



28 TOO MANY

FGM...
let's end it.

FGM IN SENEGAL: KEY FINDINGS

June 2015

According to the DHS/MICS 2010-11¹,
FGM prevalence in Senegal is **25.7%**
among women aged 15-49.

This has not changed significantly since the
DHS 2005² recorded prevalence at 28.2%.

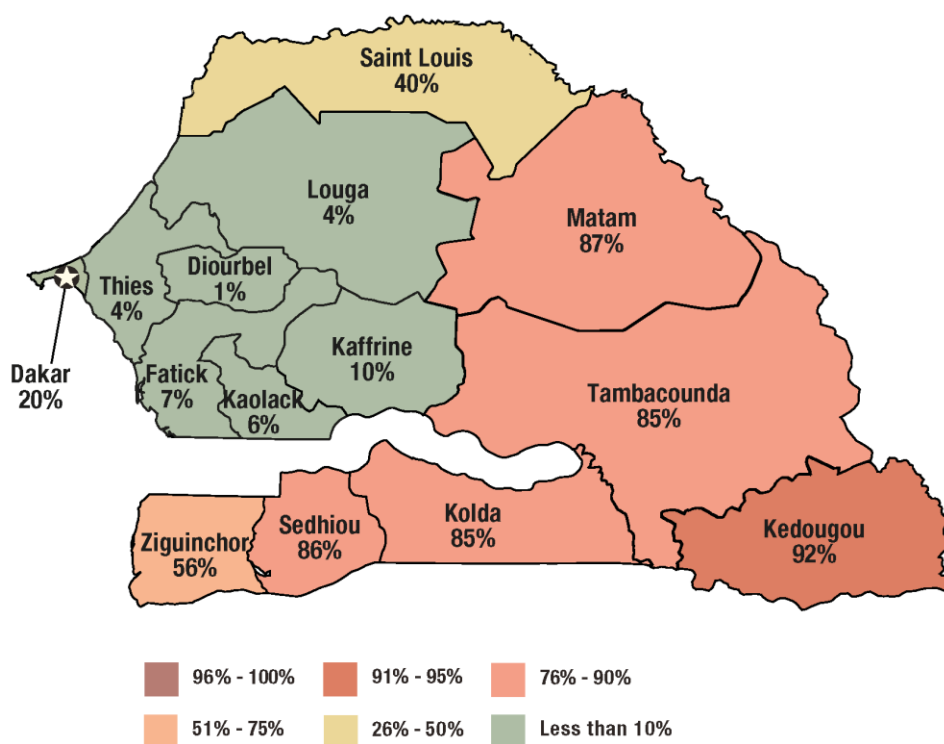
Where

Refer to Country Profile pages 21-23.

With an FGM prevalence of 25.7% among women aged 15-49³, Senegal is classified by UNICEF⁴ as a 'moderately low prevalence' country.

FGM prevalence varies greatly between different regions, ethnic groups and religions in Senegal. There are distinct regional variations: FGM prevalence ranges from 85% in the south of the country to 92% in the south-east to less than 10% in the centre and west. Just over half of the population (55%) of Senegal live in rural areas, where the prevalence of FGM, at 27.8%, is only slightly higher than in urban areas, at 23.4%. Prevalence in the capital, Dakar, is 20.1%.⁵

Prevalence of FGM across Senegal (@28 Too Many):



The highest-practising ethnic groups include the Mandingue (81.9%), the Soninké (64.9%), the Poular (54.5%) and the Diola (51.5%); the lowest prevalence is recorded among the Serer (2.2%) and Wolof (0.9%). However, the prevalences for the Serer and Wolof should be treated with caution due to the very low numbers of women surveyed. Prevalence within each group varies significantly according to the region in which different members reside. The different levels of prevalence observed across Senegal are due to FGM's complex roots, which go beyond ethnicity to historical, political, economic and colonial influences.⁶

Why

Refer to Country Profile pages 41 & 42.

While in 2005 it was reported that 48.5% of women aged 15-49 in Senegal perceive that there are no benefits to the practice of FGM⁷, there remain deeply entrenched and complex reasons for its continuation.

The importance placed on the different reasons for practising FGM varies between ethnic groups, but they include ‘social acceptance/cultural identity’, ‘better marriage prospects’ and ‘to preserve virginity’. Some women also believe FGM improves hygiene.

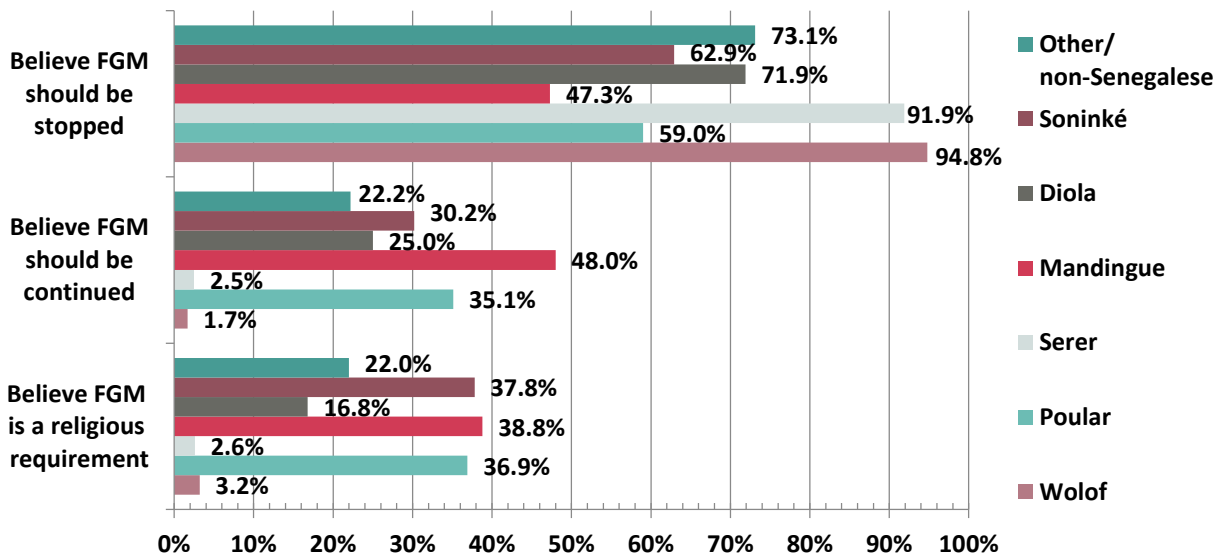
FGM is practised by all religions in Senegal, but at varying rates, and, although FGM is not required by any religious text, of women aged 15-49 who have heard of FGM, 17.6% of those practising Islam, 14.2% of those practising other religions/no religion and 5.4% of those practising Christianity believe it is required by their religion.⁸

Attitudes

Refer to Country Profile pages 40 & 41.

Data from 2014 shows that knowledge of FGM is widespread in Senegal. Overall, 11.7% of men aged 15-49 expressed an opinion that FGM should continue compared to 15.9% of women in the same age range. The lowest level of support for the continuation of FGM is found among women aged 45-49, while the level of support among men is roughly constant across all age groups. The highest level of support among women for continuation of the practice is recorded in the 15-19 age-group at 23.3% (although the sample size was small). Of women who have had FGM, 49.1% believe it should continue compared to 1.7% of women who have not been cut. The level of support for FGM is different among women who live in urban areas than among women who live in rural areas (11% and 20.5% respectively), and for women from different wealth quintiles (from 27.9% to 5.7% for the poorest to the richest).⁹

Support for the continuation of FGM and the belief as to whether the practice is required by religion (among women) is shown below, according to ethnic group (2010-2011 figures).



Percentage distribution of women's beliefs about FGM, by ethnic group (2010-2011 figures)¹⁰

Age

Refer to Country Profile page 24.

FGM is practised mainly on infants and young girls, with 66.7% of all girls cut before their second birthday and 94.0% of girls cut before the age of five. The age of cutting appears to vary between ethnic groups. For example, the Diola appear more likely to cut their daughters later, with 48.6% of girls cut between two and four years of age and 29.1% between five and nine years. However, a very small number of girls from the Diola were included in the survey; therefore, additional data would be required to confirm this.¹¹

Practitioners & Types of FGM

Refer to Country Profile page 25.

91.4% of FGM incidences are carried out by 'traditional circumcisers'. FGM performed by 'matrons/traditional birth attendants' and 'other/non-specified traditional practitioners' accounts for 1% and 7.6% respectively.¹²

Medicalised FGM does not appear to be widespread in Senegal.

Regarding type of FGM performed, DHS data suggests that just over half (52.7%) of women (aged 15-49) are 'cut, flesh removed', 13.8% are 'sewn closed' (Type III) and 9.9% are 'cut, no flesh removed'. 23.6% do not, however, know what type of FGM they have undergone.¹³

Law

Refer to Country Profile pages 42-45.

Senegal criminalised FGM in January 1999 following an amendment to the Penal Code (Article 299). The penalty includes imprisonment for six months to five years, or, where cutting results in death, hard labour for life. The National Reproductive Program has been in place since 1997 to support efforts to abolish the practice. With respect to knowledge of the law against FGM in Senegal, reports show that there is a widespread awareness.¹⁴

Following the change in the law, the Government adopted *Action Plan 2000-2005* to eradicate FGM by 2015 by:

- improving networking and coordination among actors working to combat the practice;
- explaining the legal framework to them; and
- integrating FGM into formal and non-formal education.

A second action plan, *National Action Plan for the Acceleration of the Abandonment of FGM 2010-2015*, was launched in 2009 by the prime minister with the help of the UNFPA/UNICEF Joint Programme.

Anti-FGM Programmes

Refer to Country Profile pages 44-52.

Advocacy on abandoning FGM has existed in Senegal for many decades, and there is a strong network of NGOs working to end the practice. Actors include the United Nations Joint Programme since 2008; the Inter-African Committee (COSEPRAT); Tostan, with its Community Empowerment Programme; and the Grandmother Project with its Girls' Holistic Development project. The Grandmother Project explicitly targets older women because, in the words of one young woman,

Grandmothers are the ones to take the girls to be cut and parents only find out afterwards. A project that deals with FGM in a community must involve grandmothers because they are the ones that make decisions about FGM in the family and they are the ones with the strongest attachment to this practice.

Challenges Moving Forward

Refer to Country Profile pages 53-55.

What are the continuing challenges for anti-FGM programmes in Senegal?

- challenging the ongoing social and cultural norms and behaviour that continue to reinforce the practice throughout the country;
- ensuring programmes to tackle FGM consider the differing reasons for performing it;
- considering FGM within the larger framework of the Millennium Development Goals and beyond to the Sustainable Development Goals;
- sustainable funding to provide continued support to communities that have started the abandonment process;
- access to rural areas, where FGM prevalence is high, is restricted by poor infrastructure;
- encouraging faith-based organisations to act as agents of change and to challenge misconceptions that FGM is a religious requirement;
- facilitating FGM education for all and supporting girls through secondary and further education;
- providing training to healthcare providers and care to women who have already undergone FGM and who have limited access to healthcare;
- increasing enforcement of the FGM law, ensuring those responsible for FGM are prosecuted and protecting those women who want to save their daughters from being cut;
- improving education and training on FGM for those responsible for upholding the law;
- improving medical studies in-country on the problems caused by FGM;
- the need for more accurate data on an illegal practice that may have been pushed further underground;
- continuing the use of diverse forms of media (including formal and informal media) to promote awareness of FGM; and
- continuing efforts to communicate the work of NGOs more publicly and encourage collaborative projects.

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- 1 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*, p.295. Calverton, Maryland, USA: ANSD et ICF International. Available at <http://dhsprogram.com/pubs/pdf/FR258/FR258.pdf>.
Referred to throughout this document as the 'DHS/MICS 2010-11'.
 - 2 Ndiaye, Salif, et 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, p.238. Available at <http://dhsprogram.com/pubs/pdf/FR177/FR177.pdf>.
Referred to throughout this document as the 'DHS 2005'.
 - 3 DHS/MICS 2010-11, p.295.
 - 4 UNICEF (2013a) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, p.27. Available at http://www.unicef.org/publications/index_69875.html.
 - 5 DHS/MICS 2010-11, p.295.
 - 6 DHS/MICS 2010-11, p.295.
 - 7 DHS 2005, p.251.
 - 8 DHS/MICS 2010-11, p.301.
 - 9 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)*, p.105. Rockville, Maryland, USA: ANSD et ICF International. Available at <http://dhsprogram.com/pubs/pdf/FR305/FR305.pdf>.
 - 10 DHS/MICS 2010-11, pp.301 & 302.
 - 11 DHS/MICS 2010-11, p.300.
 - 12 - DHS/MICS 2010-11, p.297.
- DHS 2005, p.249.
 - 13 DHS/MICS 2010-11, p.295.
 - 14 - Shell-Duncan *et al* (2013) *Legislating Change? Responses to Criminalizing Female Genital Cutting in Senegal*. *Law & Society Review* 47(4).
- UNICEF (2010) *L'Etat d'Application de la loi sur l'Excision au Sénégal*.

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Please note the use of the photograph of the woman on the front cover does not imply that she has nor has not had FGM.



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