



# **FGM IN CHAD: SHORT REPORT**

**November 2019**

# Key Findings and Indicators<sup>1</sup>



**Prevalence:** In Chad, the prevalence of FGM in women aged 15–49 is 38.4%

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**Geography:** The regions with the highest prevalence are in the south-east; the regions with the lowest in the north-west

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**Age:** 46.7% of women aged 15–49 who have undergone FGM were cut between the ages of 5 and 9

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**Type:** Both types of FGM - 'cut, no flesh removed' and 'cut, flesh removed' - are practised almost equally

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**Agent:** Almost all FGM is carried out by traditional cutters

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**Attitudes:** 45.1% of women aged 15–49 believe that FGM should not continue

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**HDI Rank:** 186 out of 189 countries (2018)

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**SDG Gender Index Rating:** 129 out of 129 countries (2019)

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**Population:** 4,938,838 (as at 9 June 2017), with a 1.88% growth rate (2016 est.)

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**Infant Mortality Rate:** 85 deaths per 1,000 live births (2015)

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**Maternal Mortality Ratio:** 858 deaths per 100,000 live births (2015)

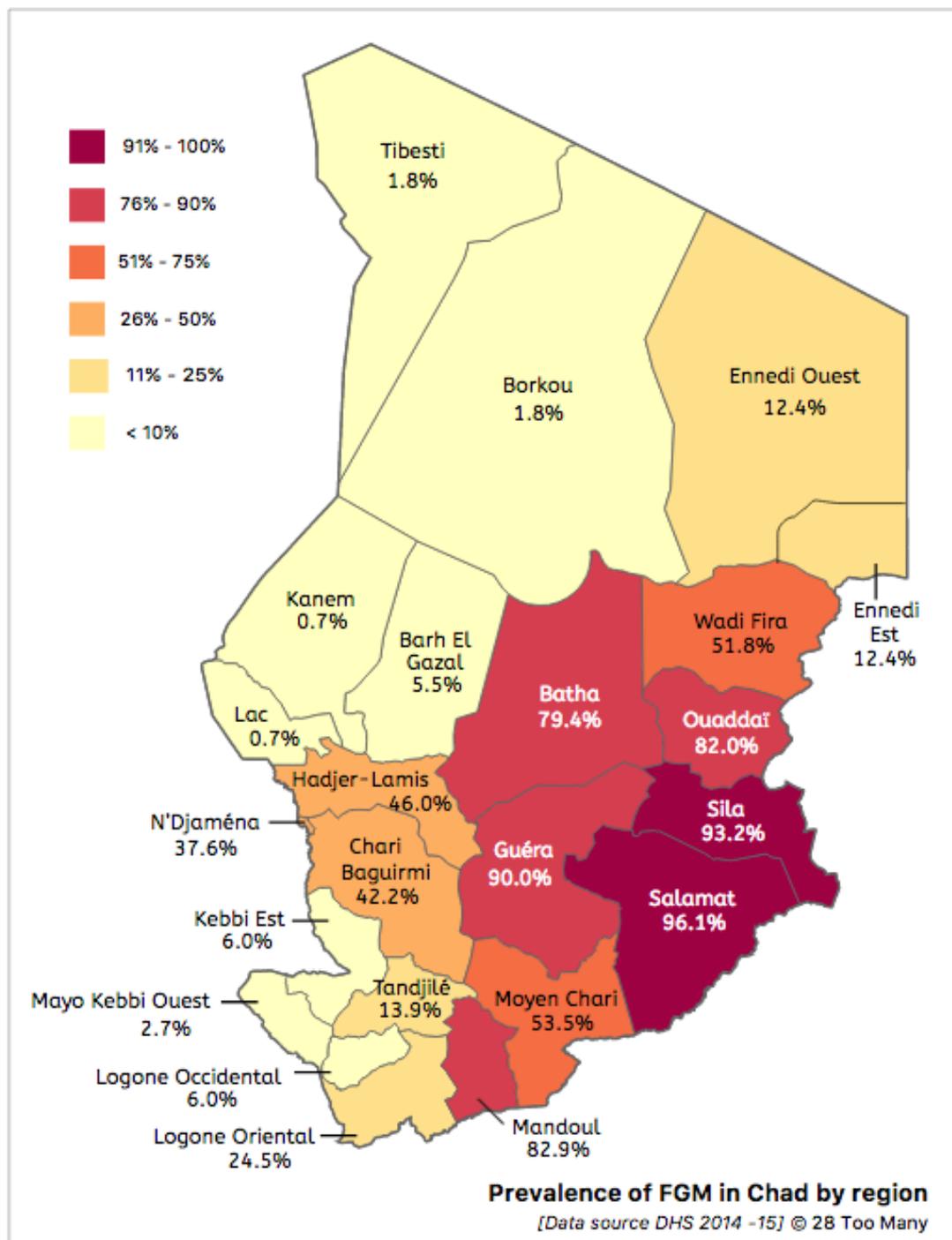
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**Literacy:** 40.2% of the total population aged 15 and over can read/write French or Arabic

# Prevalence of FGM

FGM prevalence varies widely across Chad. The regions with the highest prevalence are in the south-east: Salamat (96.1% of women aged 15–49), Sila (93.2%) and Guéra (90%). The regions with the lowest prevalence are in the north-west: Lac (0.7%), Kanem (0.7%) and Bourkou/Tibesti (1.8%). Unusually, women aged 15–49 who live in urban areas are more likely to have undergone FGM (40.1%) than those who live in rural areas (37.9%). Prevalence in the capital city of N'Djaména is 37.6% of women aged 15–49.<sup>2</sup>



The ethnic group with the highest prevalence among women aged 15–49 is the Dadajo/Kibet/Mouro, at 92.4%, followed by the Arabe (85.4%) and the Bidio/Migami/Kenga/Dangléat (83%). The ethnic group with the lowest prevalence is the Marba/Lélé/Mesmé, at 0.4%, followed by the Massa/Mousseye/Mousgoume (2.1%) and the Moundang and Karo/Zimé/Pévé (both 2.4%), although the extremely low sample size for all four of these ethnic groups makes these figures somewhat unreliable.

The prevalence of FGM among Muslim women aged 15–49 is 50.4%, compared to 40.1% of Catholics and 14.9% of Protestants. In 2004 it was reported that 34% of women who knew about FGM believed it was required by their religion; by 2014/15, that figure was 30%.<sup>3</sup>

## Trends in FGM Prevalence

Between 2004 and 2014/15, the overall prevalence for women aged 15–49 fell from 44.9% to 38.4%. In 2004, 49.4% of women who knew about FGM stated that it should continue; by 2014/15, that figure had fallen to 29.1%.<sup>4</sup>

## Cross-Border FGM

In some countries where FGM has become illegal, the practice has been pushed underground and across borders to avoid prosecution. Chad shares borders with other countries where the prevalence of FGM, and the existence and enforcement of laws, varies widely, including Sudan, Niger, Cameroon and the Central African Republic.

It is not known to what extent movement across neighbouring national borders for the purpose of FGM is an issue for Chad. It has been observed by civil society organisations that it is more likely that girls are being brought into Chad from countries such as France, where FGM laws are more tightly enforced.

## Medicalised FGM

To date, the medicalisation of FGM has not appeared to be significant in Chad, according to available data; 0.9% of women were reported to be cut by a health professional in 2015.<sup>5</sup> There are unconfirmed reports, however, that medicalised FGM could be on the rise in Chad.

## Legislation

The main law relating to FGM in Chad is Law 006/PR/2002, **The Reproductive Health Law**, dated March 2002.<sup>6</sup> To date, this law has required an implementation decree to be passed and the President's signature before it becomes effective and enforceable. It has been reported by the Director of Reproductive Health at the Ministry of Public Health that the implementation decree was finally passed in July 2018 and is now in the office of the President of the Republic of Chad awaiting signature. According to advice received by 28 Too Many from the Ministry of Social Action and the

Family and the Ministry of Public Health, no deadline has yet been set for the full application of this Reproductive Health Law.

Chad's **Penal Code** of 1967<sup>7</sup> makes it a criminal offence to commit an act of violence or assault, including 'mutilation', upon another person. A new Penal Code was passed by the parliament in Chad at the end of 2016, but this has not yet come into force, and details of its relevance to FGM are not available.

The US Country Report on Human Rights Practices for 2017 stated that no FGM cases were prosecuted by the authorities in Chad during the previous year.<sup>8</sup>

## Work to End FGM

There are several authorities and organisations in Chad involved in campaigning to end FGM, including the **Ministry of Social Action and the Family** and the **Ministry of Women, Early Childhood Protection and National Solidarity**. The latter is understood to be responsible for coordinating activities to combat FGM,<sup>9</sup> although there are no publicly available details of any formal Government strategies or national action plans currently in place for Chad.

The Ministry of Social Action and the Family has indicated that the existence of The Reproductive Health Law is leading to FGM being increasingly practised 'underground' and on girls at a younger age. It was reported that, in 2016, certain villages and schools were found to be deserted and that the Ministry of Social Action and the Family presumes girls had been taken into the bush to undergo FGM.

The emphasis in Chad, according to the Ministry of Social Action and the Family, is currently on raising, via public campaigns, parents' awareness of the harm of FGM. These public-awareness campaigns have taken place with assistance from the UN Population Fund. In Chadian society, the attitudes of parents dictate whether girls will be subjected to FGM or not, and there remains much resistance to the denunciation of the practice from traditional and religious leaders. As such, the Ministry of Social Action and the Family currently believes there is a greater need to change attitudes and reduce the stigma associated with denouncing FGM than to seek and implement legislative changes.

The national committee of the Inter-African Committee in Chad, CONA/CI-AF, has previously worked on sensitisation campaigns with religious and community leaders and developed 'alternative rites of passage' programmes.<sup>10</sup> Work to end FGM is also carried out by groups and individual non-governmental organisations (NGOs), including Cellule de Liaison et d'information des Associations Féminines du Tchad (CELIAF), a network of over 450 NGOs dedicated to promoting women's rights in Chad, and the Association Tchadienne pour la Promotion et la Défense des Droits de l'Homme.

Although **The Reproductive Health Law** does not explicitly oblige a person to report awareness of FGM, nor make failure to report FGM a criminal offence, it is understood that there are several organisations in the country that are able to file a complaint directly with the courts or tribunals of Chad against persons involved in the practice. Such organisations include the NGO coalition CELIAF; the Association of Women Lawyers of Chad, an NGO focused on improving socio-legal conditions for, and defending the rights of, women and children in Chad; and the Ministry of Social Action and the Family itself.

In eastern Chad, where over 300,000 Sudanese refugees and asylum seekers live in IDP camps, there continue to be challenges for the authorities and NGOs, such as women and girls presenting with complications from FGM, particularly those linked to Type III (infibulation).

## References

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**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.**



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