# FGM/C IN BURKINA FASO:

## EXECUTIVE SUMMARY

December 2015

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WORKING TOGETHER TO END
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28 TOO MANY

FGM...
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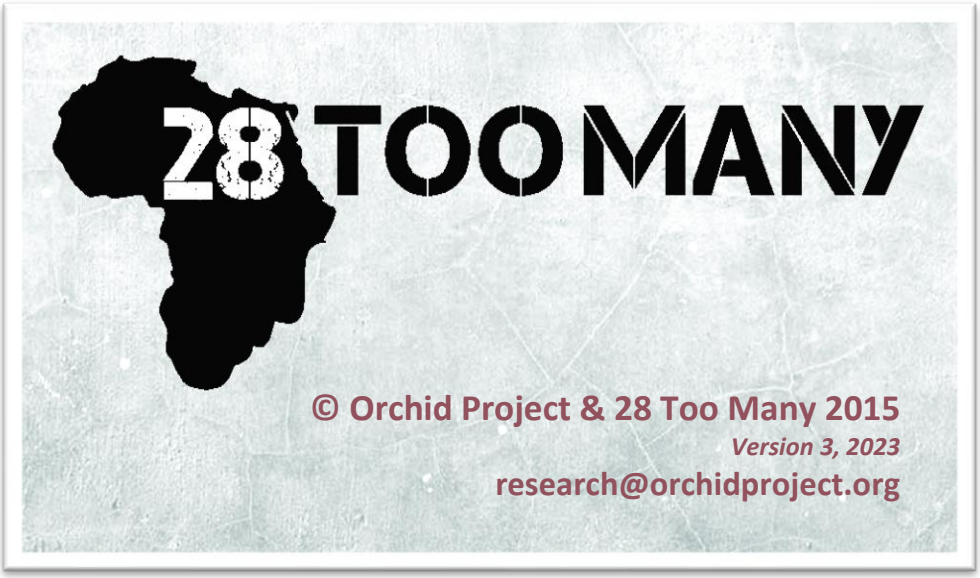




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# COUNTRY PROFILE: FGM/C IN BURKINA FASO EXECUTIVE SUMMARY

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This Country Profile provides comprehensive information on FGM/C in Burkina Faso, detailing the current research and providing information on the political, anthropological and sociological contexts in which FGM/C is practised. It also reflects on how to strengthen anti-FGM/C programmes and accelerate the eradication of this harmful practice. The purpose of this report is to enable those committed to ending FGM/C, through the information provided, to shape their own policies and practices to create positive, sustainable change. This report also considers the new Sustainable Development Goals 2015-2030 and what they mean in the context of Burkina Faso and the work to end FGM/C.

In Burkina Faso, the estimated **prevalence of FGM/C** in women aged 15 to 49 is 75.8%.[1] This figure has not changed significantly in recent years, and Burkina Faso continues to be classified as a 'moderately high prevalence country'.[2]

FGM/C is practised across all regions, ethnic groups and religions. There is some variation in FGM/C **prevalence by place of residence**, with 68.7% of women (aged 15 to 49) in urban areas having had FGM/C and 78.4% in rural areas (where the majority of the population resides).[3] The capital, Ouagadougou, contains 14% of the country's urban population and has an FGM/C prevalence of 64.8% for women aged 15 to 49.[4]

The regions with the highest prevalence of FGM/C lie in a band across the country towards the north-east of the centre, and in the south-west: Centre-East (89.5%), Central Plateau and the North (87.7%), Centre-North (86.8%), and Hauts Bassins and Cascades (82.3% and 82% respectively). Three regions in the centre and towards the south have the lowest rates: Centre-West (54.8%), Centre (which includes Ouagadougou) (66%) and Centre-South (68.2%). This regional dispersal broadly corresponds to the Mossi's dominance in the central band (the FGM/C prevalence among the Mossi is 78.4%), and the Fulani's to the north-east (83.9%). The Gourounsi, in the south, have a lower FGM/C prevalence of 60.3%.[5]

Determining incidence rates is problematic because the DHS used different methods of measurement in datasets for its 1999, 2003 and 2010 surveys. Moreover, there may be inaccuracies arising from women reporting their own or their daughters' FGM/C status, particularly since the criminalisation of FGM/C in 1996. Data for 2010 suggests, however, that the **highest rates of practice** were among the Sénoufo (87.2%) and Fulani (83.9%) and the lowest among the Touareg (22.2%). While FGM/C is most frequently practised among Muslims (81.4%), it is also fairly widespread among those holding traditional/animist beliefs (75.5%), Catholics (66.1%) and Protestants (60%).[6]

Social acceptance is most commonly reported as a **perceived benefit of FGM/C**, with 24% of women (aged 15 to 49) and 10% of men (aged 15 to 49) citing this as the main reason for undergoing it.[7] However, 52% of women aged 15 to 49 believe FGM/C has no benefits at all.[8]

It appears that attitudes towards FGM/C have changed in Burkina Faso over the last 15 years. More than 80% of the population are against its continuation. The highest **level of support for continuation** is among women aged 45 to 49 (11.7%) and men aged 15 to 19 (12.2%).[9] Among women aged 15 to 49 who have had FGM/C, 11.7% support its continuation, compared to 1.5% of women of the same age-group who have not had FGM/C.[10] The level of support does not vary significantly according to urban (7.8%) or rural (9.8%) residences.[11]

Support for the continuation of FGM/C appears to be influenced more by level of education than wealth in Burkina Faso. There is only a slight variation by wealth quintile: 10.8% of women (aged 15 to 49) in the poorest quintile believe FGM/C should continue compared to 7.6% in the richest quintile.[12] In contrast, 10.6% of mothers (aged 15 to 49) with no education are in favour of its continuation, compared to only 2.7% of mothers with secondary- or higher-level education.[13] An analysis of the available data therefore suggests that girls born to poorer mothers living in rural areas who have had no education are the most likely to be cut.[14]

FGM/C is practised mainly on infants and young girls. The DHS 2010 reports that, among girls aged 15 to 19 who have undergone FGM/C, 90.8% were cut before **age** ten, 7.3% were cut between ten and 14, and only 1.3% were cut at age 15 or later.[15] In addition, 89.3% of women aged 45 to 49 reported being cut compared with 57.7% of girls aged 15 to 19.[16] This may indicate an overall decline in the practice across generations, since evidence suggests that few girls are likely to be cut in Burkina Faso after the age of 14.[17]

'Cut, flesh removed' is the most common **type of FGM/C** reported by women aged 15 to 49, at 76.8%. 16.6% report having 'Cut, no flesh removed' and only 1.2% report having 'Vagina closed' (Type III/infibulation). 5.4% do not know what type of FGM/C they underwent. The Bobo have the highest percentage of Type III, at 2.3%.[18] Almost all FGM/C procedures on girls aged 0 to 14 are carried out by traditional practitioners.[19]

In 1996 Burkina Faso became the first African country to introduce a **national law against FGM/C**.[20] In 2001 funding for activities to eliminate FGM/C was integrated into the national budget, and in 2005 a reproductive-health law was introduced, outlawing harmful practices.[21] The number of successful prosecutions has risen over the years. In 2009 the authorities responded to 230 incidents.[22] A **National Action Plan** 'to promote the elimination of FGM with a perspective of zero tolerance' was adopted for 2009 to 2013 (*Plan d'action national [2009 – 2013] de promotion de l'élimination des mutilations génitales féminines dans la perspective de la tolérance zéro, mai 2009*), and the Government has been a partner in the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (*UNJP*), which aimed to eradicate FGM/C by 2015.

In 1990, prior to introducing the new laws, the Government of Burkina Faso established **the CNLPE** as an institutional framework for coordinating resources and actions to eradicate FGM/C. Through the National Action Plan, the CNLPE has conducted research and awareness-raising activities at national and local levels. It is also responsible for enforcing the law and increasing education on FGM/C in the school curriculum. It partners and supports a wide range of organisations and runs an 'SOS Excision' telephone hotline.

The **political situation** in Burkina Faso is currently in a state of transition. A failed government coup recently took place, which delayed planned elections. These were due to be held at the end of November 2015 (too late for this publication to comment on their outcomes and the potential impact on the work to end FGM/C).

There are numerous international non-governmental organisations (*INGOs*) and NGOs working to eradicate FGM/C, using a variety of **strategie**s including a community-dialogue approach, addressing the health risks of FGM/C, raising FGM/C awareness in schools and utilising the media. Organisations in Burkina Faso are able to work openly on anti-FGM/C programmes and their endeavours have to date been supported by the Government and the CNLPE.

National initiatives that are proving successful in communities include the work of Voix des Femmes in providing activities and support services based at their purpose-built centre on the outskirts of Ouagadougou. Community-dialogue programmes involving local traditional and religious leaders and former circumcisers are being carried out in many areas by other NGOs such as Mwangaza Action and Groupe d'Appui en Santé, Communication et Développement (*GASCODE*) as part of the UNJP. Internationally, work is being done by German-based (I)NTACT with in-country partners to incorporate FGM/C awareness in the school curriculum. There is growing evidence that girls increasingly may be taken by their families across borders to be cut, so as to avoid prosecution. In response, organisations such as (I)NTACT and its partners are working to tackle this issue in communities in the south of Burkina Faso. A comprehensive overview of these organisations is included in this report.

We propose the following measures:

- Adopting **culturally-relevant programmes.** There is a strong national message against FGM/C, but change needs to take hold within communities and local drivers for FGM/C must be addressed.
- Providing **long-term funding.** This is a common issue across the development (NGO) sector. Organisations working against FGM/C need ongoing, sustained and committed support from government programmes (particularly given the uncertain political landscape). They also need to continue reaching out for partnership opportunities.
- **Considering FGM/C within the SDGs**, in which the elimination of FGM/C is specifically stated as a target (at 5.3). The SDGs will be an incentive to countries to take more positive action against FGM/C.
- **Facilitating education** and **supporting girls** through secondary and further education.
- Improving **access to health facilities** and managing **health complications** due to FGM/C.
- Increasing **enforcement of relevant laws** and ensuring those responsible for FGM/C are prosecuted.
- Fostering **effective media campaigns** which reach out to all regions and sections of society.
- **Encouraging FBOs** to act as agents of change, to challenge misconceptions that FGM/C is a religious requirement and to be proactive in ending FGM/C.
- Increasing **collaboration and networking** between the different organisations working to end FGM/C, thereby strengthening and reinforcing messages and accelerating progress.

- Developing and introducing **a new National Action Plan** following the election of a new government.

**Further work and research** is required to:

- investigate whether the outlawing of FGM/C has affected the age of cutting and the level of crossborder movement to undertake the practice;
- gather richer data on what is working and changing in FGM/C programming, particularly with regard to the involvement of religious leaders;
- implement consistency in data collection and measure the accuracy of self-reported changes in FGM/C prevalence;
- conduct follow-up studies in communities that have declared abandonment, to measure the impact and level of ongoing commitment to the declarations and discover whether there is a need for continued support; and
- study the medical consequences of FGM/C in a Burkina Faso context.

1 DHS 2010, p.291.
2 UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, p.27. Available at http://www.unicef.org/publications/index_69875.html (accessed July–October 2015).
3 DHS 2010, p.291.
4 DHS 2010, p.291.
5 - DHS 2010, p.291.
- UNICEF, *op. cit.*, p.29.
6 DHS 2010, p.291.
7 UNICEF, *op. cit.*, pp.67 & 68.
8 *Ibid.*, p.67.
9 DHS 2010, p.299.
10 *Ibid.*
11 DHS 2010, p.300.
12 *Ibid.*
13 *Ibid.*
14 *See also* UNICEF, op. cit., pp.20 & 40.
15 DHS 2010, p.293.
16 DHS 2010, p.291.
17 Yoder, P.S. and Wang, S. (2013) *Female Genital Cutting: the Interpretation of Recent DHS Data: DHS COMPARATIVE REPORTS 33, ICF International*, p.27. Available at http://dhsprogram.com/pubs/pdf/CR33/CR33.pdf.
18 DHS 2010, p.291.
19 UNICEF, *op. cit.*, p.44.
20 *Ibid.*, p.11.
21 *Ibid.*, p.12.
22 United Nations Population Fund (UNFPA) (2011) *Burkina Faso has a strong law against FGM/C, but Winning Hearts and Minds Remains Crucial*, p.5. Available at http://www.unfpa.org/sites/default/files/resource-pdf/burkinafaso.pdf (accessed July 2015).




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