FGM IN CÔTE D’IVOIRE: SHORT REPORT

March 2020
# Key Findings and Indicators

**Prevalence:** In Côte d’Ivoire, the prevalence of FGM in women aged 15–49 is 36.7%.

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

**Age:** UNICEF\(^2\) has previously estimated that approximately half of girls were cut before the age of five (based on the DHS 2011-2012). The MICS 2016 suggests that girls are at risk of being cut across all age groups. Without further data, however, it is not possible to identify the most common age of cutting in present-day Côte d’Ivoire.

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

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

**Attitudes:** 79.4% of women aged 15–49 believe that FGM should be stopped.

**HDI Rank:** 170 out of 189 countries (2018).

**SDG Gender Index Rating:** 111 out of 129 countries (2019).

**Population:** 25,297,212 (at 27 January 2020), with a 2.26% growth rate (2020 est.).

**Infant Mortality Rate:** 67 deaths per 1,000 live births (2015).

**Maternal Mortality Ratio:** 645 deaths per 100,000 live births (2015).

**Literacy:** 43.1% of the total population aged 15 and over can read/write.
The highest prevalence of FGM in Côte d’Ivoire is in the north-west (75.2% of women aged 15–49) and north (73.7%). The lowest prevalence is in the centre (18.1%) and centre-east (23.7%). Women aged 15–49 who live in rural areas are more likely to undergo FGM (43.8%) than women who live in urban areas (30.8%). Prevalence in the economic capital of Abidjan is 24.6%.

FGM is practised in Côte d’Ivoire by people of all religions and ethnic groups, although to different extents. The ethnic group with the highest prevalence among women aged 15–49 is the Mandé du nord, at 60.7%, followed by the Gur, at 59.1%. The group with the lowest prevalence is the Akan, at 2.7%, followed by the Krou, at 14.1%. However, these figures should be interpreted with caution due to the relatively small numbers of women surveyed.
Prevalence among Muslim women aged 15–49 is 61.5%, among animists and those ‘without religion’ is 48.5%, and among Christians is 11.8%.\(^5\)

Côte d’Ivoire also has a significant migrant population originating from countries where FGM is practised frequently. 28 Too Many estimates that in 2019 there were approximately three-quarters of a million migrant women and girls in Côte d’Ivoire who are potentially impacted by FGM (i.e. have undergone or are at risk of undergoing it), particularly those from Burkina Faso, Mali and Guinea.

**Trends in FGM Prevalence**

The MICS 2006 recorded the prevalence of FGM in women aged 15–49 as 36.4%.\(^6\) In 2011/12, the DHS estimated prevalence to be 38.2%.\(^7\)

The most recent MICS survey (2016) gives an FGM prevalence of 36.7% among women aged 15–49. The data suggests, therefore, that the overall prevalence of FGM in Côte d’Ivoire has not changed significantly during recent years.

Breaking down the most recent data by age group, however, shows that the prevalence for women aged 45–49 is 41.5%, while for the youngest age group this has fallen to 27.4%.\(^8\) The data demonstrates a trend towards lower prevalences among younger women.
Cross-Border FGM

Côte d’Ivoire shares borders with other countries, including Guinea and Mali, where FGM prevalence remains high and the existence and enforcement of laws vary widely. Increased movement across borders to perform or procure FGM and avoid prosecution can be a consequence of laws being implemented and can leave girls living in border communities, such as in the north of Côte d’Ivoire, particularly vulnerable.

It is not known to what extent movement across neighbouring national borders for the purpose of FGM is an issue for Côte d’Ivoire, although it is known to be a regional challenge across West Africa.

Medicalised FGM

Until recently, the medicalisation of FGM did not appear to be a significant problem in Côte d’Ivoire; according to 2012 data, only 0.3% of women aged 15–49 who had experienced FGM were cut by a health professional.9 There are more recent reports, however, that an increasing number of medical professionals are becoming involved in FGM across West Africa and that medicalised FGM could be on the rise in Côte d’Ivoire.10

Legislation

The Constitution of Côte d’Ivoire (amended 2016) specifically targets and prohibits FGM at Article 5: ‘Slavery, human trafficking, forced labor, physical or mental torture, inhuman, cruel, degrading and humiliating treatments, physical violence, female genital mutilation as well as any other forms of degradation of human beings is prohibited.’11

Law No. 98-757 of 23 December 1998 on the punishment of certain forms of violence against women specifically prohibits and punishes the practice of FGM. This is the main law relevant to FGM in Côte d’Ivoire.12

A few prosecutions for FGM have taken place in Côte d’Ivoire, but case details are limited and information about whether sentences were carried out is not publicly available. Evidence suggests that convictions are rare and FGM continues in communities that claim it is their custom and they are unaware of it being against the law.
Work to End FGM

In Côte d’Ivoire, the Ministry for Women, Protection of the Child and Solidarity is responsible for protecting women and girls in general and ensuring equality for women in economic, social and cultural areas. Managed by the Ministry, the National Committee for Combating Violence against Women and Children provides support for women and children who are victims of violence.

Following the civil war in Côte d’Ivoire, a National Action Plan was put in place for 2008–2012, which specifically included the protection of women and girls against sexual violence, including FGM. The plan included a call for increased capacity in the police and judiciary to implement laws. It is unclear whether a new national action plan for combatting FGM has been implemented by the Government since 2012.

In evidence presented to the United Nations Human Rights Committee in 2015, the Government of Côte d’Ivoire stated that awareness campaigns around FGM were taking place and alternative income projects had been provided for cutters in the north of the country. However, the report also states, ‘The issue had been put on the back burner because nowadays the urban population was larger than the rural population, where the practice was more prevalent’ and that ‘with modernization the practice would disappear.’

There are many international and grassroots NGOs working on projects to end FGM in Côte d’Ivoire, and in many communities surveillance and protection committees have been set up. Evidence in the media also suggests that representatives from Côte d’Ivoire have attended events in recent years to discuss the issue of cross-border FGM with neighbouring countries. In May 2019 the Ivorian NGO La Fondation Djigui la grande espérance, in partnership with the European Union and the international NGO Association for International Voluntary Service (AVSI), launched a programme called Projet d’appui au développement social inclusif par la lutte contre les mutilations génitales féminines. The project aims to invest 400 million francs (CFA) across six regions of Côte d’Ivoire to raise awareness about FGM among at least 500,000 people.

The work to end the practice remains challenging, however. FGM is deeply entrenched in the rural communities of Côte d’Ivoire, particularly in the north and west, and programmes to end the practice are met with fierce resistance. Regional government representatives in the west of the country have labelled towns such as Gbonné, Biankouma and Sipilou as le triangle de la résistance (‘the triangle of resistance’) to ending FGM. According to civil society, attempts in the past to punish perpetrators of FGM in regions where FGM is frequently practised rarely progressed and ‘out of court’ arrangements brokered between village leaders and local police commissioners were commonplace.

Despite this continued resistance from communities, in February 2019 the Government of Côte d’Ivoire reaffirmed its commitment to eradicating FGM and called for a collective effort across the country.
References


Ibid.


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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