

FEMALE GENITAL MUTILATION IN AFRICA: Information by Country

Country	Estimate % of women and girls who undergo FGM	Type of FGM practised
Benin	50%	Excision FGM is mainly practised in the north of the Country. There is no law specifically prohibiting FGM. The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) has been campaigning against FGM since 1982, collaborating with the Ministry of Social Affairs and Health. Educational materials are distributed in government-run clinics.
Burkina Faso	70%	Excision All but a few of the country's 50 ethnic groups practice FGM. Recent legislation outlaws FGM and the government campaigns widely against the practice. The National Committee for the Fight against Excision (CNLPE), affiliated to the IAC, was set up in 1990 and carries out extensive educational work.
Cameroon	20%	Clitoridectomy and excision FGM is practised in some areas of the far north and south-west. There is no law specifically prohibiting FGM. The IAC's Cameroon chapter was created in 1992. The government supports their activities. IAC Cameroon is invited to all meetings organized by the Ministry of Social Welfare and Women's Affairs, and the Ministry of Public Health.
Central African Republic	50%	Clitoridectomy and excision FGM is prevalent in approximately 10 of the country's 48 ethnic groups. There has been a law against FGM since 1966 and the government has taken a number of measures against the practice.
Chad	60%	Excision and infibulation FGM is practised in all areas of the country, infibulation being performed in the eastern part bordering Sudan. There is no law specifically prohibiting FGM. The IAC is active in outreach programmes. The government plays a minimal role in trying to eradicate the practice.
Côte d'Ivoire	60%	Excision

FGM is deeply rooted in animist initiation rites. It is also prevalent among Muslim women. It is practised particularly among the rural populations in the north, north-east and west. A new law prohibiting FGM is being drafted. Non-governmental organizations (NGOs) campaigning against FGM include the International Movement of Democratic Women (MIFED), the IAC, the Ivorian Association for the Defence of Women's Human Rights (AID-F), and the Ivorian Association for Safe Motherhood (AMS). They receive some government support.

Democratic Republic of Congo 5%

Excision

FGM is practised on girls living in the northern equatorial part of the country. No law specifically prohibits FGM.

Djibouti 90-98%

Excision and infibulation

An estimated 95% of women from all ethnic groups are infibulated. A Penal Code provision outlawing FGM has been in force since 1994. Among the several organizations working on the issue are the Association for the Equilibrium and Promotion of the Family (ADEPF) and the Union Nationale des Femmes de Djibouti (UNFD), National Union of Women of Djibouti, which organize workshops to raise awareness about the health risks of FGM. Both groups receive occasional media coverage. The Ministry of Health allows clinics and health training centres to distribute information about FGM and other harmful traditional practices.

Egypt 97%

Clitoridectomy, excision, and infibulation

FGM is practised by both Muslims and Coptic Christians, infibulation being particularly prevalent in the southern part of the country. A presidential decree in 1958 prohibited FGM, making it punishable by a fine and imprisonment. In July 1996, Health Minister, Ismail Sallam, banned all licensed health professionals from performing FGM. In June 1997 an Egyptian court overturned this ban. In his decision, Judge Abdul Aziz Hammade stated that FGM was a form of surgery which doctors have the legal "right" to perform, without interference from ministerial bodies. The health minister and the head of Egypt's medical syndicate have appealed against the court's decision, and the Sheikh of al-Azhar, the highest religious authority in the country, has declared his

support for the ban. The health minister has announced that his July 1996 ban will remain in place until the appeal process is completed. Various NGOs are active in the campaign against FGM, including the Egyptian Organization for Human Rights.

Eritrea	90%	<p>Clitoridectomy, excision and infibulation FGM is carried out by almost all ethnic groups. No law specifically prohibits FGM. Prior to winning independence from Ethiopia in 1991, the Eritrean People's Liberation Front (EPLF) undertook abolition campaigns in areas under its control with the stated aim of discontinuing the practice. Based on the EPLF experience, FGM is included in the Eritrean government's health and general education programmes. The National Union of Eritrean Youth and Students and the official women's organization have embarked on a campaign to discourage FGM.</p>
Ethiopia	90%	<p>Clitoridectomy and excision, except in areas bordering Sudan and Somalia, where infibulation is practised FGM is practised among most of Ethiopia's 70 or more ethnic groups, including Christians, Muslims and the minority Ethiopian Jewish community (the Falasha), most of whom now live in Israel. Ethiopia has an extremely high maternal mortality rate, due in part to birth complications related to FGM. There is no law specifically prohibiting FGM although the Constitution prohibits harmful traditional practices. A wide range of educational outreach activities are carried out by NGOs. The Revolutionary Ethiopian Women's Association (REWA) had a mandate under the former Mengistu regime to eradicate customs and practices that deny women their rights. REWA supported eradication of FGM, as did the Ministry of Health. The National Committee of the IAC was set up in 1985 and given permission to establish its regional headquarters permanently in Addis Ababa. Similar anti-FGM educational programmes have been conducted since the overthrow of the Mengistu regime in 1991, with active governmental and NGO support. Ethiopia has a strong national anti-FGM NGO affiliated to the IAC.</p>
Gambia	60-90% average;	<p>Excision, infibulation in a very small population percentage almost 100% of The Foundation for Research on Women's Health, Productivity and the Fula and Sarahuli womenEnvironment (BAFROW),</p>

a Gambian women's organization, reports that seven of the Gambia's nine ethnic groups practice FGM. There is no legislation specifically prohibiting FGM. In 1981, the Gambia National Committee on Traditional Practices Affecting the Health of Women and Children was set up. One of its focuses is the eradication of FGM. BAFROW was founded in 1991 and also aims to abolish FGM. In May 1997, the Gambia Telecommunications (GAMTEL) Director of Broadcasting Services issued a directive prohibiting the broadcast by Radio Gambia or Gambia Television of any programmes opposing FGM. GAMTEL, a state-owned company which controls Radio Gambia and Gambia Television, is responsible for radio and television stations with the largest national audience, and the only ones that reach the entire country. NGOs campaigning for the elimination of FGM issued a protest to the President against this media policy.

Ghana 15-30%

Excision

FGM is most prevalent in the regions of the Upper East, Upper West and North where more than 75% of girls have reportedly undergone excision. It is also practised by migrants in the south. The practice persists despite the passing of legislation in 1994 that explicitly prohibits it. The government issued a formal declaration in 1989 against FGM and other harmful traditional practices. Section 69A of the Criminal Code makes FGM a second degree felony punishable by a fine and imprisonment. Since its enactment in 1994 two practitioners have been convicted. All levels of government have come out strongly against FGM. NGOs working against FGM include the Association of Church Development Projects (ACDEP), the Ghana Association for Women's Welfare (GAWW) and the Muslim Family and Counselling Services (MFCS). GAWW, established in 1984, is a charter member of the IAC.

Guinea 70-90%

Clitoridectomy, excision and infibulation FGM is widely practised in Guinea without distinction as to ethnicity, religion, or region. The practice is illegal under Article 265 of the Penal Code. The Supreme Court is working with the local Coordinating Body on Traditional Practices Affecting the Health of Women and Children (CPTAFE) to propose an amendment to the Guinean Constitution which would specifically prohibit FGM. The head of state, the president's

wife, and other high-level government officials have publicly spoken out against the practice. CPTAFE, the Guinean branch of the IAC set up in 1988, is recognized by the government.

Guinea-Bissau	50% average; 70-80% in areas Fula and Mandinka. a 20-30% in urban	Clitoridectomy and excision FGM is widespread among the inhabited There is no legisla-by the Fula andntion specifically prohibiting the practice. In 1992, Mandinka; the Guinea-Bissau chapter of the IAC organized government-supported public awareness seminar on FGM. In 1995, a proposal to outlaw FGM was defeated. The Assembly, however, approved a proposal to hold practitioners criminally responsible if a woman dies as a result of FGM. Some government support is given to outreach groups conducting educational seminars and publicity.
Kenya	50%	Clitoridectomy and excision, some infibulation in far eastern areas bordering Somalia and in some refugee camps housing Somalis FGM is prevalent among various ethnic groups. There is no law specifically prohibiting the practice. Government hospitals are instructed by the Ministry of Health to cease the practice of FGM. A motion brought before Parliament, seeking legislative authority to ban FGM, was defeated by an overwhelming majority in November 1996. NGOs active in combatting FGM include the National Council on Women in Kenya, the Kenyan National Committee on Traditional Practices and Maendeleo Ya Wanawake (MYWO).
Liberia	50-60%	Excision Thirteen ethnic groups reportedly practice FGM. Some experts estimate that the incidence of FGM may have dropped to 10% as a result of the civil war; exact statistics are not available. No law specifically prohibits FGM. In 1985, the Liberian National Committee, also called the National Association on Traditional Practices Affecting the Health, was set up. It conducted research into attitudes towards and the prevention of FGM.
Mali	90-94%	Clitoridectomy, excision and, in the south of the country, infibulation FGM is common throughout Mali. No law specifically prohibits FGM. A number of NGOs campaign against the practice, including

AMSOPT, which has educated youth and religious leaders and held sensitization programmes for excisors and their assistants. Other active organizations are the Association for Promoting the Rights of Women (APSD), the Action Committee for the Rights of Women and Children (CADEF), the National Women's Organization (NOW) and the National Chapter of the IAC. The government supports their activities. Radio Mali disseminates information on FGM and other harmful traditional practices in its Women and Development Programme.

Mauritania	25% average; 95% among the Soninke and Halpulaar, 30% among Moor women	Clitoridectomy and excision No law specifically prohibits FGM. NGOs and public health workers educate about the harmful effects of FGM.
Niger	20%	Excision There is no legislation specifically prohibiting FGM. In 1990 a government decree established the Niger Committee Against Harmful Traditional Practices (CONIPRAT), which has studied the prevalence of FGM and organized sensitization seminars and workshops. The government participates in educational seminars.
Nigeria	50%	Clitoridectomy, excision and, in the northwest, some infibulation FGM is practised throughout the country and among all ethnic and religious groups. No law specifically prohibits FGM. The National Association of Nigerian Nurses and Midwives (NANNM) has been active in the fight against FGM. Nurses and paediatricians have campaigned throughout the country, conducting educational activities at the state and community level. In 1984, a Nigerian National Committee, the National Chapter of the IAC, was set up. The Committee has had support from the Ministries of Health, Education and Information.
Senegal	20%	Excision In 1988 a survey on FGM was carried out by ENDA (Environmental Development Action in the Third World) with support from the IAC. This study revealed that FGM is prevalent among the Muslim population and is practised most widely in the eastern region of the country, where it also affects the

non-Muslim population. No law specifically prohibits FGM. The President of Senegal, Abdou Diouf, spoke out against the practice in the mid 1980s. In 1981, Campagne Pour L'Abolition des Mutilations Sexuelles (CAMS), Campaign for Abolition of Sexual Mutilation, was formed in Paris, with Awa Thiam as the President and a branch organization Femmes Et Société (Women and Society) in Senegal. CAMS-International was later based in Senegal. The organization takes a gender perspective in addressing FGM — organizing seminars on violence against women and FGM and setting up a gender research unit on women at the University of Dakar. The Senegalese Committee on Traditional Practices (COSEPRAT), the IAC national chapter in Senegal, conducts medical research into FGM, and their activities include radio broadcasts which reach a large percentage of the population. COSEPRAT collaborates with the government.

Sierra Leone 80-90%

Excision

All ethnic groups practice FGM except the Creoles, who are mainly based in the capital, Freetown. No law specifically prohibits FGM. It is practised within a strong ritualistic context, within traditional power bases for women known as Bundo (secret societies). These societies are shrouded in secrecy and taboo. Membership is conferred on a girl when she is subjected to FGM, and non-members are considered to be outcasts. Fear surrounds the practice of FGM and those who criticize the secret societies have been known to receive death threats. In August 1996 supporters of FGM launched an offensive, drawing support from members of the influential elite, who are members of the Bundo themselves, or have relatives as members. In January 1997, 600 girls were reportedly subjected to FGM in a displaced people's camp near Freetown. In July 1997, Sierra Leone's military ruler, Major Johnny Paul Koroma, who came to power following a military coup in May 1997, assured supporters of FGM that he supports this and other traditional practices.

A National Chapter of the IAC, called the Sierra Leone Association on Women's Welfare, was set up in 1984. It advocates education against FGM and legislation to eradicate the practice. Other NGOs

that have been active in the campaign against FGM include the Movement for the Eradication of FGM, the Canaan Christian Fellowship Fund, and Plan International.

Somalia 98%

Infibulation

Virtually all Somali women are genitally mutilated. There is no law specifically prohibiting FGM. In 1977 the Somali Women's Democratic Organization (SWDO), a governmental women's organization, was formed to eradicate FGM. This was followed by a series of initiatives, most notably by the Somali Academy of Arts and Sciences and the Institute of Women's Education. In 1987, SWDO and the Italian Association for Women and Development (AIDOS) founded an anti-FGM project designed to eradicate infibulation. AIDOS provided technical and methodological support and SWDO was responsible for the content and direction of the campaign. In 1991, when the Siad Barre regime was overthrown and the state disintegrated into warring factions, the projects collapsed.

Sudan 89% of northern Sudanese women

Infibulation predominates, some excision reported FGM is widely practised in northern Sudan, and to a much lesser extent in the south. Attempts have been made to eradicate FGM for the past 50 years. Despite this, women are still being infibulated. Sudan was the first African country to outlaw FGM. The 1946 Penal Code prohibited infibulation, but permitted sunna, the less radical form of FGM. The law was ratified again in 1957, when Sudan became independent. In 1991 the government affirmed its commitment to the eradication of the traditional form of FGM. The 1993 Penal Code, however, does not mention FGM, leaving its status unclear. NGOs most active in the campaign against FGM are the Organization for the Eradication of Traditional Harmful Practices Affecting the Health of Women and Children (ETHP), and the Babiker Badri Organization. The Ministry of Social Planning recognizes both groups.

Tanzania 10%

Excision, infibulation

FGM is practised in five regions of Tanzania. There is no legislation specifically prohibiting FGM. The government has made sporadic efforts to eradicate the practice, including a campaign in two regions in

1971. The Tanzanian chapter of the IAC was formed in 1992.

Togo 12%

Excision

FGM is practised in the north of Togo. No law specifically prohibits FGM. Human rights and women's rights groups educate rural populations about the dangers of the practice. An IAC chapter was formed in 1984 with the support of the Ministry of Social Affairs.

Uganda 5%

Clitoridectomy and excision

FGM is practised in Kapchorwa district. No law specifically prohibits FGM; the government publicly condemns FGM. The IAC campaigns against the practice, collaborating with the Ugandan Women Lawyers' Association, the Safe Motherhood Initiative, the National Association of Women's Organizations in Uganda, the Media Women's Association, and the Association of Uganda Doctors. Government ministries have given them some material help.

Sources

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