



Senegal: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

Released by the Office of the Senior Coordinator for International Women's Issues

Practice:

Type II (commonly referred to as excision) and Type III (commonly referred to as infibulation) are both practiced in Senegal. Type II is the most common form of female genital mutilation (FGM) or female genital cutting (FGC). Certain minority groups practice Type II and Type III. They are most common among Muslim groups in the eastern part of the country. Most Senegalese women, however, have not undergone either procedure. It is growing less common due to urbanization and education.

Incidence:

A study into the incidence of Type II and Type III in Senegal was undertaken in 1988 by the Environmental Development Action in the Third World (ENDA). The study showed that approximately 20 percent of the female population had undergone one of these procedures. Other estimates place this figure between 5 and 20 percent. The Wolof ethnic group that makes up 43 percent of the population, the Serere ethnic group that makes up 15 percent of the population and most Christians, regardless of their ethnic group, do not practice either form. It is hardly practiced at all in the most heavily populated urban areas.

It is estimated that up to 88 percent of females among the minority Halpularen (Peul and Toucouleur) in rural areas of eastern and southern Senegal practice one of these forms. However, the practice is less common among urban Halpularen. Estimates put the urban Halpularen rate at 20 percent. Mostly rural elements of the Diola and Mandingo minority ethnic groups practice it as a puberty initiation rite. The Sarakole, Bambara, Mande and Tenda ethnic groups also practice it.

Attitudes and Belief:

The minority groups that practice Type II or Type III believe that the Quran requires this. Some Muslim leaders are beginning to preach that Islam does not require women to undergo either of these procedures.

Type II:

Type II is the excision (removal) of the clitoral hood with or without removal of all or part of the clitoris.

Type III:

Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood. The girl or woman's legs are generally bound together from the hip to the ankle so she remains immobile for approximately 40 days to allow for the formation of scar tissue.

Ninety percent of the females who undergo one of these procedures are between two and five years of age. The age when the procedure takes place differs with the ethnic group. It is generally performed by women of the blacksmith's caste who are said to be gifted with knowledge of the occult, without the use of anesthesia. It is carried out sometimes as part of a puberty initiation rite.

Outreach Activities:

In February 1998, former President Diouf called for the eradication of this practice and a national debate on the subject. The Ministry of Women, Children and the Family sponsors public programs on this subject. An information campaign has been carried out on the radio. A popular song was written about the practice. Seminars have been organized about the religious and health aspects. In 1993, ENDA organized a workshop for traditional birth attendants (TBAs) and excisors on the harmful health aspects of the practice.

CAMS (Campaign pour L'abolition des Mutilations Sexuelles) has been working in Senegal since 1982 to eradicate this practice. It organizes seminars and set up a gender research unit on women at the University of Dakar. The Women's Association Diourbel organizes meetings to raise awareness and provide

information and instruction about the practice. The Women's Association for Strengthening the Struggle against Traditional Practices was set up in 1986. Workshops are held to raise awareness and provide information to the population about the harmful effects of the practice. Men are also the focus of this effort.

Following the accession to power of President Abdoulaye Wade in March 2000, the new Minister of the Family and National Solidarity spearheaded a new study of the practice in Senegal. The goals of the study include developing an integrated governmental approach to the fight against the practice; identifying those scattered groups working against the practice and their methods; tracking and assessing the situation of those women who have publicly abandoned the practice; reviewing the current extent of the practice and assessing the impact of Senegal's 1999 law.

In 1999, the U.S. Embassy's Democracy and Human Rights Fund (DHRF) program gave a grant of US\$19,000 to the non-governmental organization (NGO) ENDA-GRAF in support of increasing public awareness with regard to this practice. The funds were used for theater productions in the Kolda, Thies, Rufisque and Dakar regions; for seminars and discussion groups; and for radio programs on this topic.

The National Committee of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) works to provide information at the grass roots level about the harmful health effects of the practice. Panel discussions and seminars are held. In 1997, seminars were held with excisors in Tamba, Kolda and Dakar.

Strategies for addressing this issue in Senegal include distribution of information about the harmful effects of the practice; involvement of a wide range of interested groups such as schools, the Red Cross and scouts; provision of informational materials on the practice; use of the radio, theater and films to get the word out and medical research.

In 1991, the NGO Tostan (which means *breakthrough* in the Wolof language) began a non-formal education program for women in more than 450 villages. The program has been supported financially by the United Nations Children's Fund (UNICEF), the government of Senegal and the American Jewish World Service.

It emphasizes participation and empowerment of women and uses materials that draw on Senegalese culture and oral traditions. Instructional materials include games, small group discussions, theater, songs, dance, story telling and flip charts. Recognizing that women have other responsibilities in raising their families, the classes meet several times a week for two to three hours at a time. The drop out rate is almost nil. Classes are held in a number of villages, including villages whose residents frequently inter-marry. Modules for learning address such issues as literacy skills, problem solving, women's health and hygiene, management skills, leadership skills, negotiating skills and human rights. They are given in four local languages, Wolof, Senere, Mandinka and Pulaar. This program is currently being replicated in Sudan, Mali and Burkina Faso.

A shortened version called the Village Empowerment Program, which uses those skills determined to be most important in the abandonment of FGM, problem solving, hygiene, women's health and human rights, is being implemented in a number of villages involving the entire village, both men and women.

At the outset, Tostan did not state whether FGM/FGC was right or wrong. It was the women themselves who, after taking the program, decided that they no longer wanted their daughters to be subjected to this practice. Using the skills learned in the program, they approached their husbands and village leaders to engage the entire community to stop the practice.

On July 31, 1997, the village of Malicounda Bambara (population 3000) decided to abandon the practice. Many women of the village, inspired by their skills training classes from Tostan, took the initiative to inform other women, men and children of the village about the harmful health effects of the practice and the need to abolish it. The decision followed a period of seven to eight months during which no case of FGM/FGC was reported in the village.

The Imam of the mosque endorsed the villagers' decision, noting that the practice had originally sought to protect a girl's virginity until marriage. According to the Imam, the context has changed because even though excised, many girls lose their virginity before marriage and the practice scars girls and exposes them to health risks including tetanus and AIDS.

The women from Malicounda traveled to Ngerin Bambara and Ker Simbara to tell the women in those villages who had taken the same Tostan course, about their decision to abandon the practice. The village of Ngerin Bambara publicly declared the abandonment of this practice on November 6, 1997.

Two Bambara men, one an Imam from Ker Simbara, then walked from village to village convincing members of their extended families to stop this practice. Their efforts led to the *Diabougou Declaration* in which 50 representatives of 8,000 villagers from 13 communities in the regions of Thies and Fatick publicly decided in a joint declaration to abandon the practice. They declared their commitment to end this practice and spread this knowledge and decision to communities still engaged in the practice. One Imam said that Islam in no way obligates women to undergo any of these procedures.

Tostan's work has expanded over the years and as of November 2000, a total of 174 villages throughout Senegal had publicly abandoned the practice.

On November 4, 2000, several villages in the departments of Podor and Matam made public pledges that generated a level of controversy not hitherto encountered by Tostan. This region of the Fouta, home to the minority Halpularen who practice FGM/FGC extensively, is characterized by Tostan as the most 'difficult' region of Senegal to work in. Although the November 4 Fouta pledges made no specific mention of FGM/FGC and instead simply committed to taking "all necessary measures to protect the health and rights of our girls and our women," the pledging ceremony was attended by pro-FGM/FGC religious leaders and villagers. The opposition encountered angered and energized women in the Tostan program from neighboring villages who had not yet made public declarations.

The latest abandonment of the practice took place the region of Kolda. On March 25, 2001, the 108 villages of the rural community of Mampatim in the region of Kolda organized a public declaration to abandon FGM/FGC, stop early marriages and promote family planning. This represents approximately 10,000 girls who will not be cut over the next few years. This abandonment resulted from the Tostan basic education program implemented in 40 of the villages of the Mampatim rural community, as well as social mobilization activities carried out by the recently educated villagers themselves.

Legal Status:

A law that was passed in January 1999 makes FGM/FGC illegal in Senegal. President Diouf had earlier appealed for an end to this practice and for legislation outlawing it. The law modifies the Penal Code to make this practice a criminal act, punishable by a sentence of one to five years in prison. A spokesperson for the human rights group RADDHO (The African Assembly for the Defense of Human Rights), noted in the local press that "Adopting the law is not the end, as it will still need to be effectively enforced for women to benefit from it."

The period since passage of the law in January 1999 has seen no convictions. In July 1999, the public prosecutor in Tambacounda ordered the arrest of the grandmother and mother of a five year old girl, following a complaint filed by the girl's father alleging the two women had ordered FGM/FGC performed on his daughter. The practitioner was also charged. Following emotional public outcry in the region, however, the cases were not pursued and no convictions resulted.

Although the 1999 law has supporters among many women and among NGOs pursuing the elimination of this practice, opposition to the law has not come from FGM/FGC supporters alone. Representatives of Tostan, which follows a basic education and empowerment approach, maintain that the law has made their work that much more difficult since it has increased defensiveness among the populations practicing it.

The press has suggested that the passage of the law has driven the practice underground.

Protection:

Although the government has been actively seeking to eradicate this practice, we are unaware of any protection in place that might help a woman who wished to avoid it. Since most women undergo this practice between the ages of two months and six years, cases of FGM/FGC candidates themselves seeking protection from the practice are non-existent.

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