

UNICEF Côte d'Ivoire  
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## FACT SHEET

# Female Genital Mutilation/Cutting



UNICEF/Côte d'Ivoire/2005

Note : Child in photo above has not been subject to FGM/C

*“Even though cultural practices may appear senseless or destructive from the standpoint of others, they have meaning and fulfill a function for those who practise them. However, culture is not static; it is in constant flux, adapting and reforming. People will change their behaviour when they understand the hazards and indignity of harmful practices and when they realize that it is possible to give up harmful practices without giving up meaningful aspects of their culture.”*

FGM, A joint WHO/UNICEF/UNFPA statement, 1997

## WHAT IS FEMALE GENITAL MUTILATION/CUTTING?

**Female genital mutilation/cutting (FGM/C)** is “the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons.” It is estimated that more than 130 million girls and women alive today have undergone FGM/C. This practice exists in 26 African countries, but it is also practiced among some communities in Asia and increasingly in Europe, North America and Australia among migrant communities.

The World Health Organization (WHO) distinguishes four types of FGM/C:

1. Excision of the *prepuce* [the fold of skin surrounding the clitoris], with or without excision of part or the entire clitoris.
2. Excision of the clitoris with partial or total excision of the *labia minora* [the smaller inner folds of the vulva].
3. Excision of part or all of the external genitalia and stitching or narrowing of the vaginal opening (infibulation).
4. Unclassified, which includes pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the opening of the vagina (*angurya* cuts) or cutting of the vagina (*gishiri* cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or to tighten or narrow the vagina; and any other procedure that can be included in the definition of female genital mutilation noted above.

An estimated 15-20% of all FGM in the world involves infibulation; in Côte d’Ivoire, this percentage is 5%.

Used as a way to control women’s sexuality, FGM/C is a main manifestation of gender inequality and discrimination “related to the historical suppression and subjugation of women,” denying girls and women the full enjoyment of their rights and liberties. It is a **harmful traditional practice**: a form of violence that has been committed against women for so long that it is considered a part of accepted cultural practice.

**FGM/C is a fundamental violation of human rights.** Among those rights violated are the rights to the highest attainable standard of health and to bodily integrity.

A national law has been adopted by Cote d’Ivoire in 1998, prohibiting FGM/C and punishing it (law 98/757, 23.12.1998). Action on eliminating harmful traditional practices is also specifically mandated by International Conventions ratified by Côte d’Ivoire, such as the **Convention on the Rights of the Child (CRC)** which states that “State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.” (*CRC, Article 24-3*). Commitment to

ending FGM is also embodied in the **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** and in the **Declaration and Programme of Action of the World Summit for Children**. The **African Charter on the Rights and Welfare of the Child** also condemns this practice. A specific focus on FGM/C is found in **UN General Assembly Resolution 56/128** on Traditional or Customary Practices Affecting the Health of Women and Girls, and in the Protocol on the Rights of Women in Africa (**Maputo Protocol**), adopted by the African Union in 2003. At the session of the **UN Commission on the Status of Women** held in February 2007, a new resolution on Ending Female Genital Mutilation was introduced and has just been approved.

## CONSEQUENCES OF FGM/C

During the procedure, girls are subject to violent pain, severe bleeding and, in many cases, shock and risk of HIV/AIDS infection.

During puberty, many mutilated girls suffer from menstrual blood retention. Blood is accumulated in the uterus, predisposing the girl to infection and further complications. Longer-term complications include fistula, repeated urinary tract infections, scars which may open during childbirth and which can lead to severe hemorrhage, obstructed menstrual flow, reproductive tract infections and reduced fertility.

## FGM/C IN CÔTE D'IVOIRE

Côte d'Ivoire is one of the countries with the highest prevalence of FGM/C in West Africa, ranking at the 5<sup>th</sup> place in the sub region, after Guinea, Mali, Burkina Faso and Mauritania. According to the preliminary results of the MICS<sup>1</sup> 2006, nearly 40% of women have undergone FGM/C in the country. The prevalence is particularly high in the North (87,8%), North-West (87,9%) and West (73,3%).

There is a strong social consensus around these mutilations. The main reasons given to justify FGM/C practice in the country are the following: i) it is a way to test the courage and the endurance of the young girls, ii) it is a guarantee for the wife's faithfulness, iii) it is a ritual of purification and social integration (preparation to life as a housewife), iv) it is a religious requirement.

In Côte d'Ivoire, FGM/C is practiced among most ethnic and religious groups and within all layers of society, but prevalence is higher among Voltaïques (72,2 %) and Northern Mande (70,5%) ethnic groups, among the Muslim population, in rural areas and among women/girls that have not had access to education. Data show that young girls and even babies are increasingly affected by FGM/C practices, whereas the phenomenon is more and more taking an urban character, due to the recent crisis and massive population displacement.

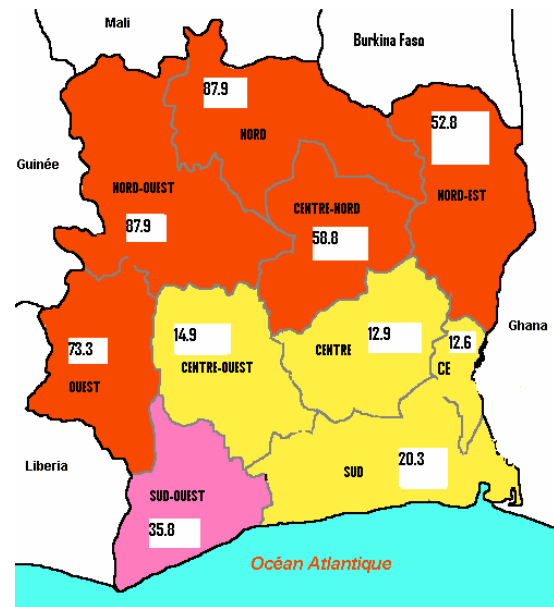
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<sup>1</sup> Multiple Indicator Cluster Survey

## UNICEF ACTIONS AGAINST FGM/C

**Global Objective:** To eradicate FGM/C and to guarantee the promotion and protection of girls' and women's rights and in particular the right to bodily integrity and to the highest attainable standard of physical and mental health.

Actions developed until now by UNICEF and local partners have been focusing on information and awareness raising campaigns among communities and excision practitioners, on girls' and women's rights, on the consequences of FGM/C for women's and girls' health and on the legal prohibition of this practice. UNICEF strategies for fighting FGM include tough measures to reduce not only the service offer but in particular the *demand* for excision, by tackling social conventions in favour of FGM/C and by adopting an holistic approach.



Prevalence among girls/women aged 15-49 in Côte d'Ivoire

In UNICEF's view, the key is to pursue the abandonment of FGM/C as part of a larger process of social change. The adopted approach is a human rights based approach to form a critical mass to bring about change and publicly declare these intentions at the community level, through capacity building of communities, public discussion and information campaigns that are non-judgmental and non-directive.

The UNICEF holistic approach is based on the following elements:

1. a non-directive and non critical approach, whose principal objective is the respect of human rights and girls' and women's emancipation
2. the realization of the harmfulness of the practice
3. the decision to abandon the practice must reflect a collective choice
4. the importance of the explicit public declaration of abandoning the practice by communities
5. experience sharing among different communities
6. a global approach which aims to support the integrated development of communities, in order to build a protective environment for girls

UNICEF actions are carried out in close partnership with local civil society organizations that work in the field with grass roots groups, women and youth organizations, religious, traditional leaders, local institutions and village committees.

UNICEF intervenes in the zones with the highest prevalence rates, in rural as well as in urban areas. In 2007, activities are carried out in the following regions: North (Korhogo, Boundiali, Ferkessédougou and Odienné Departments), West (Duékoué, Man, Kouibly and Blolequin Departments), Centre-North (Bouaké, Diabo and Zénoula Departments), North East (Bondoukou Department) and South (Abidjan).

## Key activities

- Establish and strengthen child protection and women's networks/committees at local and national level to promote the elimination of FGM/C and the safeguard of human rights;
- Raise awareness and inform through training of local community members, traditional and religious leaders, teachers, health workers, members of civil society who will act within the community;
- Mass and door to door sensitization campaigns;
- Awareness raising and information campaigns through local radio, TV and theatre;
- Empowering girls and women by:
  - increasing their awareness of their right to freedom from violence,
  - adopting a participatory approach,
  - using dialogue to encourage social and behavioral change and
  - by supporting girls' and women's education;
- Conduct studies and facilitate information sharing of good and bad practices at local, national and international level;
- Build capacities of local NGOs on the holistic approach
- Advocate for children and women's rights and for the elimination of gender based violence

## MILLENNIUM DEVELOPMENT GOALS and the elimination of FGM/C

The fight against FGM/C contributes to the achievement of MDG 3 "Promote gender equality and empower women", of MDG 4 "Reduce child mortality", MDG 5 "Improve maternal health" and MDG 6 "Combat HIV-AIDS, malaria and other diseases".

## SOME RESULTS

Indicators show that there has been a decrease in FGM/C prevalence in the country in the last years, and that the practice is diminishing with each generation. A comparison between MICS 2000 and MICS 2006 reveals that between 2000 and 2006 the national prevalence among women aged 15-49 decreased from 44% to 36,4%. Moreover, the difference between the percentage of women aged 15-49 with at least one daughter circumcised (9,5 %) and the percentage of women aged 15-49 who have undergone FGM/C (36,4 %) is equal to – 26,9. This gives us an indication of the generational trend of the prevalence of FGM/C, which is strongly diminishing. However, efforts still need to be made to completely eliminate the practice. UNICEF is currently conducting an evaluation of the impact of actions implemented to fight FGM/C in the last years in Côte d'Ivoire, in order to improve its strategy and achieve better results for girls and women.

In 2006, with the support of UNICEF:

- More than 200 000 people have been sensitized on FGM/C

- 55 villages have participated in the promotion of abandonment of the practice in the Korhogo, Boundiali, Danané, Odienné, Séguéla, Man, Guiglo, Duékoué and Abidjan departments
- More than 450 traditional and religious leaders have been mobilized and take active part in the fight against FGM/C
- 150 local protection committees have been set up for the promotion and protection of children and women's rights at the local level
- More than 350 former women practitioners have been involved in actions against FGM/C.

#### UNICEF PERSPECTIVES/FUTURE CHALLENGES

- Increase capacity and involvement of governmental actors, facilitate and promote the adoption of a national plan of action to eliminate FGM/C. Until now, their involvement, especially in the North of the country where the prevalence is particularly high, has been limited by the crisis/war that divided the country into 2 parts, with the north being ruled by rebel forces. The end of the crisis in 2007 will reestablish public administration in the northern regions and facilitate the involvement of the State in the elimination of FGM/C;
- Increase commitment and capacity of partners including religious/traditional leaders, partner organizations, women associations, service providers and citizens to address FGM/C through training, information and experience sharing;
- Strengthen mechanisms/networks at community level for the protection of girls and women;
- Promote a **human rights based** and **holistic approach** among partners. UNICEF believes that FGM/C is a phenomenon that can't be addressed without looking at the social and economic injustices surrounding women and girls and the socio-economic situation of their environment;
- Increase capacity and involvement of media to promote the rights of the girl-child and to use communication as means to promote social change;
- Increase and strengthen collaboration and cooperation with development actors to facilitate the development of an integrated approach;
- Develop and enforce policies and laws for the protection of girls and women and the promotion of their rights.

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