Female Genital Mutilation in Guinea-Bissau: Insights from a statistical analysis

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Acknowledgements

This data brief was prepared by the Data and Analytics Section of UNICEF (Claudia Cappa and Colleen Murray), with inputs from Munkhbadar Judger (Data and Analytics Section, UNICEF Headquarters), Lisa Fleming (independent consultant) and Sonia Polonio (UNICEF Guinea-Bissau).

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Data sources and methods

FGM data are drawn from the Multiple Indicator Cluster Surveys (MICS) in 2006, 2010, 2014 and 2018-2019. Demographic data are from the United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects 2019,* Online edition, 2019.

Confidence intervals are not shown 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.

Photo credits

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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 Guinea-Bissau, 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.....16
How girls and women in Guinea-Bissau view FGM, including whether they think it should continue

Generational trends.....20
How the practice of FGM has changed over the past several decades at the national and subnational levels

Looking ahead to 2030.....24
Implications of trends in FGM in light of the 2030 target to eliminate it

Guinea-Bissau's programmatic response to FGM.....25
A summary of efforts to prevent FGM through national commitments, legislation and programming

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

KEY FACTS

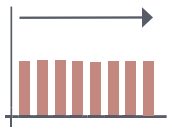
about FGM

In Guinea-Bissau, **over 400,000** girls and women have undergone FGM

Overall, **52 per cent** of girls and women aged 15 to 49 years have been subjected to the practice

Most FGM is performed by **traditional practitioners** and on girls under the age of 5. There is some evidence that the circumstances around FGM are changing, with trends towards **less severe** forms of cutting performed at **younger ages**

Girls and women from **rural areas**, with **less education** or who identify as **Muslim** are at greater risk of FGM. The practice is highly concentrated in the Gabu and Bafatá regions and in certain ethnic groups



The prevalence of FGM has **remained unchanged** for at least the last four decades

Three quarters of girls and women in Guinea-Bissau think **FGM should stop**. Opposition is most common in regions where FGM is rarely practised

The SDG target of eliminating FGM by 2030 does not appear within reach for Guinea-Bissau. If current trends continue, **half of the country's girls** will still experience FGM in 2030

Current levels of FGM

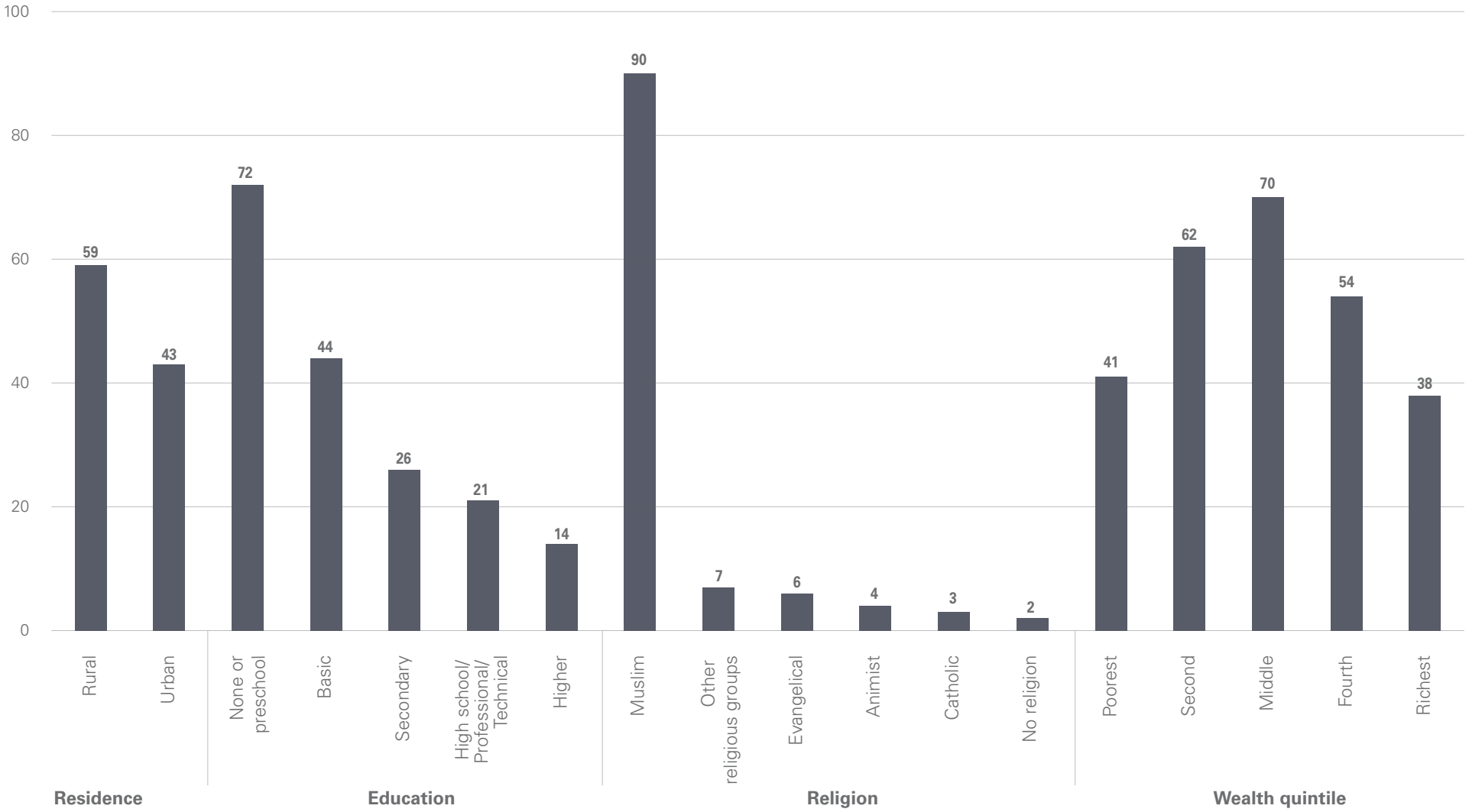
Over 400,000 girls and women in Guinea-Bissau alive today have experienced FGM. Overall, 52 per cent of girls and women aged 15 to 49 years have undergone the practice, varying from 96 per cent in Gabu region to 8 per cent in Biombo

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

Notes: This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The number of girls and women who have undergone FGM is calculated based on the population in 2019.

Girls and women from rural areas and with less education are more likely to have experienced FGM, and the practice primarily occurs among those who identify as Muslim

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

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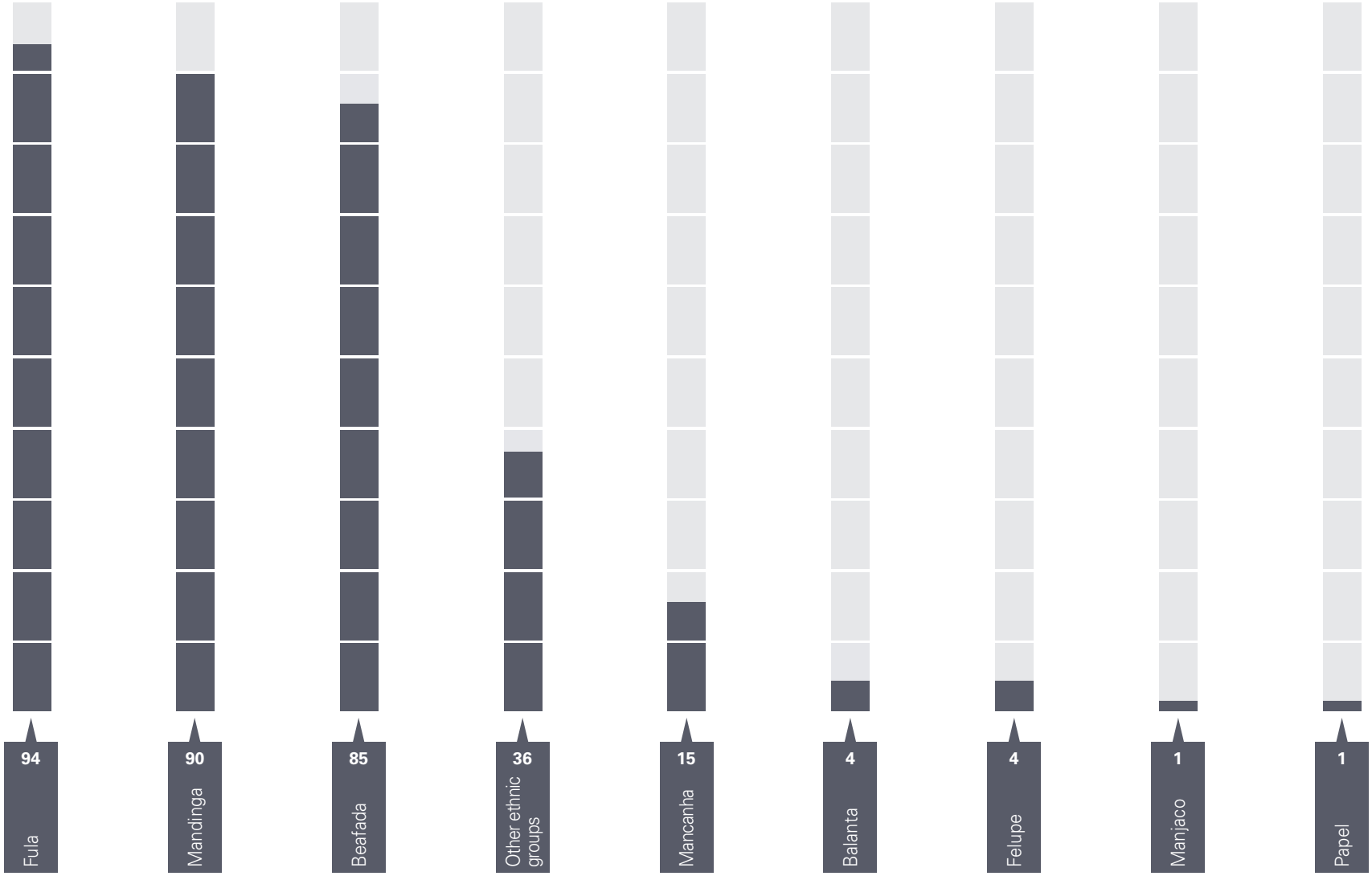
Variation in prevalence across ethnic groups is dramatic: The practice is universal among some groups and virtually nonexistent in others

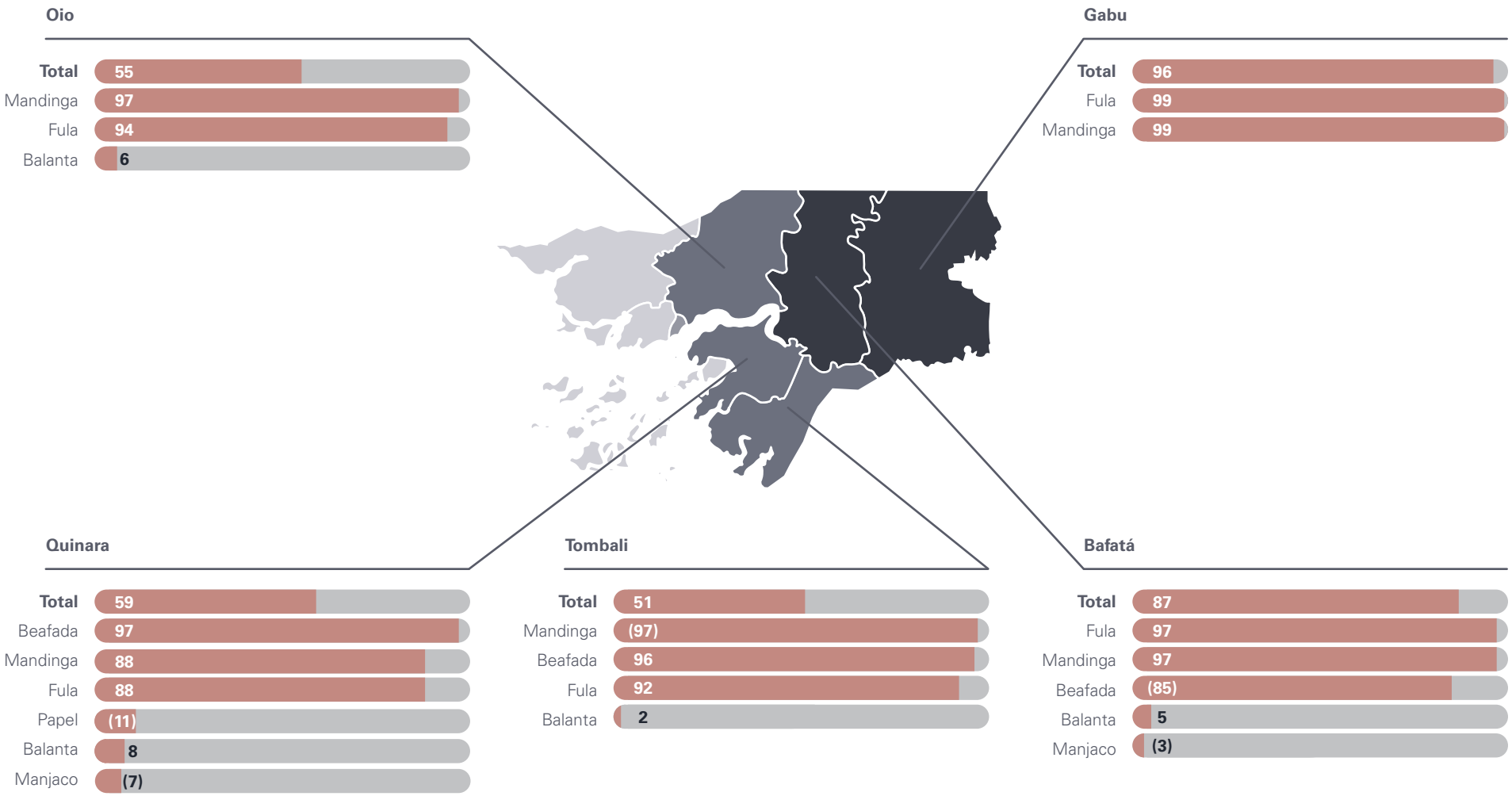
FIG. 3 Percentage of girls and women aged 15 to 49 years who have undergone FGM



Both ethnicity and location influence the likelihood of experiencing FGM

The regions in which FGM is most common are home primarily to ethnic groups among whom the practice is nearly universal: the Fula, Mandinga and Beafada

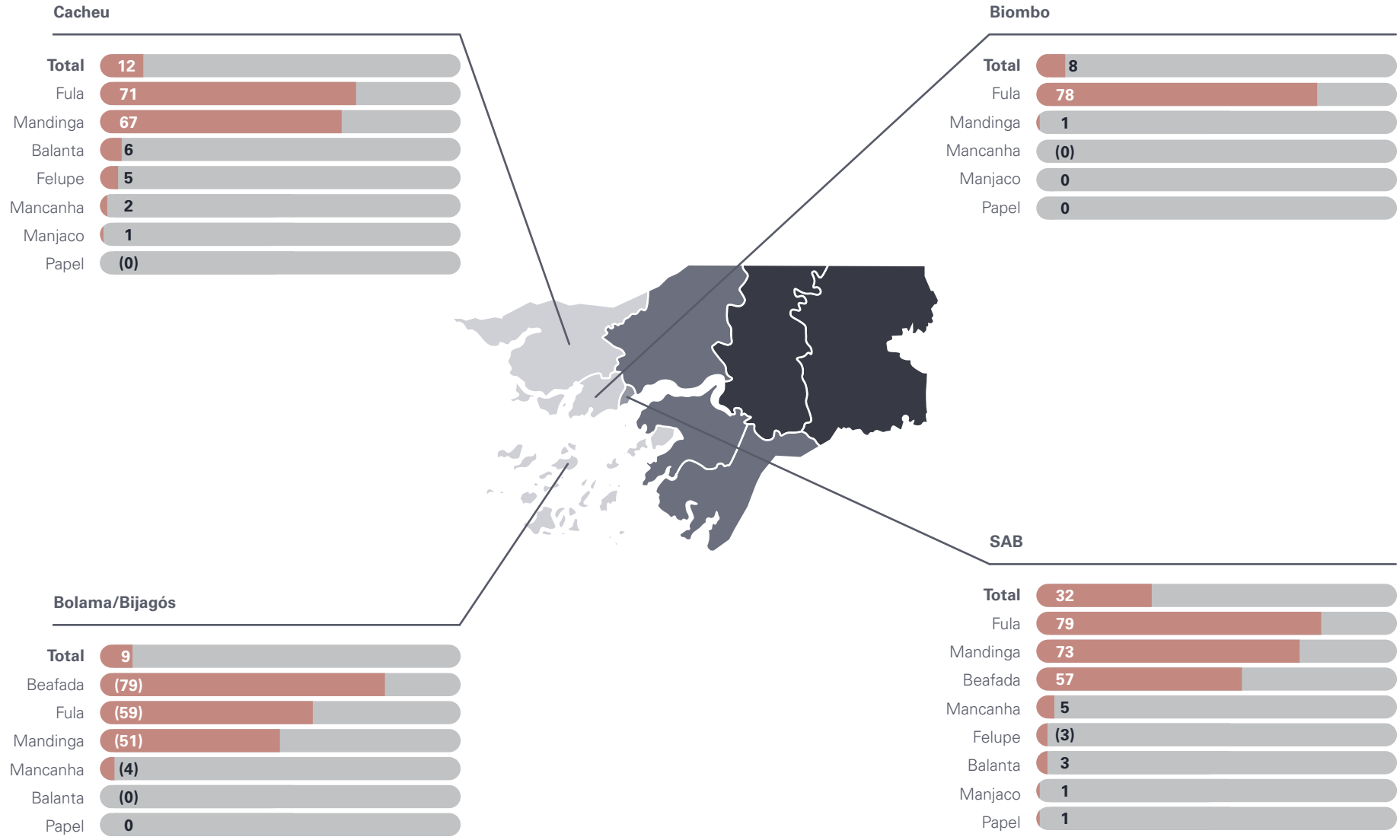
FIG. 4a Percentage of girls and women aged 15 to 49 years who have undergone FGM



Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Data for some ethnic groups are suppressed due to insufficient numbers of cases to perform the analysis.

In lower-prevalence regions, FGM is still commonly practised among the Fula, Mandinga and Beafada, although not at universal levels; these regions are also home to ethnic groups that do not practise FGM

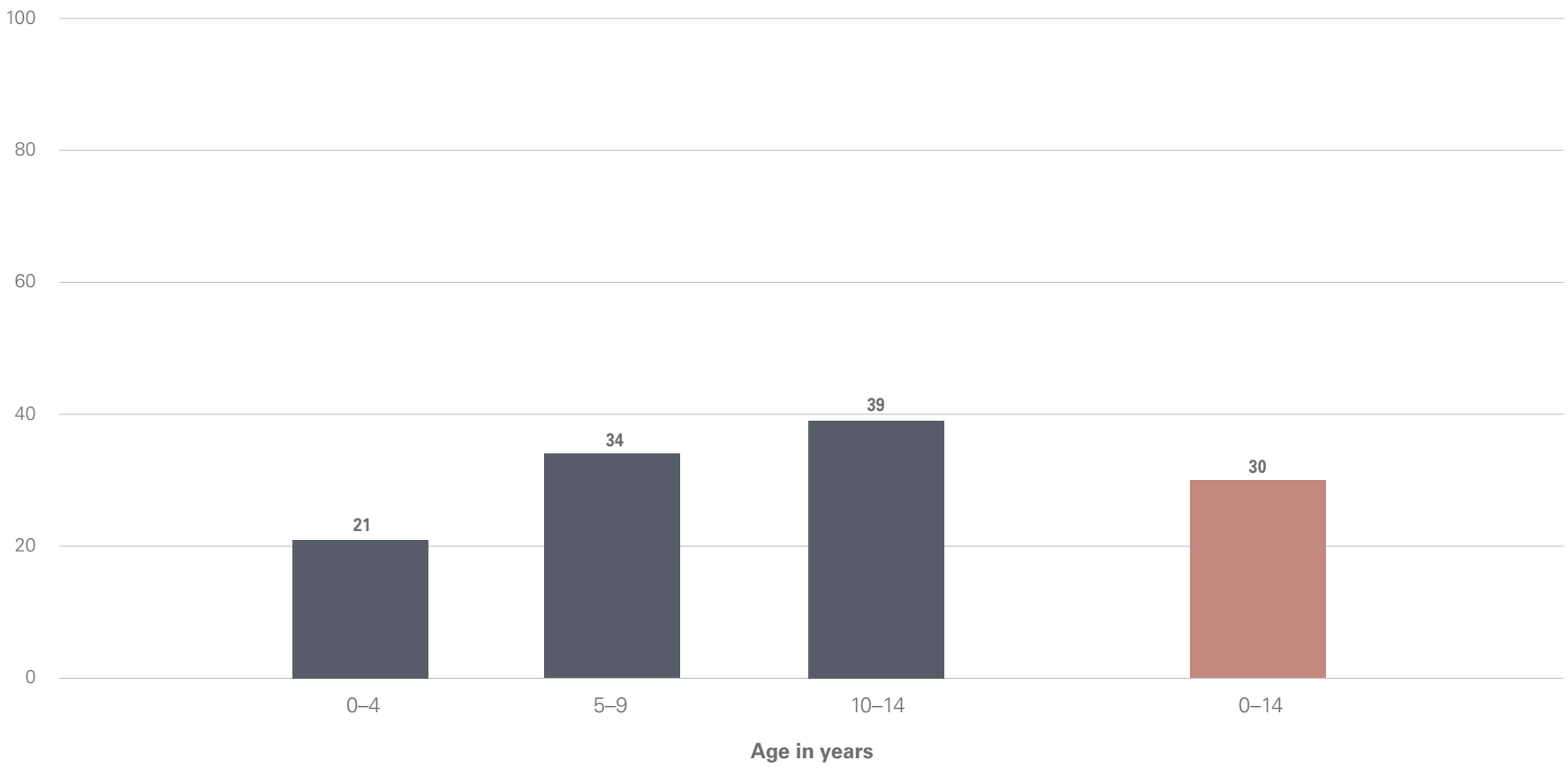
FIG. 4b Percentage of girls and women aged 15 to 49 years who have undergone FGM



Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Data for some ethnic groups are suppressed due to insufficient numbers of cases to perform the analysis.

In Guinea-Bissau, 30 per cent of girls under age 15 have undergone FGM, with levels increasing as more girls reach the customary age for cutting

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



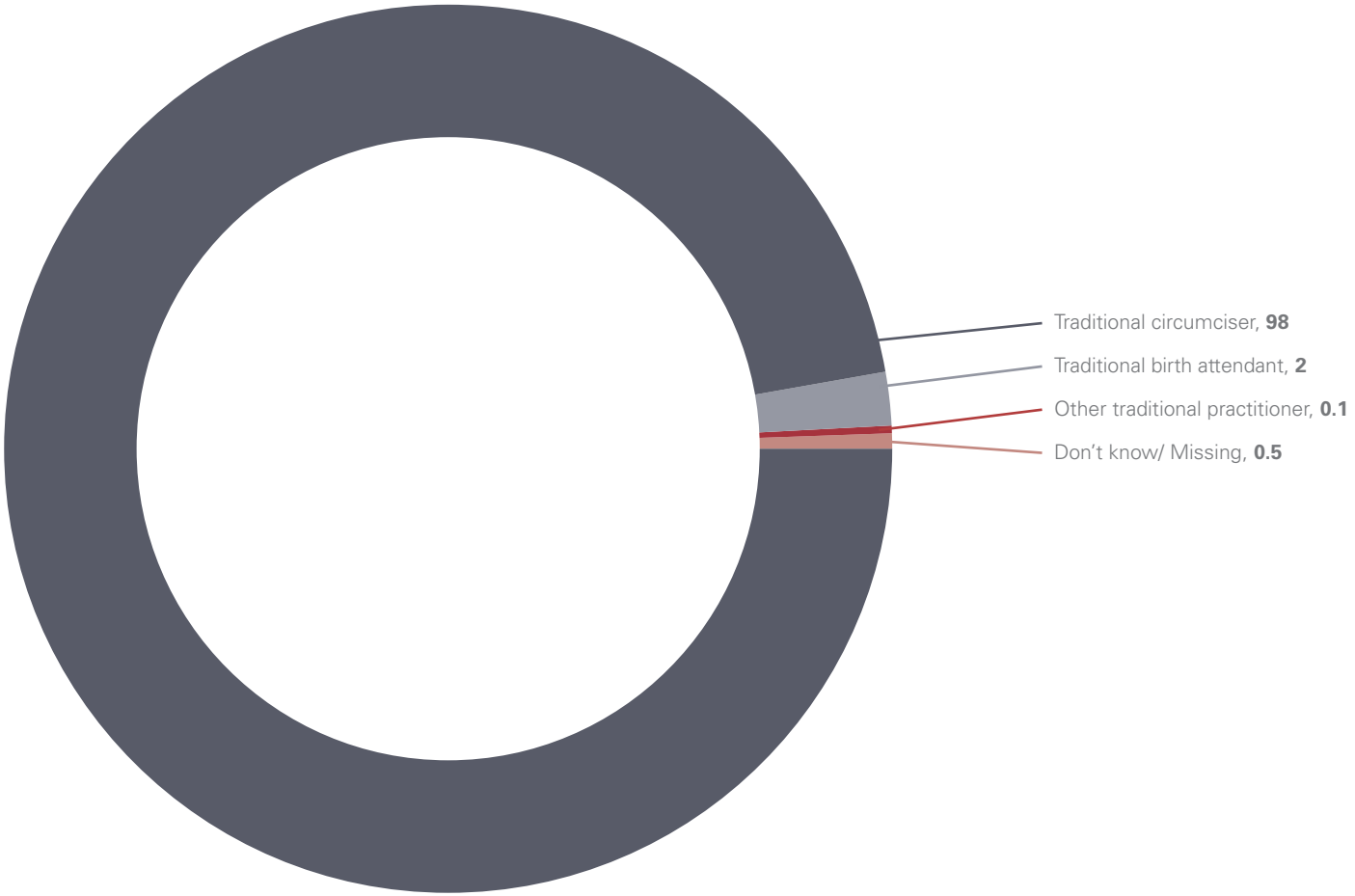
Information collected on FGM among girls under age 15 reflects their current but not final FGM status. Some girls who have not been cut may still be at risk as they age. This is evident from the higher prevalence among girls age 5 and above compared to those under age 5, as shown in this figure. The prevalence in successively older cohorts of girls will increase until all girls have passed the risk period for FGM.

Therefore, FGM prevalence for girls under age 15 is an underestimation of the true extent of the practice. Since age at cutting varies among settings (see Figure 9), the amount of underestimation also varies. This should be kept in mind when interpreting all FGM prevalence data for this age group.

Circumstances around FGM

FGM in Guinea-Bissau is performed solely by traditional practitioners

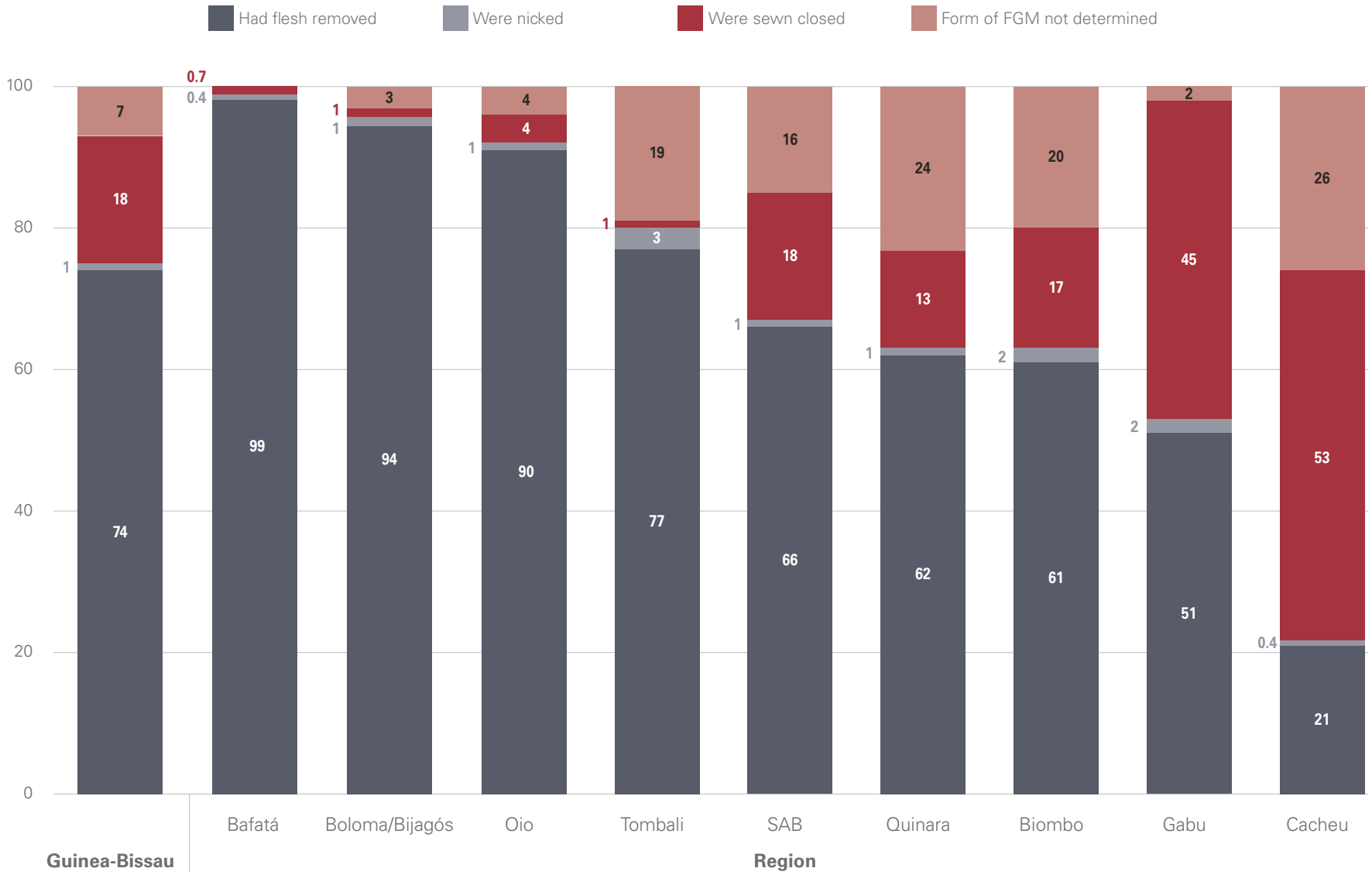
FIG. 6 Percentage distribution of girls and women aged 15 to 49 years who have undergone FGM, by practitioner



Notes: Values do not add up to 100 per cent due to rounding. Data on the circumstances around FGM are presented in this chapter (pages 11 to 15), as measured among girls and women aged 15 to 49 years. While cutting tends to occur at young ages, the purpose of using data from a large age cohort, which includes women whose experience of FGM was long ago, is to allow for sufficient sample size to make meaningful comparisons across groups. When there is evidence of a change in the circumstances around FGM among younger girls, who were cut more recently, this is shown in a dedicated figure (as in Figures 8 and 10).

Three in four girls and women who underwent FGM in Guinea-Bissau experienced flesh removal. The most severe form of FGM, in which the vaginal opening is sewn closed, is common in Cacheu and Gabu

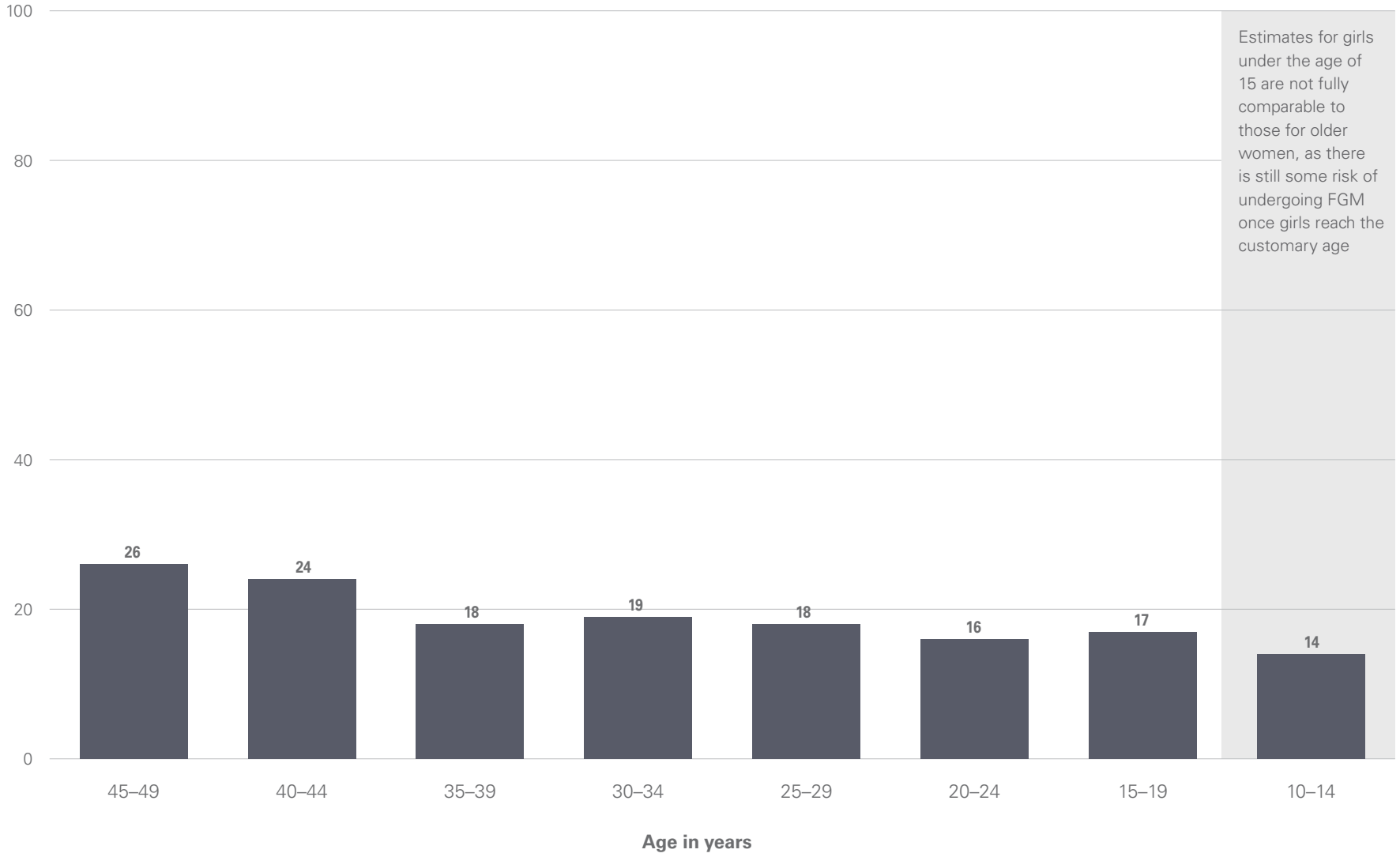
FIG. 7 Percentage distribution of girls and women aged 15 to 49 years who have undergone FGM, by type of FGM performed



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

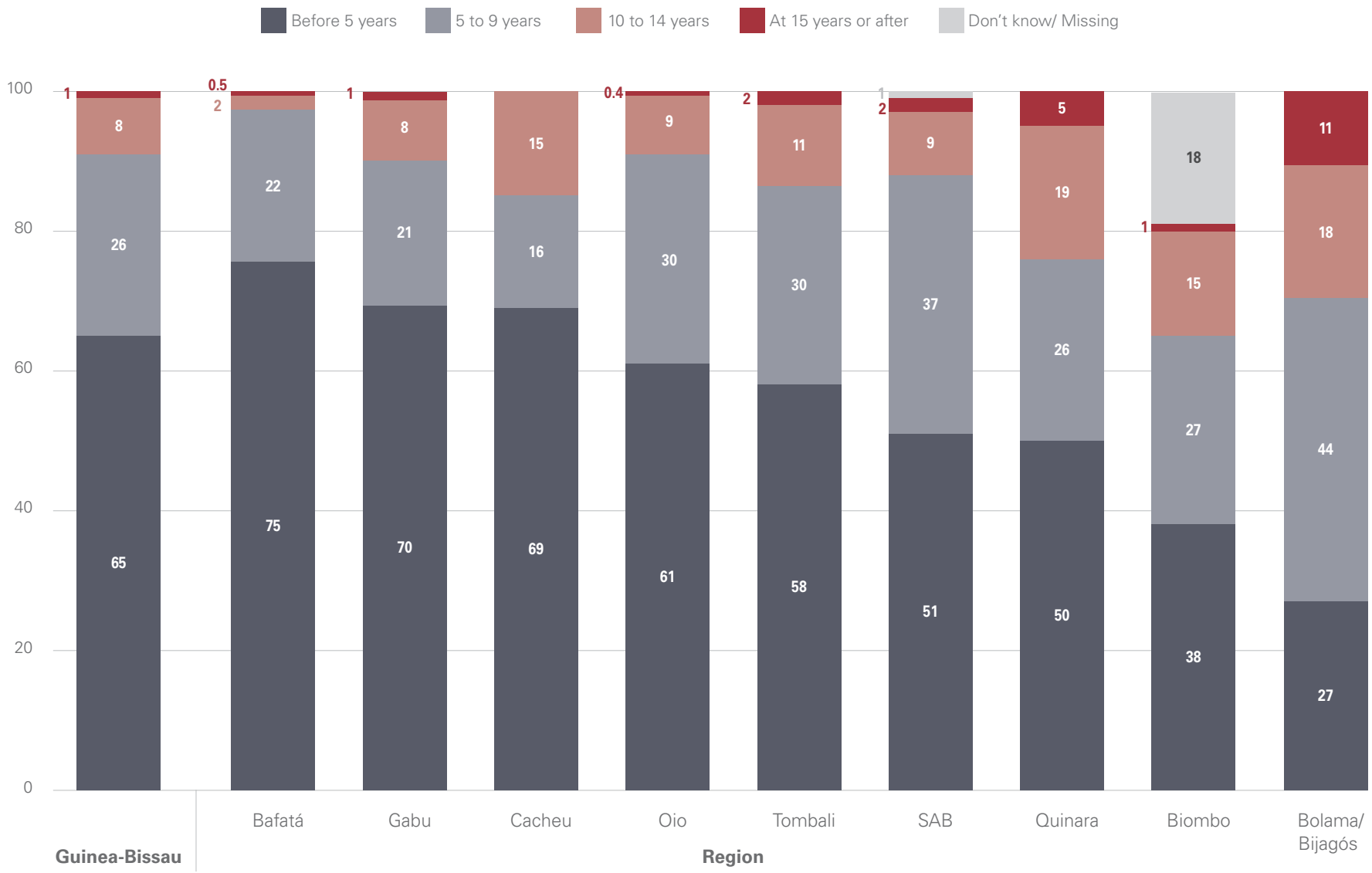
There is a slight trend towards less severe forms of FGM in Guinea-Bissau; among those who experienced the practice, the share who were sewn closed has nearly halved among younger girls compared to older women

FIG. 8 Percentage of girls and women aged 10 to 49 who were sewn closed, among those who underwent FGM



Most FGM is performed before age 5; cutting after age 15 is rare

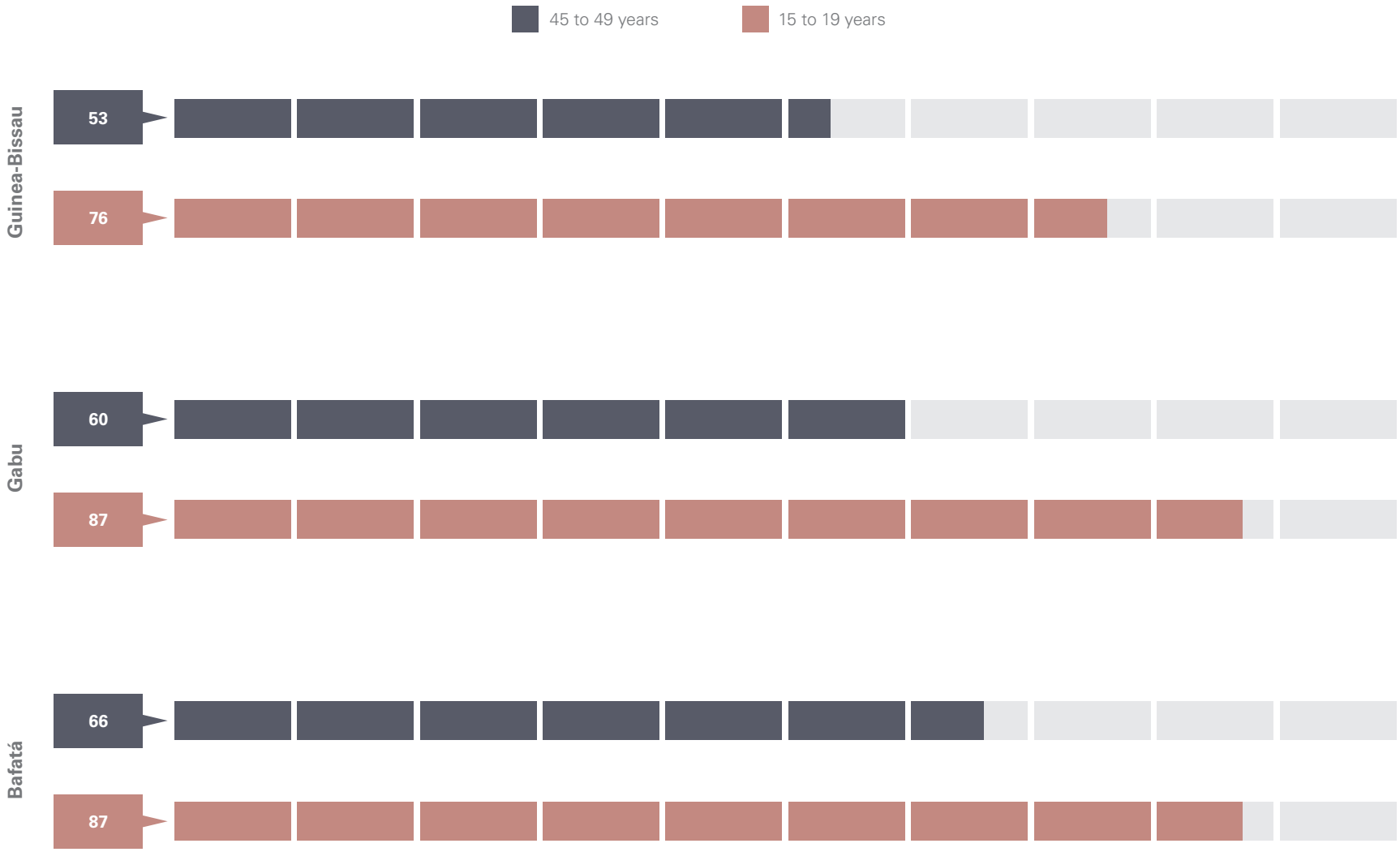
FIG. 9 Percentage distribution of girls and women aged 15 to 49 years who have experienced FGM, by age at cutting



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

In the two regions where FGM is most common, there is a trend towards performing the practice at younger ages; compared to older women, adolescents were more likely to have experienced FGM before age 5

FIG. 10 Percentage of women aged 45 to 49 years and adolescent girls aged 15 to 19 years who were cut before the age of 5, among those who underwent FGM



Note: The two regions shown here are those in which there has been a statistically significant shift in the proportion of girls cut before age 5.

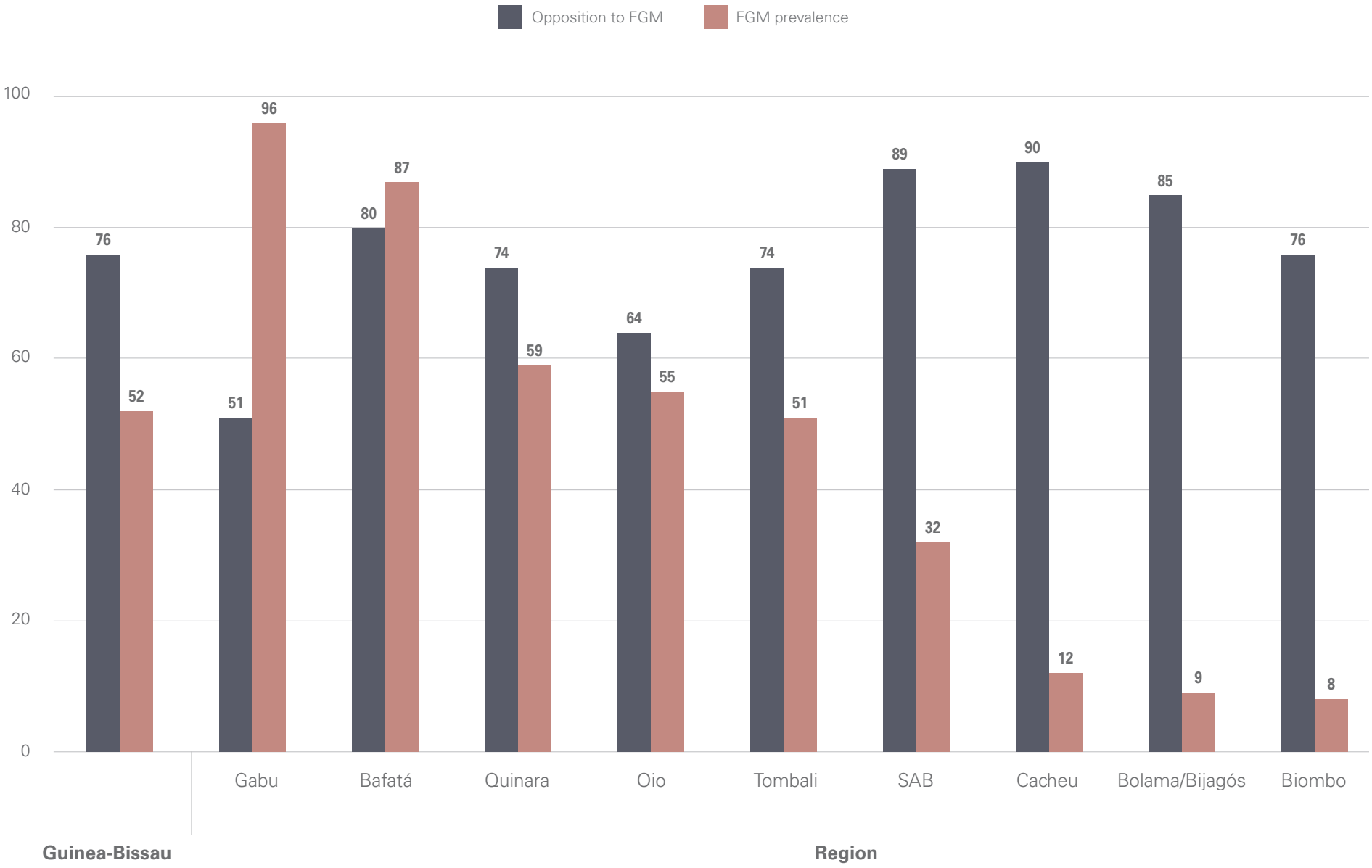
Attitudes towards the practice

Opposition to FGM is common across population groups in Guinea-Bissau. Still, girls and women from urban areas, with more education, who identify as Christian, and who live in wealthier households are more likely to think the practice should end

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

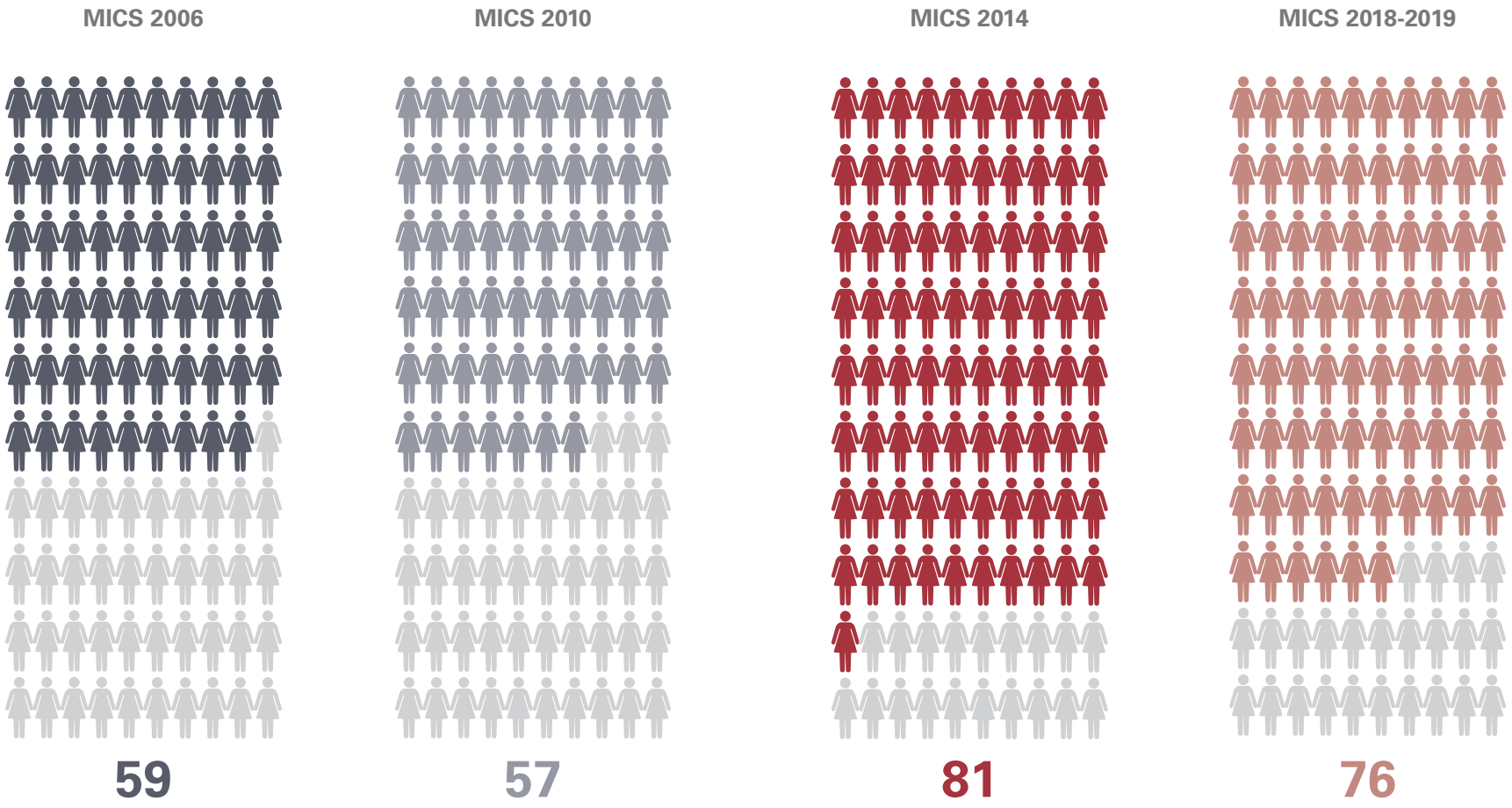
Opposition to FGM is most common in regions where FGM is rarely practised, although nearly all regions show a high level of opposition

FIG. 12 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 be discontinued (opposition)



There is some evidence of increasing opposition to FGM

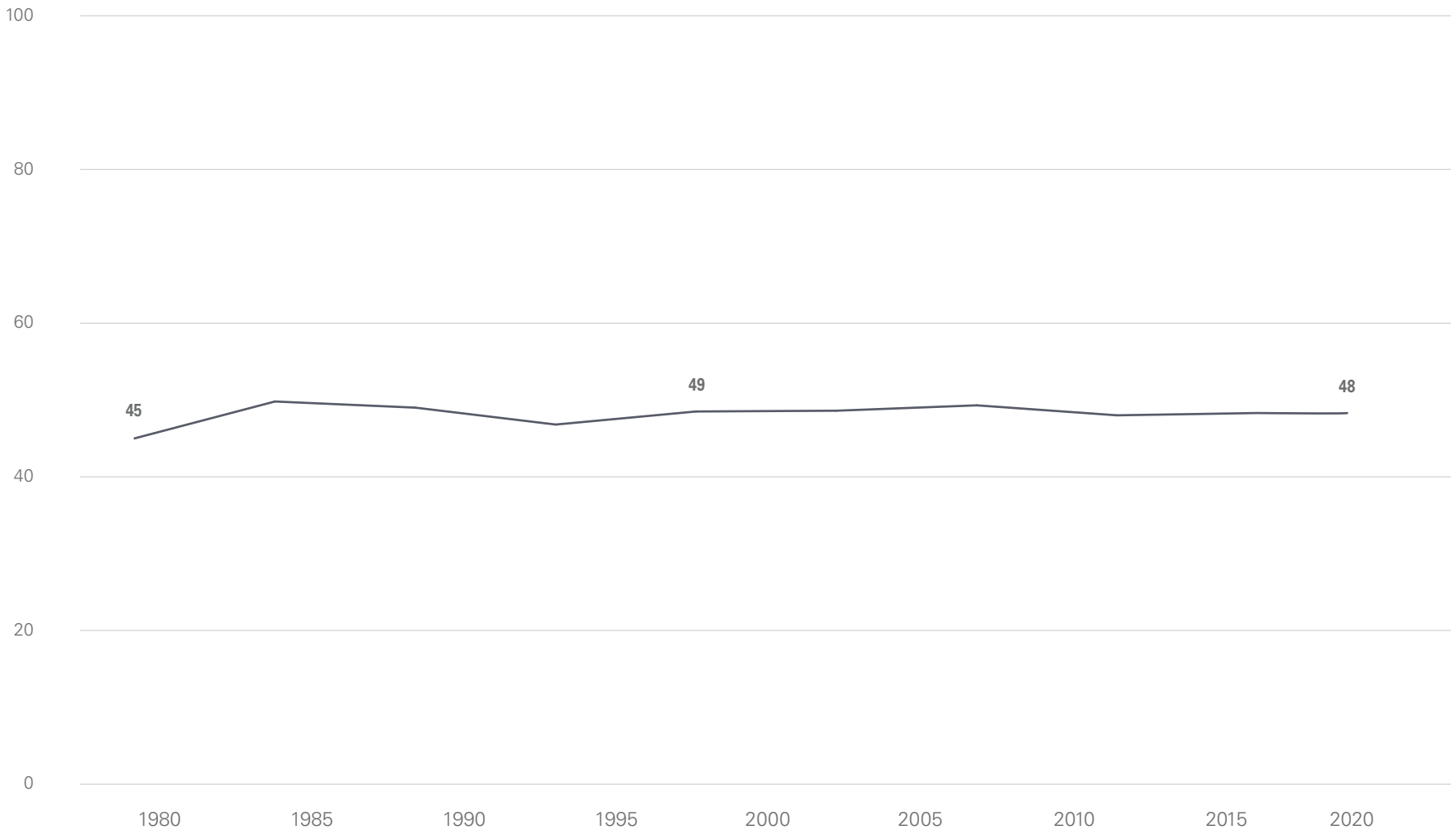
FIG. 13 Percentage of girls and women aged 15 to 49 years who have heard of FGM and think the practice should be discontinued



Generational trends

FGM prevalence has remained unchanged for at least four decades

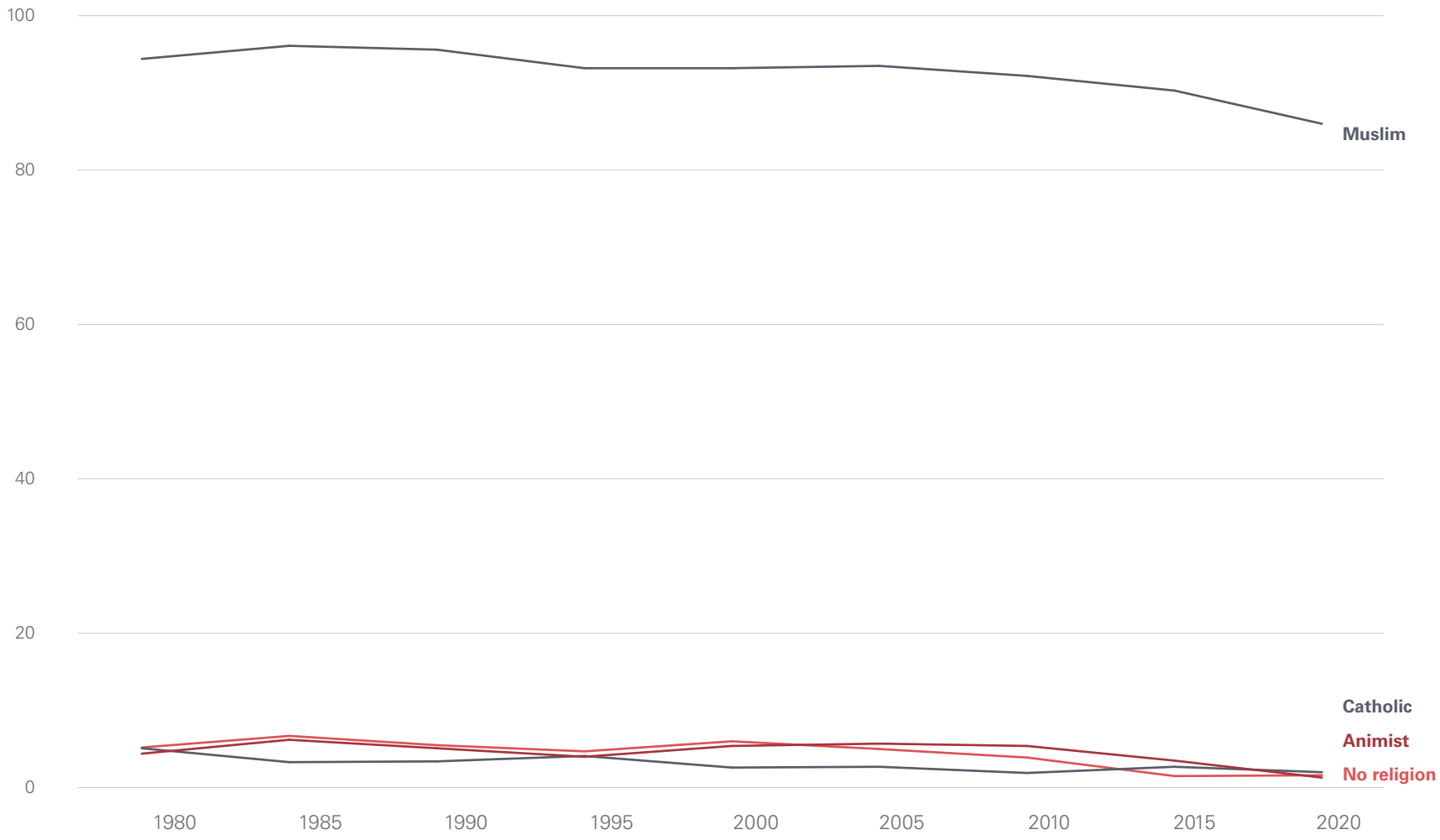
FIG. 14 Percentage of adolescent girls aged 15 to 19 years who have undergone FGM



Notes: Trends in the prevalence of FGM are calculated on the basis of all available survey data, from MICS 2006, 2010, 2014 and 2018-2019. While the total prevalence of FGM across these surveys has varied by 5 to 10 percentage points, the overall trend line (taking into account all available information) indicates no significant change. The difference between the national FGM prevalence in the MICS 2014 (45%) and MICS 2018-2019 (52%), for example, is not statistically significant.

Over time, FGM has been practised almost exclusively among the Muslim population in Guinea-Bissau

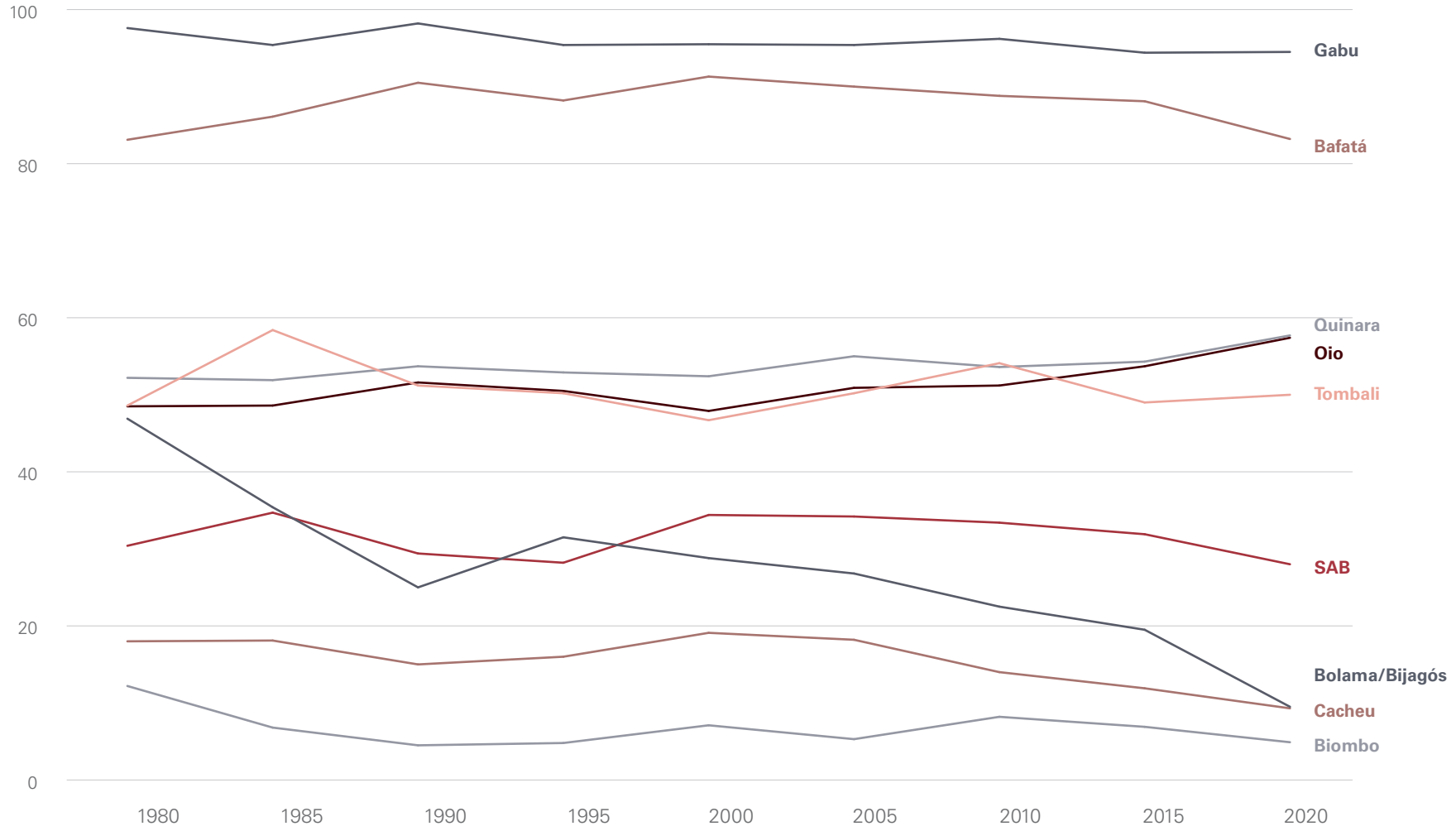
FIG. 15 Percentage of adolescent girls aged 15 to 19 years who have undergone FGM



Notes: Religious groups shown here are those for which data have been collected in a consistent manner across all available surveys. Data for some groups are suppressed (Evangelical, Protestant, other religious groups) as inconsistencies in data collection did not allow for comparable trend analysis.

The practice of FGM in all regions has remained steady over the past four decades, except in Bolama/Bijagós, where prevalence has dropped substantially

FIG. 16 Percentage of adolescent girls aged 15 to 19 years who have undergone FGM



Note: The population of Bolama/Bijagós represents a small minority of the national population, thus the decline in FGM in this region is not visible in the national average.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DAS MENINA
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Looking ahead to 2030

Guinea-Bissau's lack of progress in reducing levels of FGM over time means that the country is not on track to reach the SDG target of eliminating the practice by 2030

If current trends continue, half of the country's girls will still experience FGM in 2030

As Guinea-Bissau's population increases, this could put a growing number of girls at risk of experiencing this harmful practice

Substantial efforts will be required to change course and bring Guinea-Bissau on track towards eliminating FGM

Guinea-Bissau's programmatic response to FGM

Guinea-Bissau's programme to end FGM seeks to respond to the multidimensional drivers and consequences of the practice and contribute to the Government's goal of ending it by 2030, while acknowledging that it is not on track to do so. The Ministry of Women, Family and Social Solidarity, through the National Committee for the Abandonment of Harmful Practices, leads the initiative, with contributions from line ministries; faith-based, community-based, non-governmental and civil society organizations (CSOs); and UN agencies. Article 37 of the 1984 Constitution, which articulates the right of every citizen to be protected from any physical or moral offence, underpins the drive for elimination. Guinea-Bissau enacted the Prohibition of Female Genital Mutilation Act 14/2011 and, in 2018, adopted a revised National Policy for the Eradication of FGM that has shaped the national programme. The country's multisectoral and holistic approach is addressing the intersecting factors that contribute to the continuation of FGM, including discrimination, weak infrastructure, poverty, barriers to meaningful participation, and vulnerability to shocks and fragility in crises.

The programme relies on these evidence-based strategies:

1. **Quality services:** FGM-related services, including sexual and reproductive health services, are being expanded and improved, especially at the subnational level. The Ministry of Women, Family and Social Solidarity has no decentralized presence, so it relies heavily on CSOs to deliver protective services. A capacity-building programme for service providers seeks to improve FGM case management protocols and coordination (among the police, courts, hospitals, shelters and social workers). It is also enabling more girls, women and families to report cases and access services.

2. **Community engagement:** Education sessions and community dialogue to address FGM are being supported, along with public declarations to end this harmful practice. The establishment of a community surveillance system to monitor commitments is strengthening local capacity to prevent many forms of violence against children and women. In addition, transborder initiatives are encouraging communities in Guinea, Guinea-Bissau and Senegal to work together to eliminate FGM.

3. **Girls' empowerment programmes:** Strengthening the capacity of girls and women to shift harmful social norms is a key strategy, which is being pursued through educational and life skills programmes. These are carried out as part of a broader approach to promoting girls' education and ending harmful practices, particularly in rural settings. Among other activities, girls are trained in leadership skills and are invited to engage in peer-group sessions, radio programmes and intergenerational dialogues.

4. **Strategic partnerships:** Key stakeholders, both at higher echelons of Government as well as the community level, are important allies in the promotion of positive social norms. Religious and traditional leaders, community elders and influencers (such as former practitioners of FGM), youth groups, medical associations, local and national media, the private sector and traditional artists are all active participants in social and community mobilization to end FGM.

5. **Leadership and coordination:** The National Committee for the Abandonment of Harmful Practices, a semi-autonomous government agency, ensures increased government and CSO accountability in implementing and monitoring the national strategy. The agency is represented in all nine of the country's regions and coordinates 22 stakeholders, including Government and CSOs.

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