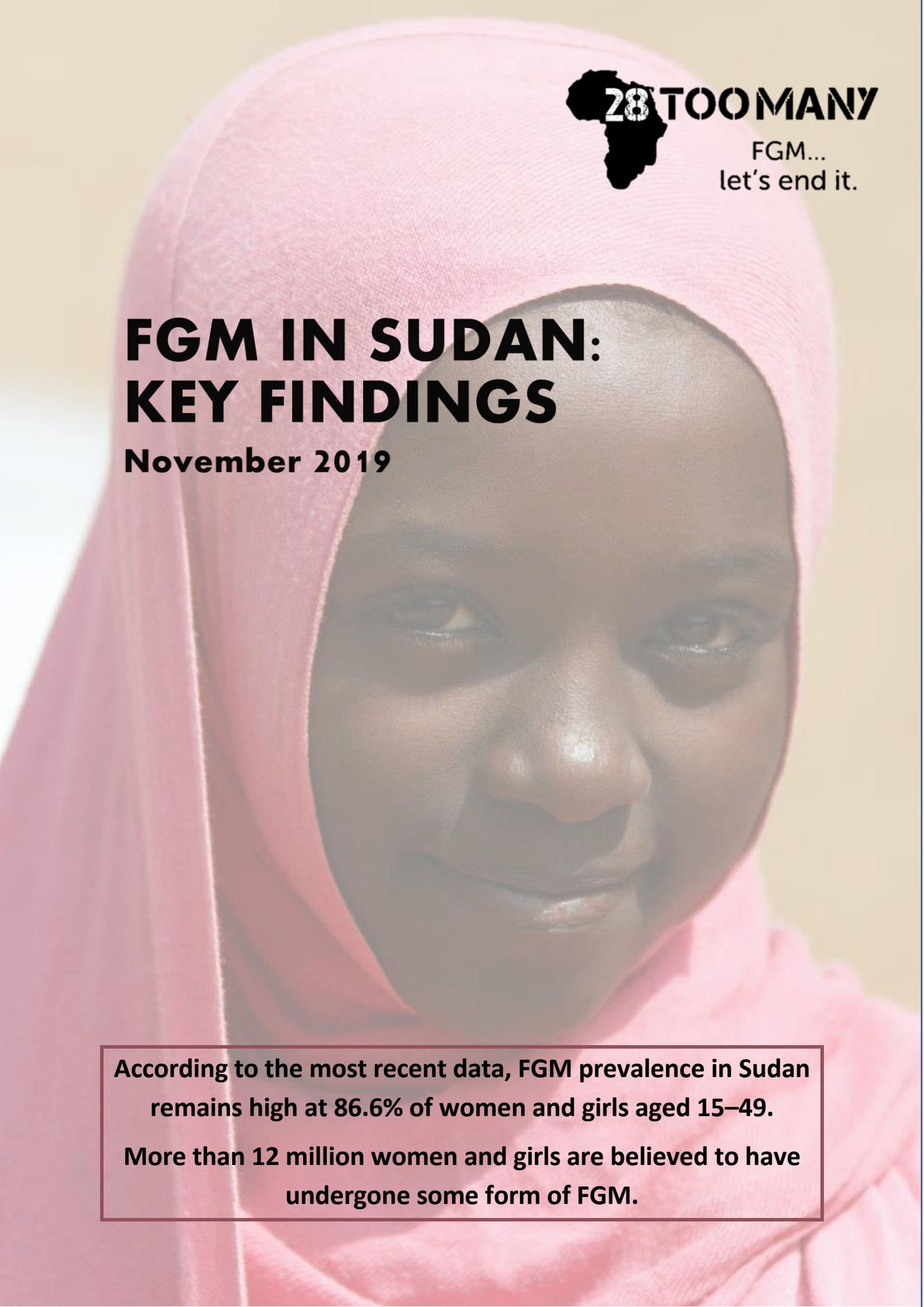

28 TOO MANY

FGM...
let's end it.

FGM IN SUDAN: KEY FINDINGS

November 2019

According to the most recent data, FGM prevalence in Sudan remains high at 86.6% of women and girls aged 15–49.

More than 12 million women and girls are believed to have undergone some form of FGM.

Introduction

Refer to Country Profile pages 24–28.

Sudan was devastated by **civil war** throughout the 1980s and 1990s. Lieutenant General Omar Bashir led a coup in 1989 and ruled the country until his ousting by the military in April 2019. Since then, however, **violence and protests** have continued. Women have been at the forefront of the street protests and, consequently, have been targets of violence against protesters.

A **Transitional Government** was sworn in on 8 September 2019. New Prime Minister Abdalla Hamdok has stated, 'We have to concentrate on women's participation. Sudanese women played a very big part in our revolution.'[1]

FGM Prevalence

Refer to Country Profile pages 46–56.

Overall, the prevalence of female genital mutilation (*FGM*) in Sudan remains among the highest in the world.

The most recent measurement of **FGM prevalence across Sudan** (the Multiple Index Cluster Survey 2014, hereinafter referred to as the *MICS 2014*) found that 86.6% of women aged 15–49 have undergone some form of FGM.[2] Based on this, Sudan is placed in UNICEF's 'very high prevalence' category.[3]

Data from the MICS 2014 reveals a distinct trend towards lower FGM prevalence among younger women: the highest prevalence (91.8%) is among women aged 45–49 and the lowest (81.7%) is among those aged 15–19.[4] This suggests that the practice is declining at a faster rate than might be apparent from considering only the overall prevalence over time.

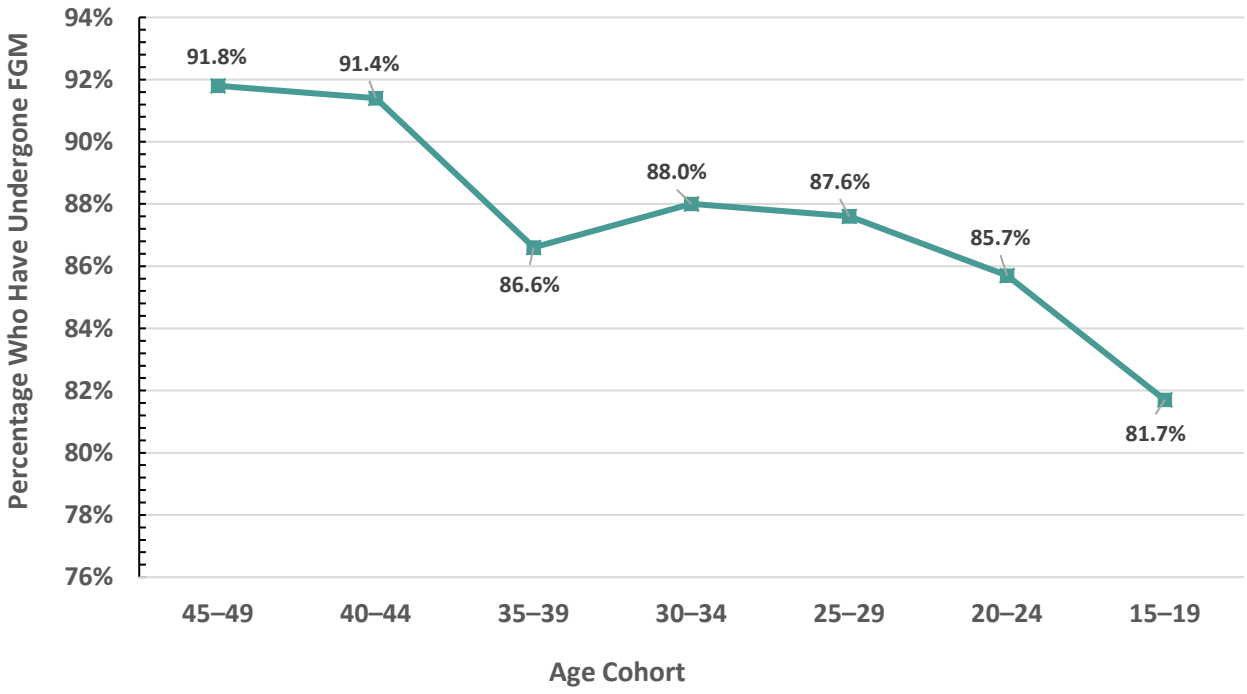

Figure 1: Prevalence of FGM according to age of women in Sudan[5]

The relationships between a woman's **level of wealth and education** and whether or not she has had FGM is complex. For example, FGM is most prevalent among women aged 15–49 in the richest wealth quintile (91.6%), it declines in the middle wealth quintiles, and it rises again to 88.0% in the poorest quintile.[6]

The data suggests that, by the age of six, almost 30% of **girls aged 0–14** would have been cut, and by the age of nine, more than half would have been cut (54%).[7]

Where

Refer to Country Profile pages 46–56.

A third of Sudan's population lives in **urban** areas, where the prevalence of FGM among women aged 15–49 appears to be very similar (85.5%) to that in **rural** areas (87.2%). The highest prevalence is in North Kordofan (97.7%) and North Darfur (97.6%), while in only three of the 18 states is the prevalence below 70% (Blue Nile – 68%, West Darfur – 61.2% and Central Darfur – 45.4%). In the majority of states, the prevalence is above 85%.[8]

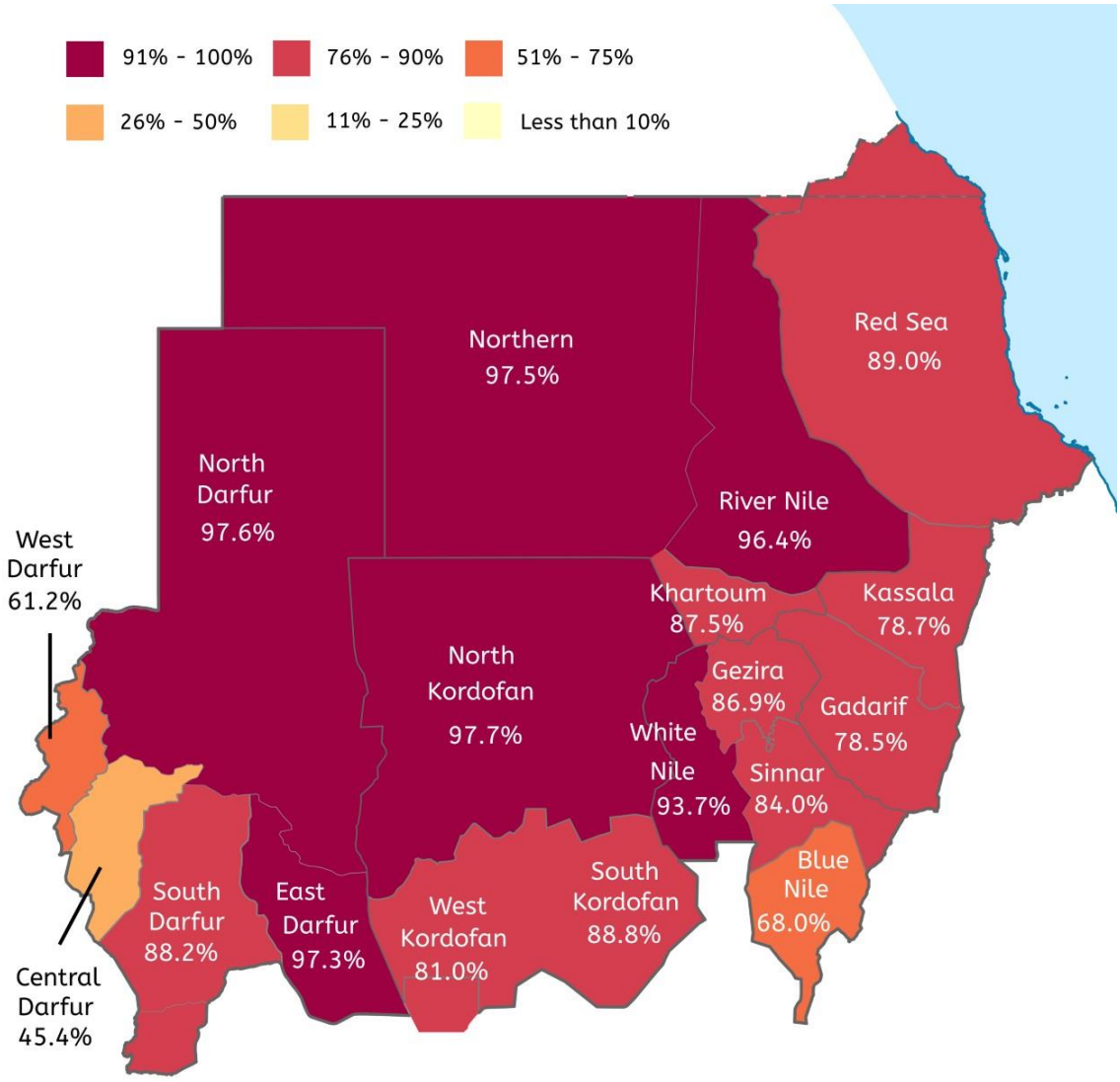

Figure 2: Prevalence of FGM across Sudan (©28 Too Many)[9]

One major influence on prevalence is believed to be the **ethnicity** of the local population. Recent urbanisation in Sudan has reportedly impacted on prevalence and attitudes; for instance, the migration to urban Khartoum of non-practising communities from the Nuba Mountains, South Sudan and parts of the Darfur regions in the far west has resulted in intermarriage and pressure to adopt the practice.

FGM Types and Age

Refer to Country Profile pages 50–53.

FGM is generally referred to in Sudan in two ways: the least severe form is called '**sunna'**, which is an Islamic term for FGM involving partial or total removal of the external clitoris (equating to Type I or Type II by the WHO's definition, depending on the extent of the cutting). The more severe form of FGM is referred to as '**pharaonic'** or '**infibulation'**, and this equates to the WHO's Type III.

77% of Sudanese women in the 15–49 age group who have been cut have been '**sewn closed'** (Type III FGM/infibulation), 16.3% have had **flesh removed** and 2.2% have been **nicked**.

In general, the **prevalence of 'sewn closed'** is lowest in the five Darfur states, ranging from 36.7% in Central Darfur to 68.7% in South Darfur. The prevalence of Type III is above 90% in four states: Northern, Gezira, Sinnar and West Kordofan.

While the MICS 2014 shows that of women aged 15–49 who have been cut, 79.6% in the richest quintile have been 'sewn closed' compared to 62% in the poorest wealth quintile, Sudanese experts working on the campaign to end FGM have been unable to identify a clear association between **levels of wealth and types of FGM**, due to the few studies and limited data available on the topic. Type III was also found to be slightly less prevalent in the youngest age-group of women (15–19) and among women with no formal education.[10]

Sudanese girls are at their highest risk of being cut between the ages of four and ten.[11]

Reinfibulation

Refer to Country Profile pages 54 & 86.

Reinfibulation (also known as *adal*) is the process of **re-sewing the genitals following childbirth**. It may be done repeatedly during the lifetime of a married woman. While it is not as prevalent as initial FGM, the MICS 2014 found that it is performed on around one in four (23.9%) of ever-married women aged 15–49 who have ever given birth.

Reinfibulation seems to be **concentrated in** the states of Kassala (62.5%), Gadarif (52.5%) and Sinnar (46.4%), although it occurs in all states in Sudan.[12]

A recent study showed that many women do not decide themselves to undergo reinfibulation, but **the decision is made for them** by their mothers, older female relatives or midwives. The procedure is usually carried out by a midwife between two hours and 40 days after the baby is born.[13]

Reinfibulation poses **a significant challenge** to the maternal health and wellbeing of Sudanese women, and there is an urgent need for more studies and data-gathering to understand the practice.

Practitioners of FGM

Refer to Country Profile pages 50–51.

The MICS 2014 found that 63.6% of women are cut by a **trained midwife** and 28.7% by a **traditional cutter**.[14]

Among **daughters aged 0–14**, traditional cutters are more commonly used when a girl is cut before the age of five.[15]

Medicalised FGM

Refer to Country Profile page 87.

Both data and anecdotal evidence demonstrate that FGM in Sudan has become increasingly medicalised over the past few decades.

Medicalised FGM is most apparent in women who are wealthier and/or better educated. Women living in urban areas are more likely to have medicalised FGM and be cut by a trained midwife (77.9% of women aged 15–49 who have been cut) than women living in rural areas (56.7%). The type of practitioner used varies even more widely by state. In central Darfur 71.3% of women are cut by a traditional cutter, while for the River Nile, Khartoum and Northern states this figure is less than 7%.[16]

The medicalisation of FGM in Sudan is linked to the **shift from practising Type III/infibulation to practising Types I and II** (referred to as 'sunna'). While influencers (such as religious leaders) and most families now agree that Type III FGM is wrong, many still do not consider Type I (or even Type II) as being 'the cut' or constituting FGM. Therefore, they feel that these 'less severe' types are 'safer', and particularly so if performed by a health professional.

Midwives have become, as a result, the primary group of health professionals that Sudanese families are using to cut their girls. Midwives are very well respected in the communities in which they work, and their involvement in the practice of FGM offers both challenges and opportunities. In Sudan, though not yet spread across the whole country, an **oath to not practice FGM** is now included in the curricula at midwifery schools. The challenge for midwives is that, even though they may understand the long-term impact of FGM because of their training, if they take the oath, they risk a fierce backlash from the communities in which they work. Midwives also perform **reinfibulation** (adal), a procedure to re-sew the genitals following childbirth (see above).

*For further information, see **http://28toomany.org/fgm-research/medicalisation-fgm/**.*

Why

Refer to Country Profile pages 61–63.

FGM in Sudan is mainly practised for '**purification**, **cleanliness** and **hygiene**, **acceptability** within the group and **reducing sexual desire**'. The **marriageability** of a girl is also cited; one study noted that, for some, the practice appears to be part of '**raising a girl properly**' in that it supposedly 'ensures pre-marital virginity and inhibits extra-marital sex, because it reduces a women's libido.'[17] FGM is also justified, particularly by younger men, as a **religious requirement**.

Understanding and Attitudes

Refer to Country Profile pages 61–69.

Most women in Sudan **know about FGM** – 96.3% of women aged 15–49 have heard of it.[18]

Across Sudan, **attitudes towards the continuation of FGM** are divided. Of women aged 15–49 who have heard of FGM, 40.9% believe that it should continue, while 52.8% believe it should be abandoned.

Levels of **backing for the abandonment of FGM** vary widely by state: the lowest level is in East Darfur (30.6%) and the highest is in Khartoum (71%). Abandonment is more strongly favoured in urban areas, where about two-thirds of women believe that the practice should be stopped, compared to less than half (45.5%) of women living in rural areas.

The desire for the abandonment of FGM is strongly correlated with both a woman's level of education and her level of wealth. Women who have received a higher level of education are considerably more likely to favour abandoning the practice (79.1%) than those who have received no formal education (37.3%). 71.6% of women in the highest wealth quintile believe that the practice should be abandoned, while only 32.3% of women in the lowest wealth quintile believe the same.[19]

Younger women are less likely to intend to cut their daughters, as are those who had achieved higher levels of education and those in the richer wealth quintiles.[20]

Regarding **the attitudes of men**, a 2018 Population Council study reported that men are often involved and influential in the decision-making process around FGM, although the views of older and younger men are often contradictory. Men tend to be more influential when they oppose FGM.[21] Some younger men express a willingness to marry women who have not undergone FGM, but they are also concerned about excessive sexual desire in women who have not been cut.[22]

There is evidence that boys and men feel a conflict, caused by **the desire to protect girls and women**, between the belief that FGM curbs a woman's sexual desire and is therefore a necessary part of her growth and development, and the understanding of the trauma and health risks involved. This desire to protect girls and women appears to be the major driving factor behind the continuation of FGM in Sudan.

Although positive changes have been observed in attitudes to FGM in Sudan, rather than ending the practice, some communities are shifting to what they perceive to be 'less severe' forms.

Law

Refer to Country Profile pages 30–34.

Sudan has signed up to or ratified several **international and regional conventions and treaties** that are relevant to FGM; however, it has not signed the Convention on the Elimination of All Forms of Discrimination Against Women (1979) or the African Charter on the Rights and Welfare of the Child (1990).

The **Constitution of the Republic of Sudan 2005** (as amended) places various **obligations on the State to protect women and children**. Specifically, **Article 32** obliges the State to 'combat harmful customs and traditions which undermine the dignity and status of women'.

There is currently no **national legislation** in Sudan that expressly criminalises and punishes the practice of FGM, and no penalties are set out for the practice or procurement of FGM. **Six states have laws in place** that only apply to FGM undertaken within their boundaries: South Kordofan, Gadarif, South Darfur, Red Sea, North Kordofan and Northern. These laws are not enforced and there is no publicly available information on any cases of **arrests or court proceedings** in relation to FGM.

In September 2016 an **amendment to the federal Criminal Act (1991)** was approved by the Council of Ministers to criminalise all forms of FGM under a new **Article 141**; at the time of publication, this is still pending parliamentary endorsement.

Some religious leaders support **sunna** (which includes partial or total removal of the external clitoris) and claim that criminalising it would be against Sharia. This continues to be a challenge to the passing of comprehensive legislation in Sudan.

*For further information on the law, see also **Sudan: The Law and FGM**.*

Work to end FGM

Refer to Country Profile pages 99–103.

Sudan has long been recognised internationally as a high-priority country for funding to end FGM. Vast sums of money have been committed to the country, particularly through the **United Nations Joint Programme** (*UNJP*), which has entered Phase III (2018–2021), and the **UK DFID-funded Sudan Free of Female Genital Cutting** (*SFFGC*) programme, which is now in Phase 2 (January 2019–December 2024).

The National Council of Child Welfare (*NCCW*) is the government authority that plans and coordinates child welfare across Sudan, including FGM. It works in collaboration with partners at all levels, including various government departments, UN agencies, international NGOs, academia and community representatives.

The core strategies being used in the work to end FGM across Sudan are **community and intergenerational dialogue**, facilitated by programmes such as the **Saleema Initiative**. **Public declarations of abandonment** are also reportedly successful in giving communities the opportunity to speak out against FGM.

The Saleema Initiative emerged from communities as an innovative way of talking about FGM. It has equipped activists and the media with a new tool to address the social norms that support FGM. The name 'Saleema' (meaning 'pure, intact and unharmed') is being used to give positive connotations to giving up FGM, using a philosophy of 'Every girl is born Saleema; let her grow up Saleema.' An evaluation of the campaign to date shows that its social-media marketing strategy is proving effective in changing pro-FGM social norms.[23]

Furthermore, the **Almawada wa Alrahma** ('Compassion and Mercy') campaign is being used to address rights and tackle violence against women and girls from a religious perspective.

In the spring/summer of 2019, the protests and subsequent political crisis impacted on anti-FGM work. Sudan has been dealing with a government shutdown, significant economic crisis, curfews and internet restrictions, which have inevitably impacted on programmes and advocacy work across the country. There are many practical issues and challenges to be overcome to resume activities and accelerate progress, and these are highlighted in detail in the new **Country Profile** by 28 Too Many. Importantly, with the new Transitional Government in place, partners in the anti-FGM network in Sudan now see an opportunity to rebuild momentum on the back of a much stronger emphasis on gender issues and the participation of women in the country's future.

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