



**FGM IN SUDAN:
EXECUTIVE SUMMARY**
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COUNTRY PROFILE: FGM IN SUDAN

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Sudan was the largest African country until South Sudan gained independence in July 2011. The country is divided into 18 states grouped into five provinces. There are 19 major **ethnic groups** in Sudan, speaking more than 100 languages and dialects. Sudanese Arabs form the largest ethnic group. Intermarriage has blurred boundaries between ethnic groups, but recent conflict has caused those lines to re-emerge somewhat.¹

Sudan was devastated by civil **war** throughout the 1980s and 1990s. Lieutenant General Omar Bashir led a coup in 1989 and ruled the country until his ousting by the military in April 2019. Since then, however, violence has continued. Women have been at the forefront of **street protests** and, consequently, been targets of **violence** against protesters. A Transitional Government was sworn in on 8 September 2019. New Prime Minister Abdalla Hamdok has stated, 'We have to concentrate on women's participation. Sudanese women played a very big part in our revolution.'²

Fundamental Islamist law was introduced in 1983, causing conflict between the Islamic population in the north and the largely Christian population in the south. Currently, a mixed **legal system** of Islamic law and English common law is in place. Sharia law, which includes the Muslim Personal Law 1991, sometimes contradicts and supersedes other laws.

Sudan has signed up to or ratified several **international and regional conventions and treaties** that are relevant to female genital mutilation (FGM); however, it has not signed the Convention on the Elimination of All Forms of Discrimination Against Women (1979) or the African Charter on the Rights and Welfare of the Child (1990).

Despite making some good progress towards the **Millennium Development Goals (MDGs)**, Sudan failed to meet several targets, including those for maternal and child health.³ Sudan has signed up to the **Sustainable Development Goals (SDGs)**, which go further than the MDGs and make explicit reference to the elimination of FGM, but a 2019 audit found that there have been significant problems related to the frameworks for implementation, oversight monitoring and funding at the federal level. The Government has made new commitments to healthcare and education in order to achieve the SDGs; nevertheless, the audit notes that a clear plan of action must be drawn up if Sudan wishes to achieve them.⁴

The **Constitution** of the Republic of Sudan 2005 (as amended) places various obligations on the State to protect women and children. Specifically, Article 32 obliges the State to 'combat harmful customs and traditions which undermine the dignity and status of women'.

Marriage is legally required before sexual intercourse is allowed, but no legislation prohibits **child marriage**; Article 40 of the Muslim Personal Law 1991 allows the marriage of a child of ten with the consent of their parent/guardian.⁵ The Government has recognised the problem of child marriage and is taking steps to eliminate it.

There is currently no national **law against FGM** covering the whole of Sudan. Six states have laws in place that only apply to FGM undertaken within their boundaries: South Kordofan, Gadarif, South Darfur, Red Sea, North Kordofan and Northern. These laws are not enforced and there is no publicly-available information on any cases of arrests or court proceedings in relation to FGM. In September 2016 an amendment to the federal Criminal Act (1991) was approved by the Council of Ministers to criminalise all forms of FGM under a new **Article 141**; at the time of publication, this is still pending parliamentary endorsement.

Article 15(2) of the Constitution states, 'The State shall . . . empower **women in public life**.'⁶ Women are able to vote and stand for election. The new cabinet of the Transitional Government includes four women, including a female foreign minister and a female chief justice, the first in Sudan's history. Women have the right to employment and to own property; however, they usually lack sufficient economic resources to purchase land.

On the UN's **Gender Inequality Index** for 2017, Sudan was rated 139th out of 160 countries.⁷ **Physical violence and sexual harassment** are grave concerns for Sudanese women, particularly in times of conflict. While rape is outlawed, there is no stipulation regarding marital rape and no domestic violence laws in place.

This Country Profile on FGM in Sudan mostly uses data taken from the Multiple Indicator Cluster Survey of 2014 (*MICS 2014*)⁸ and the Sudan Household Health Survey of 2010 (*SHHS 2010*)⁹. A further valuable source of information on FGM in Sudan is the report *Female Genital Mutilation/Cutting (FGM/C) and Child Marriage in Sudan – Are There Any Changes Taking Place???* (the *Secondary Analysis*).¹⁰

The most recent measurement of **FGM prevalence across Sudan** is from the MICS 2014, which found that 86.6% of women aged 15–49 have undergone some form of FGM.¹¹ This places the country in UNICEF's 'very high prevalence' category.¹² More than 12 million women and girls are believed to have undergone some form of FGM.¹³

The SHHS 2010 found a prevalence of 88% among women aged 15–49.¹⁴ This suggests that there has been a small reduction in the practice among women in recent years, although progress has been slow. However, understanding how the prevalence of FGM has changed over time is complicated by the mass migration that has occurred in the country's recent history, meaning that trends arising from direct comparisons between 2014 and 2010 should be treated with some caution.

The data reveals a distinct trend towards lower FGM prevalence among younger women. The highest prevalence (91.8%) is among women aged 45–49 and the lowest (81.7%) is among those aged 15–19. This suggests that the practice is declining at a faster rate than might be apparent from considering only the overall prevalence.

The prevalence of FGM among women living in urban areas appears to be very similar to that among women living in rural areas. In general, states in the centre and north-west have the highest prevalence.¹⁵

The relationship between a woman's level of wealth and whether or not she has had FGM is quite complex; however, the practice is most prevalent among women in the richest wealth quintile (91.6%).¹⁶

Most ethnic groups practise FGM, except for the Fur, Hawsa and Umbarraro.¹⁷ The UNFPA has concluded that 'ethnicity is the most significant factor in FGM prevalence, cutting across socio-economic class and level of education.'¹⁸ Recent reports have noted that women from non-practising

communities in Sudan who have migrated to practising communities have felt pressured to be cut as they feel 'unclean'.¹⁹

31.5% of daughters have already experienced some form of FGM.²⁰ However, this only represents the current FGM status of the girls, many of whom are still at risk of being cut. The Secondary Analysis calculates an 'adjusted prevalence' for the cohort of girls who were aged 0–14 at the time of the survey – effectively a projection of the final FGM prevalence in this group once they all reach the age of 14. This was found to be 66.3%, which, when compared to the prevalence among women aged 15–49, suggests that considerable progress has been made in recent years.²¹ Sudanese girls are at their highest risk of being cut between the ages of four and ten.²²

The Secondary Analysis considers the rate of decline in the prevalence of FGM across three age-groups. Assuming that **future trends** follow the same pattern as in the past, the report predicts that FGM could be eradicated in Sudan for girls born from 2040 onwards.²³ This prediction should, of course, be read with caution.

In Sudan, FGM is referred to in two ways: the more severe form (Type III) is referred to as **pharaonic** or **infibulation**; Types I and II are referred to by the Islamic term **sunna**. The majority of Sudanese women aged 15–49 (77%) have been 'sewn closed' (infibulated).²⁴

Both the available data and anecdotal evidence demonstrate that FGM has become **medicalised** over the past few decades. 63.6% of women are cut by a trained midwife and 28.7% by a traditional cutter. The medicalisation of FGM in Sudan is linked to the shift from practising Type III/infibulation to practising Types I and II (sunna), which is perceived to be safer. Medicalised FGM is most apparent in women who are wealthier and/or better educated.²⁵

Midwives are very well respected in the communities where they work, and their involvement in the practice of FGM offers both challenges and opportunities. In Sudan, though not yet spread across the whole country, a **midwives' oath** to not practice FGM is now included in the curricula at midwifery schools. The challenge for midwives is that, even though they may understand the long-term impact of FGM because of their training, if they take the oath, they risk a fierce backlash from the communities in which they work. It is important for Sudan to fully utilise the opportunities midwives represent. FGM needs to be included across the curricula for all health workers.

Midwives in Sudan also perform **reinfibulation** (*adal*) a procedure to re-sew the genitals following childbirth. This affects a significant proportion of Sudanese women (23.9% of ever-married women aged 15–49 who have ever given birth). However, in Kassala state, for example, this figure almost trebles to 62.5%.²⁶

Most women in Sudan know about FGM; however, women with less education are less likely to know about it.²⁷ The most common **reasons given for the practice of FGM** in Sudan are 'purification, cleanliness and hygiene, acceptability within the group and reducing sexual desire'.²⁸ A study of Nyala University students found that male students felt that religion was the most important reason for FGM, whereas female students felt that it was the least important (and that 'traditional beliefs' was the most important).²⁹ While 73% of male students would prefer to marry women who had not been cut, 64.5% would still have their daughters undergo FGM.³⁰

There is evidence that **boys and men** feel a conflict, caused by the desire to protect girls and women, between the belief that FGM curbs a woman's sexual desire and is a necessary part of her growth

and development and the understanding of the health risks involved. Greater education in relation to these matters is clearly crucial.

Of women aged 15–49 who have heard of FGM, 40.9% believe that it should continue, while 52.8% believe that it should be abandoned. The lowest **level of support for stopping FGM** is in East Darfur (30.6%) and the highest is in Khartoum (71%). Women who have received a higher level of education and are in the highest wealth quintile are considerably more likely to favour abandoning the practice than those who have received no formal education or are in the lowest wealth quintile.³¹

Younger women are less likely to intend to cut their daughters, as are those who have achieved higher levels of education and those in the richer quintiles.³²

Of those Sudanese aged 15 years and over, 79.9% are literate (83.3% of men and 68.6% of women).³³ A child can expect to receive and complete, from primary to tertiary, seven years of **education**.³⁴ The MICS 2014 data suggests that more young women are becoming literate.³⁵ Since FGM in Sudan usually takes place at such a young age, it has been suggested that Sudanese girls are less likely to drop out of school due to FGM than girls in other countries where FGM is practised.³⁶

The Federal Ministry of Health (*FMOH*) is responsible for healthcare in Sudan.³⁷ The **health sector** suffers from underfunding, a lack of human resources and problems associated with the instability of the country at present.³⁸

According to the MICS 2014, in the age group 15–19, 11.8% of women have already given birth and 3.3% are pregnant.³⁹ 71.3% of births take place at home. Women living in urban areas are more likely than those living in rural areas to use a health facility (45.2% and 21.5% respectively).⁴⁰ 79.1% of women receive antenatal care from a skilled provider (90.8% in urban areas and 74.9% in rural areas).⁴¹ Pregnancy is a leading factor in deaths among girls aged 15–19.⁴²

Approximately 97% of Sudan's population is Sunni Muslim, and the remainder usually adhere to indigenous beliefs or Christianity.⁴³ **Religion** is still cited, particularly by young men, as a reason to continue practising FGM. Some religious leaders from conservative communities claim that criminalising the sunna form of FGM would be against Sharia law; this is a clear challenge to the passing of comprehensive anti-FGM legislation in Sudan.

Reporters Without Borders ranks Sudan 175 out of 180 countries in its 2019 World Press Freedom Index.⁴⁴ While the **media** has long struggled for freedom in Sudan, matters grew worse towards the end of 2018 when Bashir's government began a major crack-down on reporting, particularly in terms of any social or political unrest such as the anti-government protests that began at that time. After Bashir was overthrown, the media was opened up to an extent, but the Transitional Military Council soon put in place new restrictions, including internet shut-downs.⁴⁵ There remain 15 'red-line issues' that Sudanese journalists are restricted from reporting on.

As a result, people are turning to the internet and social media for uncensored news or to make their opinions heard. However, the state has the power to block any website that it deems a threat to national security, and activists and internet users have faced arrest over social media posts.⁴⁶

Access to media in Sudan is often restricted by costs and the fact that only about half of households (44.9%) have electricity. Anti-FGM messaging targeted at urban areas is likely to reach people via both radio and television, but messaging targeted at rural areas, and the Darfur states in particular, is likely to be more effective and reach a wider audience via radio.

Social media is quickly becoming a powerful tool for activism in Sudan. Anti-government and feminist activists and protesters have coordinated their activities and spread their messages online, and powerful viral images are helping to change opinions and social norms. Successful anti-FGM media campaigns have been run nationally and regionally. The Population Council notes a need for programmers to understand decision-making processes that lead people to abandon FGM and tailor programmes accordingly.⁴⁷

Sudan has long been recognised internationally as a high-priority country for funding to end FGM. Vast sums of money have been committed to the country, particularly through the **United Nations Joint Programme (UNJP)**, which has entered Phase III (2018–2021), and the UK DFID-funded **Sudan Free of Female Genital Cutting (SFFGC)** programme, which is now in Phase 2 (January 2019–December 2024).

The National Council of Child Welfare (NCCW) is the government authority that plans and coordinates child welfare across Sudan, including FGM. It works in collaboration with partners at all levels, including various government departments, UN agencies, international NGOs, academia and community representatives.

The core strategies being used in the work to end FGM across Sudan are a **community and intergenerational dialogue** approach, facilitated by initiatives such as the Saleema Initiative. **Public declarations of abandonment** in Sudan are also reportedly successful in giving communities the opportunity to speak out against FGM. The **Saleema Initiative** emerged from communities as an innovative way of talking about FGM. It has equipped activists and the media with a new tool to address the social norms that support FGM. The name ‘Saleema’ (meaning ‘pure, intact and unharmed’) is being used to give positive connotations to giving up FGM, using a philosophy of ‘Every girl is born Saleema; let her grow up Saleema.’ Evaluations of the campaign to date show that it is proving effective in changing pro-FGM social norms.⁴⁸ Furthermore, the **Almawada wa Alrahma** (‘Compassion and Mercy’) campaign is being used to address rights and tackle violence against women and girls from a religious perspective.

In the spring/summer of 2019, the protests and subsequent political crisis impacted on anti-FGM work. Sudan has been dealing with a government shutdown, significant economic crisis, curfews and internet restrictions, which have inevitably impacted on programmes and advocacy work across the country. There are many practical issues and challenges to be overcome to resume activities and accelerate progress, and these are highlighted in detail in this new **Country Profile** by 28 Too Many. Importantly, with the new Transitional Government in place, partners in the anti-FGM network in Sudan now see an opportunity to rebuild momentum on the back of a much stronger emphasis on gender issues and the participation of women in the country’s future.

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