FGM IN UGANDA:

EXECUTIVE SUMMARY

July 2013

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v1 September 2021

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FGM...
let's end it.

COUNTRY PROFILE: FGM IN UGANDA

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In Uganda, according to the most recent Demographic Health Survey, from 2011 (*DHS 2011*), the estimated prevalence of female genital mutilation (*FGM*) in women (aged 15–49) is 1.4%.[1]

It should be noted that (due in part to the very low prevalence of FGM in Uganda) changes in the overall prevalence over time and prevalence broken down by age, region, education level and wealth level are not statistically significant. For this reason it is not possible to draw firm conclusions about trends in FGM prevalence in recent years.

In comparison to many of the other countries in Africa in which FGM is practised, **Uganda has a very low prevalence**. There are regional variations: the highest prevalence is in Karamoja (4.8%) and the Eastern region (2.3%). All other regions in Uganda have a prevalence below 2%.[2]

Dr Baryomunsi, the member of parliament who tabled the anti-FGM bill in Ugandan parliament, asserted that, by 2015, FGM would be no more in Uganda.[3] The DHS data shows that the prevalence of FGM has in fact remained roughly constant: 0.6% in 2006 and 1.4% in 2011.[4] The change measured between 2006 and 2011 is not statistically significant, however, so additional data would be needed to ascertain whether the prevalence has truly changed. In the Eastern region, where there has been a longer history of interventions against FGM in comparison to the Karamoja region, prevalence has also remained roughly constant at 2.4% in 2006 and 2.3% in 2011.[5]

The **ethnic groups that practise FGM** are mostly located in the north-east of Uganda, in the Eastern and Karamoja regions. They are the Sabiny (also called the Sebei) (in the Eastern Region), and the Pokot, Tepeth and Kadama (Karamoja Region).[6] These ethnic groups are all part of the larger Kalenjin ethnic group and are related to the Maasai in Kenya and Tanzania, who also practise FGM. Among the Pokot, FGM is near universal at 95%, and prevalence is estimated to be approximately 50% among the Sabiny. FGM is largely practised by these ethnic groups as a rite of passage and to ensure marriageability.[7] It is closely associated with early marriage and bride price. It is also a way of distinguishing such ethnic groups from their neighbours (for example, the Karamojong, who do not practise FGM), with whom they sometimes have hostile relationships.[8] Although there is little available data, FGM may also be practised by the Nubian and Somali communities.

The **Sabiny** practise Type I or II, whereas the **Pokot** practise Type III infibulation. The age at which FGM is carried out varies between ethnic groups. Among the Pokot, girls between the ages of 9 and 14 are cut every year between July and December. Sabiny girls aged 10 to 15 are at risk, the normal cutting age being 15. Their ceremonies usually take place in the December of even-numbered years, although there are reports that cutting now takes place at any time. The Tepeth cut their girls between the ages of 11 and 14.[9] There is also a practise of genital elongation that is carried out by the Baganda. This is sometimes referred to as female genital modification, and there is some debate about its inclusion into the World Health Organization's category of Type IV FGM.[10]

Since the 2010 anti-FGM Act, the practice of FGM has **gone underground**. There are anecdotal reports of increases in cases of FGM after the anti-FGM law came into force and communities continuing to cut in defiance of the law.[11] It should, however, be noted that gathering reliable data on FGM in Uganda is challenging due to the fact that the practice is often now carried out in secret or over the border in Kenya, for fear of prosecution, and regions where FGM is practised are remote.

There are many local non-governmental, community-based, faith-based, international and multilateral **agencies working in Uganda to eradicate FGM**. Moreover, the Ugandan Government has been strongly supportive of the anti-FGM movement. A broad range of **initiatives** and **strategies** have been used. Among these are:

- education on the health risks of FGM and other harmful traditional practices;
- providing alternative income-generating activities to excisors;
- implementing alternative rites of passage and Culture Days;
- religion-orientated approaches;
- a legal approach;
- a human-rights approach;
- prompting intergenerational dialogue;
- promoting girls' education to oppose FGM; and
- supporting girls escaping from FGM and child marriage.

Under the political and economic stability of recent years, Uganda has made progress towards the **Millennium Development Goals**, according to a 2010 report.[12]

In particular, Uganda has made good progress towards providing access to schooling, as evidenced by the massive increase in enrolment after the introduction of universal primary and secondary **education**. Rates of literacy and school enrolment, however, remain low in the regions where FGM is practised: the literacy rate in Karamoja is 12% for men/6% for women,[13] compared to the national rate of 76.8% for men/57.5% for women,[14] and about half of school-aged children in Karamoja have never accessed education.[15] This may be partly attributable to a resistance to education from the traditionally pastoralist Pokot (and Karamojon), which stems from the historical tendency for education to be used as a political tool to sendentarise and integrate them (i.e. to change the community from a nomadic one to one where they remain permanently in one place). One report highlights the lack of education in Moroto District, where some sub-counties do not have a primary school.[16]

Improving access to education is vital because, if girls complete their education, they are less likely to undergo FGM and early marriage. It is particularly important to tailor education to the pastoralist lifestyle of the Pokot, as the district education authorities in collaboration with Save the Children did in relation to the Alternative Basic Education for Karamoja scheme.

The role of education is particularly important in Uganda, which has a history of resistance to education and suffers from very low rates of literacy and school attendance. One study on the Pokot (in Kenya, but relevant to the Pokot in Uganda) found that there has been a more significant decrease in the practise of FGM observed in areas that have had schools for a long time and where

the church is well established, compared to marginalised sections of the larger Pokot district where communities are yet to embrace girl-child education and Christianity. The church is seen by the community as a 'unique platform in influencing and stopping this practice'.[17]

This highlights the importance of both education and **the potential of churches** to contribute to the fight against FGM.

Anti-FGM organisations have reported some success with **Culture Days**, although there is some feeling that they have not yet provided excitement, enthusiasm and reinforcement of values equivalent to ceremonies associated with FGM.[18]

Due to the particular ethnic and cultural traditions and beliefs that underpin FGM, organisations need to tailor anti-FGM initiatives and strategies accordingly.

There are still many challenges to overcome before FGM is eradicated in Uganda, but with increased awareness of the anti-FGM law and active anti-FGM programmes, progress continues in a positive direction.

Recommendations to further reduce FGM in Uganda

- Recognise the cultural significance of FGM.
- Incorporate other ethnic groups and internal migrants within anti-FGM strategies.
- Source sustainable funding.
- Consider FGM within the Millennium Development Goals and any post-MDG framework.
- Facilitate education on health and FGM and advocate for girls' education.
- Improve the management of health complications of FGM and provide more resources for sexual and reproductive-health education.
- Increase advocacy and lobbying.
- Increase law enforcement.
- Maintain effective media campaigns.
- Recognise the role of faith-based organisations and encourage them to act proactively as agents of change to end FGM.
- Increase collaborative projects and networking.
- Increase partnerships and collaborative research.

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- DHS 2011, p.120.

5 *Ibid*.

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13 Sajeda Amin, Karen Austrian, Michelle Chau and Kimberly Glazer (2013) *The adolescent girls' vulnerability index: Guiding strategic investment in Uganda*. New York: Population Council. Available at https://core.ac.uk/download/pdf/276546765.pdf.

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