Guinea

Key Findings

The prevalence of FGM in women aged 15–49 is 94.5%\(^1\).

Medicalised FGM is on the rise: medical professionals cut about 17% of women aged 15–49, but almost 35% of girls aged 0–14.\(^3\)

**Geography:**
FGM remains consistently high across the country; the highest and lowest prevalences are in the regions of Kindia (98.4%) and N’Zérékoré (84.0%)\(^4\)

**Age:**
65.1% of women aged 15–49 who undergo FGM are cut between the ages of 5 and 14\(^5\)

**Type:**
‘Cut, flesh removed’ is the most common type of FGM practised, but more than one in five women don’t know what type of cut they’ve had\(^6\)

**Agent:**
Overall about 78% of women are cut by traditional practitioners, but medicalised FGM is rising rapidly\(^7\)

Development Indicators

**HDI Rank:** 175 out of 189 countries (2018)\(^8\)

**Population:** 14,373,520 (as at 2 June 2020), with a 2.76% growth rate (2020 est.)\(^9\)

**Infant Mortality Rate:** 65 deaths per 1,000 live births (2019)\(^10\)

**Maternal Mortality Ratio:** 576 deaths per 100,000 live births (2017)\(^11\)

**Literacy:** 30.4% of the total population aged 15 and over can read/write\(^12\)

‘Non-excision of girls is considered dishonorable in Guinean society. Social pressure is such that girls may request excision for fear of being excluded or forced to remain unmarried if they do not suffer the practice.’

~ UN Office of the High Commissioner for Human Rights report\(^13\)
The prevalence of FGM among women aged 15–49 in all administrative regions of Guinea remains high. The highest prevalence is in Kindia (98.4%) and Labé (98.2%). N’Zérékoré, which is located in the south-east and contains the second-largest city in the country, has the lowest prevalence at 84%. There is, however, almost no difference between the prevalence of FGM among women aged 15–49 who live in rural areas (94.3%) and those who live in urban areas (94.8%).

FGM is practised by people from all major religious and ethnic groups in Guinea. The ethnic groups with the highest prevalence of FGM among women aged 15–49 are the Soussou (97.9%) and Peulh (97.3%). The ethnic groups with the lowest recorded prevalences of FGM are the Kissi (88.2%), the Guerzé (77.8%) and the Toma (69.3%). However, of the Toma, a relatively small number of women were interviewed, so this should be interpreted with caution. Muslim women aged 15–49 are more likely to be cut (97.1%) than Christian women (77.9%) or women of no religious affiliation (85.3%).

Overall, 65.4% of women and 59.6% of men aged 15–49 who have heard of FGM believe that the practice should be continued. Support for the continuation of FGM is highest in rural areas and among those with lower levels of education. 55.8% of women and 64.3% of men believe that FGM is a requirement of their religion.

Over the past two decades in Guinea there has been a very small (but statistically significant) decline in the overall FGM prevalence among women aged 15–49 (from 98.6% in 1999 to 94.5% in 2018).

Prevalence of FGM in women aged 15–49 remains high, however, across all age groups. The prevalence in women aged 15–19 is around three percentage points lower than in women aged 20–24. It should be noted, though, that women aged 15–19 are still at risk of
being cut (around 4% of women who had been cut report that it happened after the age of 15); therefore, this statistic should be interpreted with caution.\textsuperscript{17}

**Guinean Law**

The Guinean Government originally passed anti-FGM legislation in 1965. The principal legislation now governing FGM in Guinea is Law No. 2016/059/AN (the Criminal Code 2016), of which Articles 258–261 prohibit FGM whether performed by traditional or modern methods. In addition, Law L/2008/011/AN (the Children’s Code 2008) criminalised violence against children and explicitly addressed FGM under Articles 405–410. Few cases have reportedly reached court to date, and sentences are lenient.

\textsuperscript{2} DHS, p.354.
\textsuperscript{3} DHS, p.358.
\textsuperscript{4} DHS, p.354.
\textsuperscript{5} DHS, p.355.
\textsuperscript{6} DHS, p.354.
\textsuperscript{7} DHS, p.358.
\textsuperscript{10} UN Inter-agency Group for Child Mortality Estimation (2019) \textit{Guinea}. Available at https://childmortality.org/data/Guinea.
\textsuperscript{11} World Health Organization (2017) \textit{Maternal mortality ratio (per 100 000 live births)}. Available at https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births).
\textsuperscript{12} Central Intelligence Agency, op. cit.
\textsuperscript{14} DHS, p.354.
\textsuperscript{15} DHS, pp.359–360.
\textsuperscript{17} DHS, p.354.

**UNICEF Statistical Profile on Female Genital Mutilation/Cutting:**


**Images on website:**

1 UNICEF Guinea (2013) \textit{Girls’ education is a priority for UNICEF Guinea}. Available at https://flic.kr/p/hxgorc. CCL: https://creativecommons.org/licenses/by-nc/2.0/.
2 Julien Harnels (2012) \textit{The opinion of the mothers}. Available at https://flic.kr/p/bjH4qo. CCL: https://creativecommons.org/licenses/by-sa/2.0/.
3 UNMEER (2015) \textit{Reopening of schools in Guinea}. Available at https://flic.kr/p/qPMC21. CCL: https://creativecommons.org/licenses/by-nd/2.0/.