



FGM IN GUINEA BISSAU: SHORT REPORT

February 2020

Key Findings and Indicators¹



Prevalence: In Guinea Bissau, the prevalence of FGM in women aged 15–49 is 44.9%



Geography: The regions with the highest prevalence are in the east: Gabú (96.3%) and Bafatá (86.8%)



Age: FGM is usually practised on girls aged 4 to 14, but also on babies and women nearing marriage or giving birth



Type: 'Flesh removed' is the type of FGM practised, almost universally



Agent: Almost all FGM is carried out by traditional practitioners



Attitudes: 81.4% of women aged 15–49 who have heard of FGM believe it should be stopped



HDI Rank: 177 out of 189 countries (2018)



SDG Gender Index Rating: N/A



Population: 1,932,524 (as at 23 June 2017), with a 1.88% growth rate (2016 est.)



Infant Mortality Rate: 60 deaths per 1,000 live births (2015)



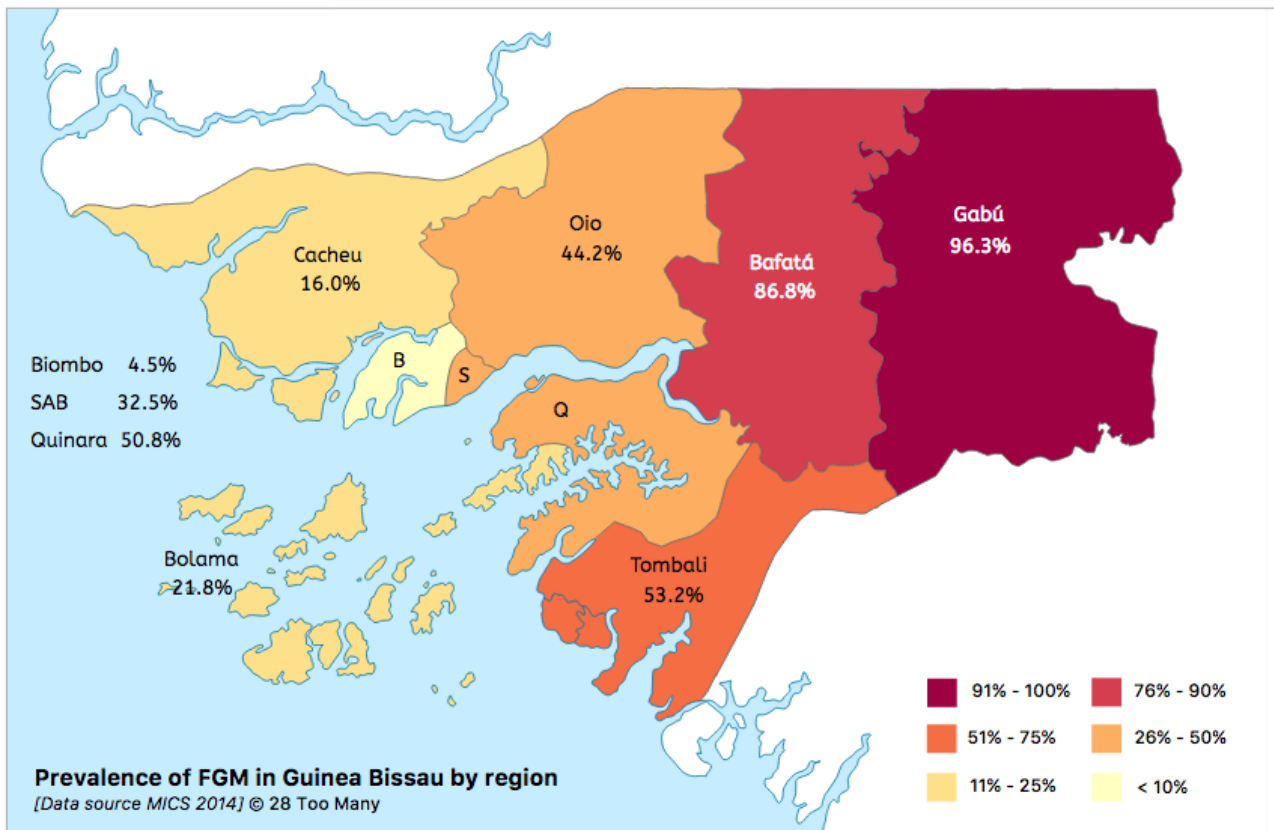
Maternal Mortality Ratio: 549 deaths per 100,000 live births (2015)



Literacy: 59.9% of the total population aged 15 and over can read/write

Prevalence of FGM

The regions in Guinea Bissau with the highest FGM prevalence among women aged 15–49 are in the east: Gabú (96.3%) and Bafatá (86.8%). There is a significant difference between these regions and the rest of Guinea Bissau, as the department with the next-highest prevalence is Tombali, at 53.2%. The region with the lowest prevalence is Cacheu, at 16%. Women aged 15–49 who live in rural areas are more likely to undergo FGM (50.1%) than those who live in urban areas (39.8%).²



95% of Muslim women aged 15–49 have undergone FGM. It is much less prevalent among women of other religions in Guinea-Bissau: no religious affiliation (8%); ‘other’ Christians and other religions (7%), Roman Catholics (6%), and Animists (5%).³

Trends in FGM Prevalence and Attitudes

Between 2006 and 2014, the overall prevalence of FGM among women aged 15–49 stayed roughly constant (44.5% in 2006 and 44.9% in 2014).

In 2006, 27.9% of women aged 15–49 who had heard of FGM stated that they believed the practice should continue. In 2014, that figure had dropped to 12.8%, while 81.4% believed it should be stopped.⁴

Cross-Border FGM

In some countries where FGM has become illegal, the practice has been pushed underground and across borders to avoid prosecution. Media reports suggest that cross-border FGM has been an issue for Guinea Bissau in the past, as families were crossing from neighbouring countries (such as Senegal) for their girls to be cut.

However, as Guinea Bissau has attempted to tighten the laws around FGM and improve enforcement of them, this has led to families trying to take girls out of the country to areas where they can avoid prosecution.

Medicalised FGM

Medicalised FGM does not appear to be prominent in Guinea Bissau. According to available data, only 0.1% of women aged 15–49 who have experienced FGM are cut by a health professional.⁵

Legislation

The main law relating to FGM in Guinea Bissau is the **Federal Law to Prevent, Fight and Suppress Female Genital Mutilation** passed in 2011.⁶ This covers all regions and sectors of Guinea Bissau; there are no regional or local laws against FGM.

The federal law is reasonably comprehensive in criminalising and punishing all those who perform, aid or abet any form of FGM. Failure to report FGM and incidences of cross-border FGM are also punishable under this law. While the wide scope of this law should apply universally and thus encompass any health professionals involved in the practice, it has been suggested that the law may contain a loophole that would permit medicalised FGM (i.e. FGM paid for privately in a medical setting).

There is a lack of information on cases brought to court in Guinea Bissau, and information about whether sentences were followed through is not widely available.

Work to End FGM

The Government of Guinea Bissau has supported the implementation and enforcement of anti-FGM law and has generally supported, through partnership programmes and committees, efforts to end FGM. The coordination of the work to end FGM is undertaken by the **National Committee for the Abandonment of Harmful Practices** (under the Ministry of Woman, Family and Social Solidarity) and the **Institute of Women and Children**.⁷

Since 2008, Guinea Bissau has also been part of the **United Nations Joint Programme to Eliminate Female Genital Mutilation (UNJP)** and a **National Action Plan to Combat Female Genital Mutilation/Cutting (FGM/C)** was put in place for 2010–2015. A **national gender policy** was also implemented following the introduction of the new laws on FGM, reproductive health and domestic violence.

Government partners working alongside the UNJP also include the **Ministries of Health, Education, Justice, and Youth and Culture**. A Special **Commission for Women and Children's Affairs of the People's National Assembly** (Guinea Bissau's legislative body), together with the **Supreme Court** and **Public Prosecutor**, are also involved in the work to end FGM.

The **Federal Law to Prevent, Fight and Suppress Female Genital Mutilation** (2011) places an obligation under Article 13 on the Government and its institutions to include funds in the general budget of the state to combat FGM by supporting and promoting: (a) information and awareness campaigns; (b) the assistance and reintegration of victims of FGM; (c) media campaigns; (d) the training and capacity-building of opinion leaders and NGOs within communities; and (e) greater cooperation between different human-rights organisations and religious and traditional leaders to denounce cases of FGM.

In addition, a **declaration** was signed by the Upper Islamic Council of Guinea Bissau in 2012 at the end of a two-day conference on the abandonment of FGM, recognising that the practice is not required by religion.⁸

Sensitisation campaigns and **consultation workshops**, in partnership with international NGOs such as Plan International and Tostan, have focussed on high-prevalence areas and targeted principal actors, including traditional practitioners of FGM; local and religious leaders; and men and grandmothers in the community. Many communities have publicly declared abandonment of FGM through these intervention programmes. The UNJP also supports a **shelter** in the east of the country for victims of violence, including FGM and child marriage.

In 2016 the **National Committee for the Abandonment of Harmful Practices** stepped up its activities to tackle FGM, including advocating for implementation of the law and monitoring movement across borders (particularly with Senegal), both of which have been identified as ongoing challenges for Guinea Bissau. Members of the committee have been concerned that local magistrates do not have the detailed information they need on the relevant articles within the national law, and so are not implementing the legislation as required.⁹ It was also recognised that more information on the law needs to be taken out to communities. A lack of funding for these activities, however, remains a challenge.

The work to end FGM in Guinea Bissau continues to face **opposition** and the criminalisation of FGM in 2011 was not widely welcomed by many supporters of the practice. Tostan reports that, although police and judiciary are aware of current legislation and attempt to apply it, pressure remains from some political and religious leaders in communities where traditional beliefs that a girl cannot marry unless she undergoes FGM remain very strong.¹⁰

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Cover image: gaborbasch (2014) *Portrait of two happy African girls wearing traditional clothes and scarves*. Shutterstock ID 342486686.

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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