

Female Genital Mutilation in Senegal: Insights from a statistical analysis



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Data sources

Data on female genital mutilation are drawn from the Demographic and Health Surveys in 2005, 2010-2011, 2012-2014, 2015, 2016, 2017, 2018 and 2019. Demographic data are from the United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects 2019*, online edition, 2019.





Contents

Female genital mutilation in the global development agenda.....	2
Ending FGM is one of the targets of Sustainable Development Goal 5	
Key facts about FGM.....	3
Summary of main findings detailed below	
Current levels of FGM.....	4
An overview of the practice in Senegal, including the total number of girls and women affected, prevalence countrywide, and the population groups most at risk	
Circumstances around FGM.....	11
Details on the age at which girls are cut, the types of FGM most commonly performed, and the kinds of practitioners who carry out the procedure	
Attitudes towards the practice.....	14
How people in Senegal view FGM, including whether they consider it a religious requirement and whether they think it should continue	
Generational trends.....	19
How levels of the practice have changed over the past two decades at the national and subnational levels	
Looking ahead to 2030.....	21
Implications of trends in FGM in light of the 2030 target to eliminate it	
Senegal's programmatic response to FGM.....	23
A summary of efforts to prevent FGM through national commitments, legislation and programming	
Technical notes.....	24

Female genital mutilation in the global development agenda

Female genital mutilation (FGM) is a violation of human rights. Every girl and woman has the right to be protected from this harmful practice, a manifestation of entrenched gender inequality with devastating consequences. FGM is now firmly on the global development agenda, most prominently through its inclusion in Sustainable Development Goal (SDG) target 5.3, which aims to eliminate the practice by 2030.



SDG 5



Achieve gender equality and empower all women and girls

TARGET 5.3

Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

INDICATOR 5.3.2

Proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation



In Senegal,
nearly 2 million
girls and women have
undergone FGM



Overall, **25 per cent** of
girls and women aged
15 to 49 years have been
subjected to the practice



The majority of people in
Senegal believe FGM
should be discontinued.
Opposition is most common
in regions where FGM is rarely
practised, and among those
with higher levels of education

KEY FACTS

about FGM

There is substantial variation in
the prevalence of FGM across
ethnic groups: Among Soninké
and Mandingue/ Socé girls
and women, **two thirds** have
experienced the practice, while
FGM is exceedingly rare among
Serer and Wolof populations

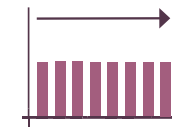


The SDG target of eliminating
FGM by 2030 does not appear
within reach for Senegal.
If trends continue,
at least 1 in 5 girls
in Senegal will still be subjected
to FGM in 2030

FGM in Senegal is performed
by **traditional practitioners.**
The most severe form of FGM,
in which the vaginal opening is
sewn closed, is found in many
regions and is most common
in Kolda



Most FGM in Senegal is
performed on
girls under age 5,
and rarely after age 10

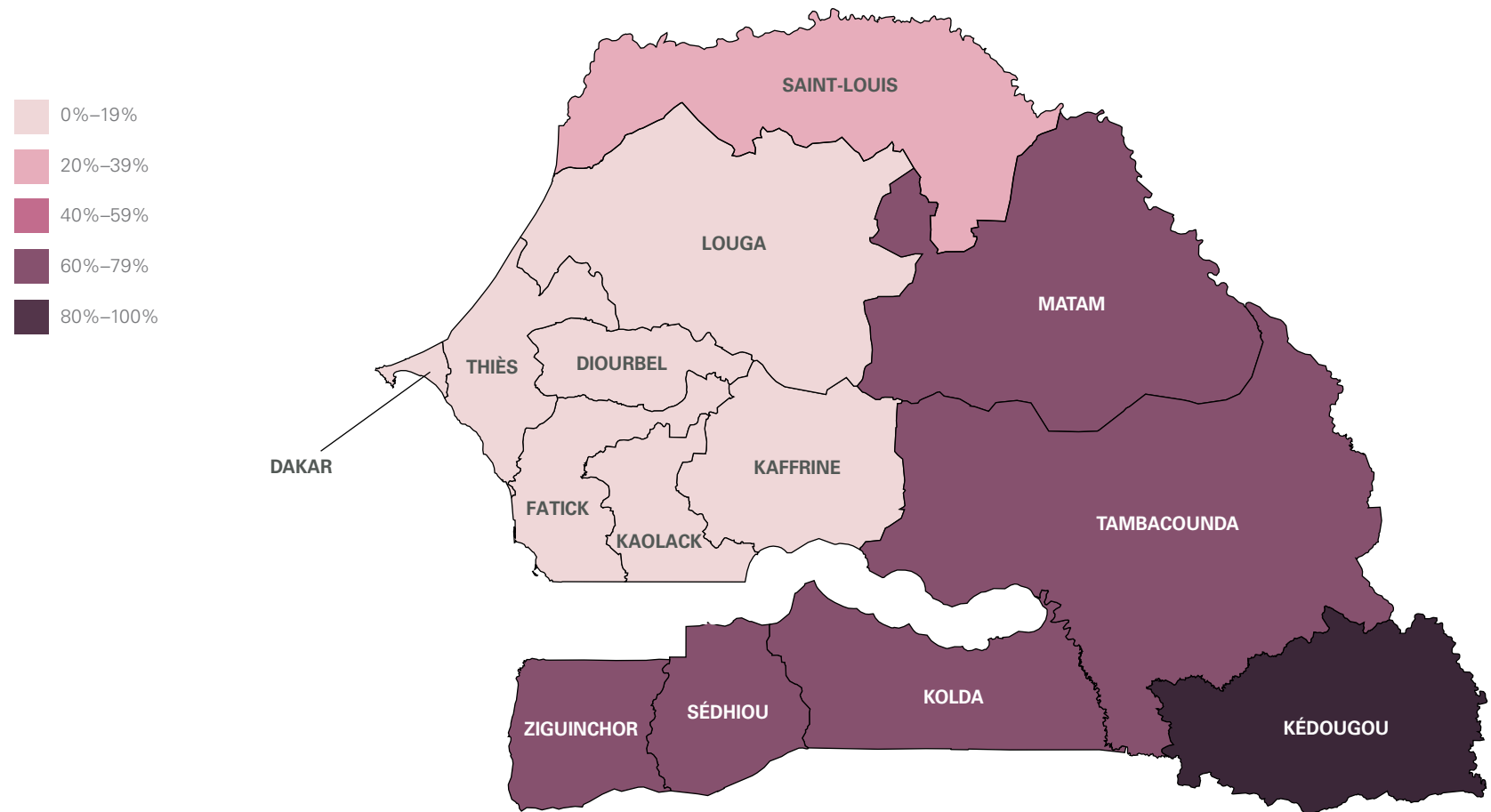


The prevalence of FGM has
remained largely unchanged
for at least the last two decades

Current levels of FGM

Senegal is home to nearly 2 million girls and women who have experienced FGM. Overall, 25 per cent of girls and women have undergone the practice, varying from over 90 per cent in Kédougou to just under 1 per cent in Diourbel

FIG. 1 Percentage of girls and women aged 15 to 49 years who have undergone FGM



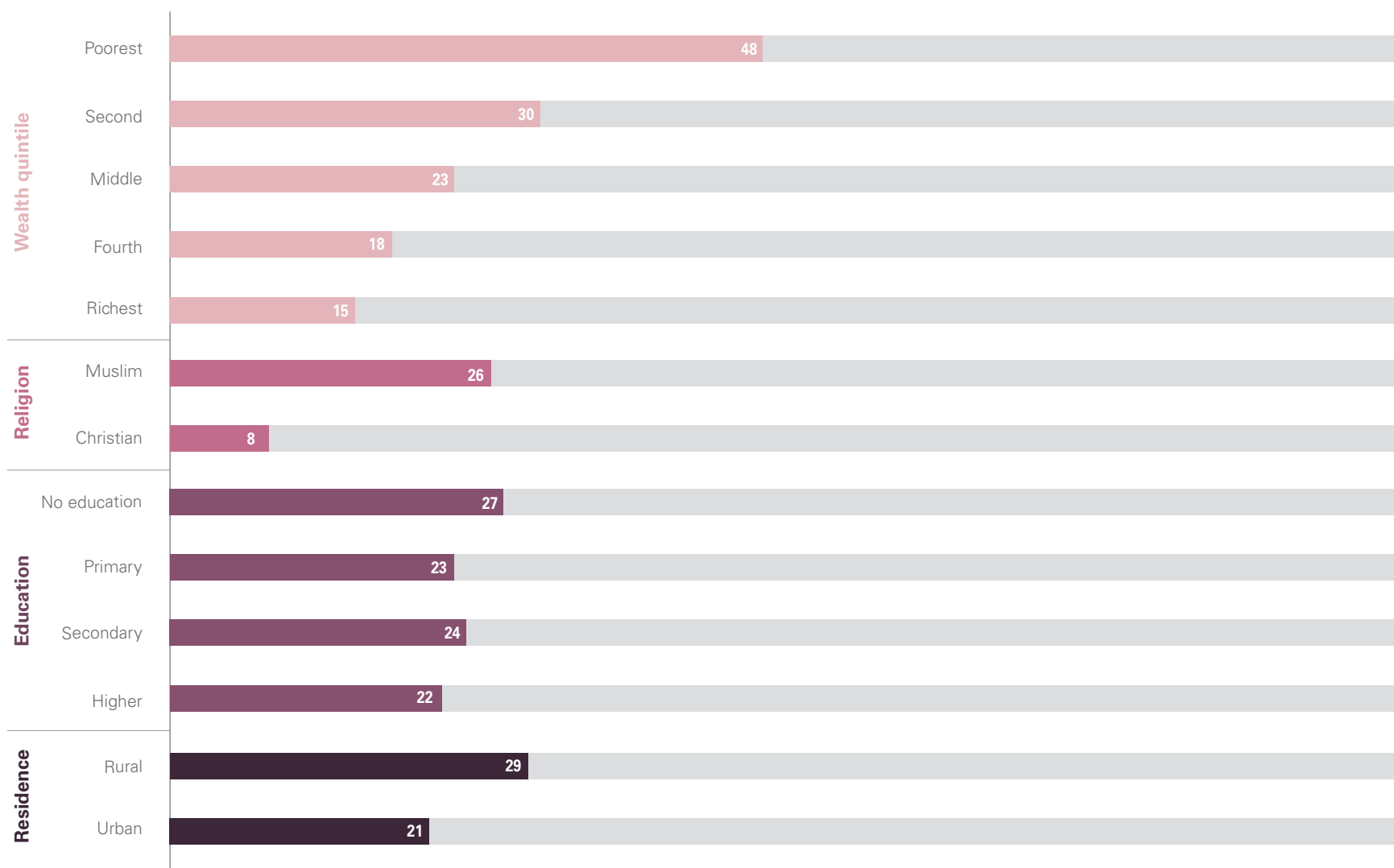
Note: The boundaries, names and designations used on the map do not imply official endorsement or acceptance by the United Nations.

Sources: Data in this publication are from the Demographic and Health Survey (DHS) 2019 unless otherwise noted. On this page, the national data presented in the title are from the DHS 2019. Regional data presented on the map and throughout the publication are from the DHS 2017, the latest survey designed to be representative at the regional level. See technical notes for details.



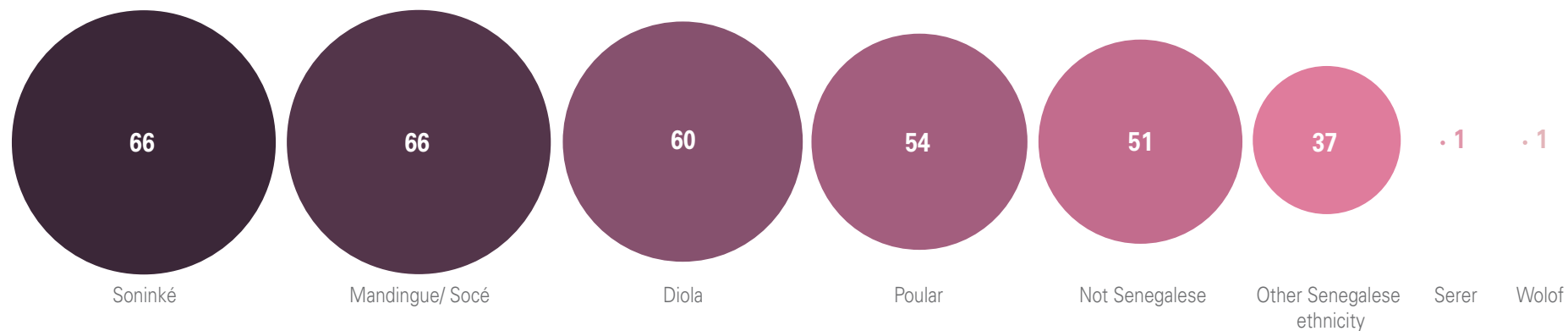
FGM is most common among the poorest girls and women and those who identify as Muslim; differences by educational level and place of residence are less pronounced

FIG. 2 Percentage of girls and women aged 15 to 49 years who have undergone FGM



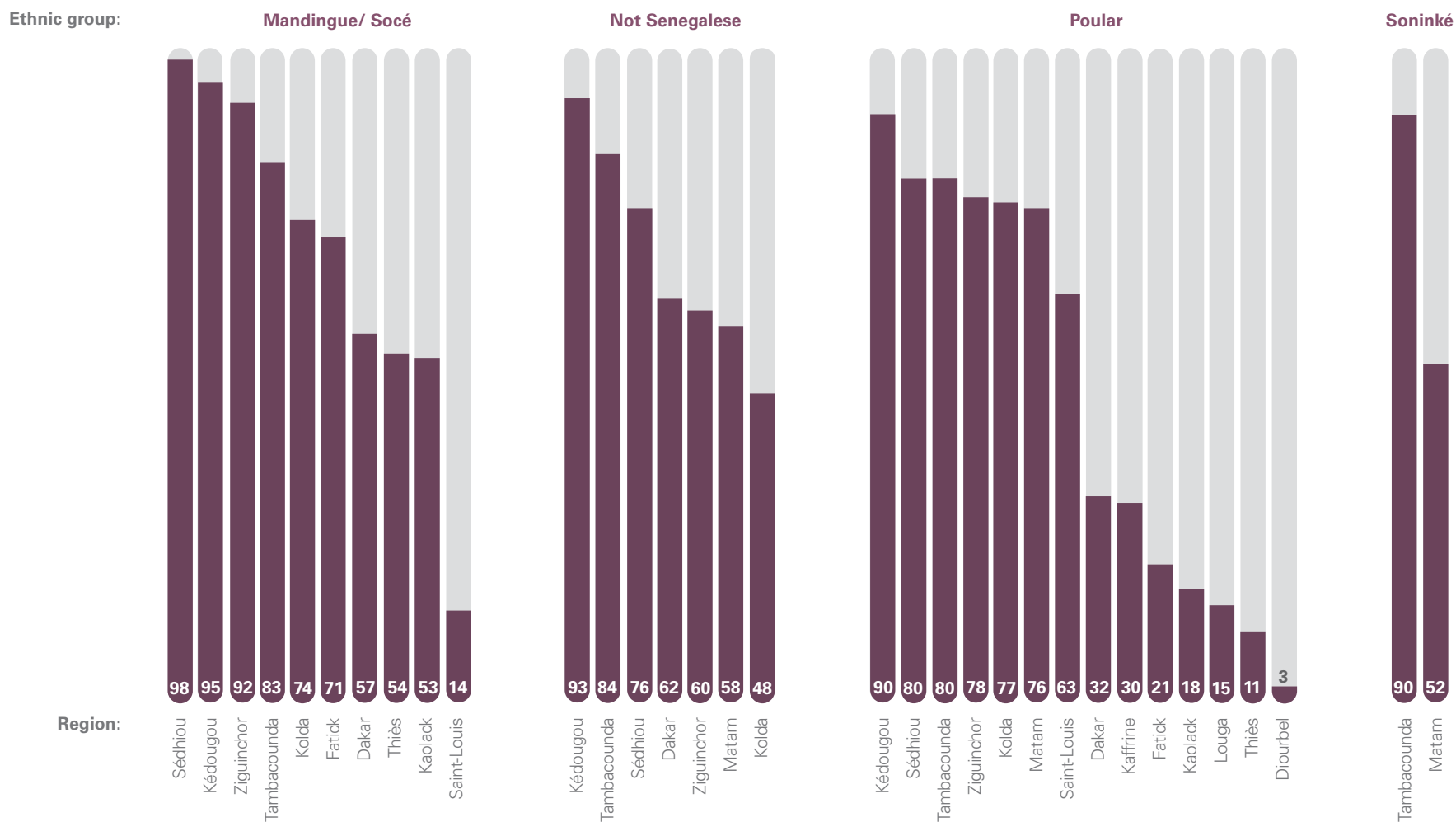
Substantial variation is found in the prevalence of FGM across ethnic groups: Among Soninké and Mandingue/ Socé girls and women, two thirds have experienced the practice, while FGM is exceedingly rare among Serer and Wolof populations

FIG. 3 Percentage of girls and women aged 15 to 49 years who have undergone FGM



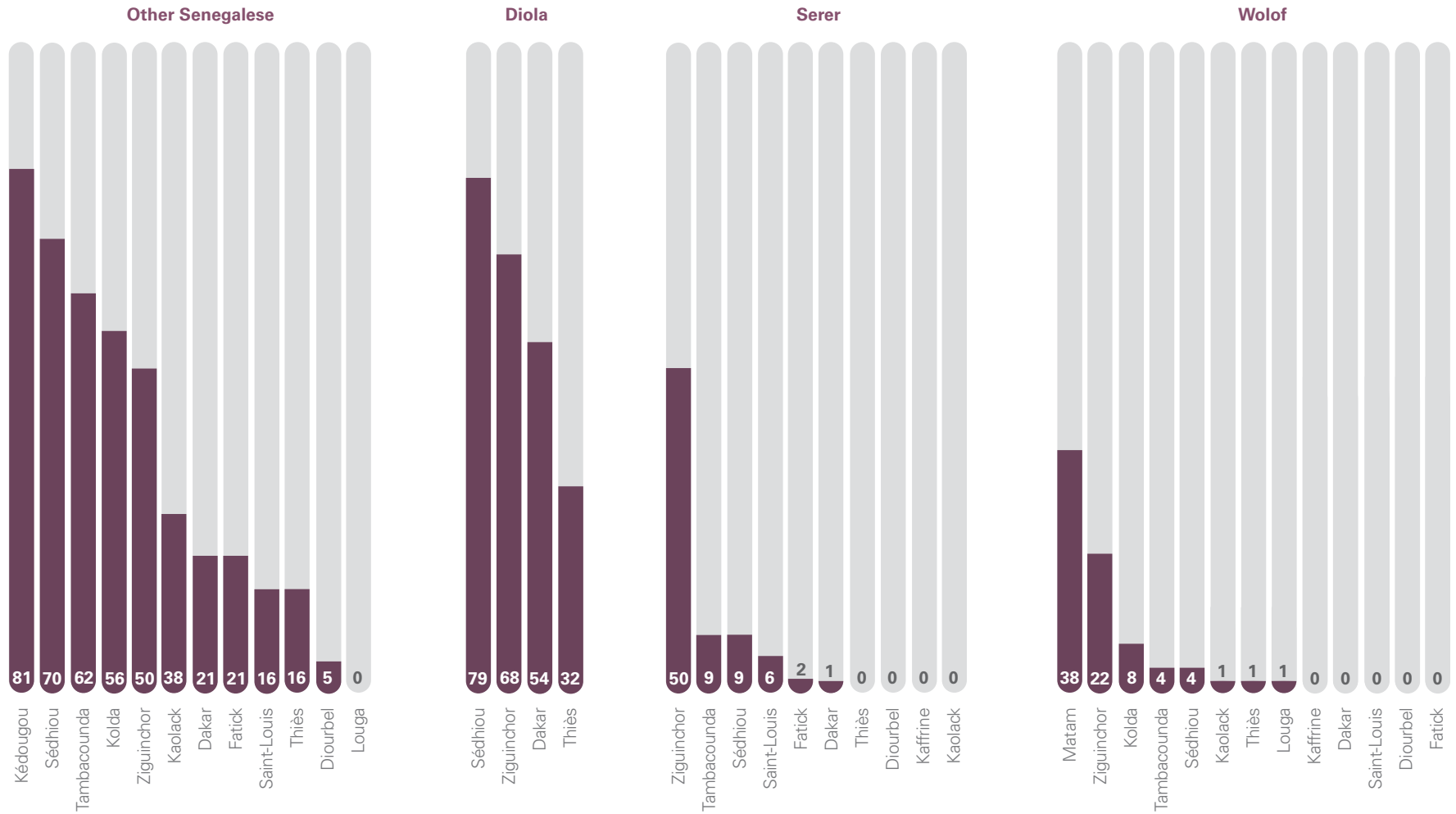
Both ethnicity and location influence the likelihood that a girl will undergo FGM: Among the Poular, prevalence ranges from 3 per cent in Diourbel to 90 per cent in Kédougou

FIG. 4a Percentage of girls and women aged 15 to 49 years who have undergone FGM



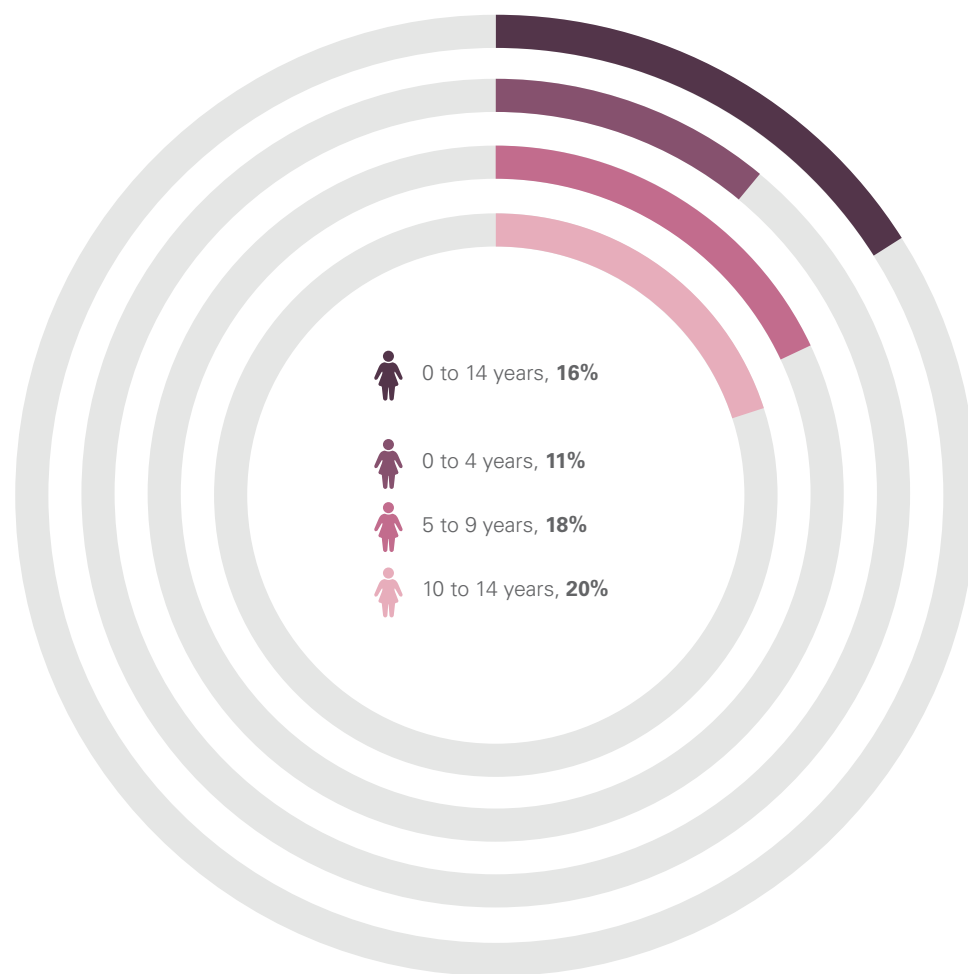
Notes: Values presented here are based on at least 25 unweighted cases. Data for some ethnic groups and regions are suppressed due to insufficient numbers of cases to perform the analysis.
Source: DHS 2017.

FIG. 4b Percentage of girls and women aged 15 to 49 years who have undergone FGM



In Senegal, 16 per cent of girls under age 15 have undergone FGM; levels increase as girls approach the customary age for cutting

FIG. 5 Percentage of girls aged 0 to 14 years who have undergone FGM



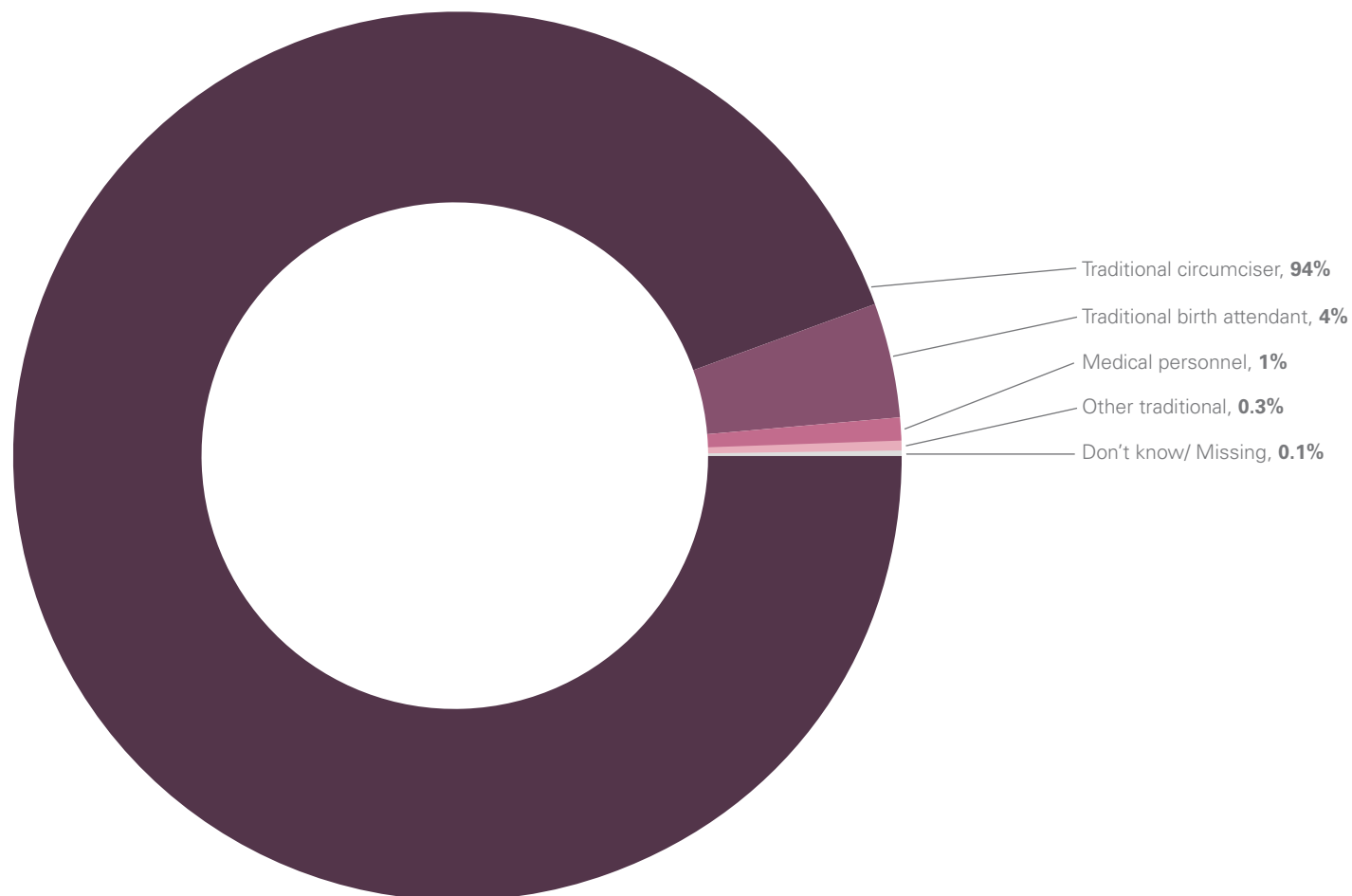
Information collected on FGM among girls under age 15 reflects their current but not final FGM status. Some girls who have not been cut may still be at risk once they reach the customary age for cutting. Therefore, the prevalence for girls under age 15 is an underestimation of the true extent of the practice. This should be kept in mind when interpreting all FGM prevalence data for this age group.

Since age at cutting varies among settings, the amount of underestimation also varies (see Figure 8). In Senegal, most FGM is performed before age 5, and rarely after age 10. Thus, in this context, the prevalence can be considered indicative of their final FGM status among girls aged 10 to 14 years is likely to represent the final FGM status for this cohort of girls.

Circumstances around FGM

Only traditional practitioners perform FGM in Senegal; medical personnel are rarely involved in the procedure

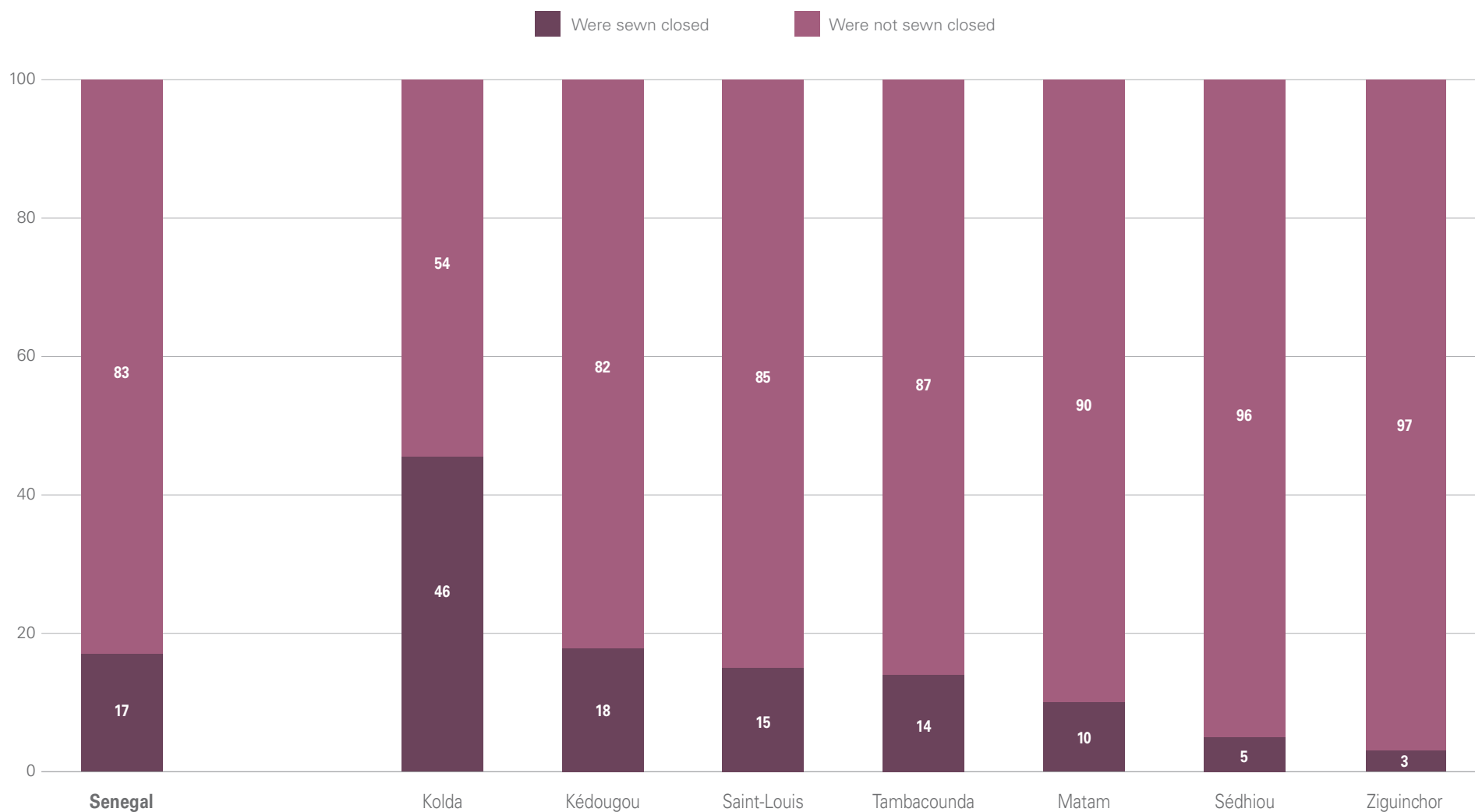
FIG. 6 Percentage distribution of girls aged 10 to 14 years who have undergone FGM, by practitioner



Note: Values do not add up to 100 per cent due to rounding.

The most severe form of FGM, in which the vaginal opening is sewn closed, is found in many regions and is most common in Kolda

FIG. 7 Percentage distribution of girls aged 10 to 14 years who have undergone FGM, by type performed

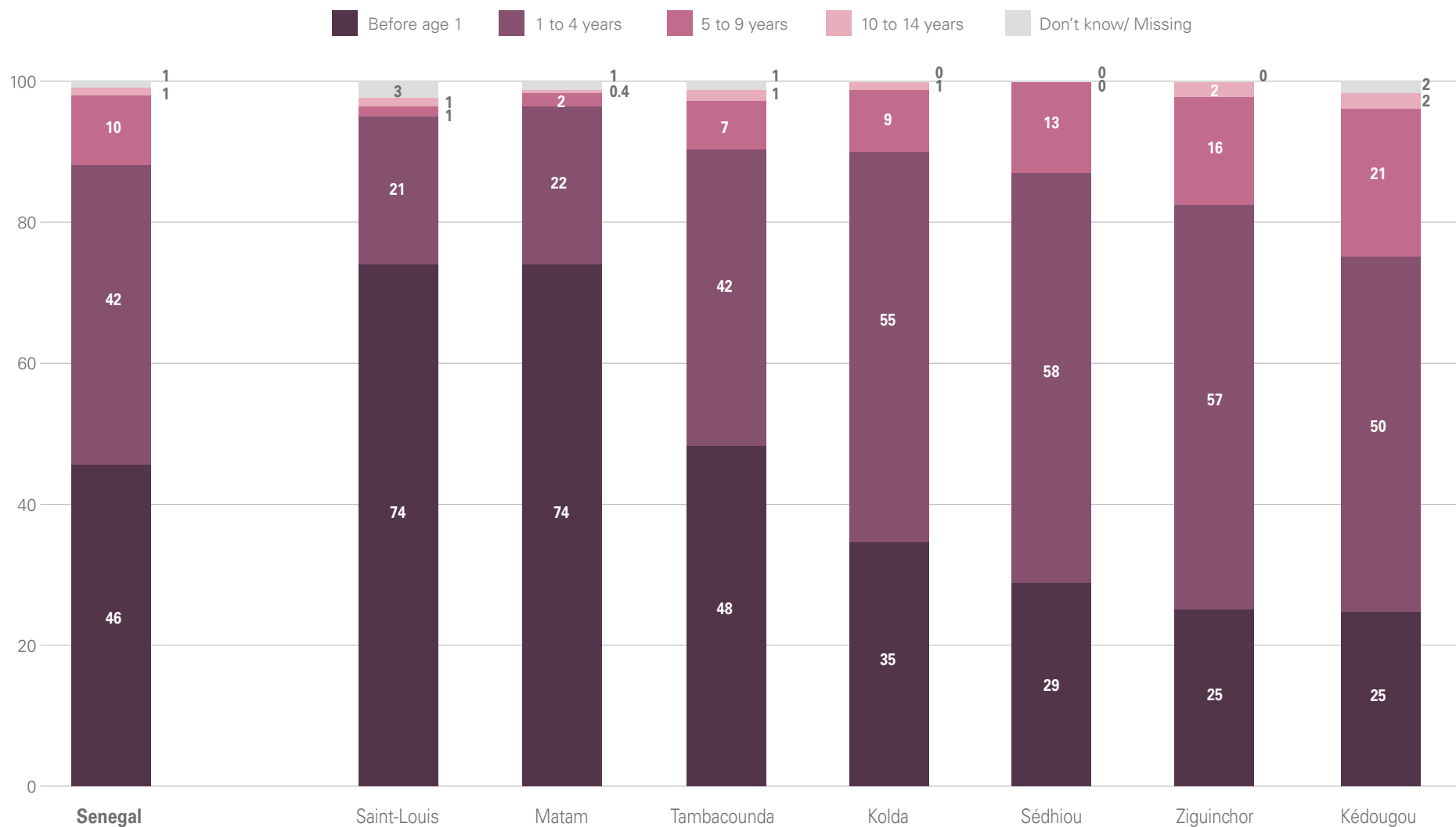


Notes: Values presented here are based on at least 25 unweighted cases. Data for some regions are suppressed due to insufficient numbers of cases to perform the analysis. Some values do not add up to 100 per cent due to rounding.

Source: DHS 2017.

Most FGM in Senegal is performed on girls under age 5, and rarely after age 10

FIG. 8 Percentage distribution of girls aged 10 to 14 years who have undergone FGM, by age at which they were cut



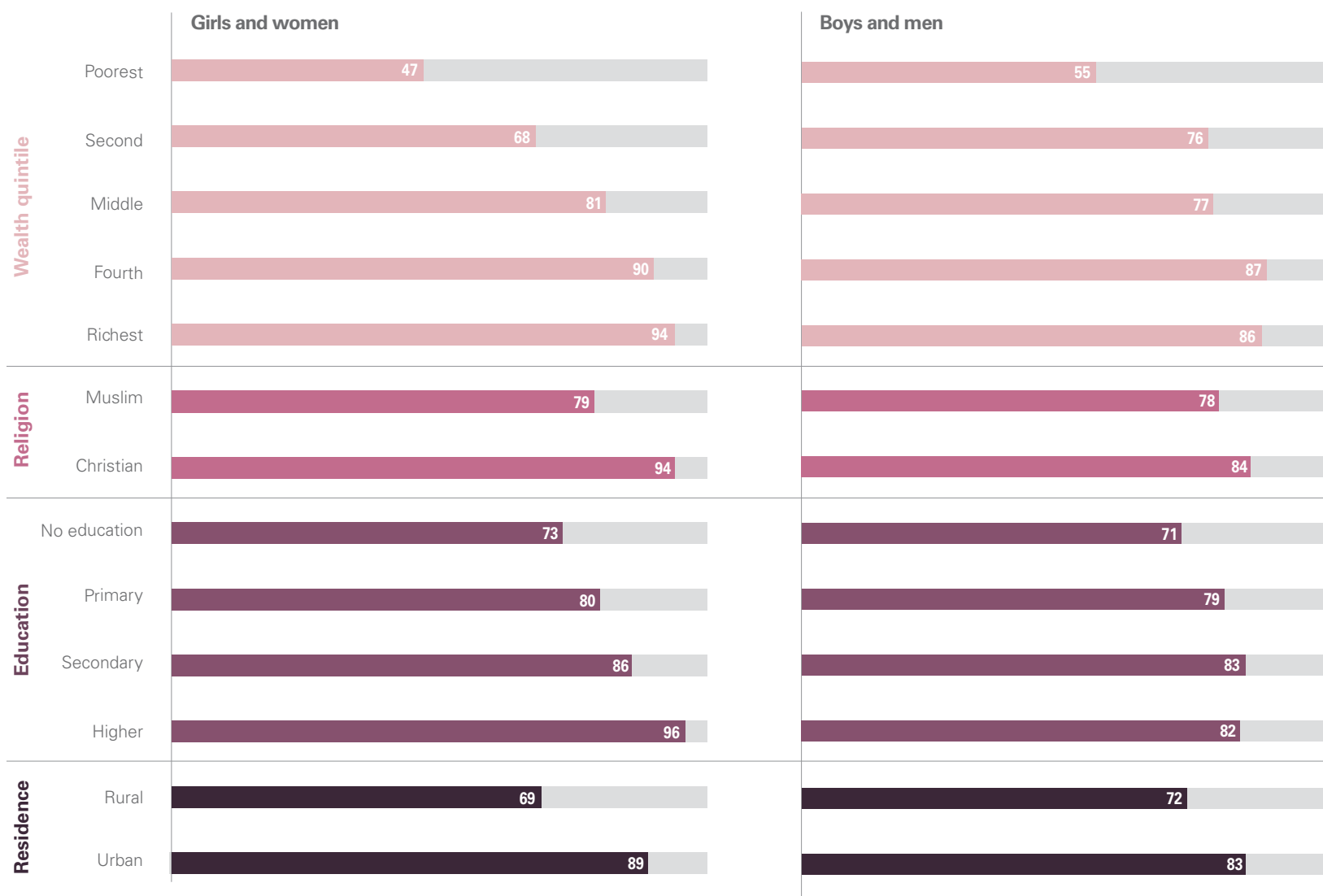
Notes: Values presented here are based on at least 25 unweighted cases. Data for some regions are suppressed due to insufficient numbers of cases to perform the analysis. Some values do not add up to 100 per cent due to rounding.

Source: DHS 2017.

Attitudes towards the practice

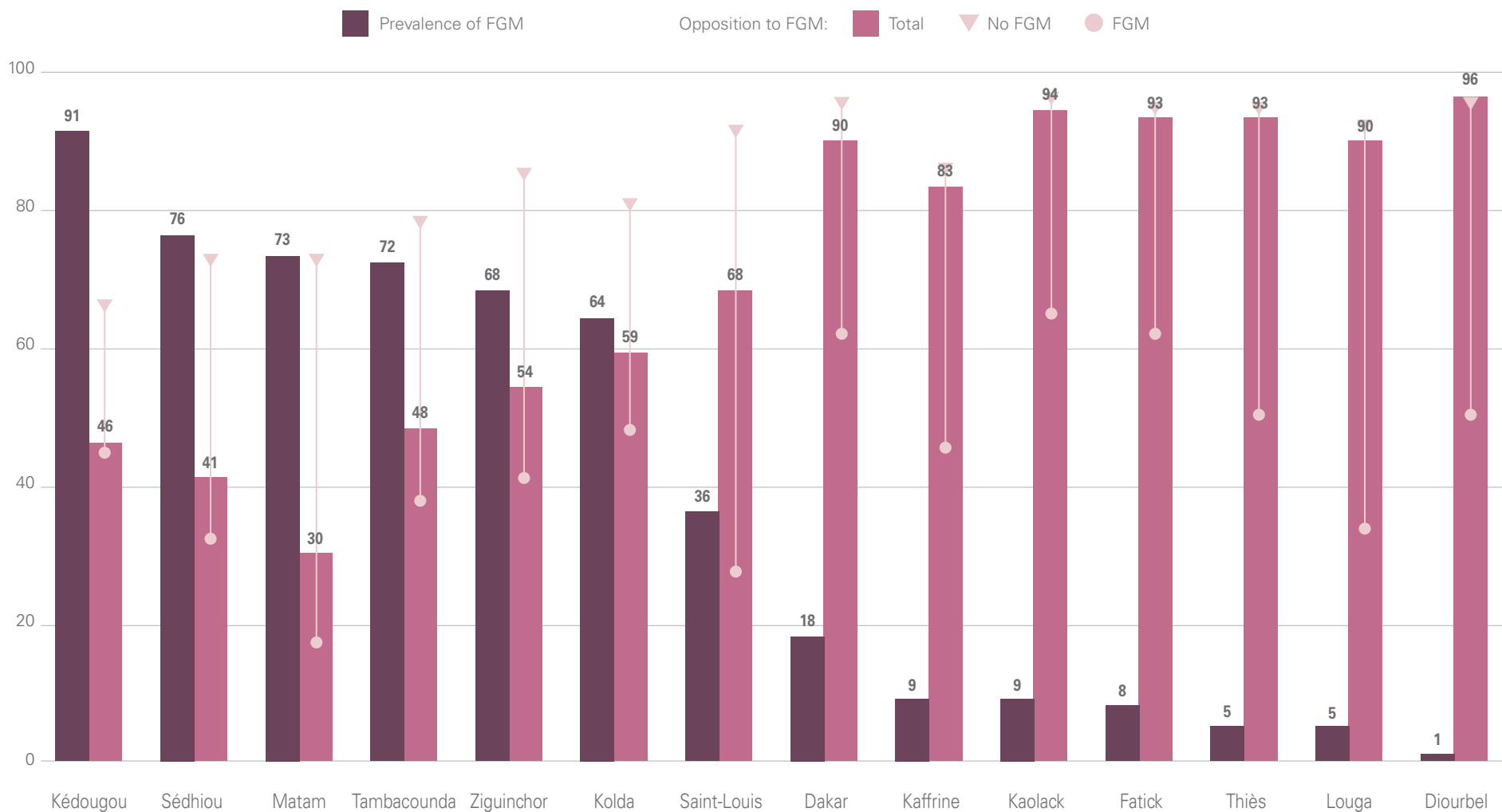
The majority of people in Senegal believe FGM should be discontinued. Those from urban areas, with more education, who live in wealthier households, or who identify as Christian are most likely to think the practice should end

FIG. 9 Percentage of girls, women, boys and men aged 15 to 49 years who have heard of FGM and think the practice should stop



Opposition to FGM is most common in regions where it is rarely performed and among those who have not experienced the practice; still, many girls and women in practising communities think FGM should end

FIG. 10 Percentage of girls and women aged 15 to 49 years who have undergone FGM (prevalence); and percentage of girls and women aged 15 to 49 years who have heard of FGM and think the practice should stop (opposition), by FGM status

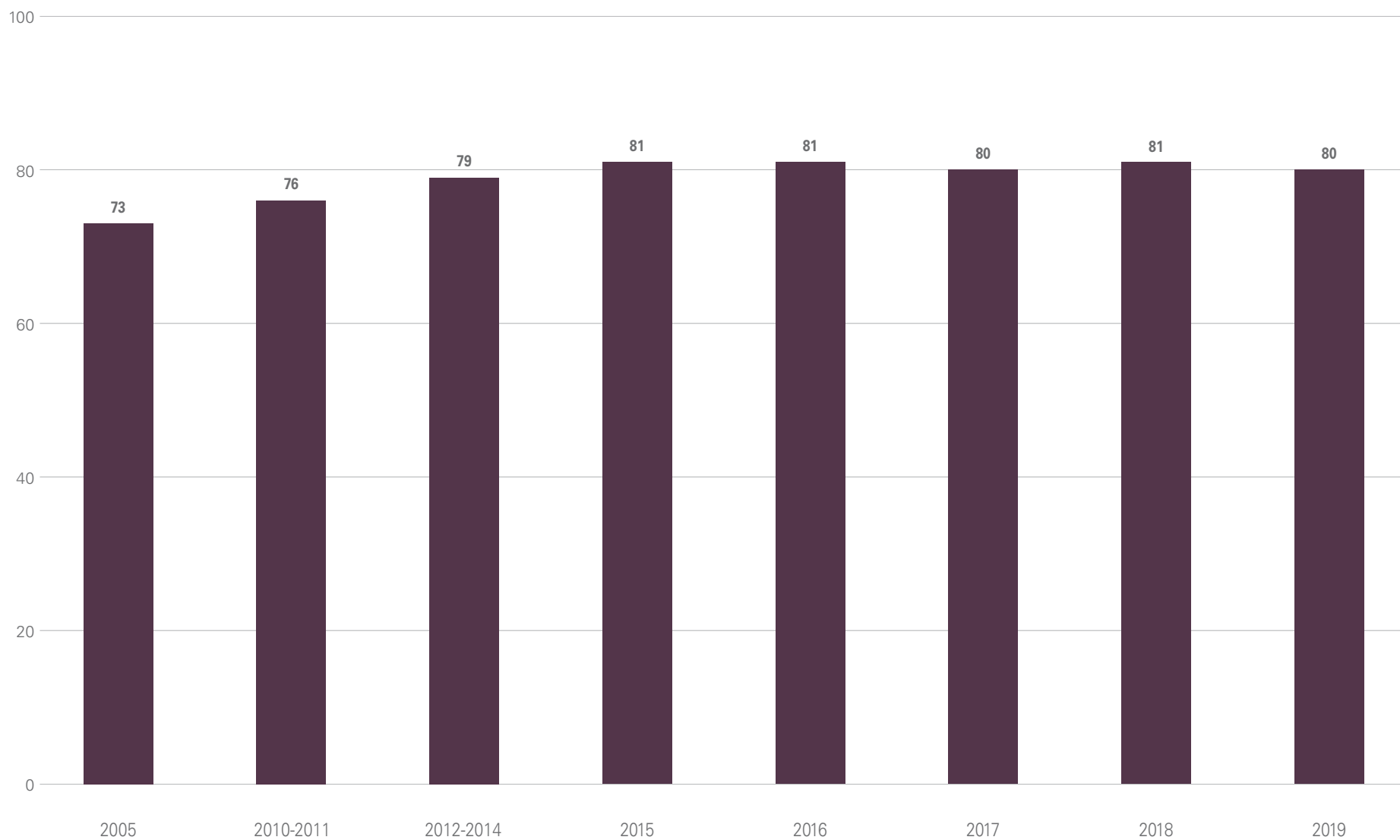


How to read the chart: In Tambacounda, 72 per cent of girls and women have undergone FGM (purple bar). In this region, 48 per cent of all girls and women think the practice should end (pink bar); opposition is more common among those who have not experienced FGM than those who have experienced FGM.

Source: DHS 2017.

Opposition to FGM has been consistently high over time

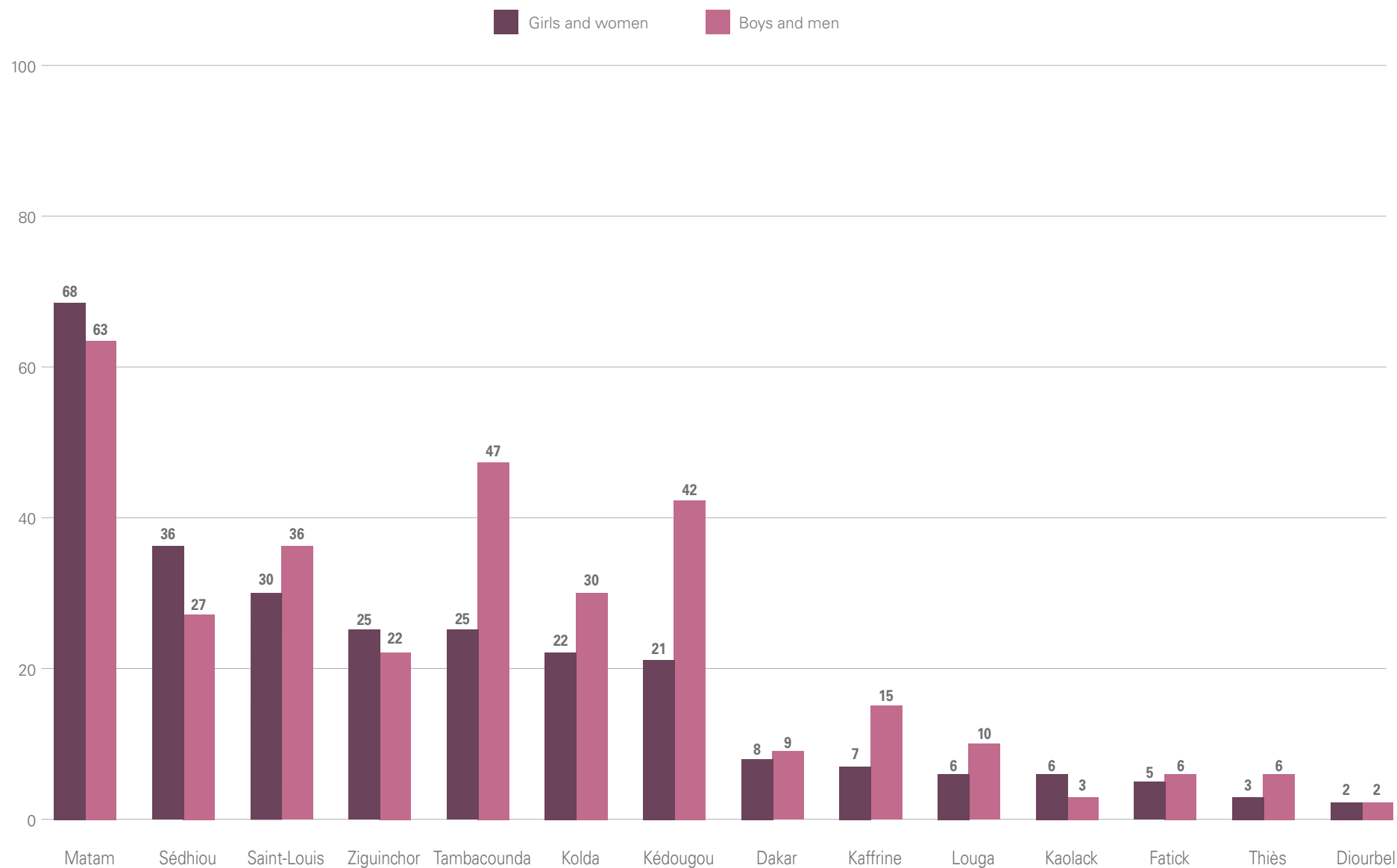
FIG. 11 Percentage of girls and women aged 15 to 49 years who have heard of FGM and think the practice should stop



Sources: DHS 2005 to 2019.

Belief that FGM is a religious necessity varies across regions and is most common in Matam. In some regions, boys and men are more likely than girls and women to think the practice is required by religion

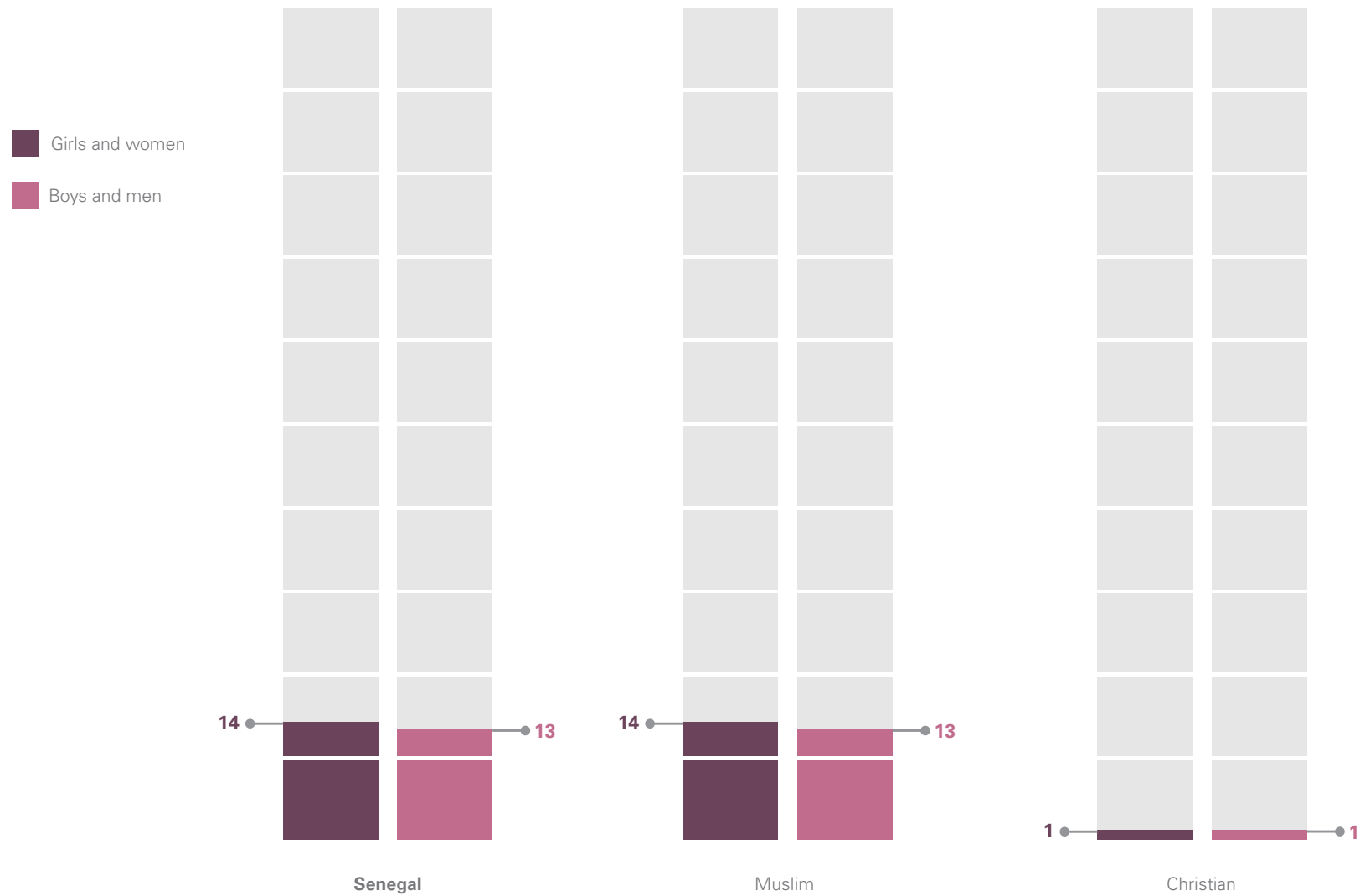
FIG. 12 Percentage of girls, women, boys and men aged 15 to 49 years who have heard of FGM and think the practice is required by religion



Source: DHS 2017.

Belief that FGM is a religious necessity is more common among Muslims than Christians

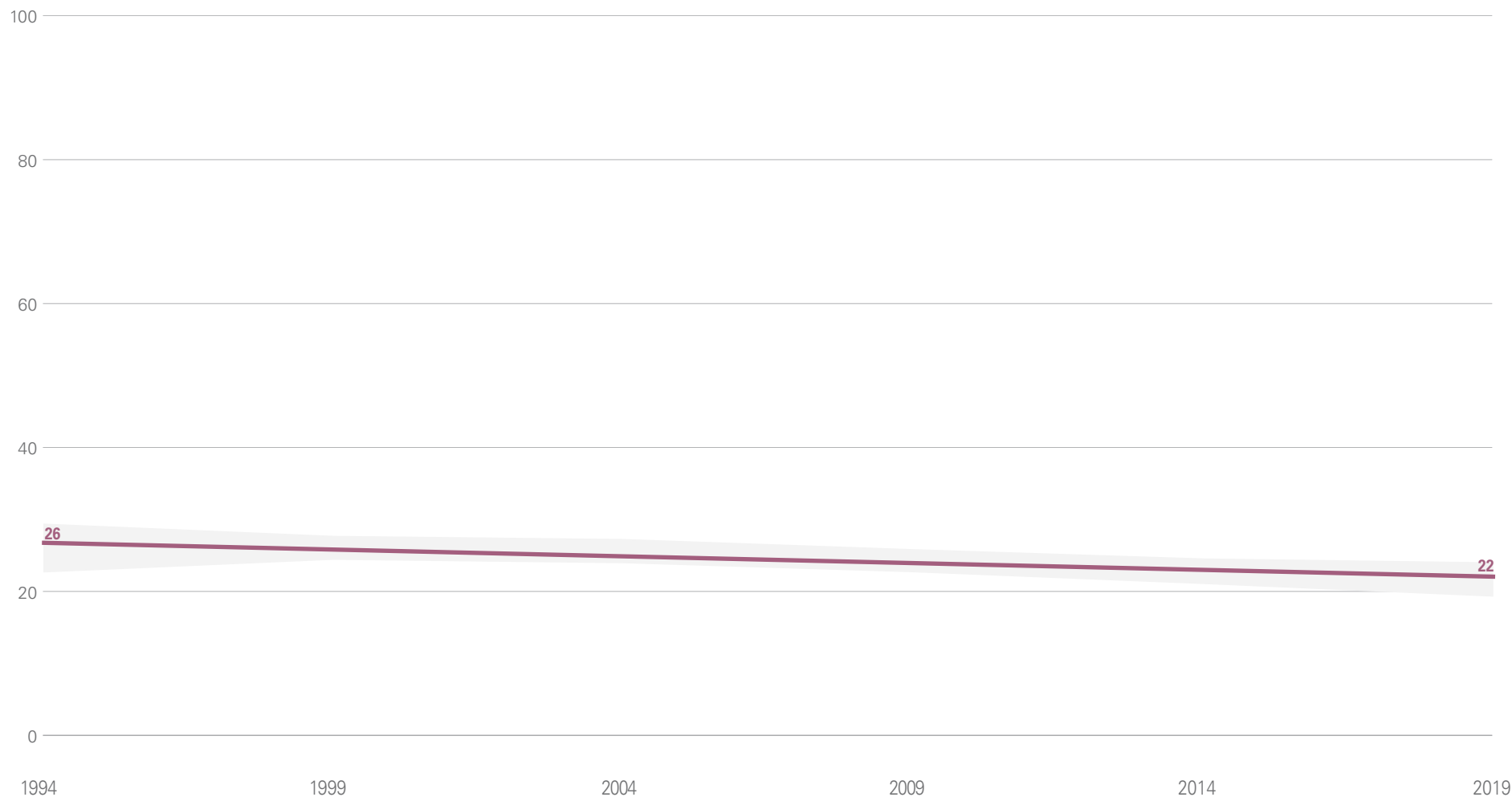
FIG. 13 Percentage of girls, women, boys and men aged 15 to 49 years who have heard of FGM and think the practice is required by religion



Generational trends

The prevalence of FGM among adolescent girls has remained largely unchanged for at least the last two decades

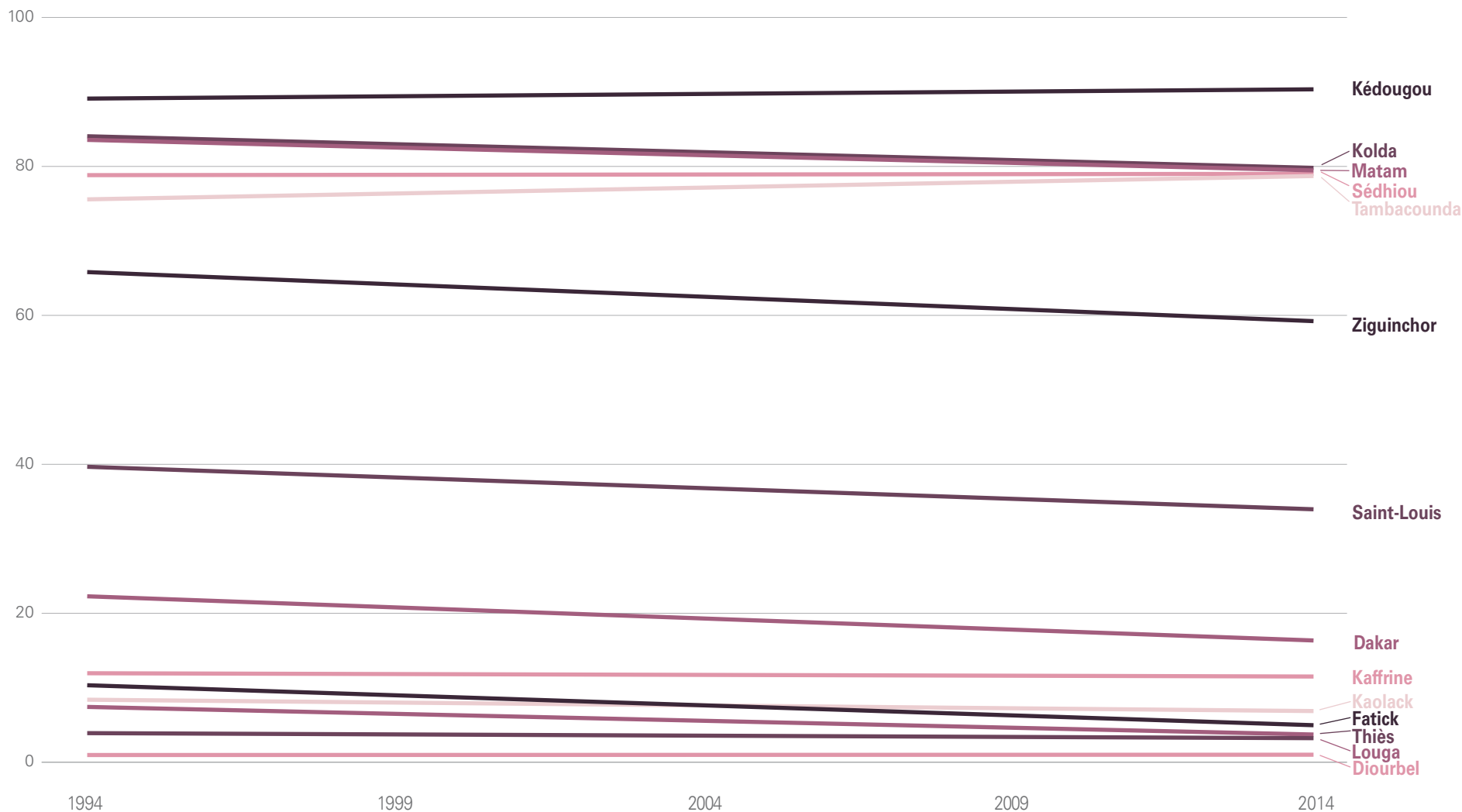
FIG. 14 Percentage of adolescent girls aged 15 to 19 years who have undergone FGM



Notes: Trends in the prevalence of FGM at the national level were calculated using data from the Senegal DHS in 2005, 2010-2011, 2012-2014, 2015, 2016, 2017, 2018 and 2019. Estimates for each age cohort were validated across surveys and, on this basis, some data were excluded from the trend calculation in cases where levels were very inconsistent and therefore inconclusive. For this reason, the data published here differ from those published in the DHS country reports. The shaded band around the line indicates 95 per cent confidence intervals. The difference in levels between 1994 and 2019 is not statistically significant. See technical notes for details.

Across regions, the levels of FGM have remained consistent over time

FIG. 15 Percentage of adolescent girls aged 15 to 19 years who have undergone FGM



Notes: This regional analysis was informed by data from surveys that were designed to be representative at the regional level, including the DHS 2005, 2010-2011, 2012-2014 and 2017. Estimates for each age cohort were validated across surveys and, on this basis, some data were excluded from the trend calculation. For this reason, data are only presented through 2014, the latest year for which at least two comparable estimates were available for validation. Confidence intervals are not shown here due to space constraints. Apparent declines are not statistically significant in any region except for Diourbel and Kaolack. See technical notes for details.

Looking ahead to 2030



The SDG target of eliminating FGM by 2030 does not appear within reach for Senegal



If trends continue, at least 1 in 5 girls in Senegal will still be subjected to FGM in 2030



As Senegal's population increases, a growing number of girls will experience this harmful practice



Substantial efforts will be required to change course and bring Senegal on track to eliminate FGM





Senegal's programmatic response to FGM

Female genital mutilation is a deeply entrenched practice in Senegal, usually affecting girls at a very young age. Despite ongoing efforts, levels of FGM have stagnated for at least the last two decades. To meet SDG target 5.3 by 2030, Senegal needs to intensify and accelerate investments in FGM prevention and response.

It is vital to increase political will and translate it into funded and coordinated multisectoral interventions. These must comprise proven approaches that engage communities in dialogue and transform FGM-related social and gender norms. Positive norm changes are key to engendering active surveillance at the community level to support enforcement of the law prohibiting FGM. Clear roles, objectives and indicators need to be assigned to each sector that contributes to FGM abandonment, with clear accountability mechanisms. Building a strong civil society movement opposing the practice is also essential to boost advocacy efforts and increase the demand for change, including through political and religious leadership.

Senegal enacted a law in 1999 prohibiting FGM and implemented various action plans to end the practice. Abandonment of FGM is an objective of the National Development Plan, and a national strategy is being prepared towards that end.

The Ministry of Family, Women, Gender and Child Protection leads strategy implementation, with the engagement of other ministries, civil society organizations (CSOs) and UN agencies. Priority areas include:

1. Creating an enabling environment for the protection of girls' rights:

Multisectoral coordination and accountability mechanisms are being strengthened, including the National Board to End FGM at the central government level and various platforms at decentralized levels, including child protection committees led by local authorities. These platforms seek to harmonize sectoral services and coordinate prevention and response efforts by CSOs, particularly women and youth groups, and religious and community leaders. Law enforcement is a central concern and a priority. Efforts are being made to raise legal awareness, strengthen reporting, prosecute perpetrators and improve accountability. Since FGM has major cross-border implications, joining forces with neighbouring countries is essential. Efforts are also being made to promote multisectoral policy commitments to the FGM national action plan, for example, and to the mainstreaming of FGM in sectoral policies and institutions.

2. Social mobilization, community engagement and girls' empowerment:

Senegal is focusing its efforts on promoting dialogue at the community level, with the aim of involving both men and women, youth and elders, and health and social workers in achieving consensus and commitment to the abandonment

of FGM. Community dialogues seek to broaden understanding of the adverse effects of FGM while engaging religious leaders, whose influence is critical. Through this process, adolescent girls have increased their sense of agency and become empowered to speak out against FGM. All interventions aim to get at the root causes of gender inequality.

3. Quality services for FGM prevention, protection and care: The capacity of service providers to promote FGM abandonment and to respond to FGM cases is being strengthened. Investments are under way to increase FGM survivors' access to quality services, including adolescent-friendly reproductive health and rights information and services, along with legal, psychosocial and medical support.

4. Knowledge-generation: Evidence provides the groundwork for advocacy, programming and the tracking of progress to end FGM. Gathering such evidence entails the strengthening of monitoring and reporting mechanisms; administrative data collection in related sectors, health in particular; an effective monitoring and evaluation framework; and partnership with relevant research institutions.

Technical notes

To assess the prevalence of FGM, this analysis used SDG indicator 5.3.2 – the proportion of girls and women aged 15 to 49 years who have undergone the practice.

The number of girls and women who have undergone FGM is calculated based on the population in 2019.

Confidence intervals are not shown in all figures in this publication. Caution is therefore warranted in interpreting the results since apparent differences among groups may not be significant. Key message titles for figures were developed in light of the confidence intervals for all values. Where the title indicates a difference among groups, it has been confirmed as statistically significant.

Data on the circumstances around FGM in Senegal are presented here as measured among girls aged 10 to 14 years. Since most FGM in Senegal occurs before the age of 5, data on this age cohort provide information on cutting that has occurred relatively recently, whereas data on FGM among older women reflect cutting that occurred many decades ago.

The prevalence of FGM has been measured in several surveys in Senegal. The results, particularly at the subnational level, have been inconsistent over time. This is especially the case when evaluating trends in the prevalence of FGM, by comparing levels among older women to those among younger girls. In most surveys, the results appear to show steady levels over time. Yet, the results across surveys are inconsistent with one another, often showing very different absolute levels. This issue affects the regions in which FGM is most commonly practised, which also happen to be more sparsely populated. This makes it difficult to conclude

with certainty what the levels of FGM are in the practising population groups, and whether there has been any change in the practice over time.

To address this issue, the approach used in this publication to assess trends consisted of pooling data from all available surveys and fitting prevalence lines using predicted values. The analysis was limited to time periods for which multiple data sources were available, to avoid relying too heavily on any single data source. Trends in the prevalence of FGM at the national level were calculated using data from the Senegal DHS in 2005, 2010-2011, 2012-2014, 2015, 2016, 2017, 2018 and 2019.

Regional analysis was informed by data from surveys that were designed to be representative at the regional level, including the DHS 2005, 2010-2011, 2012-2014 and 2017. Results from the DHS 2005 were not used for regions that were not yet created or whose boundaries changed after 2005. Estimates for each age cohort were validated across surveys and, on this basis, some data were excluded from the trend calculation in cases where levels were very inconsistent and therefore inconclusive. The estimates that were informed by data from only one survey were dropped, since they could not be validated. This meant dropping estimates for the period after 2014, which are only informed by the 2017 survey. This includes the latest estimates from the 2017 survey that could not be validated.

It is also important to note that, over the last two decades, there have been significant shifts in the population distribution between rural regions and the areas around the Dakar region, which may also confound regional trends. For all these reasons, caution is warranted in interpreting the trend results.







For information on the data in this publication:

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