



FGM IN TOGO: SHORT REPORT

April 2020

Key Findings and Indicators¹



Prevalence: In Togo, the prevalence of FGM in women aged 15–49 is 3.1%*



Geography: The region with the highest prevalence is Centrale, at 13.5%; the lowest is Maritime, in the south, at 0.2%



Age: According to the most recent data, FGM is most commonly performed on girls between 4 and 14 years of age



Type: 'Cut, flesh removed' is the most common type of FGM practised



Agent: Almost all FGM is carried out by traditional practitioners



Attitudes: 94.5% of women (aged 15–49) believe FGM should be stopped



HDI Rank: 165 out of 189 countries (2018)



SDG Gender Index Rating: 115 out of 129 countries (2019)



Population: 8,266,868 (as at 11 March 2020), with a 2.56% growth rate (2020 est.)



Infant Mortality Rate: 52 deaths per 1,000 live births (2015)



Maternal Mortality Ratio: 368 deaths per 100,000 live births (2015)

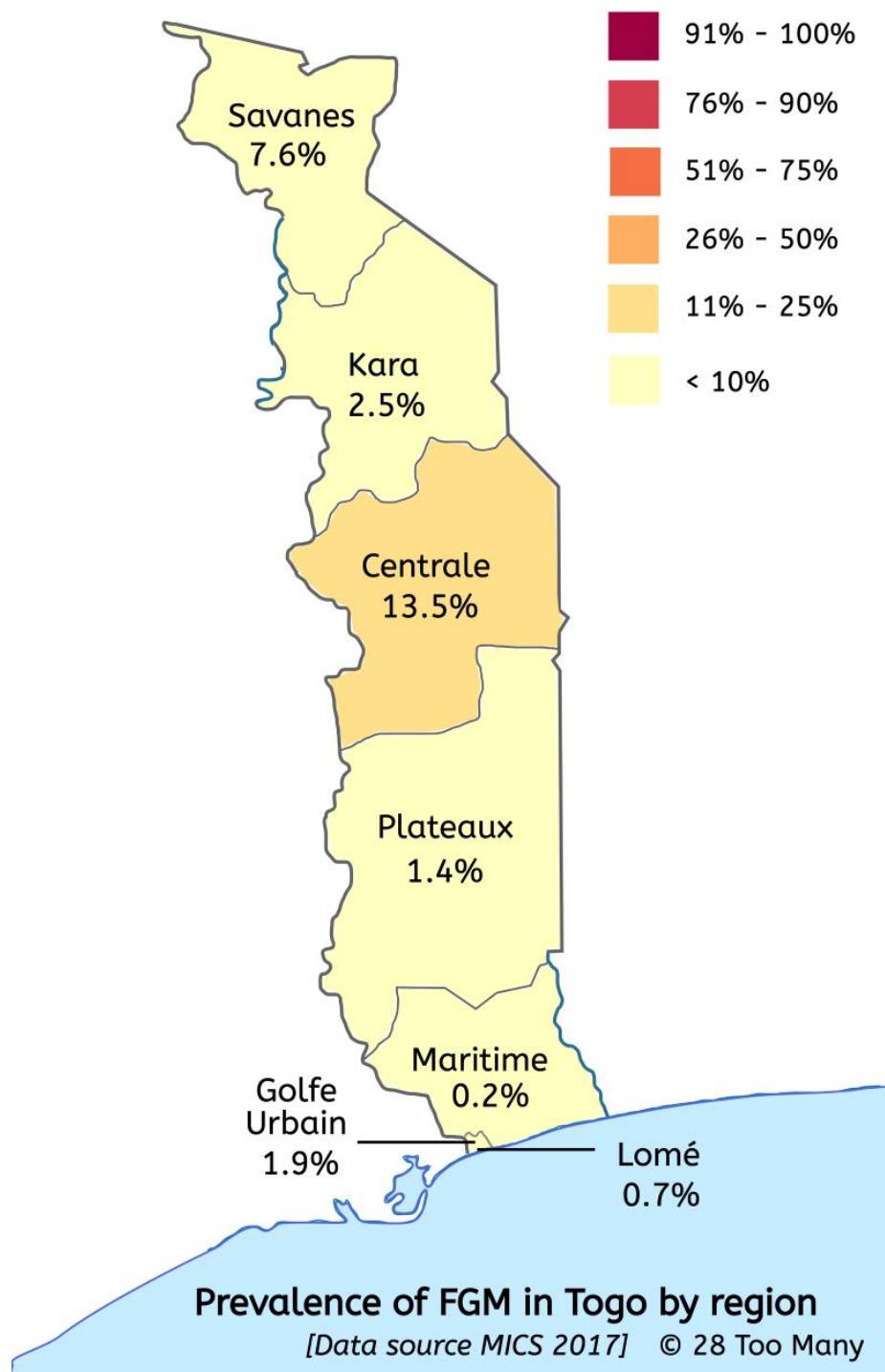


Literacy: 63.7% of the total population aged 15 and over can read/write

* Please note that, due to the low prevalence of FGM in Togo, very few surveyed women have been cut. For this reason, any trends in the detailed breakdowns by region, age, education, etc. should be treated with caution.

Prevalence of FGM

The regions in Togo with the highest FGM prevalence are Centrale (13.5% of women aged 15–49) and Savanes (7.6%). The prevalence in Kara is 2.5%, and in Lomé, Golfe Urbaine, Maritime and Plateaux it is less than 2%. Women aged 15–49 who live in rural areas are slightly more likely (3.6%) to undergo FGM than those who live in urban areas (2.5%).²



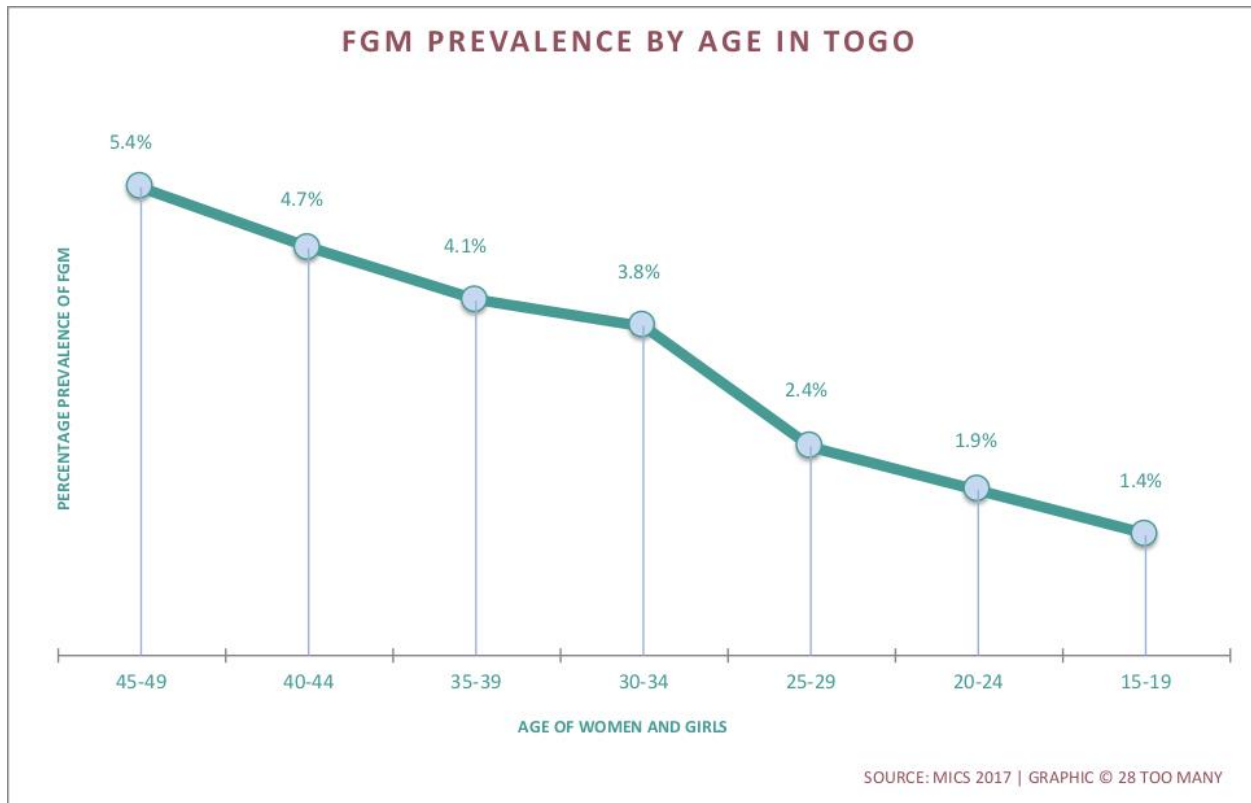
FGM is usually performed on girls aged 4–14; according to the MICS, it is also performed on infants, women who are about to get married, and sometimes on women who are pregnant with their first child or who have just given birth.³

FGM prevalence is less than 6% across most ethnic groups in Togo. The most recent data also show a prevalence of 12.1% among 'Autres togolais' and 6.8% among 'Autres nationalités'.⁴

73% of women aged 15–49 have heard of FGM; of these, 94.5% believe that it should be stopped. Support for FGM abandonment increases slightly among women whose mothers are more educated and who are in the higher wealth quintiles.⁵

The most recent MICS survey does not give FGM prevalence according to religion. The DHS 2015, however, suggests that Muslim women aged 15–49 are far more likely to undergo FGM (22%) than women of other religions, among all of whom the prevalence of FGM is less than 2%.⁶

Trends in FGM Prevalence



Breaking down the most recent data by age group shows that the prevalence for women aged 45–49 is 5.4%, while for the youngest age group this has fallen to 1.4%.⁷ Despite the fact that a small proportion of women may be cut after the age of 15, the data suggests a trend towards lower prevalence among younger women.

Cross-Border FGM

In some countries where FGM has become illegal, the practice has been pushed underground and across borders to avoid prosecution.

Togo shares borders with other countries where the existence and enforcement of anti-FGM laws vary widely, including Benin, Burkina Faso and Ghana. It has been reported for many years that the movement across national borders to practise FGM is a problem across the region and that FGM practitioners and families continue to cross from neighbouring communities such as Burkina Faso and Ghana into northern Togo to avoid law enforcement.

It is unclear to what extent Togolese citizens cross borders into other countries for the purposes of FGM.

Medicalised FGM

Medicalised FGM is not widespread in Togo, according to available information.

Almost all FGM continues to be carried out by traditional practitioners without anaesthetic and using unsterilized tools (according to reports, this still includes scissors and razor blades).

Legislation

The main law relating to FGM in Togo is **Law No. 98-016**, dated 17 November 1998, on the prohibition of female genital mutilation.

Law No. 2015-010, the new **Penal Code** of Togo, dated 24 November 2015, also criminalises the practice of FGM.

These laws ban all forms of FGM in Togo and criminalise the failure to report FGM to relevant public authorities. They do not directly address medicalised FGM or cross-border FGM.

To date, publicly available information on FGM cases brought to court in Togo is very limited, and it is unknown to what extent law enforcement is proving successful in areas of higher prevalence or the outcome of any prosecutions made in recent years.

A 2016 Human Rights Report on Togo noted, 'The law was rarely enforced, however, because most cases occurred in rural areas where awareness of the law was limited or traditional customs often took precedence over the legal system among certain ethnic groups.'⁸

Work to End FGM

Key government departments with responsibility for combating violence against women in Togo include the **Ministry of Social Action, Promotion of Women and Literacy**, the **Ministry of Health and Social Protection**, and the **Ministry of Justice and Relations**. Work to end FGM in Togo appears to be integrated into the overall government strategy to combat gender-based violence, but there is an absence of detailed information on this strategy and no national action plan on FGM is currently publicly available.

The 2016 Universal Periodic Review of Child Rights in Togo⁹ noted that a national communication strategy is in place targeting traditional practices such as FGM, and this is being implemented with the support of UNICEF. The strategy targets local community and religious leaders and partners with grassroots organisations to achieve commitments to end the practice. Communities are educated on the health implications of FGM, women and girls are educated on their rights, and alternative sources of income opportunities have been developed for the traditional FGM practitioners.¹⁰ The conversion of practitioners away from cutting continues to be a challenge in areas of Togo such as the Centrale region and along the border with Benin, where the practice has always paid well; according to interviews with former practitioners, alternative jobs (such as making palm oil) are often considered less lucrative and require more intensive labour.¹¹

While the available data suggests that FGM prevalence in Togo has fallen in younger age groups, civil society notes that the practice still continues in remote rural areas, where it is often carried out as a rite of passage into womanhood, and pressure remains from some local community and religious leaders to continue the practice. In 2012 the UN Convention on the Rights of the Child¹² urged the Government of Togo not only to strengthen efforts to raise awareness of the harms of FGM, but also to enforce the current national legislation and bring perpetrators to justice. Observers suggest, however, that a commitment to more funding will be needed for this to make progress.

References

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- 3 MICS, p.328.
- 4 MICS, p.329.
- 5 MICS, p.330.
- 6 Ministère de la Planification, du Développement et de l’Aménagement du Territoire (MPDAT), Ministère de la Santé (MS) et ICF International (2015) *Enquête Démographique et de Santé au Togo 2013-2014*, p.274. Rockville, Maryland, USA : MPDAT, MS et ICF International. Available at <http://dhsprogram.com/pubs/pdf/FR301/FR301.pdf> (accessed 26 June 2017).
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- 8 US Department of State (2016) *Togo 2016 Human Rights Report*. Available at <https://www.state.gov/documents/organization/265524.pdf>.
- 9 UN Office of the High Commissioner for Human Rights (2016) *Togo: Children’s Rights References in the Universal Periodic Review*. Available at <https://www.crin.org/en/library/publications/togo-childrens-rights-references-universal-periodic-review>.
- 10 US Department of State, op. cit.
- 11 Amandine Réaux (2018) ‘Au Togo, la difficile reconversion des anciennes exciseuses’, *RTBF*, 16 August. Available at https://www.rtb.be/info/monde/detail_au-togo-la-difficile-reconversion-des-anciennes-exciseuses?id=9995020 (accessed 11 March 2020).
- 12 UN Convention on the Rights of the Child (2012) *Consideration of reports submitted by States parties under article 44 of the Convention*, 13 February. Available at <http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.TGO.CO.3-4AUV.pdf>.

Cover image: Anton Ivanov (2017) *Unidentified Togolese little girl looks ahead in the village. Togo children suffer of poverty due to the bad economy*. Shutterstock ID 612701249.

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.

