BULLETIN MENSUEL D'INFORMATION DE L'INSTITUT NATIONAL D'ÉTUDES DÉMOGRAPHIQUES

POPULATION & SOCIETIES

No.438

OCTOBER 2007

Female genital mutilation: The situation in Africa and in France

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To combat female genital mutilation (FGM) in France, we need to know more about the populations of women concerned – mainly of African origin – and the practice of FGM in their home countries. Armelle Andro and Marie Lesclingand explain that the situation varies from one African country to another, independently of religion. For France, they attempt to quantify the number of women who have already undergone genital mutilation and present an upcoming survey to assess the health consequences of this practice so that these women's needs can be better addressed.

Between 100 and 140 million girls and women worldwide have undergone genital mutilation, with health consequences that vary according to the type and severity of the procedure performed (Box 1). Female genital mutilation (FGM) is practiced mainly in sub-Saharan Africa and in certain parts of the Middle East and Southeast Asia (Yemen, Indonesia and Malaysia). But almost 5% of victims – more than 6.5 million girls and women – live in the North, primarily in European countries with African immigrant populations, and in North America [1].

Twenty-eight African countries are concerned

Female genital mutilation is known to be practiced in 28 African countries. Data on the number of women affected, the frequency and the different forms of FGM have become available since the early 1990s, thanks to various national surveys [2]. The proportion of women with FGM varies greatly from one country to another, ranging from 1.4% in Cameroon to 96% in Guinea in the early 2000s (Map). The countries can be divided into three groups: those where the vast majority of women have undergone FGM (more than 85%); those where the proportion varies by ethnic group, social category and generation, with only some sub-populations affected, (proportion between 25 and 85%); and countries where only a few ethnic minorities are concerned (proportion below 25%).

Genital mutilation is generally performed on young girls before the age of 15 [1, 2], and the most common forms of FGM are types I and II (Box 1). Type III is more infrequent and its practice more localized. Female genital mutilation is often presented as a religious requirement, imposed notably by Islam. Yet FGM was practiced in Africa well before the arrival of the monotheistic religions, and is not prescribed by any religious text (1). There is no link between the prevalence of Islam in a country and the proportion of women who have undergone FGM, and a whole variety of situations exist in Africa. In Ethiopia, for example, three-quarters of all

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(1) The Protestant churches have been fighting actively against genital mutilation for several decades, while the Catholic church signed up in the 1990s to the commitments made by the international community. In 2006, during an international meeting at the Al-Azhar University in Cairo, senior Sunni clerics issued a fatwa stating that female genital mutilation was not sanctioned by Islamic law and calling for an end to such practices.

CONTENTS

women are concerned, though only one-third of the population is Muslim. Conversely, in Niger, only a tiny minority of women undergo FGM (2%), though the country is almost entirely Muslim, while in Mali, Niger's western neighbour, the proportion is above 90%.In the predominantly Muslim countries of North Africa – Algeria and Libya, but also Tunisia and Morocco – FGM is not practiced at all.

In practice, the main risk factor is ethnicity and not religion, since among certain ethnic groups FGM is a traditional component of initiation rites associated with entry into adulthood. In Senegal, for example, a 95% Muslim country where around one quarter of women undergo FGM, the practice is non-existent among the Wolofs, the country's main ethnic group. Traditionally, only minority groups, notably the Peuls, the Toucouleurs, the Soninkes and the Malinkés, are concerned.

A practice on the decline in Africa

Female genital mutilation has been declining in most countries over recent years, though sometimes only slowly. One way of tracking change in a country is to compare the proportion of women age 30-49 who have undergone FGM with the proportion in the 15-29 age group (Figure 1).

In most countries, fewer young women are mutilated than their elders, and this difference between generations is especially visible in countries where FGM is widespread, such as Guinea and Eritrea for example. Moreover, even in group III countries, where FGM was already uncommon, the risk for the younger generations has decreased even further, except in Cameroon, where there has been little change as yet (Figure 1).

Success in combating female genital mutilation depends largely on government mobilization. Though FGM was first mentioned in a resolution adopted by the United Nations Commission on Human Rights in 1952, it was not until the 1990s that explicit international recommendations were issued and not until 2003 that all member countries of the African Union signed an agreement officially condemning and prohibiting genital mutilation. Laws exist in most countries but are still rarely enforced.

The increasing school enrolment of girls is also a positive factor, since schooling has a protective effect: in all countries, the risk of FGM falls as the level of education rises (2) (Figure 2).

(2) In Nigeria, FGM is more common among educated women than among uneducated ones. This is because the two ethnic groups which practice FGM, the Yoruba and the Igbo, are concentrated in the south of the country, which is much more urbanized than the north, and has higher school enrolment rates.

Box 1

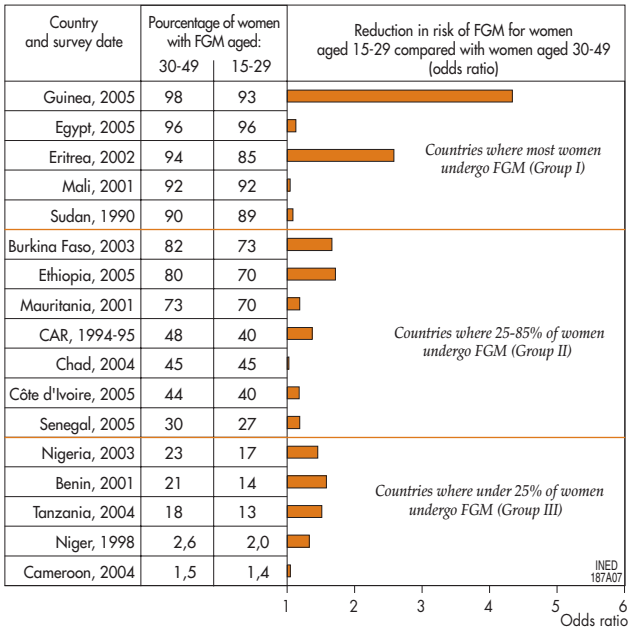
The different types of female genital mutilation and their health consequences for women

The World Health Organization (WHO) has defined four types of female genital mutilation:
– type I: excision of the prepuce, with or without excision of part or all of the clitoris;
– type II: excision of the clitoris with partial or total excision of the labia minora;
– type III: excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation);
– type IV: other (pricking, piercing, stretching or incision of the clitoris and/or labia).

The health consequences vary according to the type and severity of the procedure performed. The WHO distinguishes three categories:
– immediate complications such as severe pain, shock, haemorrhage, urine retention, and infection;
– long-term health consequences such as pelvic infections, sterility, menstrual problems, difficulties during pregnancy and childbirth (more frequent perineal tears and foetal distress), vesico-vaginal and rectovaginal fistulas resulting in incontinence;
– psychological and social consequences, such as reduced sexual pleasure and psychiatric disorders (anxiety, depression).

Source: WHO, 2006

Figure 1 - Proportions of women in the 30-49 and 15-29 age groups with FGM in selected African countries



(A. Andro, M. Lesclingand, *Population & Societies*, no. 438, INED, October 2007)

* Calculating the odds ratio: the ratio of women with FGM to women without FGM was calculated for each age group. The ratio of these two ratios (women aged 30-49 / women aged 15-29) was then determined. The odds ratio obtained gives the direction of change. If it is equal to 1, the risk of FGM is identical for women in both age groups. Above 1, the higher the odds ratio, the lower the risk for the younger age group compared with older one.

***Source**: Demographic and Health surveys and authors' calculations.*

FGM in France: a phenomenon linked to recent immigration

African migration to France began in the 1960s. The number of female migrants has increased steadily since then, and by 2004 the majority of new arrivals were women [4]. But the presence in France of women with FGM has been a reality for almost 30 years. From the early 1980s, the practice of FGM on girls born in France was condemned by the government and by NGOs. The government's first response was to make FGM illegal (3), while the NGOs focused on prevention and information campaigns [5]

The exact number of women with FGM in France is not known however (4). Not only migrant women are concerned, but also girls and women born in France to parents from countries where FGM is still practiced. It probably continued in France up to the early 1980s, before declining or, in some cases, being abandoned altogether, thanks to effective prevention campaigns targeting the younger generations. But no national statistics for these younger generations are yet available. Only women with FGM in the adult population aged over 18 can be counted. On the basis of certain assumptions, it is estimated that in 2004, around 50,000 adult women in France had undergone FGM (Box 2).

A healthcare policy for girls and women suffering the consequences of FGM has yet to be defined. A milestone was reached with the development of a reconstructive surgical procedure covered by the French health insurance (5). This medical advance offers new potential for reversing the effects of FMG and for treating the consequences of this practice as a public health issue.

The French government is pursuing its efforts to combat female genital mutilation through stronger

Carte – Proportion of women aged 15-49 with FGM in Africa, by country (situation in early 2000s)

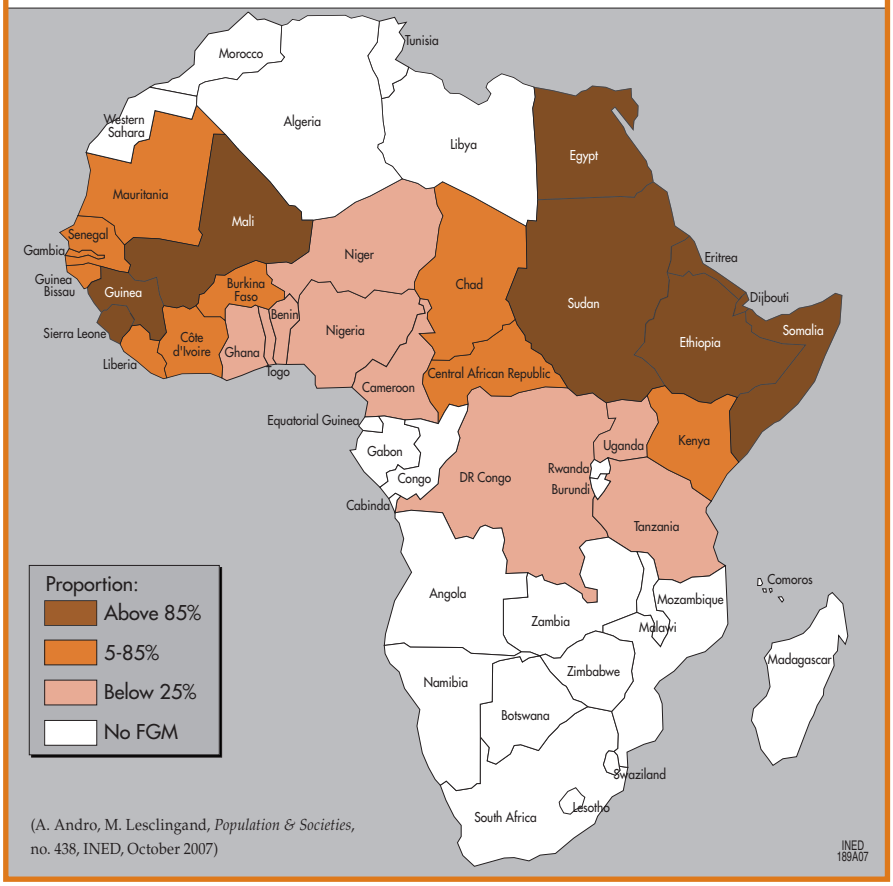


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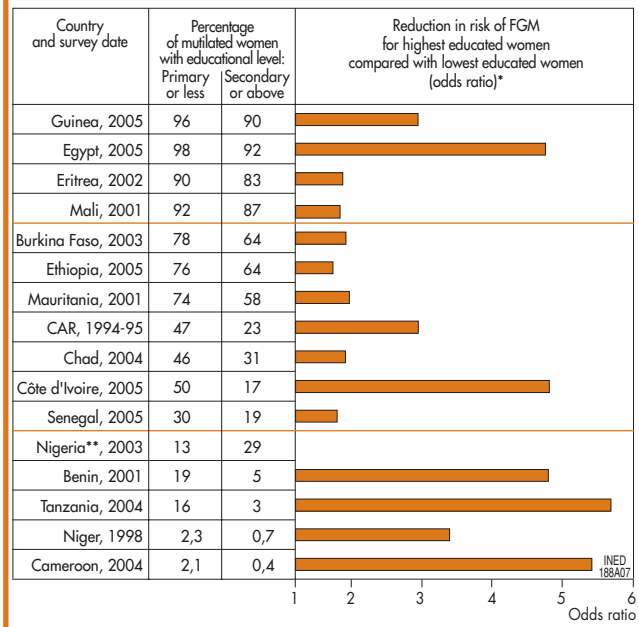
Figure 2 – Reduction in risk of FGM by female educational level

Country and survey date	Percentage of mutilated women with educational level: Primary or less	Secondary or above
Guinea, 2005	96	90
Egypt, 2005	98	92
Eritrea, 2002	90	83
Mali, 2001	92	87
Burkina Faso, 2003	78	64
Ethiopia, 2005	76	64
Mauritania, 2001	74	58
CAR, 1994-95	47	23
Chad, 2004	46	31
Côte d'Ivoire, 2005	50	17
Senegal, 2005	30	19
Nigeria**, 2003	13	29
Benin, 2001	19	5
Tanzania, 2004	16	3
Niger, 1998	2,3	0,7
Cameroon, 2004	2,1	0,4



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Interpretation: in Côte d'Ivoire, in 2005, for a woman with primary education or less, the risk of undergoing FGM was around five times higher than for a woman with secondary education or above.

* Calculation method: see Figure 1.

** See note 2 in text.

Source: Demographic and Health surveys and authors' calculations.

(3) France was the first European country to institute legal proceedings in 1979 under article 222 of the French penal code covering acts of violence. Parents or other parties who practice genital mutilation are liable to prison sentences of up to 20 years. Moreover, under child protection laws, all professionals have a duty of notification (article 223-6 of the French penal code).

(4) The only estimates of the number of women with FMG in France date back more than fifteen years, to a time when the population from sub-Saharan Africa was smaller than today. A 1982 estimate counted "around 24,000 women and girls who had undergone FGM or who were at risk (for the youngest)", while a second, in 1989, gave a figure of "around 27,000 women and girls at risk" [5].

(5) At present, a dozen hospitals and clinics perform the operation, mainly in the Paris region.

legal measures [5] and through the national "Violence and Health" plan (6). Under this plan, a national survey of FGM and disability (*Excision et handicap*, ExH) is being prepared. It will shed new light on the health, social and psychological consequences of FGM and will serve to draw up new proposals for addressing the needs of mutilated women living in France.

It is also vital to protect young girls living in France from the threat of FGM, and continued government support for this cause is essential. FGM is now rarely performed in France, but young girls are mutilated if they return to their family's home country for a short stay or if they are expelled from France. Better protection for women travelling to Africa is key to effective prevention

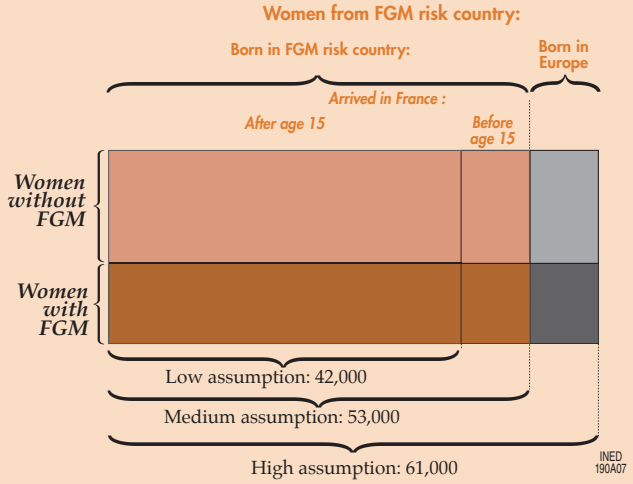
(6) Plan defined under the law of 9 August 2004 on public health policy, aiming to limit the health impact of different forms of violence.

Box 2

How many adult women with FGM in France?

We first estimated the number of women aged 18 and above living in France who are immigrants or daughters of immigrants from countries where FGM is still practiced (1). We used data from the family history survey conducted in association with the 1999 census on a sample of 380,000 men and women, and updated the 1999 figures using data published by INSEE [4]. The number of women with FGM was estimated by assuming that in each subgroup of women from a particular FGM risk country, the proportion with FGM was the same as in the country itself (Map). We made a distinction, however, between women born in their country of origin (8 in 10) and those born in Europe (2 in 10). And among the first group, we distinguished between those who arrived in France after age 15 and those who arrived before, since female genital mutilation is generally performed before age 15. Under the high assumption, the risk of FGM is the same whatever the place of birth and the same prevalence rate is applied to all women from a given FGM risk country. Under the medium assumption, the risk of FGM is zero for women born in Europe and the prevalence rate is applied only to women native to and born in a risk country. Last, under the low assumption, only women who arrived in France after age 15 are exposed to risk. On the basis of the medium assumption, we obtain an estimated total of 53,000 adult women living in France in 2004 who have undergone female genital mutilation (diagram).

Diagram: Estimated number of adult women with FGM living in France in 2004



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(1) The definition of women from FGM risk countries is very restrictive. Only women whose father and mother are both from a risk country are counted

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ABSTRACT

Between 100 and 140 million women worldwide have undergone female genital mutilation (FGM). While most live in sub-Saharan Africa, 5% live in African immigration countries of Europe and North America. In regions where FGM is performed, the situation varies from country to country. In some, Guinea for example, the practise is widespread and 96% of women are concerned, while in others, such as Niger, it is rare (2% of women). The prevalence of FGM is declining in these countries however. An estimated 50,000 women with FGM were living in France in 2004. A survey will be conducted to find out more about the health consequences of these mutilations and to address them more effectively.

Population & Societies - no. 438, October 2007 – Female genital mutilation: The situation in Africa and in France ISSN 0184 77 83
Director of Publications: François Héran – Editor-in-chief: Gilles Pison – Translations Coordinator: Catriona Dutreuilh – Design and layout: Isabelle Brianchon – D.L. 4e term. 2007 – Ined: 133. boulevard Davout - 75980 Paris. Cedex 20. France – Telephone: (33) (0)1 56 06 20 00 – Fax: (33) (0)1 56 06 21 99 – http://www.ined.fr – e.mail: ined@ined.fr