

# FGM IN SENEGAL



**COUNTRY PROFILE UPDATE**

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Please note that, throughout the citations and references in this report, the following abbreviations apply.

**'DHS 2005'** refers to:

Salif Ndiaye and 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. Available at <https://dhsprogram.com/pubs/pdf/FR177/FR177.pdf>.

**'DHS-MICS 2010–11'** refers to:

Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF International (2012) *Enquête Démographique et de Santé à Indicateurs Multiples au Sénégal (EDS-MICS) 2010-2011*. Calverton, Maryland, USA: ANSD et ICF International. Available at <https://dhsprogram.com/pubs/pdf/FR258/FR258.pdf>.

**'DHS 2014'** refers to:

Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF International (2015) *Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2014)*. Rockville, Maryland, USA : ANSD et ICF International. Available at <https://dhsprogram.com/pubs/pdf/FR305/FR305.pdf>.

**'DHS 2015'** refers to:

Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF (2016) *Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2015)*. Rockville, Maryland, USA : ANSD et ICF. Available at <https://dhsprogram.com/pubs/pdf/FR320/FR320.pdf>.

**'DHS 2016'** refers to:

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>.

**'DHS 2017'** refers to:

Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF. (2018) *Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2017)*. Rockville, Maryland, USA : ANSD et ICF. Available at <https://dhsprogram.com/pubs/pdf/FR345/FR345.pdf>.

**GDP** gross domestic product

**FGM** female genital mutilation

**MDG(s)** Millennium Development Goal(s)

**SDG(s)** Sustainable Development Goal(s)

*All cited texts in this Country Profile were accessed between January and September 2018, unless otherwise noted.*

*Cover:* Jessie Boucher (undated) *Stunning Faces*. Available at [www.jessieetlaurent.com](http://www.jessieetlaurent.com).

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

# Use of This Country Profile Update

This Update is intended to be used in conjunction with and as a supplement to the **Country Profile: FGM in Senegal** published by 28 Too Many in 2015, which may be downloaded at <https://www.28toomany.org/senegal/>.

Extracts from this publication may be freely reproduced, provided that due acknowledgement is given to the source and 28 Too Many. We seek updates on the data and invite comments on the content and suggestions on how our reports can be improved.

For more information, please contact us on [info@28toomany.org](mailto:info@28toomany.org).

## A Note on Data

Statistics on the prevalence of FGM are compiled through large-scale household surveys in developing countries known as the Demographic and Health Survey (*DHS*). For Senegal, DHS reports have been published at roughly five-year intervals since 1986, and every year since 2014. This report is based on data from DHS reports published in 2005, 2010–11 and 2014–2017, which are referred to throughout this country profile as, for example, ‘the DHS 2005’, ‘the DHS-MICS 2010–11’ and ‘the DHS 2017’.

On occasion, the questions asked by the DHS in different reports vary slightly, meaning that the results are not directly comparable between years. This Update highlights the issue when this is the case. In many instances a comparison is still useful, but the differences between the questions asked should be kept in mind when drawing any conclusions.

It is important to note that survey results may be based on relatively small numbers of women, particularly when they are further broken down by location/religion/ethnicity/etc. Therefore, in some cases, statistically significant conclusions cannot be drawn. This does not mean that the data is not useful; it simply means that one should be careful about drawing ‘hard and fast’ conclusions from it, and 28 Too Many has accordingly taken that approach when researching and writing this Update.

UNICEF emphasises that self-reported data on FGM ‘needs to be treated with caution’ since women ‘may be unwilling to disclose having undergone the procedure because of the sensitivity of the topic or the illegal status of the practice.’ They may also be unaware that they have been cut, or the extent to which they have been cut, especially if FGM was carried out at a young age.

Measuring the FGM status of girls, who have most recently undergone FGM or are at most imminent risk of undergoing it, may give an indication of the impact of current efforts to end FGM. Alternatively, responses to this question may indicate the effect of laws criminalising the practice, which make it harder for mothers to report that FGM was carried out as they may fear incriminating themselves. Additionally, unless they are adjusted, these figures do not take into account the fact that girls may still be vulnerable to FGM after the age of 14.



# General National Statistics

This section highlights a number of indicators of Senegal's context and development status.

## **Population**

16,242,687 (17 November 2017)<sup>1</sup>

Growth rate: 2.39% (2017 est.)

Median age: 18.8 years

Human Development Index Rank: 162 out of 188 in 2015<sup>2</sup>

## **Age of Suffrage, Consent and Marriage**

Age of Suffrage: 18

Age of Consent: 16<sup>3</sup>

Age of Marriage: Unclear: 'While Article 276 of the Family Code consider minors to be any person under the age of 18, Article 111 of the same code permits marriage at the age of 16 years for girls, and 18 years for boys.'<sup>4</sup>

## **Health**

Life expectancy at birth (years): 62.1

Infant mortality rate (per 1,000 live births): 42 deaths<sup>5</sup>

Maternal mortality rate: 315 deaths/100,000 live births (2015)<sup>6</sup>

Fertility rate, total (births per woman): 4.28 (2017 est.)

HIV/AIDS – adult prevalence: 0.4% (2016 est.)

– people living with HIV/AIDS: 41,000 (2016 est.)

(country comparison to the world: 61)

– deaths: 1,900 (2016 est.)

## **GDP (in US dollars)**

GDP (official exchange rate): \$16.06 billion (2017 est.)

GDP per capita (PPP): \$2,700 (2017 est.)

GDP (real growth rate): 6.8% (2017 est.)

## **Literacy (percentage who can read and write)**

Adult (age 15 and over): 57.7%

Female: 46.6%; Male: 69.7% (2015 est.)

Youth (ages 15–24):

Female – 63.6%; Male – 75.9%<sup>7</sup>

### **Urbanisation**

Urban population: 44.4% (2017)

Rate of urbanisation: 3.53% annually (2015–2020 est.)

### **Religions**

Muslim 95.4% (mostly of the four main Sufi brotherhoods), Christian 4.2% (mostly Roman Catholic), animist 0.4% (2010–11 est.)

### **Ethnic Groups**

Wolof – 38.6%, Pular – 26.6%, Serer – 14.9%, Mandinka – 4.6%, Jola – 4.1%, Soninké – 2.3%, other – 8.9% (includes Europeans and persons of Lebanese descent) (2010–11 est.)

### **Languages**

French (official), Wolof, Pular, Jola, Mandinka, Serer, Soninké

Several of the Senegalese languages have the legal status of 'national languages', including Balanta-Ganja, Hassaniyya, Jola-Fonyi, Mandinka, Mandjak, Mankanya, Noon (Serer Noon), Poular, Serer, Soninké and Wolof.

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Unless otherwise stated, all statistics are taken from Central Intelligence Agency (2017) *The World Factbook: Senegal*, 6 November. Available at <https://www.cia.gov/library/publications/the-world-factbook/geos/sg.html>.

- 1 Country Meters (2017) *Senegal*, 17 November. Available at <http://countrymeters.info/en/Senegal>.
- 2 United Nations Development Programme (2015) *Human Development Index*. Available at <http://hdr.undp.org/en/indicators/137506>.
- 3 Age of Consent (2017) *Age of Consent in Senegal*. Available at <https://www.ageofconsent.net/world/senegal>.
- 4 Girls Not Brides (2002–2017) *Child Marriage Around The World: Senegal*. Available at <https://www.girlsnotbrides.org/child-marriage/senegal/>.
- 5 Countdown to 2030 (2015) *A Decade of Tracking Progress for Maternal, Newborn and Child Survival The 2015 Report: Senegal*. Available at [http://countdown2030.org/documents/2015Report/Senegal\\_2015.pdf](http://countdown2030.org/documents/2015Report/Senegal_2015.pdf)
- 6 WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division Maternal Mortality Estimation Inter-Agency Group (2015) *Maternal mortality in 1990–2015: Senegal*. Available at [http://www.who.int/gho/maternal\\_health/countries/sen.pdf?ua=1](http://www.who.int/gho/maternal_health/countries/sen.pdf?ua=1).
- 7 United Nations Development Programme (2016) *Human Development Report 2016*, p.232. New York: United Nations Development Programme. Available at [http://hdr.undp.org/sites/default/files/2016\\_human\\_development\\_report.pdf](http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf).

# Anthropology

The prevalence of FGM varies widely between ethnic groups. In 2017 it ranged from less than 1% of Wolof women to more than 70% of Mandingue women.<sup>1</sup>

Ethnic Group	Prevalence of FGM DHS 2010	Prevalence of FGM DHS 2017
Wolof	0.9%	0.7%
Poular	54.5%	49.3%
Serer	2.2%	1.2%
Mandingue	81.9%	74.7%
Diola	51.5%	58.6%
Soninké	64.9%	63.3%
Other/non-Senegalese	37.7%	38.3%

***Table 1: Percentage of Senegalese women aged 15–49 who report having experienced FGM, broken down by ethnic group<sup>2</sup>***

Understanding the changes in prevalence in individual ethnic groups in Senegal is challenging, due to the large number of groups. Statistical power is lost when the data is split into smaller segments, meaning that many of the changes observed are not statistically significant.

Table 1 compares the prevalence for each ethnic group as reported in 2010 and 2017. The only drop that is statistically significant is among Mandingue women – 81.9% to 74.7%. However, this is a large change over a six-year period, and it is likely that self-reporting issues have also played a role in this drop.

For all other ethnic groups, additional data would be required to understand whether genuine changes in prevalence have occurred.

<sup>1</sup> DHS 2017, p.330.

<sup>2</sup> - DHS-MICS 2010–11, p.295.

- DHS 2017, p.330.



# Political Conditions

In 2000, the opposition leader, Abdoulaye Wade, won the presidential election. Macky Sall succeeded Wade in the 2012 elections, which were deemed free and fair, yet police violence at political rallies resulted in 25 injuries and deaths during the election campaign. Wade subsequently left the country for Versailles, France, and the Sall Government began to investigate his administration for corruption and misappropriation of government funds.<sup>1</sup>

Several former government officials were arrested, including Wade's son, Karim, for corruption and illegally accumulating funds. Karim Wade served three years in prison before being pardoned by Sall in 2016.

In March of 2017, Khalifa Sall, the mayor of Dakar, was charged with embezzlement. His arrest was criticised by his lawyers and supporters and deemed a ploy to prevent him from running in the 2017 parliamentary elections and, ultimately, the 2019 presidential race.<sup>2</sup>

During the run-up to the 2017 elections, which was also marred by violent protests, Wade returned to Senegal to drum up support for Sall's opponents, with a view to possibly running in the 2019 presidential elections.<sup>3</sup>

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1 US Department of State (2013) *Human Rights Report: Senegal*.

2 The Herald (2017) *Hundreds welcome Wade of Senegal back from exile*, 12 July. Available at <http://www.herald.co.zw/hundreds-welcome-wade-of-senegal-back-from-exile/>.

3 Al Jazeera (2017) *Senegal set to vote in parliamentary elections*, 30 July. Available at <http://www.aljazeera.com/news/2017/07/senegal-set-vote-parliamentary-elections-170730034644334.html>.

# The Role of Women in Society

In 2015, the majority of married women aged 15–49 stated that their husbands are the principle **decision-makers** when it comes to the wife’s healthcare (76.8%), buying major household items (63.6%) and visiting the wife’s parents (72.7%, an increase from 52.9% in 2010–11).<sup>1</sup>

Fatou Sall Ndiaye Mbacké, a young Senegalese entrepreneur, founded **Women’s Business Africa** in 2014 to help African women support themselves and their families through business. She notes, ‘Getting **microcredit loans** from banks is too expensive [with their interest rates], so we developed our own lending system.’

The fact that beneficiaries of this lending scheme have in the past been unable to turn a profit after paying the interest charged by banks makes it clear that more programmes such as this are necessary to assist Senegalese women in entering the business arena.<sup>2</sup>

The percentage of women in Senegal who believe that a husband/partner is justified in **beating** his wife in certain given circumstances has reduced slightly over the past five years (see Table 2 below).

Circumstance	2010–11	2016
Burning the food	24.4%	22.1%
Arguing with him	44.5%	35.4%
Going out without telling him	39.9%	33.2%
Neglecting the children	40.1%	35.4%
Refuses to have sexual relations with him	46%	35.2%
Percentage who agree that beating in at least one of the circumstances is justified	60%	45.7%

**Table 2: Percentage of Senegalese women aged 15–49 who think it is justified that, in certain circumstances, a husband/partner beats his wife, by particular circumstance<sup>3</sup>**

1 DHS 2015, p.213.

2 Amanda Fortier (2017) ‘She’s giving job opportunities to other women in Senegal – with peanuts’, *The Christian Science Monitor*, 1 September. Available at <https://www.csmonitor.com/World/Making-a-difference/2017/0901/She-s-giving-job-opportunities-to-other-women-in-Senegal-with-peanuts>.

3 - DHS 2017, p.363.

- DHS-MICS 2010–11, p.286.

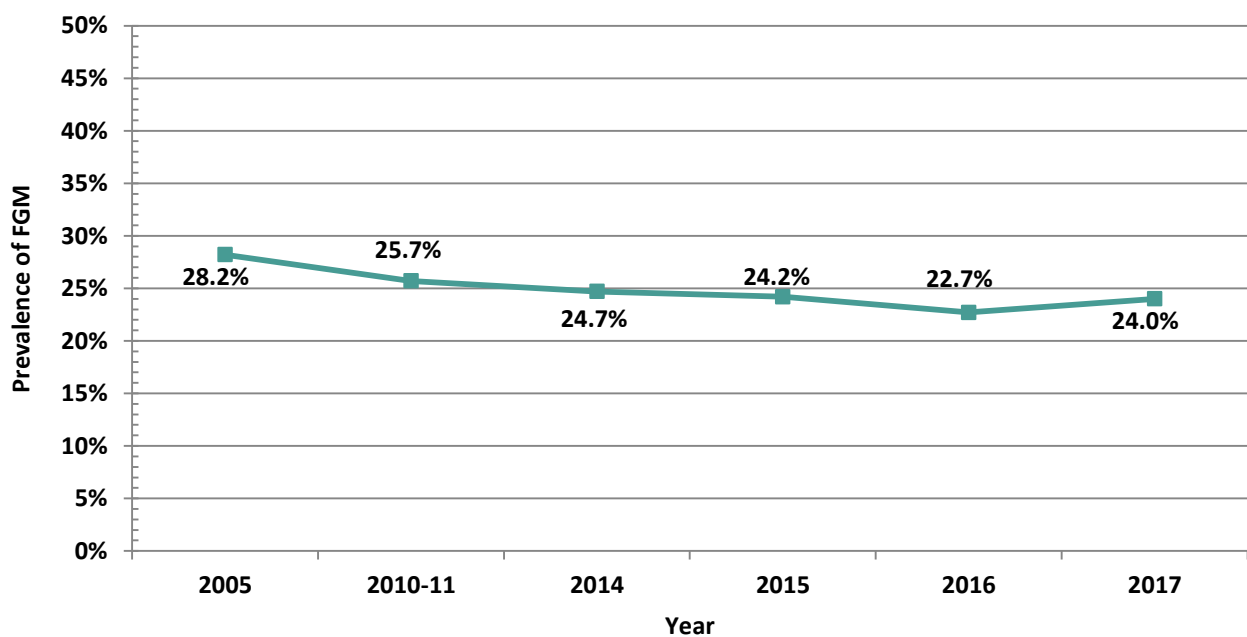
# FGM: National and Regional Statistics and Trends

An independent analysis of the DHS-MICS 2010–11 figures, which was published in *The American Journal of Tropical Medicine and Hygiene*, found that

on average, circumcised daughters [aged 0–9] were from older women and partners than their non-circumcised counterparts, more likely to come from non-educated parents, more likely to be living in rural areas, and more likely to be Muslim. In addition, circumcised daughters were more likely to be in the poorest quintile of the wealth index, from the Mandingue ethnic group, and living in Kedougou.<sup>1</sup>

## Prevalence of FGM in Senegal

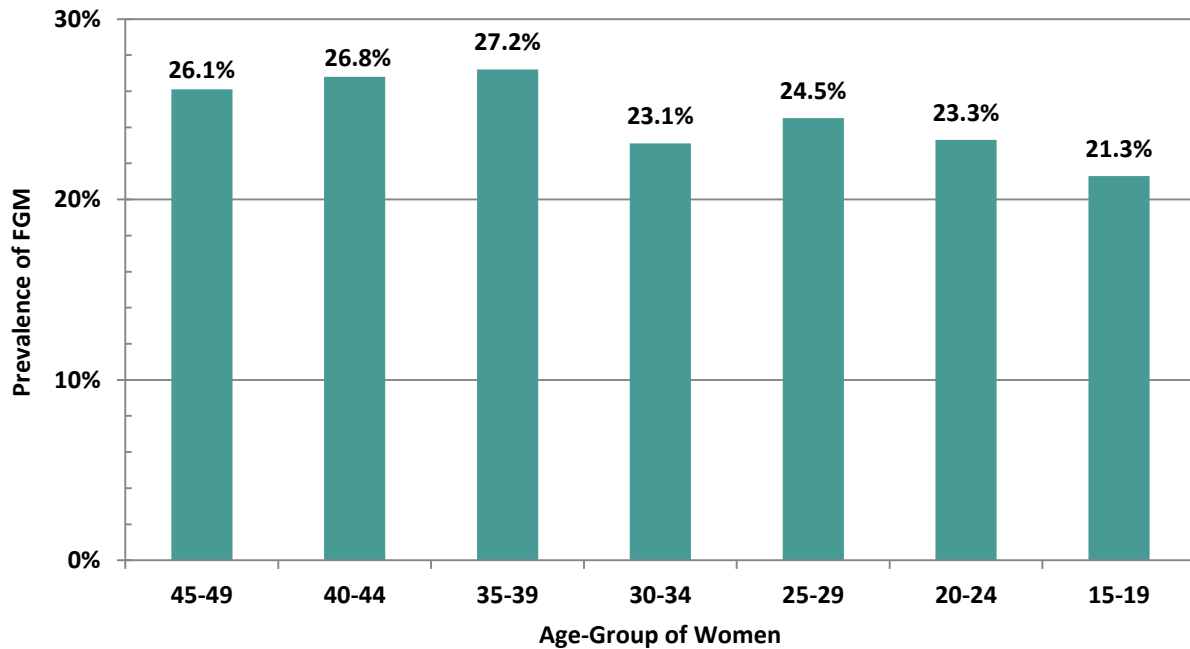
Figure 1 shows that there is a continued downward trend in the **prevalence of FGM in Senegal** among women aged 15–49, as recorded in the DHS/MICS survey reports from 2005 to 2017.<sup>2</sup>



**Figure 1: Comparison of prevalence of FGM in Senegalese women aged 15–49, 2005–2017<sup>3</sup>**

It is not possible to compare the data for the **prevalence of FGM among girls under 15 years of age** over time, as the parameters used in the DHS/MICS surveys have differed from year to year. In 2017, the prevalence among girls aged 0–14 was 13.9%.<sup>4</sup>

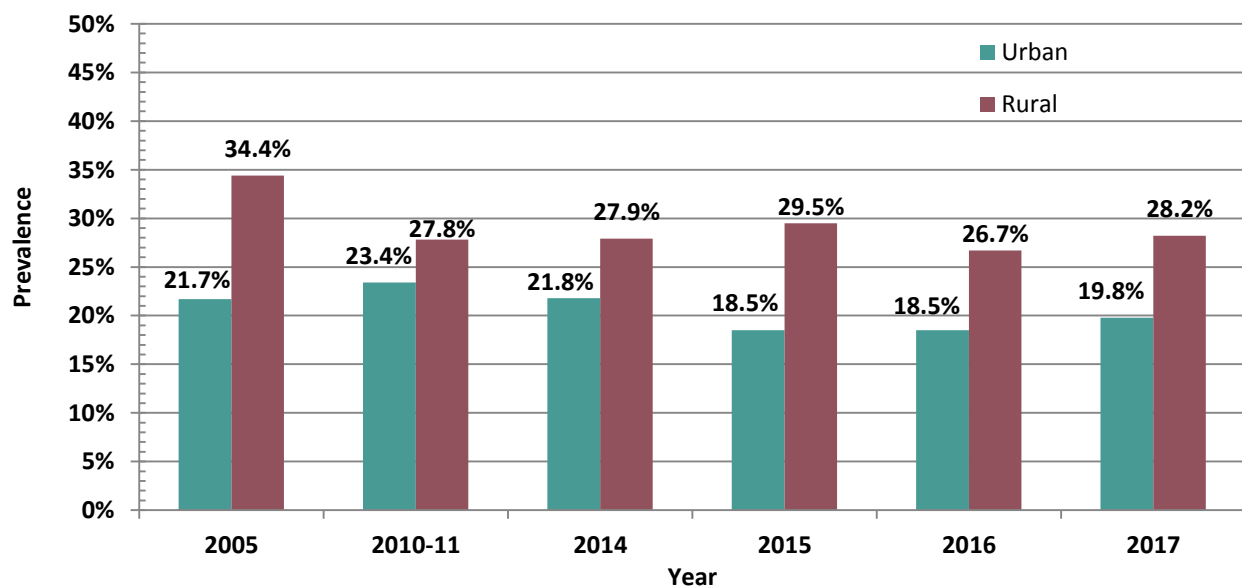
Figure 2 compares the prevalence of FGM among women of different age-groups and supports the conclusion that the prevalence of FGM is lowering over time, as, broadly speaking, there appears to be a trend towards a lower prevalence in younger women. However, additional data would be useful to investigate this further.



*Figure 2: Prevalence of FGM in Senegalese women aged 15–49, 2017<sup>5</sup>*

## Place of Residence

The data presented in Figure 3 suggests a trend towards fewer incidences of FGM among women who live in both urban and rural areas. FGM prevalence in rural areas remains higher than in urban areas. It should be kept in mind that migration to urban areas may skew these results.



*Figure 3: Prevalence of FGM in Senegalese women aged 15–49, according to area of residence<sup>6</sup>*

## Practitioners

There has been little change in recent years in the **type of practitioners** performing FGM. 'Traditional cutters' continue to be the most commonly used, in over 90% of cases, followed by 'other traditional practitioners'.<sup>7</sup>

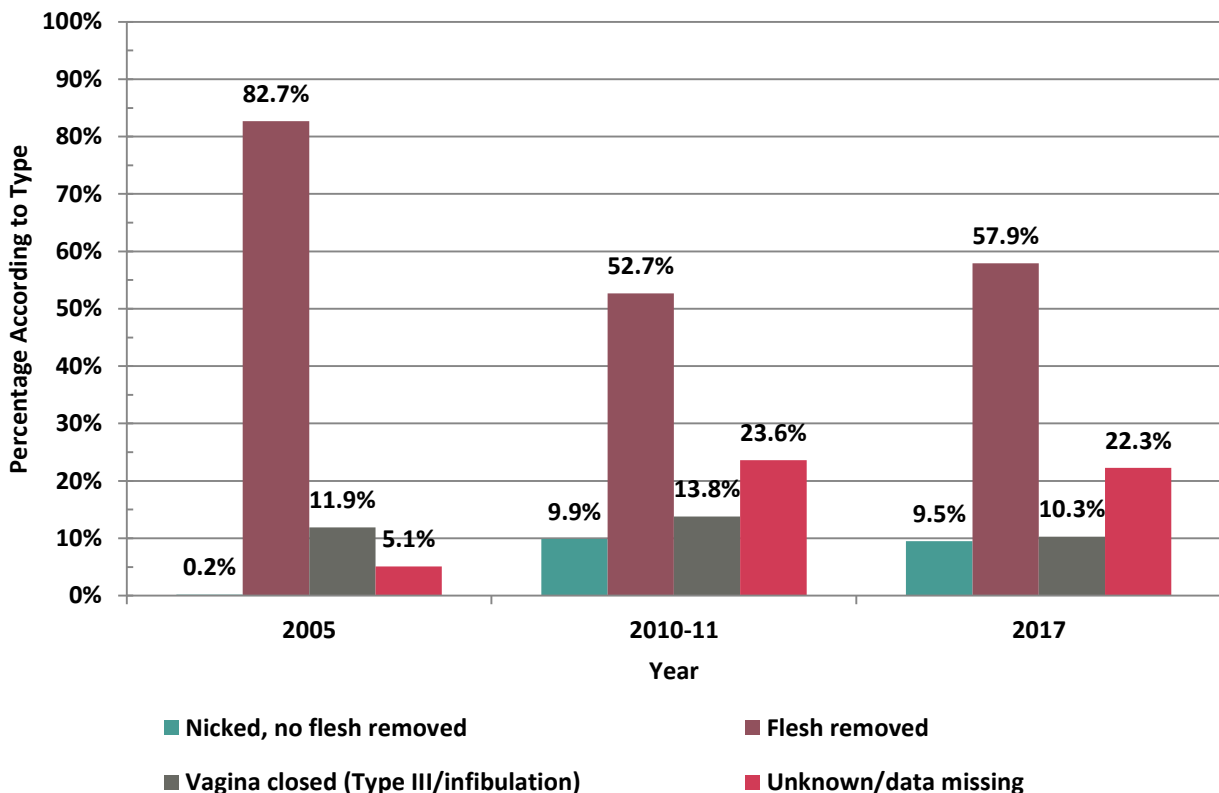
## Types of FGM

Figure 4 shows, for the years 2005, 2010–11 and 2017, the types of FGM reportedly undergone by women who have been cut.

Although there has been a decrease in the number of women *reporting* that they have undergone infibulation (Type III), it is very difficult to draw a conclusion from this, as there has been a large increase in the percentage of women for which the data is unknown or missing. This increase similarly affects the figures for 'Nicked, no flesh removed' and 'Flesh removed', and therefore no significant trends can be drawn from the available data.

(It should be noted that the data recorded in the DHS 2014 and 2016 has been misprinted – the figures under the 'Nicked – no flesh removed' and 'Flesh removed' columns are reversed.<sup>8</sup>)

Of girls aged 0–14 who have been cut, 3.7% have undergone Type III FGM.<sup>9</sup>



*Figure 4: Percentage distribution of types of FGM in Senegalese women aged 15–49 who have undergone FGM<sup>10</sup>*

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- 1 Ngianga-Bakwin Kandala and Paul N. Komba (2015) 'Geographic Variation of Female Genital Mutilation and Legal Enforcement in Sub-Saharan Africa: A Case Study of Senegal', *The American Journal of Tropical Medicine and Hygiene* 92(4), pp.838–847. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4385784/>.
  - 2 - DHS 2017, p.330.  
- DHS 2016, p.158.  
- DHS 2015, p.238.  
- DHS 2014, p.98.  
- DHS-MICS 2010–11, p.295.  
- DHS 2005, p238.
  - 3 - DHS 2017, p.330.  
- DHS 2016, p.158.  
- DHS 2015, p.238.  
- DHS 2014, p.98.  
- DHS-MICS 2010–11, p.295.  
- DHS 2005, p238.
  - 4 DHS 2017, p.332.
  - 5 DHS 2017, p.330.
  - 6 - DHS 2017, p.330.  
- DHS 2016, p.158.  
- DHS 2015, p.238.  
- DHS 2014, p.98.  
- DHS-MICS 2010–11, p.295.  
- DHS 2005, p238.
  - 7 - DHS 2016, p.164.  
- DHS 2015, p.244.  
- DHS-MICS 2010–11, p.297.  
- DHS 2005, p.243.
  - 8 DHS 2014, p.98.  
DHS 2016, p.158.
  - 9 DHS 2016, p.163.
  - 10 - DHS 2017, p.330.  
- DHS-MICS 2010–11, p.295.  
- DHS 2005, p238.



# Laws Relating to FGM

*'It's deeply rooted in the culture. It existed even before Islam came here. Even the law, or prison, cannot stop the practice because people will say it's their culture and tradition.'*

*~ Mariama Djarama Jo, a community social worker and activist<sup>1</sup>*

Article 299 *bis* of the 1965 Penal Code, as amended in January 1999 (*Article 299 bis*)<sup>2</sup> establishes the following **penalties** in relation to FGM:

- The performance or attempted performance of FGM carries a punishment of imprisonment for six months to five years.
- If the FGM procedure results in death, the penalty will be forced labour for life.
- The procurement, aiding or abetting of FGM also carries a punishment of imprisonment for six months to five years.
- The maximum penalty applies if members of the medical or paramedical professions perform or assist with an FGM procedure.

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 by imprisonment for three months to five years and a fine of between 25,000 and 1 million Francs (approximately US\$45 and US\$1,800<sup>3</sup>). However, Aminata Diallo, a Senegalese parliamentarian, is advocating for a more specific law against the failure to report FGM. She says, 'We have a law, but everything else is missing. The problem is nobody reports the situation.'<sup>4</sup>

A national child protection plan including the abandonment of FGM was adopted for 2016–2018.

A strategy on gender equality (2016–2026) and a children's code are currently in production.<sup>5</sup>

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 to end FGM/C did not list any arrests, cases or convictions for FGM during 2016.<sup>6</sup> Other commentators quote some isolated cases<sup>7</sup>:

- May 2010: The Kaolack Court of Appeal sentenced the perpetrator who performed the FGM to six months' imprisonment; accomplices were given a three-month sentence.
- July 2007: The Kolda regional court judged a case in which the child died after FGM. The person who performed the FGM and two accomplices were sentenced to three-month suspended prison sentences. This decision was subsequently condemned by some observers as disregarding the applicable law, because the FGM resulted in death; thus the criminal court should have had jurisdiction and the sentence should have been forced labour for life.

- April 2004: The Kolda regional court sentenced the perpetrator who performed the FGM to three months' imprisonment and the parent to a six-month suspended prison sentence.
- February 2004: The Kolda regional court sentenced the perpetrator who performed the FGM and the parent to six-month suspended prison sentences.<sup>8</sup>

28 Too Many's recent research, reported in **Senegal: The Law and FGM**, has collected the following notable **civil society observations**<sup>9</sup> regarding the work to end FGM and the law in Senegal.

- Sufficient measures were not put in place to educate and promote public support around the law after its introduction in 1999. Hence it is considered by some activists as an inefficient piece of legislation rarely applied in practice and even rejected by some communities.
- 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).
- There is a lack of information around the law available in different national and local languages, and the low levels of literacy in some communities demand a more frequent use of different forms of media to get the message across.
- Victims of FGM are often unaware of the law or do not feel it is useful once the practice has already taken place. They also may be unwilling to report the perpetrators, who were likely family members.
- There is evidence to suggest that changes to FGM practices have taken place to avoid prosecution, including crossing borders and cutting girls when they are younger or when they are older and mothers themselves.
- There remains a conflict of interest among some politicians regarding FGM (i.e. their political positions versus their personal beliefs), which impedes progress.

#### ***Conclusions and Suggestions for Moving Forward***

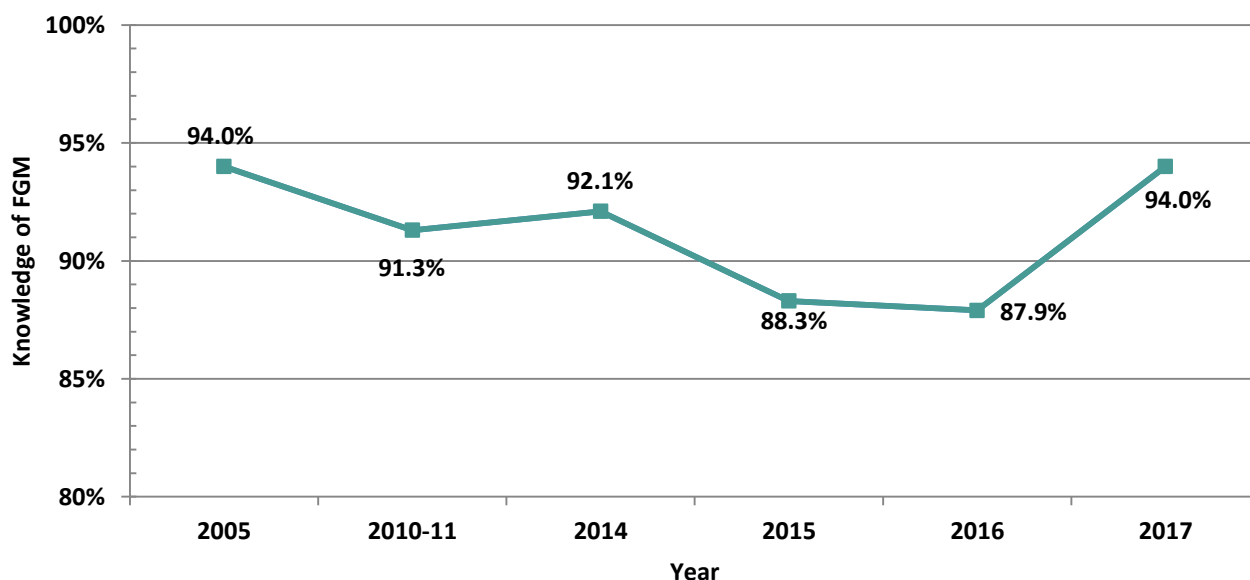
- There appears to be weak law enforcement and few cases have been brought to court since the legislation was introduced.
- The law needs to urgently address movement across national borders and criminalise and punish the performance and procurement of all cross-border FGM.
- The law could be further strengthened within Article 299 around the failure to specifically report knowledge of FGM, whether planned or already taken place.
- Any further amendments to the law could consider further options for the judiciary to use as punishment, including fines and prison sentences.
- Laws need to be made accessible and easy to understand in all local languages.

For information on international and African regional laws relating to FGM, please refer to the **law factsheet** on our website.

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- 1 Fatma Naib (2016) 'Senegal's anti-FGM campaigner: "My child won't be cut"', *Al Jazeera*, 11 March. Available at <http://www.aljazeera.com/blogs/africa/2016/03/senegal-fgm-campaigner-child-cut-160309134128545.html>.
  - 2 Republic of Senegal (1999) *Act No. 99-05 of 31 January 1999, amending several provisions of the Criminal Code*. Available at [http://www.africanchildforum.org/clr/Legislation%20Per%20Country/Senegal/senegal\\_penal-amt\\_1999\\_en.pdf](http://www.africanchildforum.org/clr/Legislation%20Per%20Country/Senegal/senegal_penal-amt_1999_en.pdf).  
*NB: 'bis' refers to second version of the protocol.*
  - 3 *As at 23 November 2017.*
  - 4 Emma Batha (2017) "'Medicalisation' of female genital mutilation is serious threat – experts", *Reuters*, 6 February. Available at <https://www.reuters.com/article/us-global-fgm-medicalisation/medicalisation-of-female-genital-mutilation-is-serious-threat-experts-idUSKBN15L0K9>.
  - 5 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](https://reliefweb.int/sites/reliefweb.int/files/resources/UNFPA_UNICEF_FGM_16_Report_web.pdf).
  - 6 *Ibid.*
  - 7 Excision parlons-en! (2018) *Senegal*. Available at <https://www.excisionparlonsen.org/senegal/>.
  - 8 *It has not been possible for the purposes of this research to establish whether the sentences listed were carried out in part or full, overturned or increased.*
  - 9 *Observations made during interviews with Tostan and the Girl Generation Senegal as part of 28 Too Many's research into the law and FGM in Senegal.*

# Understanding and Attitudes

There has been a fluctuation over time in the **percentage of women in Senegal who have heard of FGM** (see Figure 5), but generally the figures have been about 90%.



*Figure 5: Comparison over time of percentages of women aged 15–49 in Senegal who have heard of FGM<sup>1</sup>*

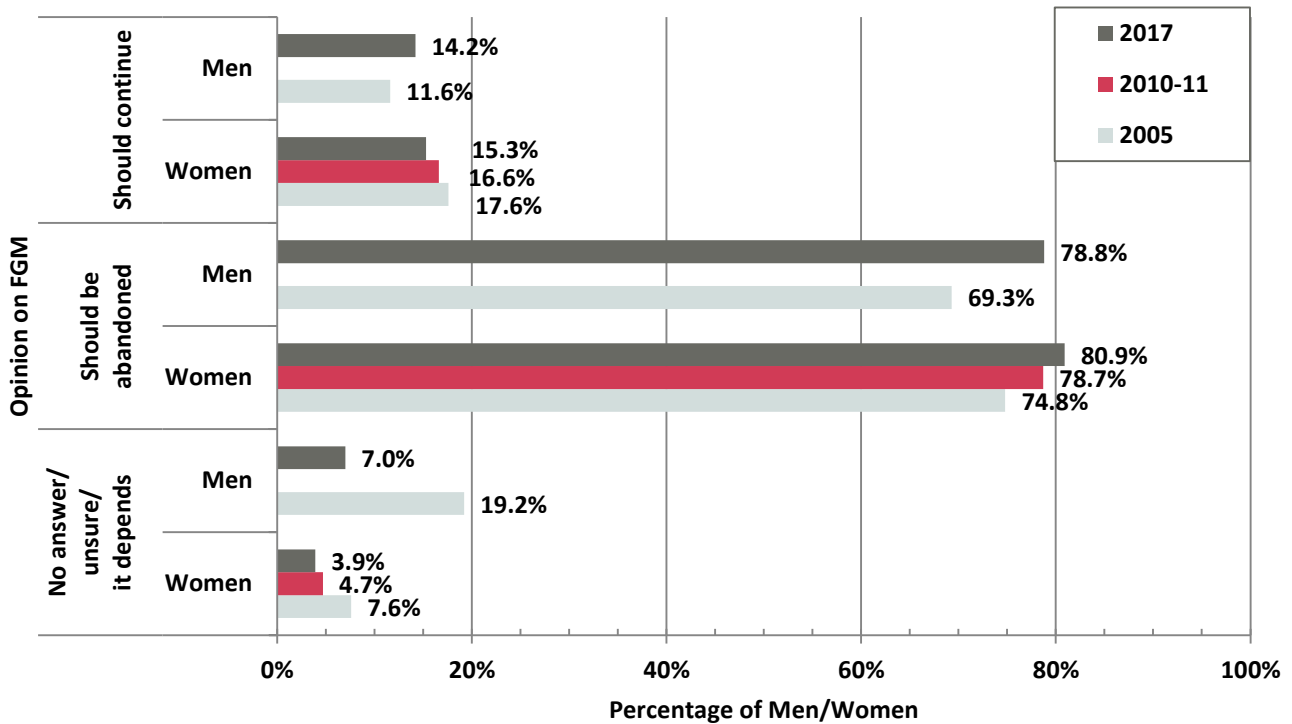
Aminata Mané, an FGM survivor, local Senegalese activist and president of women’s advocacy group Santa Yalla, notes, ‘When you are a victim yourself, then you have unique skill to talk about what’s happening.’

She and other activists agree that change comes most quickly through women who have experienced FGM telling their own stories and leading community discussions. In other words, change must come ‘from the inside’.

Activists also agree that, without that ‘insider’ influence, laws and the threat of penalties do little to discourage the practice.<sup>2</sup>

The **opinions of men as to whether FGM should be continued or abandoned** remained largely unchanged during the period 2014 to 2017 (see Figure 6). However, between 2005 and 2014, there was a large increase in the percentage of men who believe that FGM should be stopped (69.3% to 80.1% of men aged 15–49). It may be worthwhile to further examine this trend and what factors have influenced it.

The percentage of women who have heard of FGM and believe that it should be abandoned increased from 74.8% in 2005 to 80.9% in 2017, and the percentage of women who were unsure or stated that ‘it depends’ decreased from 7.6% in 2005 to 3.9% in 2017, suggesting that women are becoming more sure of their opinions in relation to FGM, or more willing to voice their opinions.<sup>3</sup>



**Figure 6: 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 2010–11)<sup>4</sup>**

A recent report on **The Grandmother Project** notes the success in the Senegalese ‘intervention’ villages of encouraging intergenerational, intersex and interclass dialogue, especially flexible discussions that ‘focus on “Girls’ Holistic Development”, rather than a narrow focus on FGM . . .’ These discussions greatly reduced the practice of FGM in the intervention villages, and in one case eliminated it, by **changing attitudes to girls and women who have not been cut** (which changed the perception that a girl needs to be cut in order to get a good education and get married), **raising awareness of the effects of FGM**, and **teaching that FGM is not a requirement of Islam**.<sup>5</sup>

1 - DHS 2017, p.329.  
 - DHS 2016, p.157.  
 - DHS 2015, p.237.  
 - DHS 2014, p.97.  
 - DHS-MICS 2010–11, p.294.  
 - DHS 2005, p.238.

2 Ryan Lenora Brown (2017) ‘In push to end FGM, local women offer influential message’, *The Christian Science Monitor*, 18 December. Available at <https://www.csmonitor.com/World/Africa/2017/1218/In-push-to-end-FGM-local-women-offer-influential-message>.

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

4 - DHS 2016, p.167.  
 - DHS-MICS 2010–11, p.302.  
 - DHS 2005, pp.259 & 260.

5 Dr Anneke Newman (2017) *Evidence Synthesis Review of The Grandmother Project’s ‘Girls’ Holistic Development’ Programme*, pp. 12, 21 & 22.

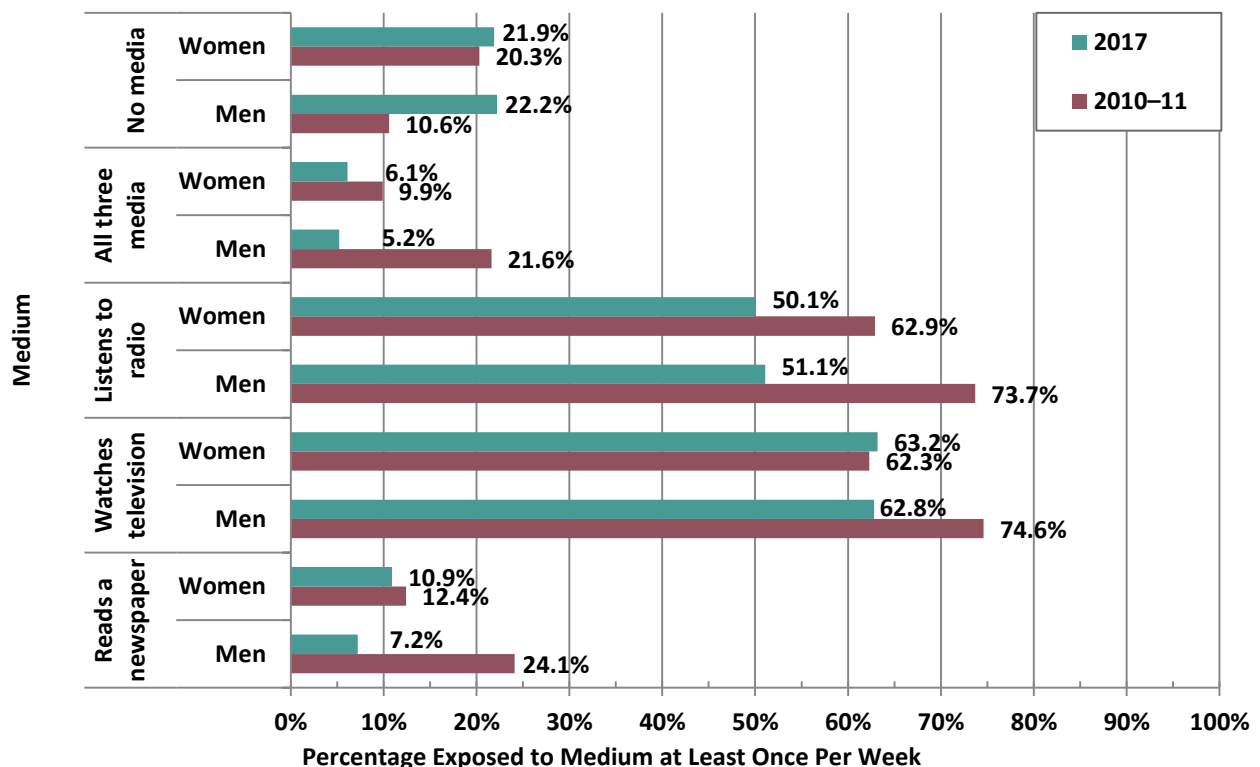
# Media

Senegal ranked 58<sup>th</sup> in the **2017 World Press Freedom Index**, an improvement from 67<sup>th</sup> in 2014.<sup>1</sup>

However, laws against defaming or offending the president continue to curb **freedom of information** in the country. Amnesty International recently condemned the arrest of four people, including a journalist, for sharing a caricature of a nude President Sall.<sup>2</sup> Independent radio station *Radio Walfdjri* also came into the sights of officials after an activist criticised the president live on air.<sup>3</sup> Singer Amy Colle Dieng was recently arrested and charged with ‘offence against the head of state’ for making disparaging comments against the president and voicing her support for Wade.<sup>4</sup>

## Access to Media

Television and radio remain the **most frequently accessed media** (Figure 7). It is interesting to note that just over 20% of people are exposed to none of the three media in a week and, in general, men’s access to media has decreased significantly since 2010–11. It is difficult to know whether men are finding media platforms more difficult to access or whether their engagement with the media has simply dropped. In rural areas, radio remains the most frequently accessed medium and would therefore be most useful for getting anti-FGM messages across to people in remote areas.



*Figure 7: Percentages of Senegalese women and men who are exposed to certain media at least once per week, comparison 2010–11 and 2017<sup>5</sup>*

**Mobile phone penetration** has continued to increase rapidly, reaching about 117% in mid-2016.<sup>6</sup>

25.7% of the population were **internet** users as at June 2017.<sup>7</sup>

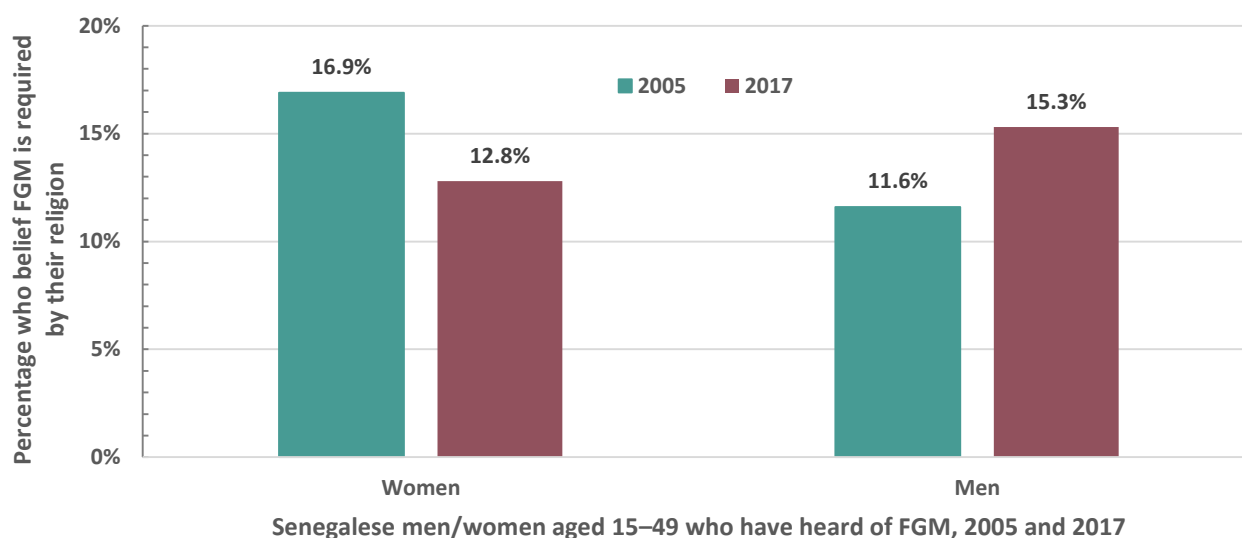
There were 2,300,000 **Facebook subscribers** in Senegal as at June 2017 (14.3% penetration).



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- 1 Reporters Without Borders (2017) *Senegal*. Available at <https://rsf.org/en/senegal>.
  - 2 Alpha Kamara (2017) 'Amnesty International condemns arrests in Senegal', *Anadolu Agency*, 2 June. Available at <http://aa.com.tr/en/africa/amnesty-international-condemns-arrests-in-senegal/833370>.
  - 3 Reporters Without Borders, *op. cit.*
  - 4 Raziah Athman (2017) 'Senegalese singer released after 10 days in prison', *africanews*, 15 August. Available at <http://www.africanews.com/2017/08/15/senegalese-singer-released-after-10-days-in-prison/>.
  - 5 - DHS 2017, p.48–49.  
- DHS-MICS 2010–11, pp.40-41.
  - 6 Report Buyer (2017) *Senegal - Telecoms, Mobile and Broadband – Statistics and Analyses*, 5 December. Available at <https://www.prnewswire.com/news-releases/senegal---telecoms-mobile-and-broadband---statistics-and-analyses-300567375.html>.
  - 7 Internet World Stats: Usage and Population Statistics (2017) *Internet usage and population statistics for Africa*. Available at <http://www.internetworldstats.com/africa.htm>.

# Religion

Between 2005 and 2017, the proportion of men who have heard of FGM and **believe it is a requirement of their religion** increased from 11.6% to 15.3% (see Figure 8). This is a highly significant increase.



**Figure 8: 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<sup>1</sup>**

By contrast, the proportion of women who have heard of FGM and believe it is a requirement of their religion *decreased* from 16.9% in 2005 to 12.8% in 2017, which is also a highly significant change.

While in 2005 men were less likely than women to say that their religion requires FGM, by 2017 men were more likely than women to say so.

More work therefore needs to be done towards combatting the belief that FGM is a requirement for Muslims and Christians, especially among men.

Family-planning NGOs and advocates have been highly successful at educating Senegalese and increasing contraceptive access and use by **involving imams** in education campaigns.

'[S]ince imams started getting involved, birth control is beginning to enjoy far wider social acceptance here. Since 2011, the number of married Senegalese women using modern contraceptives has doubled from 12 percent to about 23 percent . . .<sup>2</sup>

The success of this strategy is noteworthy, and it would be worthwhile for anti-FGM campaigners to consider using a similar approach, where possible.

<sup>1</sup> Original DHS 2005 and 2016 datasets; calculations courtesy of ICF International.

<sup>2</sup> Ryan Lenora Brown (2017) 'In Senegal, family planning finds a key ally: imams', *The Christian Science Monitor*, 4 January. Available at <https://www.csmonitor.com/World/Africa/2018/0104/In-Senegal-family-planning-finds-a-key-ally-imams>.

# Development Goals (Healthcare and Education)

The eradication of FGM was pertinent to six of the UN's eight **Millennium Development Goals (MDGs)**, which reached their deadline in 2015:

*Goal 1: Eradicate extreme poverty and hunger*

*Goal 2: Achieve universal primary education*

*Goal 3: Promote gender equality and empower women*

*Goal 4: Reduce child mortality*

*Goal 5: Improve maternal health*

*Goal 8: Develop a global partnership for development*

Senegal achieved the MDG target for **poverty reduction**.<sup>1</sup>

Between 2000 and 2011, the Government allocated up to 5% of its GDP to education, which was a significant increase. As a result, the **net enrolment rate** rose from 44.7% in 1990 to 79.4% in 2012, although the primary completion rate actually decreased between 2000 and 2012.<sup>2</sup> **Gender parity** was achieved and exceeded in primary education, and almost achieved in secondary education.<sup>3</sup>

In June 2016 the president announced a programme to address concerns in relation to **telibés** – children from certain Madrasah schools who are sent out to beg in order to learn humility – and in turn reduce the other alleged abuses linked with them.

Attempts have been made to collect the children from the streets, but as most were eventually returned to the teachers who sent them there in the first place, initial operations were not entirely successful. In December 2017, however, five teachers were arrested, charged with child trafficking and exploitation, a move that one commentator believes 'could still signal a meaningful shift in strategy on forced begging.'<sup>4</sup>

Goal 5 was to reduce the **maternal mortality ratio** by 75%, equalling 130 deaths per 100,000 live births. As of 2015, the maternal mortality ratio was 315 deaths per 100,000 live births.<sup>5</sup> The target of 47 **deaths among under-fives** per 1,000 live births was achieved in 2015, and the **infant mortality rate** in the same year was 42 deaths per 1,000 live births.<sup>6</sup>

A report on anti-FGM activism in Kolda, southern Senegal, notes, 'Almost every child that we encountered in Kolda knew someone that died after being cut.' Activist Mariama Djarama Jo discusses the importance of raising awareness of the health issues that result from FGM:

The women who do the circumcision don't know about the health problems many girls go through because of this. And they need to know. . . . If a girl got haemorrhage the women would say it was some mystical disease. . . . It can happen that during 15 to 40 years of practice they use the same knife without sterilising it. . . . Once [cutters] come out [of jail] they will continue, because that's how they earn their money. This practice of circumcision is ravaging our children, especially in our region. We have the most elevated numbers of mothers dying giving birth here in Kolda. We also have the

highest rate of AIDS in Kolda. It is all due to circumcision, that we have the highest rates of all of this in Kolda.<sup>7</sup>

In September 2015 the UN adopted the **Sustainable Development Goals (SDGs)**, which replaced the MDGs and have a deadline for achievement of 2030. Senegal has signed up to them. The 17 SDGs focus on five 'areas of critical importance for humanity and the planet' – **people, planet, prosperity, peace and partnership**.<sup>8</sup>



*Figure 9: The Sustainable Development Goals*

A document entitled *Transforming our World: the 2030 Agenda for Sustainable Development*<sup>9</sup>, details the SDGs and states that they

seek to build on the Millennium Development Goals and complete what these did not achieve. **They seek to realise the human rights of all and to achieve gender equality and the empowerment of all women and girls.**

The SDGs go further than the MDGs and **make explicit reference to the elimination of FGM**. This will strengthen the hands of governments, NGOs and multi-lateral organisations when implementing anti-FGM policies and legislation.



**Sustainable Development Goal 5: Achieve gender equality and empower all women and girls**

*Goal 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.*

Other SDGs have relevance for women and girls who have experienced

or are likely to experience FGM, particularly those related to education, health and gender equality, such as **Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all)**.

The targets for Goal 4 make specific reference to ensuring girls and other vulnerable people receive equitable early-childhood development, inclusive and effective schooling at all levels, and vocational training and university education; they also include aspirations for adult women and men to receive equal skills training to achieve literacy and numeracy and enable them to take up decent jobs and start businesses.

Of particular importance in relation to the elimination of FGM is Target 4.7:

By 2030 ensure all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development.

In February 2018, Senegal and France co-hosted the **Global Partnership for Education Financing Conference** in Dakar, which aimed to marshal \$3.1 billion for the education of 870 million children in developing countries during the period 2018 to 2020.<sup>10</sup>

Women in Senegal are beginning to break into arenas that have traditionally been considered 'male only'. Women's soccer has been encouraged and organised by NGO Ladies' Turn, despite much opposition. Playing **football** in public spaces gives girls the opportunity to showcase their skills, subvert traditional gender identities and develop skills such as teamwork and leadership. The long-term aim is to use football to fund girls' secondary educations.<sup>11</sup>

The Centre for Science, Education, Exchange for Sustainable Development (*SeeSD*), consisting of a group of education mentors, runs a programme to spark students', and particularly female students', interest in **STEM** subjects, a field in which Senegalese women are immensely under-represented.<sup>12</sup>

Senegal has been held up as an example of positive efforts towards the prevention and treatment of HIV/AIDS and in relation to issues such as access to contraception and family planning services.<sup>13</sup>

*'In recent years, the family planning community has pointed to Senegal as a beacon of hope for a region that has lagged behind on virtually all health indicators.'*

*~ Perri Sutton, Senior Programme Officer,  
Bill & Melinda Gates Foundation<sup>14</sup>*

In addition to the SDGs, the African Union has declared the years 2010 to 2020 to be the **African Women's Decade**.<sup>15</sup> This declaration will assist in promoting gender equality and the eradication of FGM and other forms of gender-based violence in Senegal.

For a summary of all 17 SDGs, please see our **Global Goals** document.

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- 1 UN Economic Commission for Africa (2015) *MDG Report 2015: Lessons Learned in Implementing the MDGs*, p.64.
  - 2 *Ibid.*, pp.9 & 12.
  - 3 *Ibid.*
  - 4 - Agence Nationale de Statistique et de la Démographie, Global Partnership for Sustainable Development Data and Initiative Prospective Agricole et Rurale (2016) *Sustainable Development Goals (SDG): What agenda for Senegal? Report of the Dakar International Conference 12 and 13 October 2016*. Available at [http://southernvoice.org/wp-content/uploads/2017/01/English-Version-of-the-Final-Report-SDGs-Dakar\\_29-Nov-2016.pdf](http://southernvoice.org/wp-content/uploads/2017/01/English-Version-of-the-Final-Report-SDGs-Dakar_29-Nov-2016.pdf).  
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  - 8 UN Department of Economic and Social Affairs (2015) *Transforming our world: the 2030 Agenda for Sustainable Development*. Available at <https://sustainabledevelopment.un.org/post2015/transformingourworld>.
  - 9 *Ibid.*
  - 10 Cécile Barbière(2018) 'A renewed commitment for education aid?', *Euractiv*, 29 January. Available at <https://www.euractiv.com/section/africa/news/a-renewed-commitment-for-education-aid/>.
  - 11 Idrissa Sane (2017) 'In Senegal, girls are breaking the rules to get in the game', *The Hindu*, 2 December. Available at <http://www.thehindu.com/specials/women-in-action/in-senegal-girls-are-breaking-the-rules-to-get-in-the-game/article21248387.ece>.
  - 12 Idrissa Sane (2017) 'In Senegal, science experiments encourage young girls towards STEM', *The Hindu*, 12 November. Available at <http://www.thehindu.com/specials/women-in-action/in-senegal-science-experiments-encourage-young-girls-towards-stem/article20023963.ece>.
  - 13 - Jessica Sestili and Aline Schmidt (2017) 'How Senegal is leading the fight against AIDS in West Africa', *Focus* [film]. Available at <http://www.france24.com/en/tv-shows/focus/>.  
- Kieran Guilbert (2017) 'Senegal's youth tackle sex taboos in bid to boost contraceptive use', *Times Live*, 17 October. Available at <https://www.timeslive.co.za/news/africa/2017-10-17-senegals-youth-tackle-sex-taboos-in-bid-to-boost-contraceptive-use/>.
  - 14 Cited in Kieran Guilbert, *op. cit.*
  - 15 African Union (2011) *The African Women's Decade*, p.2. Available at <http://pages.au.int/carmma/documents/african-womens-decade>.



