



## COUNTRY FACT-SHEET

### ENDING FEMALE GENITAL MUTILATION



## Female Genital Mutilation in Cameroon

**COUNTRY INFORMATION** ■ The West African Republic of Cameroon is one of the most culturally diverse states in Africa with more than 250 different ethnic groups. Although the constitution generally guarantees equal rights for women and men, women must often cope with traditional roles and notions of justice.

#### CAMEROON:

**Population:** 20 million

**Population growth:** 2,3 %

**Religious affiliation:** 50 % Christians, 30 % traditional religions, 20 % Muslims

**Literacy rate:** women: 60 %, men: 77 %

**Percentage of women aged 20-24 who were married before the age of 18:** 36 %

**Maternal mortality:** 6 %

**PREVALENCE OF FEMALE GENITAL MUTILATION** ■ Female genital mutilation (FGM) refers to all practices involving partial or complete removal of or injury to the external sexual organs of women and girls for non-medical reasons. The World Health Organisation (WHO) distinguishes among four types of FGM based on the invasiveness of the procedure.

According to the 2004 Demographic and Health Survey (DHS), which assesses the health of the country's population, 1.4 per cent of women in Cameroon between the ages of 15 and 49 have been subjected to FGM. This low national rate should not however obscure the fact that there are huge regional variations. The prevalence in the extreme North of the country is 5.4 per cent, particularly because of the Fulbe people and people of Arab descent who live there. For this group specifically, (Fulbe and Arab-descended people were classed together in the DHS), the prevalence was 12.7 per cent. In the Southwest, too, the prevalence is relatively high at 2.4 per cent. In other parts of the country, the rate is generally well below one per cent.

That FGM is seldom practiced in Cameroon is clearly reflected in the fact that only a third of women and 42 per cent of men even know what genital mutilation involves. It is interesting that people are most informed in the cities of Douala and Yaoundé, where the prevalence rate is below one per cent; it would appear that the urban populace is better informed because of the higher level of education in the cities.

Most of the women affected (85 per cent) have suffered excision, during which the clitoris and labia minora are partially or entirely removed (Type II in the WHO classification system). About five per cent state that they have been infibulated (Type III of the WHO classification, i.e. narrowing of the vagina with (partial) removal of the labia minora/majora and/or the clitoris). Most genital mutilation procedures are conducted by traditional circumcisers. Only four per cent of the women were cut by medical personnel. FGM is generally carried out before puberty. About half of the women report that they were cut between five and nine years of age, around 20 per cent were younger than five, and a further 20 per cent between ten and 14 years of age.

Chastity until marriage is given as a reason for FGM by ten per cent of women and twelve per cent of men. Religion is named as the most important reason by only eight per cent of women and four per cent of men. Although 84 per cent of women and men favour to abandon FGM, seven per cent of both sexes still want to continue the practice.

In addition to FGM, another harmful tradition is practiced in Cameroon: 'breast ironing'. As soon as a girl's breasts begin to develop, hot stones or other hot objects are pressed down upon them. Another form is poultices of hot towels or foil wrapped around hot stones, and/or pounding of the breasts with pestles. It is believed that breast ironing delays the growth of breasts, which might arouse men's sexual interest. The aim is to prevent unwanted pregnancy and protect girls from its negative consequences. A GTZ study of 'breast ironing' conducted in 2006 showed that at least 24 per cent of girls nationwide suffered this procedure. The earlier the breasts begin to develop, the greater the probability that breast mutilation will be carried out. 'Breast ironing' is carried out on 50 per cent of girls whose breasts begin to develop before they are nine years old.

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The frequency of breast mutilation depends on the age at which the girl is to marry. In the North, where early marriage is customary, seven to nine per cent of girls endure the procedure; in the South, where marriage takes place later, 30-50 per cent of them do. This extremely painful procedure is repeated daily until the desired results ensue. Direct consequences are mangled tissue, wounds, abscesses and inflammation. The long-term effects include complications with breast-feeding, a higher risk of cancer, and traumatisation.

**APPROACHES** ■ The Cameroon Government has ratified various international conventions condemning FGM and other harmful traditional practices, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the UN Convention on the Rights of the Child (CRC), and the African Charter on the Rights and Welfare of the Child. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) has been signed but not yet ratified.

The national penal code does not classify genital mutilation as a criminal offence. However, article 277 criminalizes aggravated assault, including aggravated assault on organs. The constitution protects traditional values that correspond to democratic principles and human rights and that do not contravene the law of the land. In order to increase action against FGM, a national action plan to end the practice was developed in 1998.

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), GTZ has in the past supported the Cameroonian Committee of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC). Among the measures taken was the organising of education and information seminars in regions in which FGM is practiced. Also material for informational and educational purposes was developed in order to mobilise and sensitise multipliers on the community level. Multipliers are individuals who have some influence on the decision for or against FGM. The project also sensitised governmental and non-governmental organisations to the need to create political and legal framework conditions to end FGM. Together with RENATA (Réseau National des Associations des Tantines), the network of young mothers in Cameroon, GTZ also devised a public information campaign about breast mutilation. The campaign was conducted with the help of radio and television spots and the distribution of flyers. It was also accompanied by national and international press coverage.

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#### **Sources**

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Weitere Informationen zur Arbeit der GIZ zum Thema FGM unter: [www.giz.de/fgm](http://www.giz.de/fgm).*

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