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

FGM IN BURKINA FASO: KEY FINDINGS

December 2015

In Burkina Faso, FGM prevalence is 75.8% among all women aged 15-49.

More than 80% of the population is against its continuation.

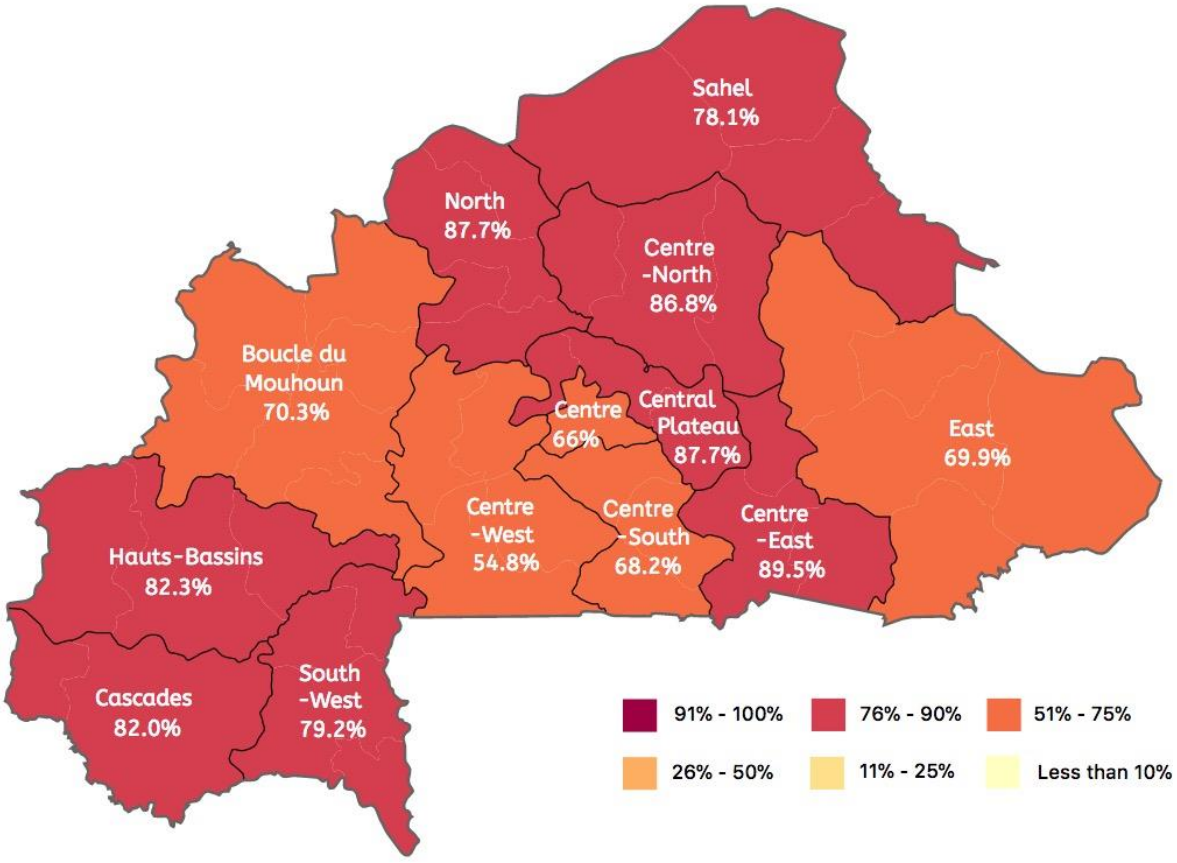
Where

Refer to Country Profile pages 30-31.

With an **FGM prevalence of 75.8%** among women aged 15-49[1], Burkina Faso is classified by UNICEF[2] as a **'moderately high prevalence'** country.

FGM is practised across all regions, ethnic groups and religions in Burkina Faso. There are distinct regional variations; FGM prevalence ranges from 54.8% in the Centre-West to 89.5% in the Centre-East. Two-thirds of the population of Burkina Faso live in rural areas, and nearly 10% more women aged 15-49 have had FGM in rural areas (78.4%) than in urban areas (68.7%). Prevalence in the capital, Ouagadougou, is 64.8%.[3]

Prevalence of FGM across Burkina Faso (©28 Too Many):



The regional pattern of FGM prevalence broadly corresponds to the distribution of ethnic groups in Burkina Faso: the highest-practising groups include the Sénoufo (87.2%) and Lobi (83.2%) in the south-west, the Fulani (83.9%) towards the north-east, the Mossi (78.4%) across the central band and the Bissa (83.1%) mainly in the Centre-East. The lowest prevalence is recorded among the Gourounsi, who live largely in the Centre-West (60.3%), and the Touareg in the far north-east (22.2%).[4]

Why

Refer to Country Profile pages 60-63.

While it has been reported that 52% of women aged 15-49 in Burkina Faso perceive that there are no benefits from the practice of FGM[5], there remain deeply entrenched and complex reasons for its continuation.

The main reason given is **'community/social acceptance'**, which is cited by 24% of women and girls (aged 15-49) who have heard of FGM.[6] To feel a sense of community, young girls may feel pressured into undergoing FGM without realising its full repercussions, or they may choose to ignore the repercussions to gain social acceptance within their community.

FGM is practised across all religions in Burkina Faso, and, although FGM is **not** required by any religious text, on average 17.3% of women and 14.9% of men (aged 15-49) who have heard of FGM believe it is required by their religion, particularly those practising traditional/animist beliefs and Islam.[7]

Age

Refer to Country Profile pages 32-33.

FGM is practised mainly on infants and young girls. The DHS 2010 found that among young women aged 15-19 who have undergone FGM, 90.8% were cut before the age of 10, 7.3% were cut between the ages of 10 and 14, and only 1.3% were cut at the age of 15 or later.[8]

FGM prevalence appears to be lower among adolescent girls than middle-aged women: 89.3% of women aged 45-49 reported being cut, compared to 57.7% of women aged 15-19.[9] This suggests that there may be a decline in the practice across generations, since few girls in Burkina Faso are likely to be cut after they reach 14 years of age[10].

There is anecdotal evidence to suggest that FGM is increasingly being performed on babies to avoid detection and possible prosecution.

Practitioners & Types of FGM

Refer to Country Profile page 33.

About 96% of FGM incidences are carried out by 'traditional practitioners'. These may be 'traditional circumcisers' or 'traditional birth attendants'; they are generally older women in the community. Trained medical professionals are rarely used (less than 1%).[11]

'Cut, flesh removed' is the most common type reported among women aged 15 to 49, at 76.8%. 16.6% report having been 'cut, no flesh removed' and only 1.2% report having their 'vagina closed' (Type III/infibulation). 5.4% do not know what type of FGM they have undergone.[12]

Law

Refer to Country Profile pages 65-68.

Burkina Faso has signed and ratified many of the international human rights conventions and treaties related to the practice of FGM.

In 1996 Burkina Faso became the first African country to introduce a national law against FGM. Section 2, Article 380 of the Penal Code prohibits FGM, and Article 381 sets out the maximum punishment if it is carried out by a member of the medical profession.

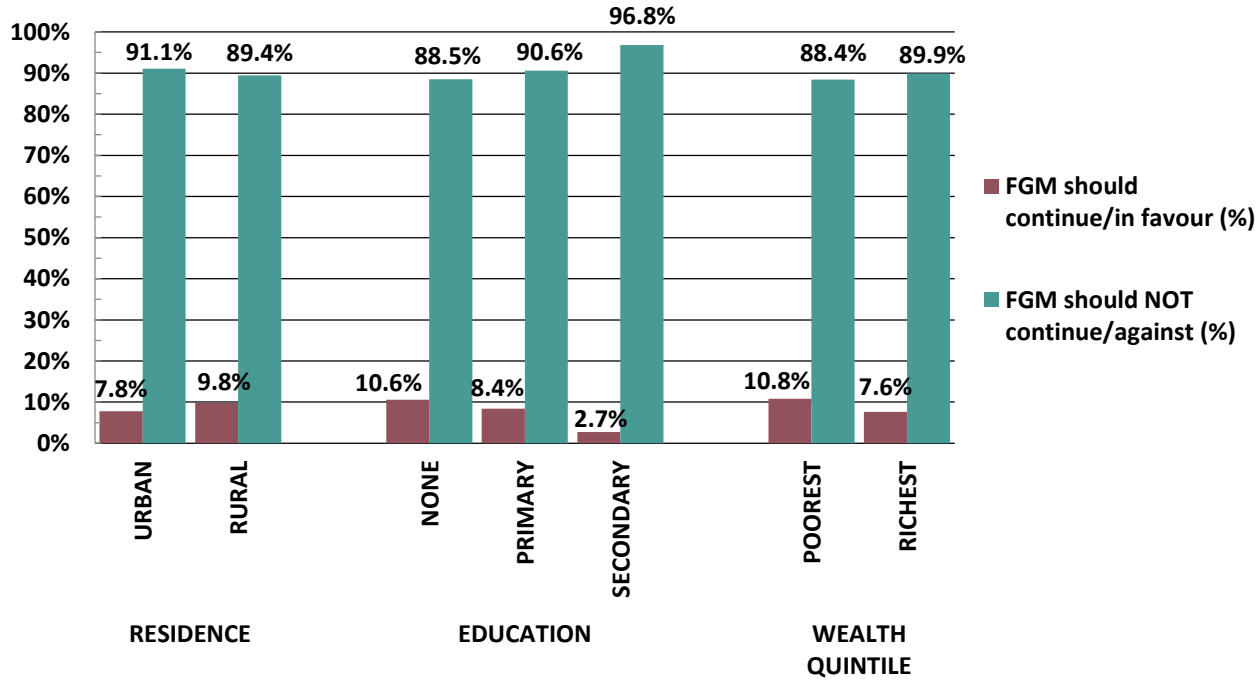
There has been a gradual increase in the number of prosecutions and convictions resulting in the imprisonment and fining of practitioners and their accomplices.

Attitudes

Refer to Country Profile pages 60-61.

Knowledge of FGM is almost universal throughout Burkina Faso. Attitudes towards the practice have changed over the last 15 years. 87.4% of women aged 15-49 who have had FGM now believe it should be stopped, 11.7% are in favour of its continuation and 0.8% are unsure. Of women who have not had FGM, 97.6% are against its continuation. 86.9% of men aged 15-49 also believe the practice should be stopped.[13]

The highest level of **support for continuation** is among women aged 45-49 (11.7%) and men aged 15-19 (12.2%).[14] Level of support varies between different ethnic groups and according to area of residence, education level and wealth, as follows:



Attitudes of women aged 15-49 according to residence, education and wealth indicators[15]

Most At Risk

An analysis of the available data for Burkina Faso suggests that girls born to poorer mothers living in rural areas who have had no education are the most likely to be cut.

Challenges Moving Forward

Refer to Country Profile pages 81-82.

What do the new Government of Burkina Faso and anti-FGM programmers need to consider?

- Challenging the ongoing social and cultural norms and behaviour that continue to reinforce the practice throughout the country;
- continuing and increasing enforcement of the law and making protection available to those women and men who want to save their daughters from being cut (including ongoing development and support for the 'SOS Helpline');
- the possibility that, to avoid legal repercussions, girls are being cut at a younger age and/or being taken across borders into neighbouring countries, where laws are less stringently enforced;
- the development and implementation of a new National Action Plan to tackle FGM should be made a priority;
- access to rural areas where FGM prevalence is highest is restricted by poor physical infrastructure and lack of funding;
- providing continued support to communities that have started the abandonment process;
- strengthening further successful partnerships and networks, particularly between the national committee (*Le Comité National de Lutte contre la Pratique de l'Excision*), the UN Joint Programme, and other NGOs and grassroots organisations working on programmes to end FGM;
- identifying key local religious leaders and FBOs in communities and engaging them for the long term in programmes;
- including FGM in the school curriculum and training of teachers on its harmful effects;
- facilitating education and supporting girls through school;
- providing care to women who have already undergone FGM and have limited access to healthcare;
- fostering effective media campaigns that reach out to all regions and sections of society; and
- the need for more accurate data on an illegal practice that may have been pushed further underground and across borders.

1 The Demographic and Health Surveys Program (2012) *Enquête Démographique et de Santé et à Indicateurs Multiples 2010*, p.291. Available at http://dhsprogram.com/pubs/pdf/FR256/FR256.pdf [accessed July-October 2015]. (Referred to hereafter and throughout this document as **'the DHS 2010'**.)
2 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 [accessed July -October 2015].
3 DHS 2010, p.291.
4 DHS 2010, p.291.
5 UNICEF (2013b) Burkina Faso: Statistical Profile on Female Genital Mutilation/Cutting, p.3. Available at http://data.unicef.org/corecode/uploads/document6/uploaded_country_profiles/corecode/222/Countries/FGMC_BFA.pdf [accessed July 2015].
6 *Ibid*.
7 DHS 2010, p.298.
8 DHS 2010 p.293.
9 DHS 2010, p.291.
10 P. Stanley Yoder and Shanxiao Wang (2013) *Female Genital Cutting: the Interpretation of Recent DHS Data: DHS COMPARATIVE REPORTS 33, ICF International*, p.27. Available at http://dhsprogram.com/pubs/pdf/CR33/CR33.pdf [accessed 20 April 2017].
11 UNICEF (2013a), *op. cit.*, pp.42&44.
12 DHS 2010, p.291.
13 DHS 2010, p.299.
14 *Ibid.*
15 DHS 2010, p.300.

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

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