



FGM IN GUINEA: SHORT REPORT

September 2021

Key Findings and Indicators¹



Prevalence: In Guinea, the prevalence of FGM in women aged 15–49 is 94.5%



Geography: FGM remains consistently high across the country; the highest and lowest prevalences are in the regions of Kindia (98.4%) and N'Zérékoré (84.0%)



Age: 65.1% of women aged 15–49 who undergo FGM are cut between the ages of 5 and 14



Type: 'Cut, flesh removed' is the most common type of FGM practised, but more than one in five women don't know what type of cut they've had



Agent: Overall, about 78% of women are cut by traditional practitioners, but medicalised FGM is rising rapidly



Attitudes: 65.4% of women and 59.6% of men, aged 15–49, who have heard of FGM believe that the practice should be continued



HDI Rank: 175 out of 189 countries (2018)



Population: 14,373,520 (as of 2 June 2020), with a 2.76% growth rate (2020 est.)



Infant Mortality Rate: 65 deaths per 1,000 live births (2019)



Maternal Mortality Ratio: 576 deaths per 100,000 live births (2017)



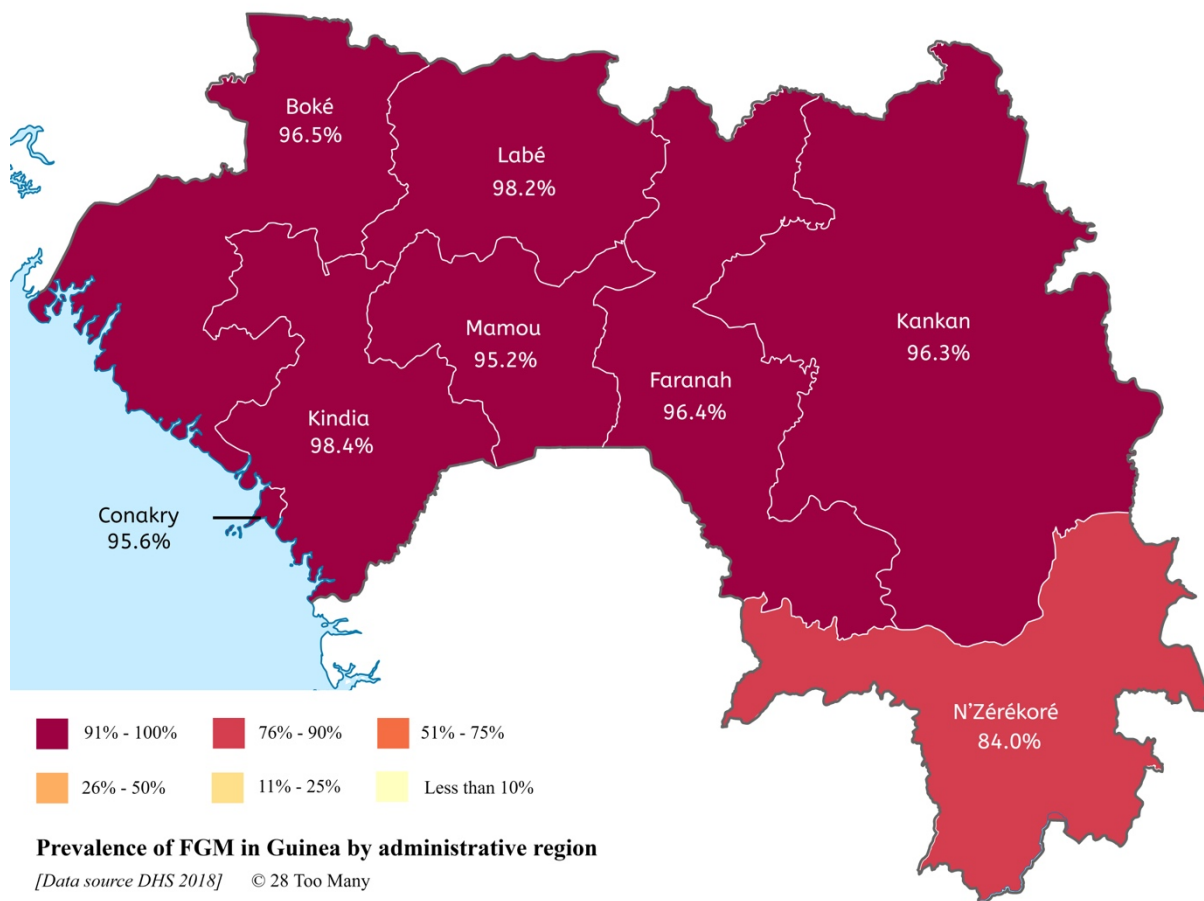
Literacy: 30.4% of the total population aged 15 and over can read/write

Prevalence of FGM

The prevalence of FGM among women aged 15–49 in all administrative regions of Guinea remains high. The highest prevalence is in Kindia (98.4%) and Labé (98.2%). N'Zérékoré, which is located in the south-east and contains the second-largest city in the country, has the lowest prevalence at 84%. There is, however, almost no difference between the prevalence of FGM among women aged 15–49 who live in rural areas (94.3%) and those who live in urban areas (94.8%)².

FGM is practised by people from all major religious and ethnic groups in Guinea. The ethnic groups with the highest prevalence of FGM among women aged 15–49 are the Soussou (97.9%) and Peulh (97.3%). The ethnic groups with the lowest recorded prevalences of FGM are the Kissi (88.2%), the Guerzé (77.8%) and the Toma (69.3%). However, of the Toma, a relatively small number of women were interviewed, so this should be interpreted with caution. Muslim women aged 15–49 are more likely to be cut (97.1%) than Christian women (77.9%) or women of no religious affiliation (85.3%)³.

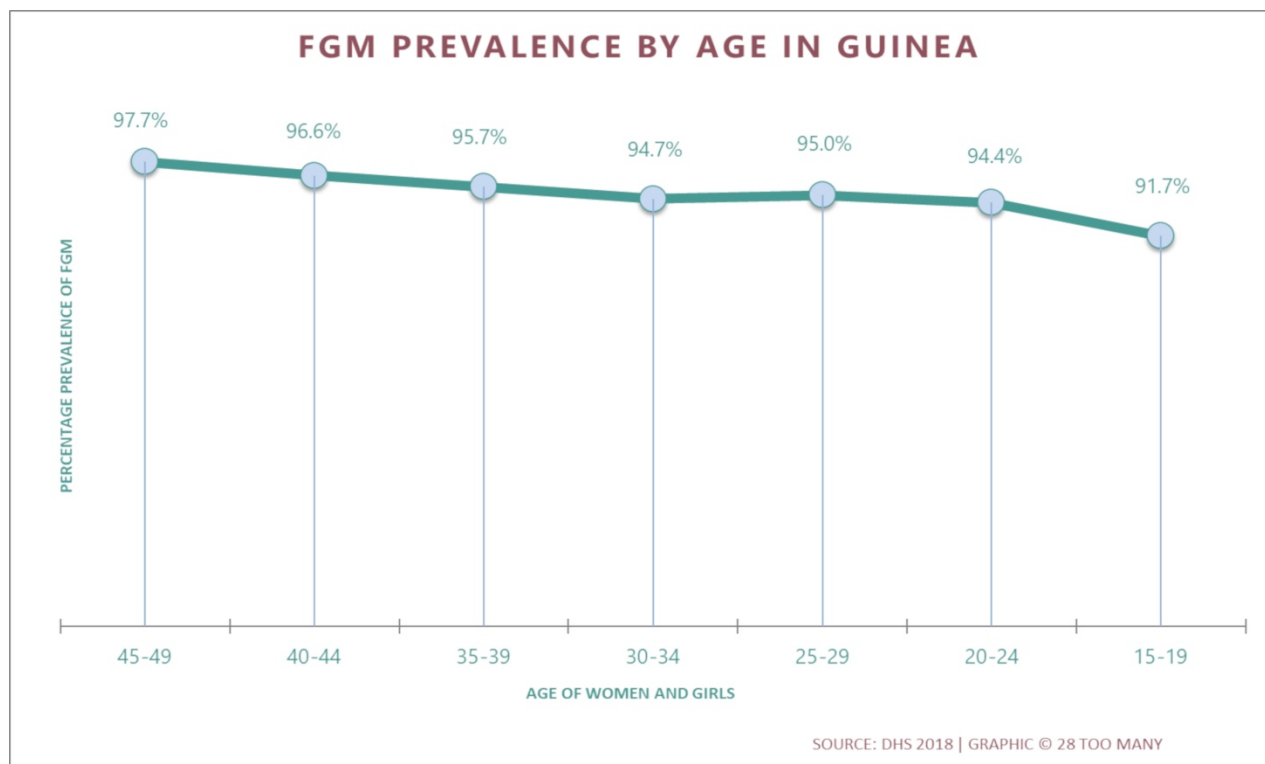
Overall, 65.4% of women and 59.6% of men aged 15–49 who have heard of FGM believe that the practice should be continued. Support for the continuation of FGM is highest in rural areas and among those with lower levels of education. 55.8% of women and 64.3% of men believe that FGM is a requirement of their religion⁴.



Trends in FGM Prevalence

Over the past two decades in Guinea there has been a very small (but statistically significant) decline in the overall FGM prevalence among women aged 15–49 (from 98.6% in 1999 to 94.5% in 2018⁵).

Prevalence of FGM in women aged 15–49 remains high, however, across all age groups. The prevalence in women aged 15–19 is around three percentage points lower than in women aged 20–24. It should be noted, though, that women aged 15–19 are still at risk of being cut (around 4% of women who had been cut report that it happened after the age of 15); therefore, this statistic should be interpreted with caution.



Legislation

The Guinean Government has had legislation prohibiting FGM since 1965. This was followed by several decrees and ministerial orders in the 1990s and 2000s, which have since been revoked.

- The principal legislation now governing FGM in Guinea is **Law No. 2016/059/AN (the Criminal Code 2016)**⁶, in which Articles 258–261 prohibit FGM whether performed by traditional or modern methods.
- In addition, **Law L/2008/011/AN (the Children's Code 2008)**⁷ criminalised violence against children and explicitly addressed FGM under Articles 405–410.

Chapter V, Section II: Female Genital Mutilation of the Criminal Code 2016 provides a definition of FGM under **Article 258**: ‘Female genital mutilation refers to any partial or total removal of the genitalia of girls or women or any other operations concerning these organs.’

Article 258 goes on to state that all forms of FGM are prohibited in the Republic of Guinea; in particular:

- partial or total removal of the clitoris;
- removal of the labia minora or majora; and
- infibulation, which consists of sewing the labia minora or majora, leaving only the meatus (i.e. opening).

Article 259 states that anyone practising FGM, whether by traditional or modern methods, or promoting or participating in these practices in any way is guilty of voluntary violence on the woman or girl. Parents of the child and any other person with authority over or custody of the child who authorises or promotes FGM will be subject to the same punishment as those who perform the excision.

The Constitution of Guinea (2010)⁸ does not specifically refer to violence against women and girls, harmful practices or FGM, but **Article 5** places obligation on the State to respect and protect the human person and their dignity, and **Article 6** protects physical integrity, affirming that ‘no one shall be subjected to torture, to pain [*peines*] or to cruel, inhuman or degrading treatments.’ **Article 8** states, ‘All human beings are equal before the law. Men and women have the same rights’, and **Article 23** places responsibility on the State to ‘promote the well-being of the citizens, to protect and to defend the rights of the human person and the defenders of human rights.’

Cross-Border FGM

In some countries where FGM has become illegal, the practice has been pushed underground and across borders to avoid prosecution. Guinea shares borders with other countries where FGM prevalence also remains high and the existence and enforcement of laws varies widely. The movement across borders to perform or procure FGM and avoid prosecution can be a consequence of laws being implemented and can leave girls living in border communities particularly vulnerable. It is a problem throughout West Africa, but the extent of cross-border movement in and out of Guinea for FGM is not clear.

Chapter V, Section II on FGM in the Criminal Code 2016 does not directly criminalise or punish cross-border FGM. More generally, however, under **Article 12 of the Criminal Code 2016**, any offence committed in another country by a citizen or resident of Guinea will be punishable if it qualifies as a crime under Guinean law and is punishable by the law in the place where it takes place. It also applies if the crime is committed by a foreigner outside of the territory of the Republic, when the victim is Guinean. The punishment cannot be superior to the one applicable pursuant to the law of the country where the offence is committed. Cross-border FGM carried out between Guinea and neighbouring countries such as Mali, Liberia and Sierra Leone, where national legislation to ban FGM is still not in place, would therefore not be punishable.

Medicalised FGM

72% of women are cut by traditional practitioners⁹, but **medicalised FGM*** is rising rapidly. Medical professionals, mainly nurses and midwives, cut about 17% of women aged 15–49, but almost 35% of girls aged 0–14.¹⁰

The percentage of women and girls cut by a health professional increased from 9% in 1999 to 15% in 2012 and then to 17% in 2018.¹¹ Among girls aged 0-14, this percentage rose from 31% in 2012 to 35% in 2018¹².

**For detailed information about the medicalisation of FGM, please see 28 Too Many's report, which is available at <http://28toomany.org/fgm-research/medicalisation-fgm/>.*

Work to End FGM

Several government departments in Guinea are responsible for work to end FGM, including the **Ministry of Social Affairs and Promotion of Women and Children** and the **Ministry of Education**. In 2011, a restructuring of the **Office for the Protection of Gender, Children and Morals (OPROGEM)** took place, which set up offices at the regional level to implement programmes and a national committee to coordinate efforts to end the practice – the **Comité National pour la Promotion de l'Abandon des MGF/E**. In 2012, a **National Strategic Plan for the Abandonment of FGM (2012–2016)** was launched by the Government, which included training for both the judiciary and medical personnel and awareness-raising campaigns with local authorities, traditional and religious leaders and schools.¹³ Media has also been used, including television and radio advertising and poster campaigns.

In 2008, Guinea was one of the first countries to become part of the **UN Joint Programme to Eliminate FGM** (UNJP, a collaboration between UNICEF and UNFPA). It has supported a wide range of programmes and services, including community sensitisation, declarations of abandonment and training for religious leaders, health personnel, community social workers and youth. It has also supported the toll-free 116 telephone helpline to report FGM offences (managed by **l'Association Guinéenne des Assistants Sociaux**).

References

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- ² DHS 2018, p. 353
- ³ DHS 2018, p. 354
- ⁴ DHS 2018, p. 359-360
- ⁵ **‘DHS 1999’**, Direction Nationale de la Statistique/Guinée and Macro International. 2000. *Enquête Démographique et de Santé, Guinée 1999*. Calverton, Maryland USA: Direction Nationale de la Statistique/Guinée and Macro International. Available at: <https://dhsprogram.com/pubs/pdf/FR109/FR109.pdf>, p. 171
- DHS 2018, p. 353
- ⁶ *Law on the Criminal Code, 2016 [Loi No. 2016-059/AN portant Code Pénal]* (2016) Available at https://ihl-databases.icrc.org/applic/ihl/ihl-nat.nsf/implementingLaws.xsp?documentId=D5E8B7179C215EA7C12580E40039F562&action=openDocument&xp_countrySelected=GN&xp_topicSelected=GVAL-992BU6&from=topic&SessionID=DXXUSTFW8.
- ⁷ *Children’s Code of Guinea (L/2008/011/AN Act of August 19, 2008)* [*Code de l’enfant guineen (Loi L/2008/011/AN du 19 aout 2008)*] (2008) Available at https://ihl-databases.icrc.org/applic/ihl/ihl-nat.nsf/implementingLaws.xsp?documentId=AAC20477AF5D4B28C12576DC0039A4D7&action=openDocument&xp_countrySelected=GN&xp_topicSelected=GVAL-992BUG&from=state&SessionID=DZM89NQJK2.
- ⁸ *Guinea’s Constitution of 2010* (2010) [English Translation by William S. Hein & Co., Inc.] Available at https://www.constituteproject.org/constitution/Guinea_2010.pdf?lang=en.
- ⁹ DHS 2018, p. 345
- ¹⁰ *ibid*
- ¹¹ DHS 1999, p. 179
- **‘DHS 2012’**, Institut National de la Statistique/Guinée and ICF International. 2013. *Guinée Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS) 2012*. Rockville, Maryland, USA: Institut National de la Statistique/Guinée et ICF International. Available at: <https://dhsprogram.com/pubs/pdf/FR280/FR280.pdf>, p. 334
- DHS 2018, p. 350
- ¹² DHS 2012, p. 334
- DHS 2018, p. 350
- ¹³ Office of the United Nations Commission for Human Rights (2016) *Summary of the OHCHR Report on human rights and the practice of female genital mutilation and excision in Guinea*. Available at http://www.ohchr.org/Documents/Countries/GN/SummaryReportGenitalMutilationGuinea_EN.docx.

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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.

