Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child and the Maputo Protocol (to the African Charter on Human and Peoples' Rights) on the Rights of Women in Africa.

In 1999 the Government adopted Article 299 of the Penal Code, which imposes a maximum penalty of five years imprisonment on FGM. Subsequently the Ministry of Family Affairs produced and adopted an Action Plan 2000-2005 according to which FGM is to be eradicated in Senegal by 2015. The main objectives were to improve networking and coordination among actors involved in efforts to combat the practice, explaining the legal framework to them and integrating the issue into formal and non-formal education. An evaluation of the Action Plan conducted in 2008 notes that of the 5,000 or so villages previously practising FGM, a total of 3,300 had forsworn the practice by 2008 in public declarations. There are, however, still areas in which the practice is still strongly defended. It is also important to ensure the sustainability of what has been achieved. The Second National Action Plan 2010-2015, which was adopted in February 2010, is to step up action against FGM. The objective remains the complete eradication of the practice by 2015.

Various national and international non-governmental organisations (NGOs) are involved in combatting FGM in Senegal. The best known of these is the international organisation Tostan, which is working to end genital mutilation with the help of broad rural education programmes. The core of its approach is to stimulate social change through non-formal education. The various modules of its 'Village Empowerment Programme' tackle FGM as both a health issue and a human rights issue. Mostly the education provided within the framework of the programme leads to a public declaration condemning FGM, which is deemed to be an expression of intended social change.

Since 1999, GTZ (GIZ as of 1 January 2011) has been implementing the project 'Ending Female Genital Mutilation' on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ). In Senegal the GTZ's FGM project supported various activities, including Tostan's, to overcome FGM in Kolda Region in the south of the country over a period of several years. After 2002 efforts focussed on advising the GTZ FANKANTA project, which was attached to the Senegalese Ministry of Health. This project supported family planning and HIV education in various regions of the country. In Kolda Region, the issue of FGM was incorporated into the project work because of the high prevalence level there until FANKANTA was replaced by an integrated Casamance-wide programme in 2005.

The FGM activities that were part of the FANKATA programme aimed above all to raise the level of acceptance of the legal ban on FGM with the help of education and sensitisation. In view of the difficult political situation in the Casamance, it aimed to ensure that the local population did not see the ban as a central government meddling in their affairs, but as something that is well-founded and rational. Thanks to this approach FANKATA found many supporters and advocates not only among local NGOs and action groups, but also among religious and social leaders who were influential within their communities. In cooperation with the project, they developed various educational materials in local languages which were used widely within the scope of numerous special events. They also made possible education activities after the project per se had been completed.

The term GTZ or Deutsche Gesellschaft für Technische Zusammenarbeit refers to one of the predecessor organisations of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). Established on 1 January 2011, GIZ pools the long-standing expertise of Deutscher Entwicklungsdienst (DED) (German Development Service), GTZ (German technical cooperation) and Inwent – Capacity Building International, Germany.

Sources

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