28 TOO MANY

FGM...
let's end it.

FGM IN SENEGAL: KEY FINDINGS

June 2018

According to the DHS 2018[1],
FGM prevalence in Senegal is 23.3%
among women aged 15–49.

This is a slight decrease since the DHS 2017 recorded prevalence at 24.0%.[2]

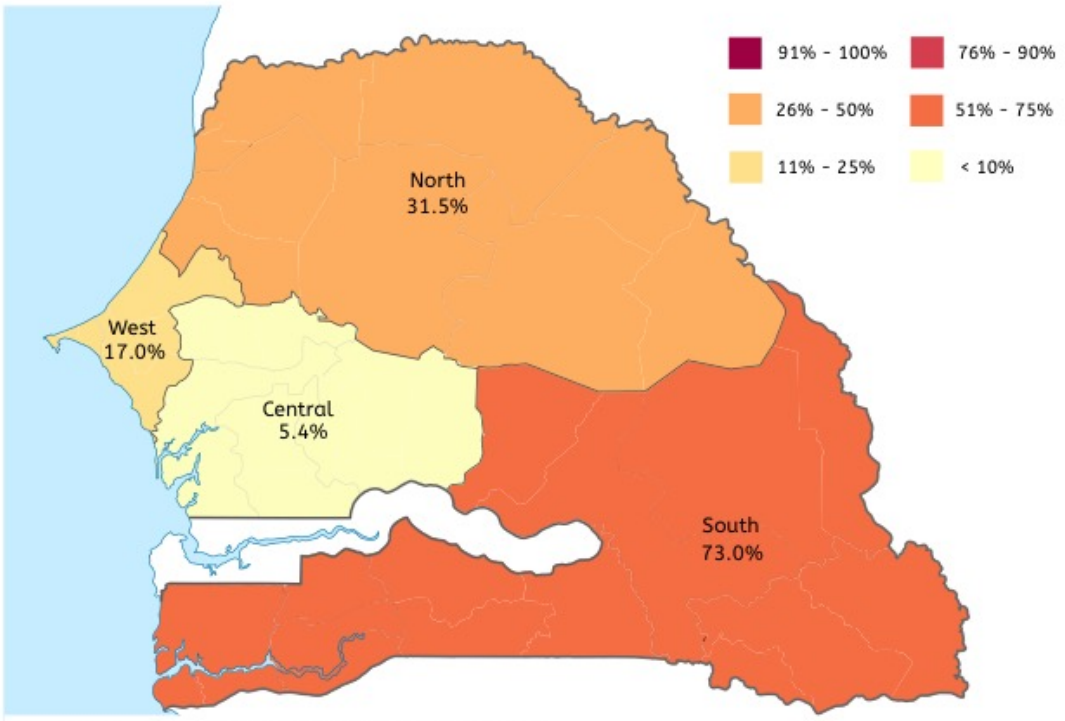
Where

Refer to Country Profile Update pages 9 & 10.

With an **FGM prevalence of 23.3%** among women aged 15–49[3], Senegal is classified by UNICEF[4] as a **'moderately low prevalence'** country.

FGM prevalence varies greatly between different regions, ethnic groups and religions in Senegal. There are distinct regional variations: FGM prevalence ranges from 73.0% in the south of the country to 5.4% in the centre. Just over half of the population (55%) of Senegal live in rural areas, where the prevalence of FGM, at 26.7%, is higher than in urban areas, at 18.5%.[5]

Prevalence of FGM across Senegal (©28 Too Many):



Prevalence of FGM in Senegal by greater region
[Data source DHS 2018] © 28 Too Many

The highest-practising ethnic groups include the Mandingue/Soce (67.2%), the Soninké (64.3%), the Diola (48.7%) and the Poular (52.1%); the lowest prevalence is recorded among the Serer (1.2%) and Wolof (0.7%). However, these figures should be treated with caution due to the very low numbers of women in each ethnic group surveyed.

Prevalence within each group varies significantly according to the region in which different members reside. The different levels of prevalence observed across Senegal are due to FGM's complex roots, which go beyond ethnicity to historical, political, economic and colonial influences.[6]

Why

Refer to Country Profile pages 40 & 41.

While in 2018 it was reported that 48.5% of women aged 15–49 in Senegal perceive that there are no benefits to the practice of FGM[7], there remain deeply entrenched and complex reasons for its continuation.

The importance placed on the different reasons for practising FGM varies between ethnic groups, but they include **'social acceptance/cultural identity'**, **'better marriage prospects'** and **'to preserve virginity'**. Some women also believe FGM improves hygiene.

FGM is practised by all religions in Senegal, but at varying rates, and, although FGM is **not** required by any religious text, of women aged 15-49 who have heard of FGM, 17.6% of those practising Islam, 14.2% of those practising other religions/no religion and 5.4% of those practising Christianity believe it is required by their religion.[8]

The DHS 2018 reported that, out of all people aged 15–49 who had heard of FGM, 11.5% of women and 12.0% of men believed it is a **religious obligation**[9]. However, 50.6% of women in the same age-group *who had undergone FGM* believed it to be so.

Attitudes

Refer to Country Profile pages 39 & 40 and Country Profile Update pages 16 & 17.

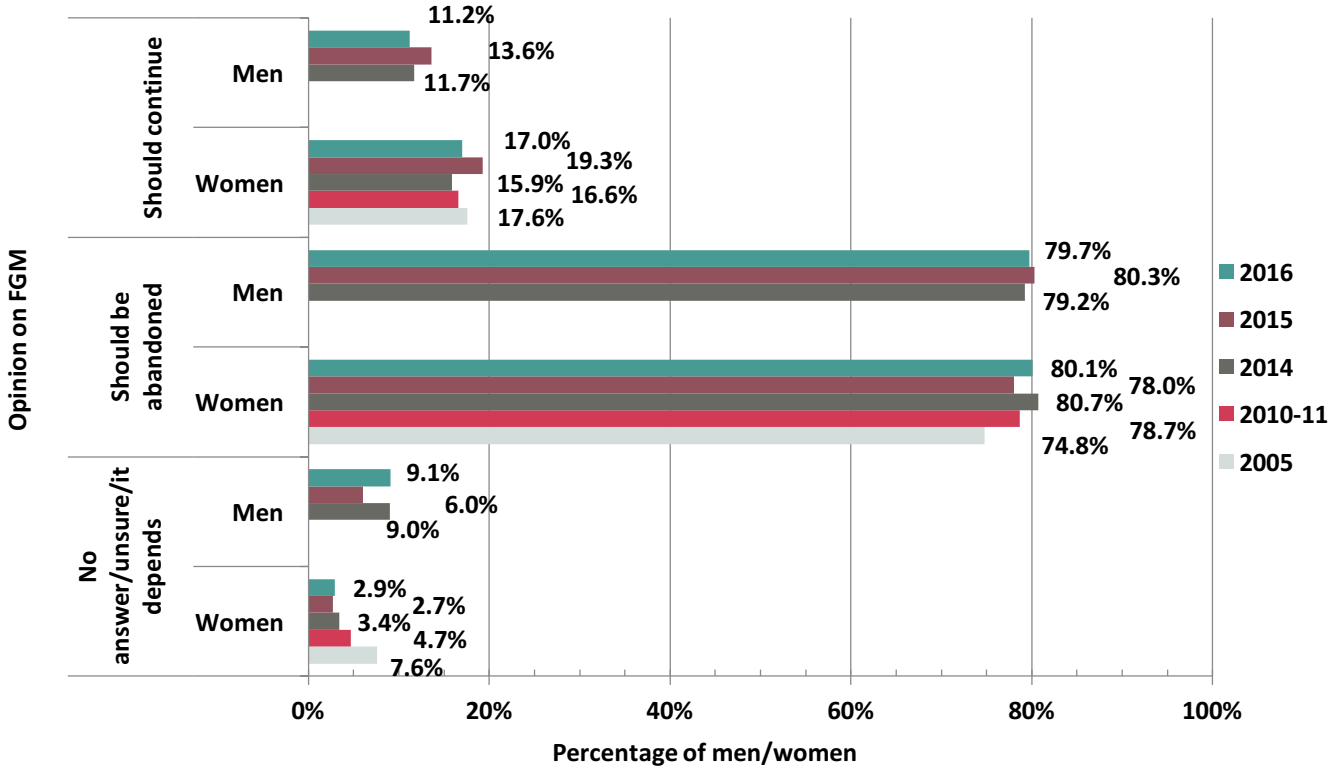
Knowledge of FGM among women aged 15–49 dropped from 94% in 2005 to 87.9% in 2016.[10]

17% of women aged 15–49 felt that FGM should continue; 80.1% felt that it should be abandoned. 11.2% of men in the same age range felt that FGM should continue; 79.7% felt that it should be abandoned. The highest level of support for its continuation among women is from those aged 15–19, men and women from the most-frequently-practicing ethnic groups, those living in rural areas and those surveyed who had little education or were in the lowest wealth quintile.

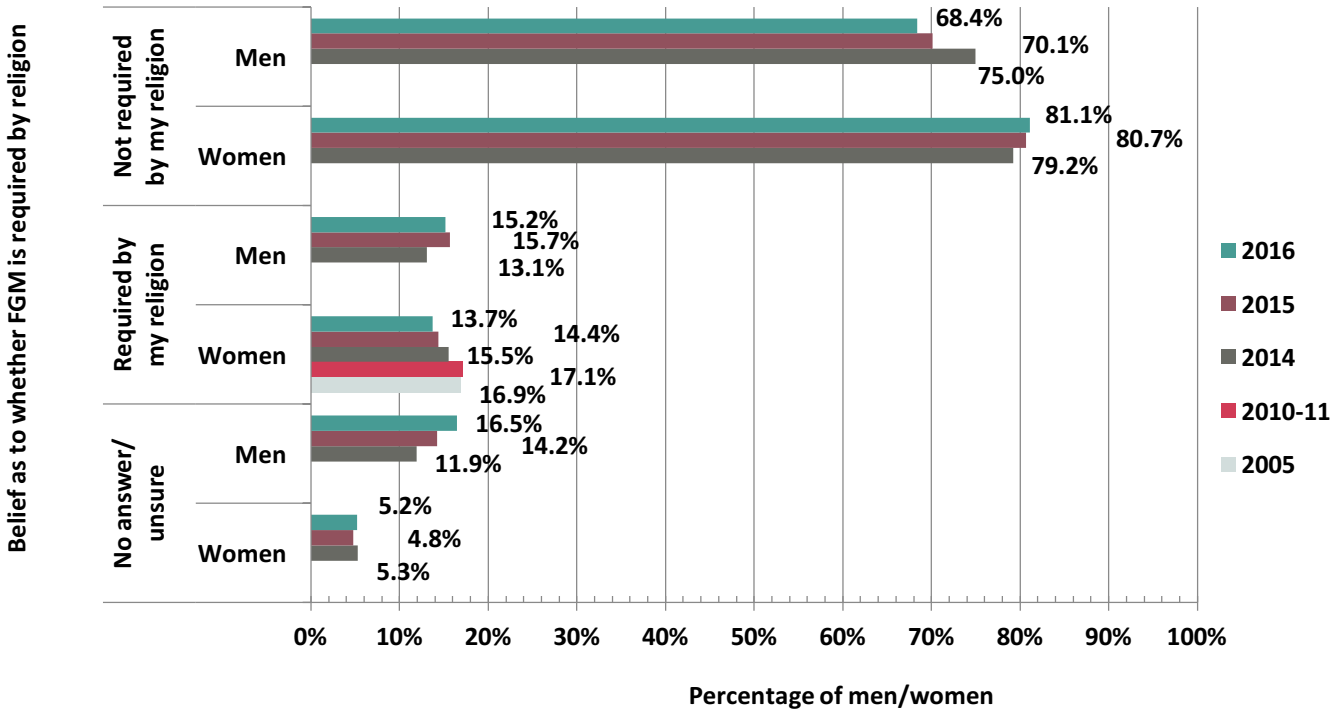
Of women who have had FGM, 51.6% believe it should continue compared to 2.5% of those who have not been cut.

The level of support for FGM is different among women who live in urban areas than among women who live in rural areas (10.3% and 22.6% respectively), and for women from different wealth quintiles (from 33.8% to 4.4% for the poorest to the richest).[11]

Support for the continuation of FGM and the belief as to whether the practice is required by religion are shown on the following page.



Comparison of percentages of Senegalese (aged 15–49) who have heard of FGM and believe it should be continued/abandoned (NB the data for men is unavailable for certain years)[12]



Comparison over time of percentages of men and women in Senegal (aged 15-49) who have heard of FGM and believe it is required by their religion (NB the data for men is unavailable for certain years)[13]

Age

Refer to Country Profile page 32.

FGM is practised mainly on infants and young girls, with most girls cut before the age of 10 and more than 80% by the age of five. The age of cutting appears to vary between ethnic groups. For example, the Diola appear more likely to cut their daughters slightly later than other groups. However, a very small number of women and girls from the Diola were included in the survey; therefore, additional data would be required to confirm this.[14]

Practitioners & Types of FGM

Refer to Country Profile page 33.

93.9% of FGM incidences are carried out by 'traditional circumcisers'. FGM performed by 'traditional birth attendants' and 'other traditional practitioners' accounts for 0.4% and 5.8% respectively.[15] Medicalised FGM does not appear to be widespread in Senegal.

Regarding type of FGM performed, DHS data suggests that 12% of women (aged 15–49) are 'cut, flesh removed', 7.1% are 'sewn closed' (Type III) and 54.3% are 'cut, no flesh removed'. 26.6% do not, however, know what type of FGM they have undergone.[16]

Law

Refer to Country Profile pages 36–38.

Senegal criminalised FGM in January 1999 following an amendment to the 1965 Penal Code (Article 299 *bis*). The article establishes penalties in relation to FGM including procurement, aiding and abetting, and medicalised FGM.

Under Article 49 of the Penal Code, failure to report a crime or offence against the bodily integrity of a person (i.e. failure to report an intention to perform FGM in time to prevent it) is punishable; however, Aminata Diallo, a Senegalese parliamentarian, says, 'The problem is nobody reports the situation.'

Dialogue around FGM has generally increased, and, although more people are aware of the law, they are not familiar with the content of the legislation (including some local police and judiciary).

The available details on the few prosecutions for FGM that have taken place in Senegal are very limited. The most recent report published by the UNFPA-UNICEF Joint Programme did not list any arrests, cases or convictions for FGM during 2016.[17] Other commentators quote some isolated cases.[18] In general, law enforcement is weak, and needs to urgently address cross-border FGM.

A national child protection plan including the abandonment of FGM was adopted for 2016–2018, and a strategy on gender equality (2016–2026) and a children's code are currently in production.[19]

Anti-FGM Programmes

Refer to Country Profile pages 59–68.

Advocacy on abandoning FGM has existed in Senegal for many decades, and there is a strong network of NGOs working to end the practice. Actors include the United Nations Joint Programme since 2008; the Inter-African Committee (*COSEPRAT*); Tostan, with its Community Empowerment Programme; and the Grandmother Project with its Girls' Holistic Development project. The Grandmother Project explicitly targets older women because, in the words of one young woman,

> Grandmothers are the ones to take the girls to be cut and parents only find out afterwards. A project that deals with FGM in a community must involve grandmothers because they are the ones that make decisions about FGM in the family and they are the ones with the strongest attachment to this practice.

Challenges Moving Forward

Refer to Country Profile page 69.

What are the continuing challenges for anti-FGM programmes in Senegal?

- Challenging the ongoing social and cultural norms and behaviour that continue to reinforce the practice throughout the country;
- ensuring programmes to tackle FGM consider the differing reasons for performing it;
- considering FGM within the larger framework of the Millennium Developments Goals and beyond to the Sustainable Development Goals;
- sustainable funding to provide continued support to communities that have started the abandonment process;
- access to rural areas, where FGM prevalence is high, is restricted by poor infrastructure;
- encouraging faith-based organisations to act as agents of change and to challenge misconceptions that FGM is a religious requirement;
- facilitating FGM education for all and supporting girls through secondary and further education;
- providing training to healthcare providers and care to women who have already undergone FGM and who have limited access to healthcare;
- increasing enforcement of the FGM law, ensuring those responsible for FGM are prosecuted and protecting those women who want to save their daughters from being cut;
- improving education and training on FGM for those responsible for upholding the law;
- improving medical studies in-country on the problems caused by FGM;
- the need for more accurate data on an illegal practice that may have been pushed further underground;

- continuing the use of diverse forms of media (including formal and informal media) to promote awareness of FGM; and
- continuing efforts to communicate the work of NGOs more publicly and encourage collaborative projects.

1 Agence Nationale de la Statistique et de la Démographie/ANSD [Sénégal], et ICF. 2018. Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2018). Rockville, Maryland, USA : ANSD et ICF. Available at: https://dhsprogram.com/pubs/pdf/FR367/FR367.pdf
Referred to throughout this document as the 'DHS 2018'

2 Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF (2017) *Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2016)*. Rockville, Maryland, USA : ANSD et ICF. Available at https://dhsprogram.com/pubs/pdf/FR331/FR331.pdf.
Referred to throughout this document as the 'DHS 2016'.

3 DHS 2018, p.244.

4 UNICEF (2013a) *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.

5 DHS 2016, p.158.

6 DHS 2018, p.247.

7 Ndiaye, Salif, et Mohamed Ayad (2006*) Enquête Démographique et de Santé au Sénégal 2005*. Calverton, Maryland, USA: Centre de Recherche pour le Développement Humain [Sénégal] et ORC Macro, p.238. Available at http://dhsprogram.com/pubs/pdf/FR177/FR177.pdf.
Referred to throughout this document as the 'DHS 2005'.

8 DHS/MICS 2010-11, p.301.

9 DHS 2018, p. 245

10
- DHS 2016, p.157.
- DHS 2005, p.238.

11 DHS 2016, p.167.

12
- DHS 2016, p.167.
- DHS 2015, p.246.
- DHS 2014, p.105.
- DHS-MICS 2010–11, p.302.
- DHS 2005, pp.259 & 260.

13 *Ibid*.

14 DHS 2018, p. 245.

15 DHS 2016, p.244.

16 DHS 2016, p.158.

17 UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (2017) *2016 Annual Report of the UNFPA–UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change*, p.59. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/UNFPA_UNICEF_FGM_16_Report_web.pdf.

18 Excision parlons-en! (2018) *Senegal*. Available at https://www.excisionparlonsen.org/senegal/.

19 UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (2017) *2016 Annual Report of the UNFPA–UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change*, p.59. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/UNFPA_UNICEF_FGM_16_Report_web.pdf.

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