Chad: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

Released by the Office of the Senior Coordinator for International Women's Issues

Practice:

The most common form of female genital mutilation (FGM) or female genital cutting (FGC) widely practiced in all parts of Chad is Type II (commonly known as excision). Type III (commonly known as infibulation) is confined to the eastern part of the country in areas bordering Sudan. The practice crosses ethnic and religious lines. It is practiced by Christians, Muslims and Animists in roughly equal proportions.

Incidence:

A 1995 United Nations report on FGM/FGC in Africa estimated that 60 percent of the women in Chad have undergone one of these procedures. Its frequency is higher in rural areas.

A 1991 survey conducted by UNICEF in three regions showed that in the south (Moyen Chari and Logone Oriental), 68 percent of the women there favored this practice, while 37 percent of the men believed it to be desirable. In the central and eastern regions (Guera and Ouaddai), 85 percent of the women questioned supported the practice as did about an equal percentage of the men. In N'Djamena, however, only 37 percent of the women and 25 percent of the men favored it.

Attitudes and Beliefs:

These procedures are usually performed on girls as part of their rite of passage into womanhood. It is deeply rooted in tradition.

Type II:

Type II is the excision (removal) of the clitoris together with part or all of the labia minora (the inner vaginal lips).

Type III:

Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood. The girl or woman's legs are generally bound together from the hip to the ankle so she remains immobile for approximately 40 days to allow for the formation of scar tissue.

These procedures are generally performed without the use of anesthesia.

Outreach Activities:

The government of Chad has been a facilitator that provides an enabling environment for the non-governmental organization (NGO) community to undertake long-term programs deemed necessary to change people's attitudes about this practice. The Ministry of Social Action and the Family coordinates activities dealing with this practice. In its Fiscal Year 2001 budget, the government included a line item to support the activities of ASTBEF (Chadian Association for Family Well-Being), which is the leading NGO active in combating this practice.

The local NGO community has provided the impetus for an ongoing FGM/FGC eradication campaign. Several NGOs have organized conferences, debates and education programs on the issue. ASTBEF has emerged as the leader in this effort.

The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) is active in outreach programs. The World Health Organization (WHO) is also active in mobilizing government and private efforts to halt this practice.

The U.S. government, through the U.S. Embassy's Democracy and Human Rights Fund (DHRF) supported

a locally initiated multi-faceted education program to eliminate this practice during 1997-1999. This included public announcements using the broadcast and print media; production of a theatrical presentation showing the harmful consequences of the practice; a round table discussion with 40 doctors, judges, parliamentarians and NGO representatives; a national seminar for 30 regional administrators and Parliamentarians on this issue; and four regional seminars for 150 opinion leaders and FGM/FGC practitioners.

ASTBEF plans to use its Fiscal Year 2000 DHRF grant to implement education programs in 46 Cantons in six regions where the practice is believed to be the highest. The message will include the negative health effects, as well the criminal nature of the procedure when the new proposed law becomes effective.

ASTBEF was invited to the October 7, 1999 Council of Ministers meeting to explain the negative effects of this practice to the President, Prime Minister and Cabinet.

The media plays a major role in informing the public about this issue. As a result, public awareness is growing. A film produced by Zara Mahamat Yacoub in July 1997, documented this operation and had a profound effect on the population who viewed this production on prime-time television. Though the broadcast raised an outcry from religious leaders, it brought the subject into the public and made it a subject of debate. Local human rights associations have also organized conferences and debates on this subject.

Legal Status:

Although there is no law specifically making these practices a crime, jurists claim that under the existing Penal Code, the practices are prosecutable as an involuntary physical assault against a minor. A new law, still in draft stage, has been adopted by the Council of Ministers and is expected to go before Parliament in 2001. It would specifically criminalize this practice. ASTBEF provided technical input to the parliamentary committee drafting the law.

Protection:

In N'Djamena, limited mechanisms exist to provide counseling and legal protection for women. The Chadian Association of Women Jurists has since 1999, provided this type of service. However, as a rule adult women in Chad do not undergo this practice. It is practiced as an initiation rite of passage for girls into womanhood. These minors are for the most part, unwilling to defy parental authority and seek protection or counsel from the associations that might provide it.

Prepared by the Office of the Senior Coordinator for International Women's Issues, Office of the Under Secretary for Global Affairs, U.S. Department of State, June 2001

Released on June 1, 2001

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