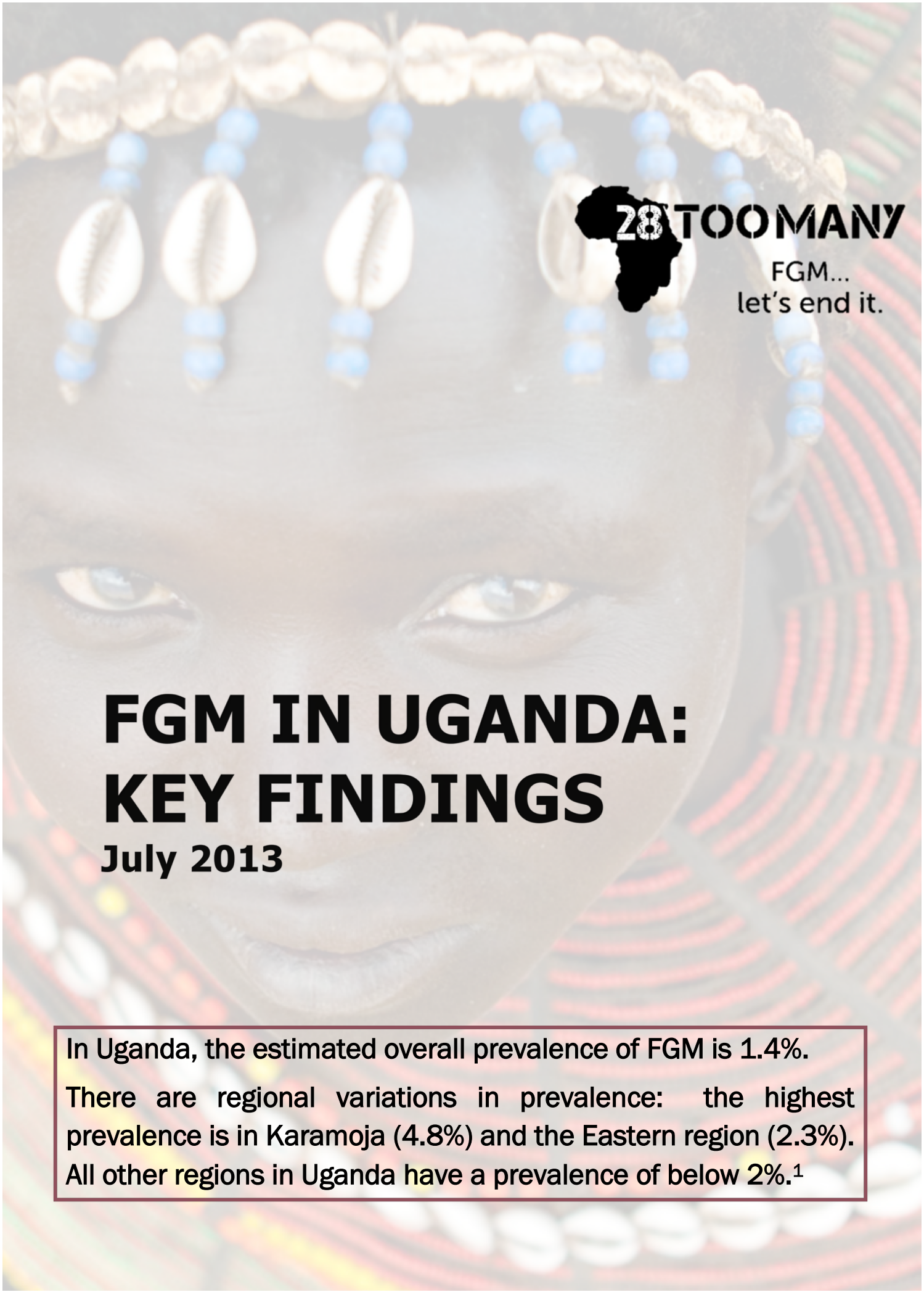

28 TOO MANY
FGM...
let's end it.

FGM IN UGANDA: KEY FINDINGS

July 2013

In Uganda, the estimated overall prevalence of FGM is 1.4%.

There are regional variations in prevalence: the highest prevalence is in Karamoja (4.8%) and the Eastern region (2.3%). All other regions in Uganda have a prevalence of below 2%.[1]

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v1 August 2021

FGM Prevalence

Refer to Country Profile pages 39–40.

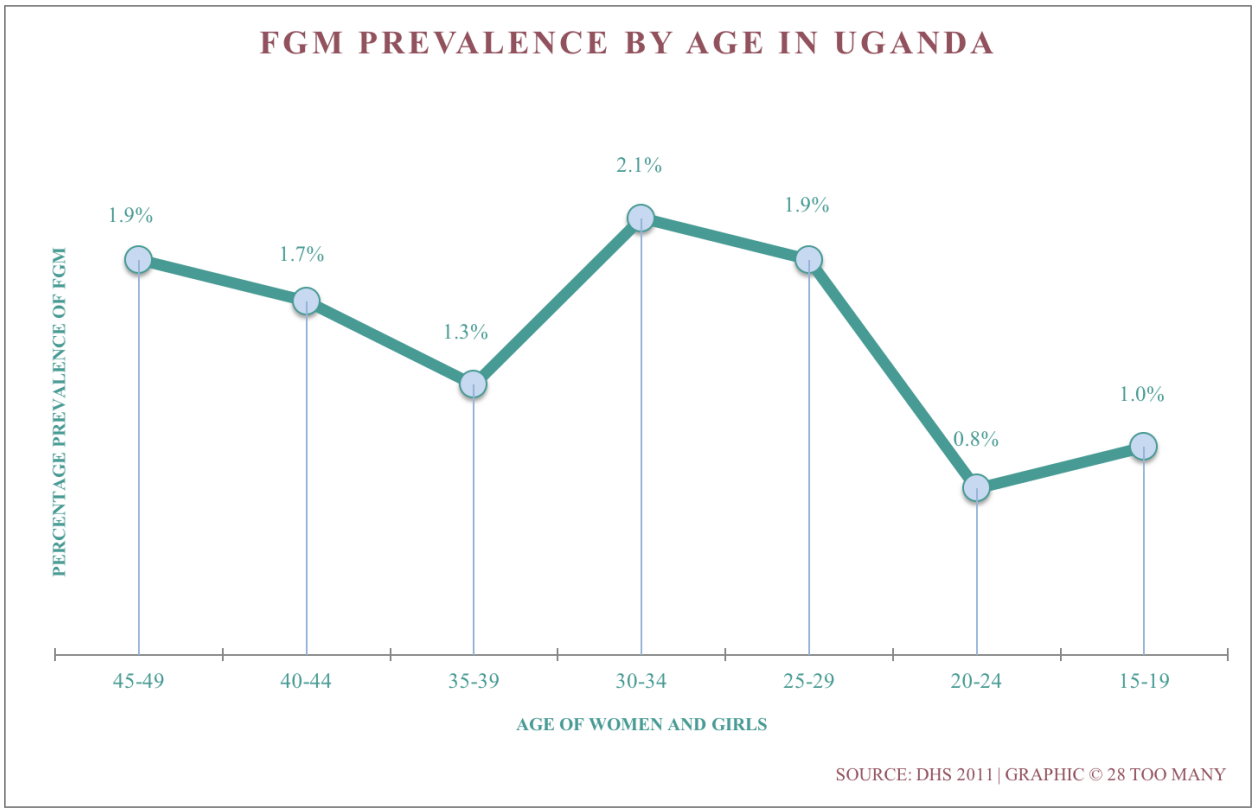
In comparison to many of the other countries in Africa in which FGM is practised, Uganda has a very low prevalence. There are regional variations in prevalence: the highest prevalence is in Karamoja (4.8%) and the Eastern region (2.3%). All other regions in Uganda have a prevalence of below 2%.[1]

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).[2] 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 Sabiny, FGM is usually performed on girls aged 12–15 who are reaching maturity, in preparation for marriage.[3] 28 Too Many's research supports these findings, but found that FGM may be carried out on girls as young as ten.

For the Pokot, FGM is performed between the ages of 9 and 14, and for the Tepeth it is performed between the ages of 11 and 14.

It should be noted that the legal age of consent is 18; however, some groups, like the Sabiny and Pokot, mark adulthood with FGM and marriage, and, therefore, their FGM practices often go against legislation on child marriage.



Why

Refer to Country Profile pages 40–41.

Ethnicity appears to be the most determining factor in the practise of FGM within Uganda, where FGM is only practised by a minority of ethnic groups.

Among the Pokot, FGM is near universal at 95%. Among the Sabiny, prevalence is estimated to be approximately 50%.[4] It is closely associated with early marriage and bride price. It is also a way of distinguishing such ethnic groups from their neighbours (the Karamojong who do not practise FGM) with whom they sometimes have a hostile relationship[5]. Although there is little available data, FGM may also be practised by the Nubi and Somali communities.

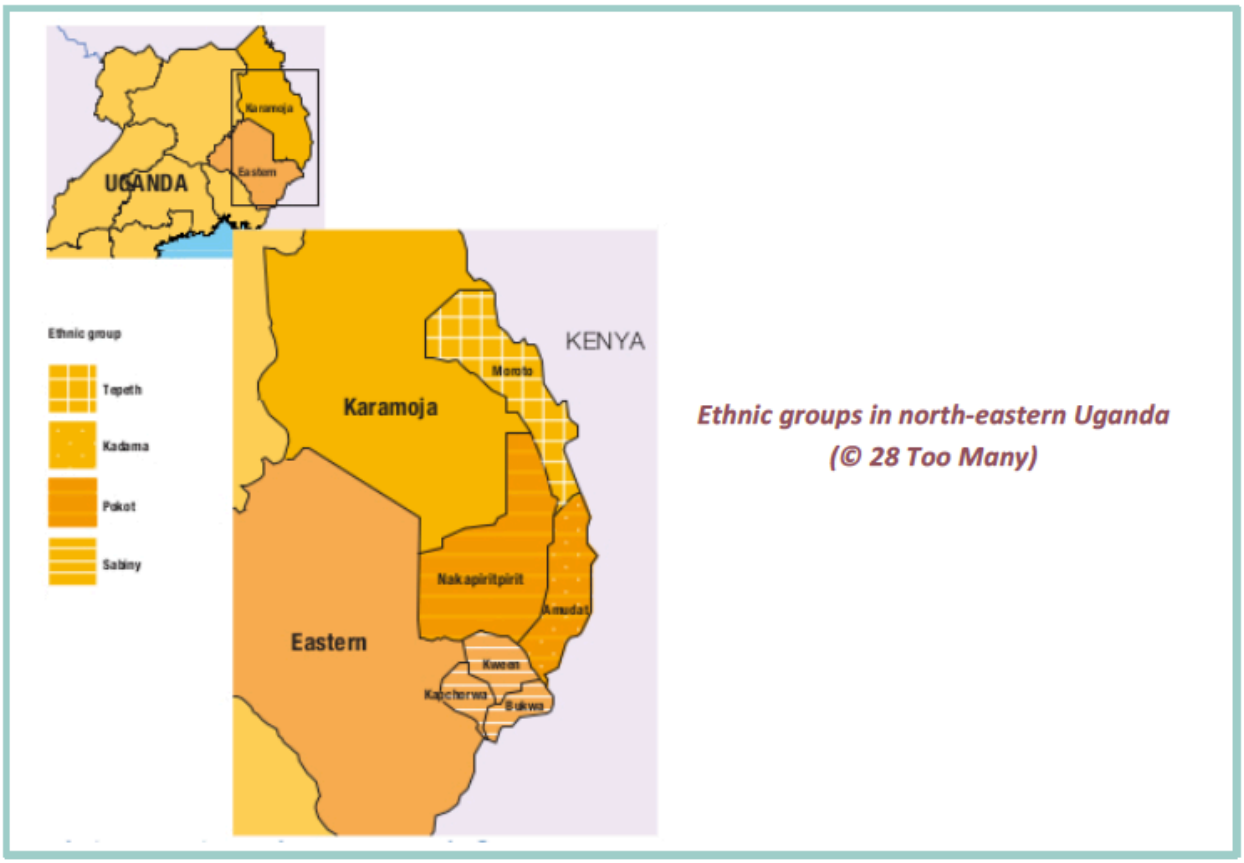
Where

Refer to Country Profile pages 21–22 & 39–41.

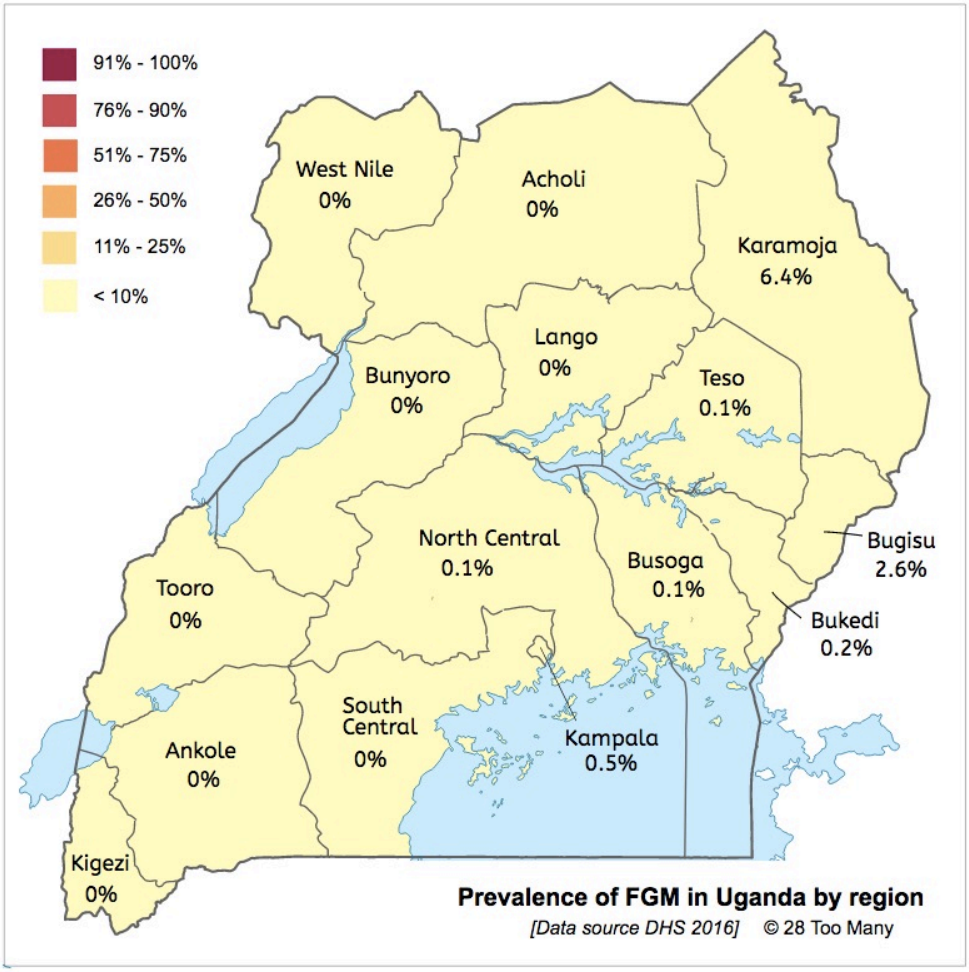
In Uganda, FGM is practised only by select ethnic groups. The prevalence of FGM is low when considering the country's population. The table below puts FGM practise in Uganda into perspective by showing the total population numbers for the ethnic groups that participate in FGM.

Ethnic Group	Male	Female	Total	% of Total Population
Sabiny	89, 413	91,181	180,594	0.8
Pokot	37,702	32,655	70,357	0.3
Tepeth (So)	10,606	10,921	21,527	0.1
Nubi	12,919	13,145	26,064	0.1
Somali refugees			14,240	

Table 2: Percentages of Ugandan total population of FGM-practising ethnic groups[6]
****Somali Refugee population as of January 2013[7]***



Ethnic groups in north-eastern Uganda
(© 28 Too Many)



Law

Refer to Country Profile pages 32–37.

Several articles in the Ugandan **Constitution** relate to FGM, although they do not specifically cover the practice.

Article 32(2) prohibits customs and traditions that are against the dignity, welfare or interest of women, and **Article 44(a)** prohibits any derogation of the right to be free from torture, cruel, inhumane or degrading treatment. **Article 34** provides for the rights of children, and **Article 34(1)** states that, in addition to laws enacted in children's best interests, care of children by their parents or those entitled to them by law is paramount.

The Uganda Penal Code Act also prohibits grievous harm, unlawful wounding, assault and actual bodily harm, and declares that consent to a person's own maim does not affect the criminal responsibility of the act.[9]

FGM Law (2010)

On 29 July 2009, the Constitutional Court declared the practice of FGM unconstitutional.

In December 2009 the Ugandan Parliament passed the **Prohibition of Female Genital Mutilation Act**, which came into effect on 9 April 2010.

The maximum **penalty** is life imprisonment, with a normal sentence of ten years and 'neither culture, religion, nor the consent of the victim is an allowable defence.' [10]

Life imprisonment is the penalty for **aggravated FGM**, defined as 'situations where death occurs, a victim is disabled or is infected with HIV/AIDS... also were the cutter is a parent, guardian or a person having control over the victim or where the act is done by a health worker.'[11]

Understanding and Attitudes

Refer to Country Profile page 44–47

In 2011, 55.5% of Ugandan women aged 15–49 were aware of FGM.[12] This is a notable increase since 2006, when the DHS found that 33.8% were aware of it.[13]

Support for the continuation of FGM falls as women's levels of education and wealth increase.

Background Characteristic	Continue	Be Stopped	Depends/Don't Know
Wealth Quintile			
Poorest	13.1	74.5	12.4
Second	10.6	77.9	11.5

Middle	10.6	81.9	7.5
Fourth	7.4	83.1	9.4
Richest	5.4	89	5.6
Education			
No formal education	11.1	76.5	12.4
Primary education	10	79.9	11.5
Secondary education	6	88.4	5.7

Table 5: Belief that FGM should continue/be stopped by wealth quintile and education[14]

The statistics show that, in contrast to many African countries, the percentage of the youngest age cohort surveyed who have heard of FGM and believe that it should continue is higher than that of the oldest age group. However, it should be noted that this trend is much weaker once the percentages of women who believe that FGM should be stopped and of those who are unsure are taken into account. Women in the youngest cohort are less likely than others to make a definitive statement about what should be done.[15]

FGM is a traditional rite of passage into womanhood. It is considered by many village elders to be a ritual sanctioned by their ancestors – a practice that has existed for over 2,000 years as a means to convert female community members from childhood into adulthood.[16]

Age & FGM Types

Refer to Country Profile page 41–43.

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[17]. Among the Pokot, girls are cut aged 9-14 every year between July and December. Sabiny girls aged 10-15 are at risk, with the normal cutting age being 15[18]. 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 11-14[19]. There is also the practice of genital elongation that is carried out by the Baganda. This is sometimes referred to as female genital modification (FGMo) and there is some debate about it inclusion into the World Health Organisation (WHO) category of Type IV[20].

Practitioners of FGM

Refer to Country Profile page 24–25.

The women who carry out FGM within the communities are referred to as 'surgeons', although they have no medical training. They are usually between the ages of 40 and 70.[21] Sabiny excisors are paid for their services and can receive payment in cash up to (the equivalent of) US$30 per girl or payment in kind (chicken, meat, local brew [*Komek*]).

Cutters are well known and highly respected; however, few exist in Kapchorwa. Whenever there are a large number of girls to be cut, most of them come over from the Kalenjin ethnic group in Kenya.[22]

Work to end FGM

Refer to Country Profile pages 65–72.

The Ministry of Gender, Labour and Social Development is active in fighting FGM directly and indirectly in Kapchorwa. REACH receives partial funding from the Ministry to help carry out sensitisation programmes in the communities as well as involvement of officials from the Ministry in undertaking sensitisation in the community.

In partnership with UNFPA, UNICEF and the French Embassy in Uganda, the government (Social Development Fund) created a programme in 2011 to accelerate FGM abandonment initiatives in Uganda[23]. The French Embassy invested 200,000 Euros (700,000,000 shillings) to be used on FGM projects in Amudat, Nakapiripirit, Moroto, Kween, Bukwo, and Kapchorwa. This issue will also address the cross-border issue with Kenya. In 2012, the French Embassy met with Ugandan MPs in effort to strengthen the commitment of MPs to ending FGM in the Karamoja region. The partnership programme with the French Embassy continues and uses a community and education based approach that is culturally sensitive. They also call for a multi-sectored response to ending FGM and emphasise the need for girl's education and health staff involvement.[24]

A broad range of interventions and strategies have been used by different types of organisations to eradicate FGM:

1. Health risk/harmful traditional practice approach
2. Addressing the health complications of FGM
3. Educating traditional excisors and offering alternative income
4. Alternative rites of passage and Culture Days
5. Religious-orientated approach
6. Legal approach
7. Human rights approach
8. Intergenerational dialogue
9. Promotion of girls' education to oppose FGM
10. Supporting girls escaping from FGM/child marriage

Challenges Moving Forward

Refer to Country Profile pages 84–86.

What challenges remain for Uganda in eliminating FGM?

- **The outlawing of FGM in Uganda has caused many issues surrounding the practice.** Although it has clarified the country's stance on FGM and has defined the sanctions for those who carry out the practice, it is hard to control. FGM has always been surrounded by secrecy and traditions and now remains a practice in rural and remote areas only. Though ending FGM continues in a positive direction occasional backlashes occur and these tend to happen more on a regional, rather than local, level and are perhaps a reaction against intense media.[25]
- **The geographical issue of FGM in remote areas and access to Kenya has been an on-going problem**. Delivering programmes to remote regions is challenging due to terrain and impassable roads during the rainy season.[26] ***The lack of press freedom.*** The Ministry of Information's control over news and broadcasting limits debates and sharing of knowledge and strengthens taboos around practices such as FGM.
- **Funding is the number one obstacle for government and NGO work on ending FGM in Uganda.** The enforcement of the 2010 FGM law is suffering greatly due to the lack of supportive funds from the government, as there are costs associated with travel and patrolling rural communities which continue to practice FGM.
- **In Uganda it is extremely important to recognise that FGM is a cultural identity and tradition of a minority population who do not want to assimilate their culture with other ethnic groups.** FGM is a key aspect of their adult identity, economic functions, and community status and all of these factors need to be considered in any anti-FGM programme or campaign. It is also important to bear in mind the importance of involving elders in community-wide discussions as they are influencers of change.
- **Education is a central issue in the elimination of FGM. Illiteracy remains high in the rural regions where FGM occurs.** The lack of basic education is a root cause for perpetuating social stigmas surrounding FGM as they relate to health, sexuality and women's rights. FGM hinders girls' ability to obtain basic education and prevents them from pursuing higher education and employment opportunities.
- **Lack of access to and utilisation of adequate healthcare is also an issue that needs to be addressed.** Health providers need to be better trained to manage complications surrounding FGM and there needs to be improved access to healthcare through the FGM complications referral programme to ensure women are receiving appropriate care quickly.

[1] DHS 2011, p.120.

[2] Uganda Bureau of Statistics 2016, The National Population and Housing Census 2014 – Main Report, Kampala, Uganda. Available at https://www.ubos.org/wp-content/uploads/publications/03_20182014_National_Census_Main_Report.pdf

3 Horsfall and Salonen (2000) *Female Genital Mutilation and Associated Gender and Political Issues Among the Sabiny of Uganda.* March 2000.

4 UNFPA (2008) *Driving Forces in Outlawing the Practice of Female Genital Mutilation/Cutting in Kenya, Uganda and Guinea-Bissau.* Available at https://www.unfpa.org/sites/default/files/resource-pdf/Legislation%20and%20FGMC.pdf

[5] 28 Too Many in-country research.

6 Uganda Bureau of Statistics 2016, The National Population and Housing Census 2014 – Main Report, Kampala, Uganda. Available at https://www.ubos.org/wp-content/uploads/publications/03_20182014_National_Census_Main_Report.pdf

7 UNHCR (2013) [website]. Available athttp://www.unhcr.org/pages/49e483c06.html.

8 *Ibid.*

[9] Namulondo, 2009. Female Genital Mutilation - A Case Of The Sabiny In Kapchowra District, Uganda. Department of Social Anthropology, University of Tromsø. Available at: https://munin.uit.no/bitstream/handle/10037/2340/thesis.pdf?sequence=1

[10] US Department of State (2012) *Country Reports on Human Rights Practices for 2012: Uganda*. Available at https://2009-2017.state.gov/j/drl/rls/hrrpt/2012humanrightsreport/index.htm#wrapper.

[11] Frederick Womakuyu (2010) 'Uganda: Over 200 Sabiny Girls to be Circumcised', *The New Vision*, 6 November. Available at http://allafrica.com/stories/201011081387.html.

[12] DHS 2011, p.120.

[13] DHS 2006, p.135.

[14] DHS 2011, p.120.

[15] DHS 2011, p.120.

16 Ibid. *{Womakuyu}*

[17] UNFPA-UNICEF, 2011. UNFPA-UNICEF Joint Programme On Female Genital Mutilation/Cutting Accelerating Change Annual Report. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/Annual_report_on_FGM-C_2011_low_res.pdf

[18] ibid

[19] ibid

[20] Pérez and Namulondo, 2011. Elongation of labia minora in Uganda: including Baganda men in a risk reduction education programme. *Cult Health Sex*. 13(1):45-57. doi: 10.1080/13691058.2010.518772.

21 UNHCR (2005) *Refugee Review Tribunal Research Response*. Available at https://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&docid=4b6fe30d2&skip=0&query=uganda&querysi=rrt%20research%20response&searchin=fulltext&sort=relevance.

22 Kiirya and Kibombo (2008), *op. cit.*

[23] UNFPA-UNICEF, 2013. Joint Evaluation UNFPA-UNICEF Joint Programme On Female Genital Mutilation/Cutting: Accelerating Change 2008-2012. UNFPA Evaluation Office, UNICEF New York. Available at: https://www.unfpa.org/sites/default/files/admin-resource/FGM-report%2012_4_2013.pdf

[24] ibid

[25] UNFPA, 2011. The State of the World's Midwifery: Delivering Health, Saving Lives. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/en_SOWMR_Full.pdf

[26] 28 Too Many in-country research

Cover: Eric Lafforgue (http://www.ericlafforgue.com/) Pokot Girl and Necklace.
Please note that the use of this girl's photograph does not imply that she has, nor has not, undergone FGM.