



FGM/C IN CHAD: SHORT REPORT

January 2023

Key Findings and Indicators¹



Prevalence: In Chad, the prevalence of FGM/C in women aged 15–49 is 34.1%



Geography: The regions with the highest prevalence are in the south-east; the regions with the lowest in the north-west



Age: 19% of girls aged 0–14 were cut between the ages of 10 and 14



Type: ‘Cut, flesh removed’ is the most common type of FGM/C – 71.9% of women aged 15–49 report having undergone this type



Agent: Almost all FGM/C is carried out by traditional cutters



Attitudes: 52.8% of women aged 15–49 believe that FGM/C should not continue



HDI Rank: 187 out of 189 countries (2019)



SDG Gender Index Rating: 144 out of 144 countries (2022)



Population: 17,676,705 (as at 15 September 2022), with a 3.3% growth rate (2022 est.)



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



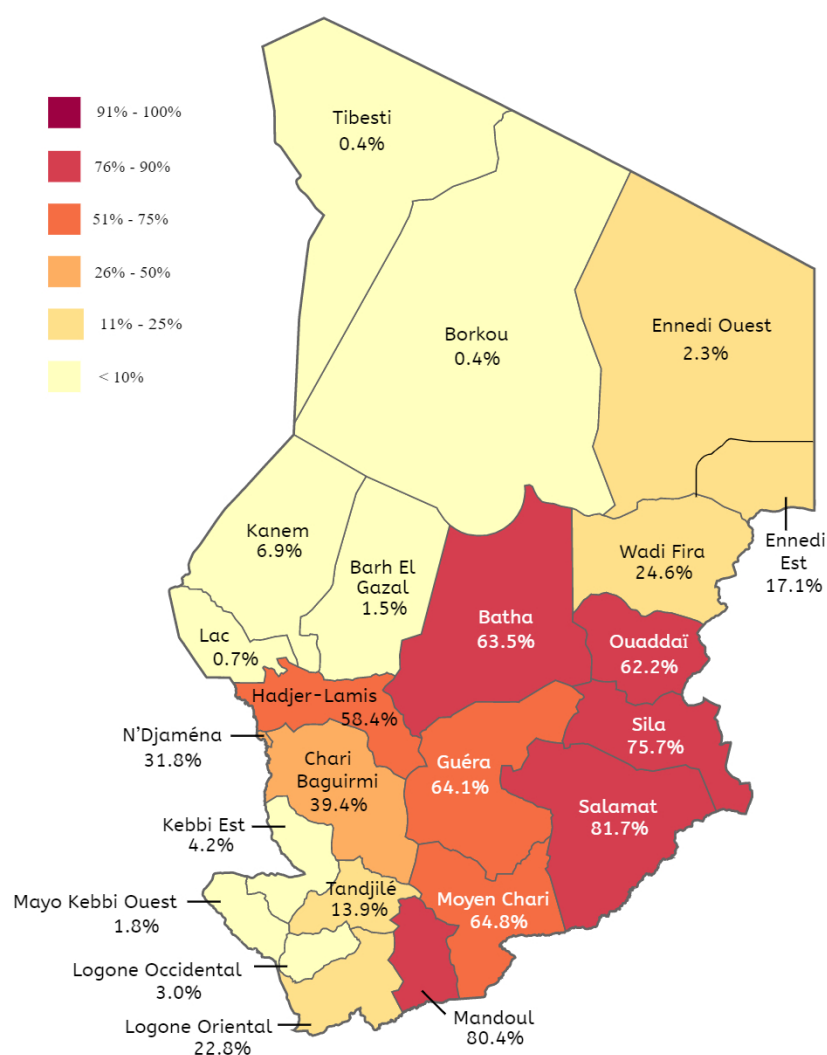
Maternal Mortality Ratio: 1,140 deaths per 100,000 live births (2017)



Literacy: 22.3% of the total population aged 15 and over can read/write French or Arabic

Prevalence of FGM/C

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 15–49.²



Prevalence of FGM/C in Chad by region

[Data source: MICS 2019]

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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.³

The prevalence of fFGM/C among Muslim women aged 15–49 is 42.8%, compared to 28.0% of Catholics and 21.0% of Protestants.⁴

Trends in FGM/C Prevalence

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%.⁵

Cross-Border FGM

In some countries where FGM/C has become illegal, the practice has been pushed underground and across borders to avoid prosecution. Chad shares borders with other countries where the prevalence of FGM, and the existence and enforcement of laws, varies widely, including Sudan, Niger, Cameroon and the Central African Republic.

It is not known to what extent movement across neighbouring national borders for the purpose of FGM/C is an issue for Chad. It has been observed by civil society organisations that it is more likely that girls are being brought into Chad from countries such as France, where FGM/C laws are more tightly enforced.

Medicalised FGM/C

To date, the medicalisation of FGM/C has not appeared to be significant in Chad, according to available data; 0.9% of women were reported to be cut by a health professional in 2015.⁶ There are unconfirmed reports, however, that medicalised FGM/C could be on the rise in Chad.

Legislation

The main law relating to FGM/C in Chad is Law 006/PR/2002, **The Reproductive Health Law**, dated March 2002.⁷ 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. According to advice received by 28 Too Many from the Ministry of Social Action and the Family and the Ministry of Public Health, no deadline has yet been set for the full application of this Reproductive Health Law.

Chad's **Penal Code** of 1967⁸ makes it a criminal offence to commit an act of violence or assault, including 'mutilation', upon another person. A new Penal Code was passed by the parliament in Chad at the end of 2016, but this has not yet come into force, and details of its relevance to FGM/C are not available.

The US Country Report on Human Rights Practices for 2017 stated that no FGM/C cases were prosecuted by the authorities in Chad during the previous year.⁹

Work to End FGM/C

There are several authorities and organisations in Chad involved in campaigning to end FGM, including the **Ministry of Social Action and the Family** and the **Ministry of Women, Early Childhood Protection and National Solidarity**. The latter is understood to be responsible for coordinating activities to combat FGM,¹⁰ although there are no publicly available details of any formal Government strategies or national action plans currently in place for Chad.

The Ministry of Social Action and the Family has indicated that the existence of The Reproductive Health Law is leading to FGM/C being increasingly practised ‘underground’ and on girls at a younger age. It was reported that, in 2016, certain villages and schools were found to be deserted and that the Ministry of Social Action and the Family presumes girls had been taken into the bush to undergo FGM.

The emphasis in Chad, according to the Ministry of Social Action and the Family, is currently on raising, via public campaigns, parents’ awareness of the harm of FGM. These public-awareness campaigns have taken place with assistance from the UN Population Fund. In Chadian society, the attitudes of parents dictate whether girls will be subjected to FGM/C or not, and there remains much resistance to the denunciation of the practice from traditional and religious leaders. As such, the Ministry of Social Action and the Family currently believes there is a greater need to change attitudes and reduce the stigma associated with denouncing FGM/C than to seek and implement legislative changes.

The national committee of the Inter-African Committee in Chad, CONA/CI-AF, has previously worked on sensitisation campaigns with religious and community leaders and developed ‘alternative rites of passage’ programmes.¹¹ Work to end FGM/C is also carried out by groups and individual non-governmental organisations (NGOs), including Cellule de Liaison et d’information des Associations Féminines du Tchad (CELIAF), a network of over 450 NGOs dedicated to promoting women’s rights in Chad, and the Association Tchadienne pour la Promotion et la Défense des Droits de l’Homme.

Although **The Reproductive Health Law** does not explicitly oblige a person to report awareness of FGM, nor make failure to report FGM/C a criminal offence, it is understood that there are several organisations in the country that are able to file a complaint directly with the courts or tribunals of Chad against persons involved in the practice. Such organisations include the NGO coalition CELIAF; the Association of Women Lawyers of Chad, an NGO focused on improving socio-legal conditions for, and defending the rights of, women and children in Chad; and the Ministry of Social Action and the Family itself.

In eastern Chad, where over 300,000 Sudanese refugees and asylum seekers live in IDP camps, there continue to be challenges for the authorities and NGOs, such as women and girls presenting with complications from FGM, particularly those linked to Type III (infibulation).

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Please note that the use of a photograph of any girl or woman in this report does not imply that she has, nor has not, undergone FGM/C.



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