



FGM/C IN MAURITANIA: SHORT REPORT

January 2023

Key Findings and Indicators¹



Prevalence: In Mauritania, the prevalence of FGM/C in women aged 15–49 is 63.9%



Geography: The regions (*wilaya*) with the highest prevalence are in the south and south-east



Age: 58.4% of women aged 15–49 who have been cut were cut before the age of five; 40.7% do not know when they were cut



Type: ‘Cut, flesh removed’ is the most common type of FGM/C practised



Agent: 78.8% of FGM/C incidences are carried out by traditional practitioners



Attitudes: 38.4% of women and 49.4% of men aged 15–49 believe FGM/C should continue



HDI Rank: 158 out of 189 countries (2022)



SDG Gender Index Rating: 135 out of 144 countries (2022)



Population: 4,903,483 (as at 15 September 2022), with a 1.99% growth rate (2022 est.)



Infant Mortality Rate: 51 deaths per 1,000 live births (2022)



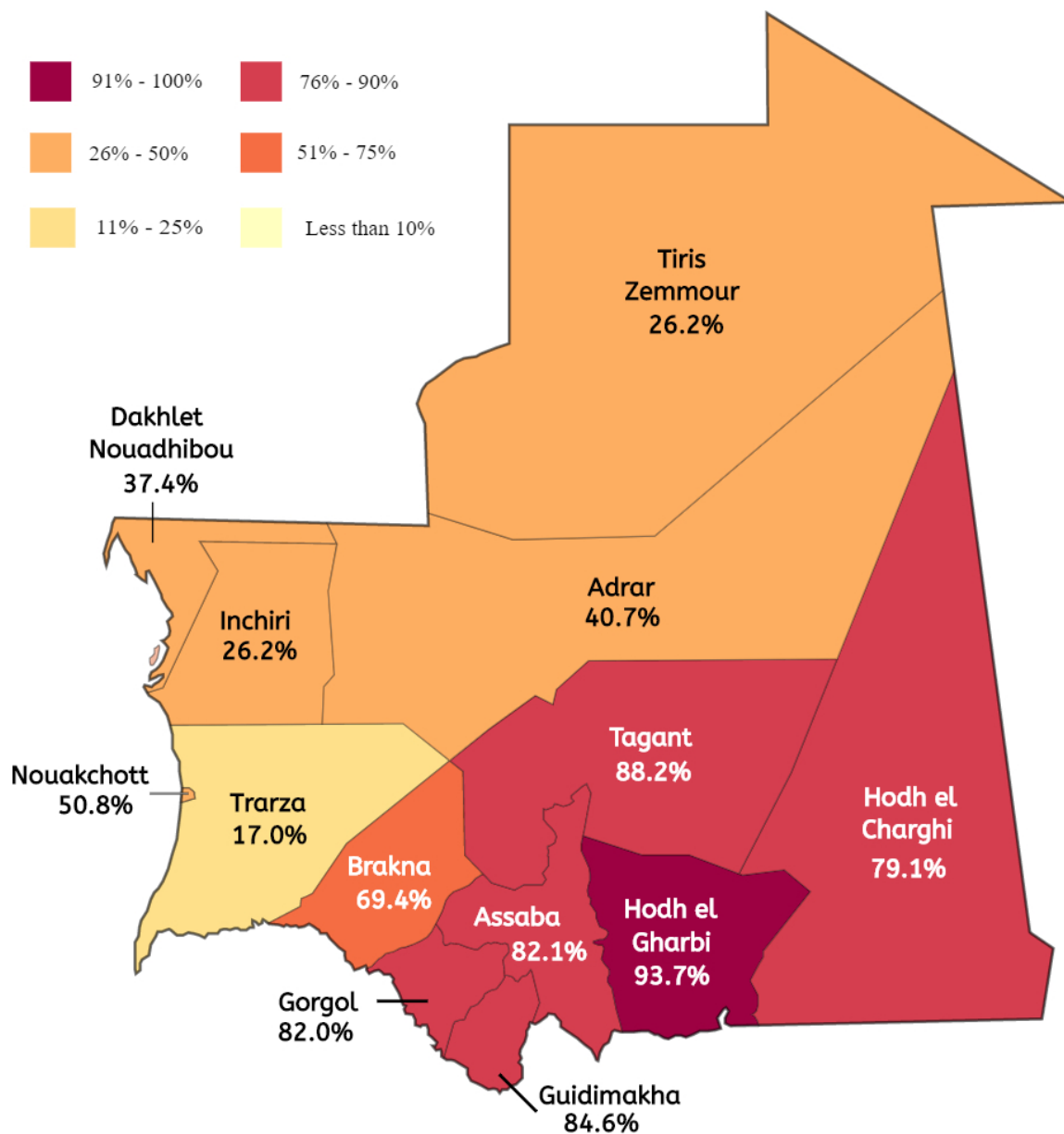
Maternal Mortality Ratio: 766 deaths per 100,000 live births (2017)



Literacy: 53.5% of the total population aged 15 and over can read/write

Prevalence of FGM/C

The regions in Mauritania with the highest prevalence of FGM/C are in the south and south-east: Hodh El Gharbi (93.7% of women aged 15–49), Tagant (88.2%) and Guidimakha (84.6%). The region with the lowest prevalence is Traraza, in the west (17%). FGM/C is more prevalent in women aged 15–49 who live in rural areas, at 77.1%, than in those who live in urban areas, at 51.3%. FGM/C prevalence is inversely correlated with women’s levels of education and wealth.²

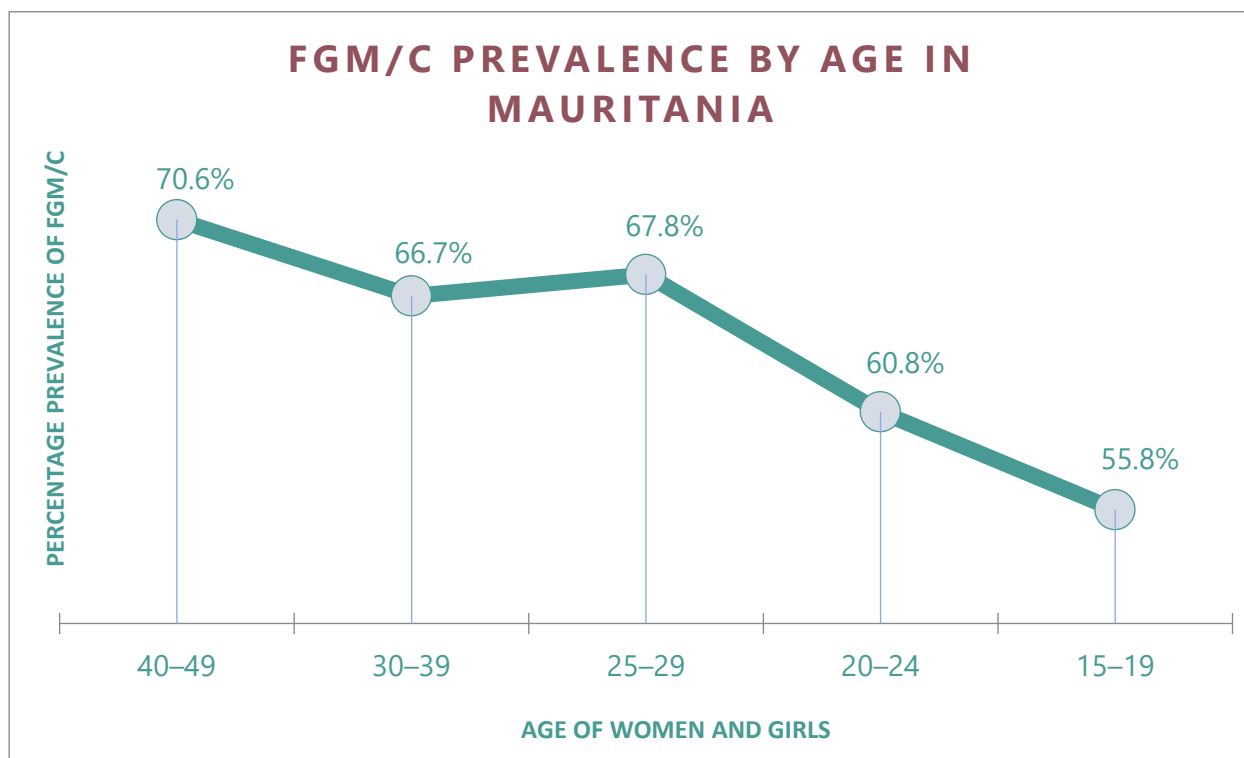


Prevalence of FGM/C in Mauritania by wilaya
 [Data source: DHS 2019–21] © 28 Too Many [Part of Orchid Project]

The Multiple Indicator Cluster Survey of 2011 found that 89.5% of women who live in a household where the head’s primary language is Soninké have undergone FGM/C, compared to 79% of women whose household head speaks Poular, 68.3% of women whose household head speaks Arabic and 15.7% of women whose household head speaks Wollof.³

Trends in FGM/C Prevalence

Between 2016 and 2019/20, the overall prevalence among women aged 15–49 fell from 66.6% to 63.9%.⁴ Due to the large age-range of the women included, however, the overall prevalence alone may not fully reflect the progress that has been made in recent years.



Breaking down the most recent data by age group shows that the prevalence for women aged 40–49 is 70.6%, while for the youngest age group this has fallen to 55.8%.⁵ Despite the fact that a small proportion of women may be cut after the age of 15, the data suggests a trend towards a lower prevalence among younger women.

Cross-Border FGM/C

In some countries where FGM/C has become illegal, the practice has been pushed underground and across borders to avoid prosecution. The movement across borders for the purpose of FGM/C is known to take place in Mauritania, although there is a lack of information on the extent of the problem. Attempts have been made in recent years to implement cross-border programmes to tackle the issue (for example, with Senegal).⁶

Medicalised FGM/C

The prevalence of medicalised FGM/C appears to be low in Mauritania. 0.8% of girls aged 0–14 who have undergone FGM/C (according to their mothers) were cut by a health professional.⁷

Legislation

Currently, **Article 12 of Law No. 2005–015 on the Criminal Protection of the Child (2005)**⁸ criminalises and sets out the punishment for FGM/C performed on a child under 18 years of age in Mauritania. This law does not explicitly address procuring, aiding or abetting the practice, nor the failure to report knowledge of planned or completed FGM/C. It does, however, criminalise FGM/C performed by health professionals.

More recently, **Law No. 2018-024 – the General Child Protection Code (2018)** – reinforces that FGM/C submits a child (under 18) to inhuman, cruel and degrading treatment (under **Articles 79–80**) and cross-refers to the penalties set out in the 2005 law.⁹

In 2016, the Council of Ministers of the Government of Mauritania approved the texts of two new **bills on gender-based violence (GBV) and reproductive health**. The bills reportedly included a ban on FGM/C and penalties for perpetrators in accordance with the Penal Code.¹⁰

The GBV law was subsequently withdrawn from parliament by Government in January 2019 and reportedly still awaits further amendments. The **Reproductive Health Act** was adopted by parliament in October 2017, in which FGM/C is mentioned, among other acts of sexual violence, in **Article 22**, which states that ‘they are prohibited and punished in accordance with legal provisions’.¹¹

Law enforcement to date has reportedly been weak in Mauritania and there is a lack of information on FGM/C cases brought to court. Information about whether any sentences were followed through is not widely available. In 2019, the Mauritanian Government and key stakeholders pledged to introduce more comprehensive and stricter laws on the practice of FGM/C (see below).

Work to End FGM/C

The **Ministry of Social Affairs, Childhood and the Family** is responsible for the work to end FGM/C in Mauritania.¹² A **National Strategy for the abandonment of FGM/C** was first developed in 2007 to create a favourable institutional environment in which to undertake the work, reinforce the capacity of interventions and develop an integrated plan for communication.¹³ This was followed in 2008 by a ministerial decree setting up the **National Committee to tackle gender-based violence, including FGM/C**. The National Strategy against GBV was updated for the period 2016–2019 and, most recently, updated and approved by the Council of Ministers for 2020–2024.

In addition, in January 2010, leading clerics in Mauritania issued a *fatwa* condemning the practice of FGM/C as having a negative impact on health.¹⁴

Since 2011 Mauritania has worked in partnership with the **UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation (UNJP)**. Strategies to end FGM/C include education and community support, public declarations of abandonment, and policy and law reinforcement. A government budget-line for work to end FGM/C was introduced in 2016, and the practice is also included as a public-health concern in the **National Strategy on Reproductive Health (2016–2020)** and the **National Strategy on Accelerated Growth and Prosperity (2016–2030)**.¹⁵

After intensive public-awareness campaigns, the Government, the UNJP, the National Imams' Association and civil-society organisations across Mauritania have brought the issue of gender-based violence, including FGM/C, into the open, and popular attitudes have shifted.¹⁶

According to government sources, between 2014 and 2018, 682 village communities, comprising a population of 737,000, reportedly made public declarations of abandonment. These villages subsequently set up community committees composed of religious representatives, birth attendants, community leaders and women's associations to monitor the ongoing abandonment of FGM/C.¹⁷

Though FGM/C prevalence is reported by civil society to have declined in some regions in response to interventions, the legal system, to date, has not been supportive of these efforts and the most recent report in 2019 from the UN Human Rights Committee (*HRC*) for Mauritania expressed concern¹⁸ that FGM/C persists 'on a major scale in some regions and among some ethnic groups'.

The HRC recommended that legislation protect all women and girls from FGM/C, that all cases be promptly investigated and that perpetrators and their accomplices be appropriately punished. Victims of FGM/C should have access to appropriate medical and social services, and education programmes must be strengthened to eradicate the practice. The HRC also recommended that all steps be taken to eradicate child marriage in Mauritania.

In February 2019 a national workshop was held with government representatives and key stakeholders, including the Mauritanian Association of Practices affecting the health of Women and Children (*AMPSFE*) and international NGO No Peace Without Justice (*NPWJ*), with the support of UNICEF and the UNFPA, to discuss progress being made in the work to end FGM/C and to recommend a tightening of national anti-FGM/C legislation.¹⁹

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Cover image: Attila Jandi (2006) *Local woman sells her staff at the market on January 5, 2006 in Nouakchott, Maruitania. The city market is an interesting place to visit*. Shutterstock ID 59011165.

Please note that the use of a photograph of any girl or woman in this report does not imply that she has, nor has not, undergone FGM/C.



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Version 2, 2023

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