

# Chad

34.1%<sup>1</sup>

## Key Findings

The prevalence of FGM/C in women aged 15–49 is 34.1%.  
52.8% of women aged 15–49 believe that FGM/C should not continue.<sup>2</sup>

### **Geography:**

The regions with the highest prevalence are in the south-east; the regions with the lowest in the north-west<sup>3</sup>

### **Age:**

19.0% of girls aged 0–14 were cut between the ages of 10 and 14<sup>4</sup>

### **Type:**

'Cut, flesh removed' is the most common type of FGM/C – 71.9% of women aged 15–49 report having undergone this type<sup>5</sup>

### **Agent:**

Almost all FGM/C is carried out by traditional cutters<sup>6</sup>

## Development Indicators

**HDI Rank:** 187 out of 189 countries (2019)<sup>7</sup>

**SDG Gender Index Rating:** 144 out of 144 countries (2022)<sup>8</sup>

**Population:** 17,676,705 (as at 15 September 2022), with a 3.3% growth rate (2022 est.)<sup>9</sup>

**Infant Mortality Rate:** 65 deaths per 1,000 live births (2022)

**Maternal Mortality Ratio:** 1,140 deaths per 100,000 live births (2022)

**Literacy:** 22.3% of the total population aged 15 and over can read/write French or Arabic<sup>10</sup>

*'Most often just the clitoris is removed, but the remaining scar tissue is so thick it requires significant incisions to deliver the baby.'*  
~ Chantelle, Medecins Sans Frontieres (Doctors Without Borders)<sup>11</sup>

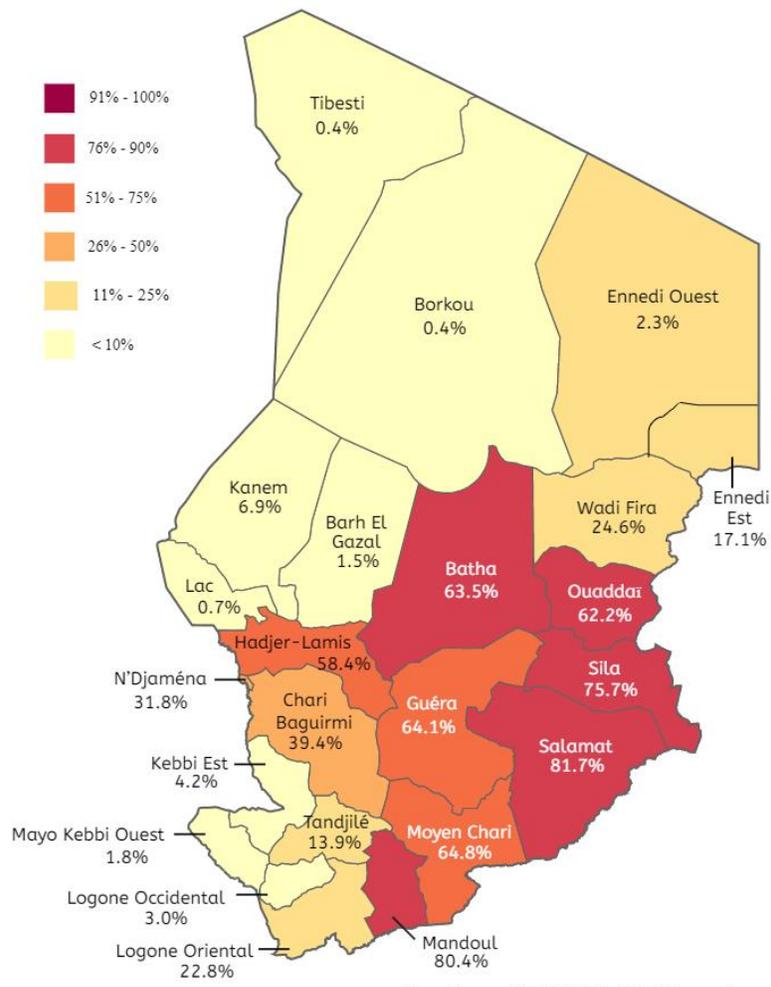
## Prevalence

FGM/C prevalence varies widely across Chad. The regions with the highest prevalence are in the south-east: Salamat (81.7% of women aged 15–49), Mandoul (80.4%) and Sila (75.7%). The regions with the lowest prevalence are Bourkou et Tibesti (0.4%), Barh el Gazal (1.5%) and Mayo Kebbi Ouest (1.8%). There is very little difference between the prevalence of cutting among women living in urban areas (32.2%) and women living in rural areas (34.6%). Prevalence in the capital city of N’Djaména is 31.8% of women aged 15–49.<sup>12</sup>

The prevalence of FGM/C among Muslim women aged 15–49 is 42.8%, compared to 28.0% of Catholics and 21.0% of Protestants.<sup>13</sup>

The ethnic group with the highest prevalence among women aged 15–49 is the Dadajo/Mouro, at 78.2%, followed by the Arabe (71.8%) and the Ouaddai/Mimi (63.6%). The ethnic group with the lowest prevalence is the Moundang, at 1.0%, followed by the Massa/Mousseye (1.7%) and the Karo/Zimé (1.9%), although the extremely low sample size for all four of these ethnic groups makes these figures somewhat unreliable.<sup>14</sup>

Between 2014/15 and 2019, the overall prevalence for women aged 15–49 fell from 38.4% to 34.1%. In 2014/15, 29.1% of women who knew about FGM/C stated that it should continue; by 2019, that figure had fallen to 22.0%.<sup>15</sup>



**Prevalence of FGM/C in Chad by region**  
 [Data source: MICS 2019] © 28 Too Many (part of Orchid Project)

## Chadian Law

The main law relating to FGM/C in Chad is Law 006/PR/2002, The Reproductive Health Law, dated March 2002. To date, this law has required an implementation decree to be passed and the president's signature before it becomes effective and enforceable. It has been reported by the Director of Reproductive Health at the Ministry of Public Health that the implementation decree was finally passed in July 2018 and is now in the office of the President of the Republic of Chad awaiting signature.

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- 1 (**'MICS'**): INSEED et UNICEF (2021) *MICS6-Tchad, 2019: Rapport final*, pp.365–371. N'Djamena, Tchad. Rockville, Maryland, USA. INSEED, MSP et ICF International. Available at [https://mics-surveys-prod.s3.amazonaws.com/MICS6/West%20and%20Central%20Africa/Chad/2019/Survey%20findings/Chad%202019%20MICS%20Survey%20Findings%20Report\\_French.pdf](https://mics-surveys-prod.s3.amazonaws.com/MICS6/West%20and%20Central%20Africa/Chad/2019/Survey%20findings/Chad%202019%20MICS%20Survey%20Findings%20Report_French.pdf) (accessed 15 September 2022).
  - 2 MICS, pp.366–367.
  - 3 MICS, p.366.
  - 4 MICS, p.370.
  - 5 MICS, p.366.
  - 6 Institut National de la Statistique, des Études Économiques et Démographiques (INSEED), Ministère de la Santé Publique (MSP) et ICF International (2015) *Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS 2014-2015)*, p.343. Rockville, Maryland, USA : INSEED, MSP et ICF International. Available at <http://dhsprogram.com/pubs/pdf/FR317/FR317.pdf> (accessed 9 June 2017).
  - 7 Humanitarian Data Exchange (2021) *Human Development Reports – Chad*. Available at <https://data.humdata.org/dataset/hdro-data-for-chad> (accessed 15 September 2022).
  - 8 Equal Measures 2030 (2022) *Back to Normal is Not Enough: 2022 SDG Gender Index Report*. Available at [https://www.equalmeasures2030.org/wp-content/uploads/2022/03/SDG-index\\_report\\_FINAL\\_EN.pdf](https://www.equalmeasures2030.org/wp-content/uploads/2022/03/SDG-index_report_FINAL_EN.pdf).
  - 9 - Country Meters (2022) *Chad*, 15 September 2022. Available at <http://countrymeters.info/en/Chad> (accessed 15 September 2022).
  - Central Intelligence Agency (2022) *World Factbook: Chad*. Available at <https://www.cia.gov/the-world-factbook/countries/chad/> (accessed 15 September 2022).
  - 10 Central Intelligence Agency, *op. cit.*
  - 11 Chantelle, Medecins Sans Frontieres (2011) 'Post 20. FGM', *Medecins Sans Frontieres (Doctors Without Borders)*, 28 June. Available at <http://blogs.msf.org/en/staff/blogs/honeymoon-in-chad/post-20-fgm>.
  - 12 MICS, p.366.
  - 13 MICS, p.367.
  - 14 MICS, p.367.
  - 15 - MICS, p.367.
  - Institut National de la Statistique, des Études Économiques et Démographiques (INSEED), Ministère de la Santé Publique (MSP) et ICF International (2015) *Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS 2014–2015)*. Rockville, Maryland, USA : INSEED, MSP et ICF International. Available at <http://dhsprogram.com/pubs/pdf/FR317/FR317.pdf>.