COUNTRY FACT-SHEET

ENDING FEMALE GENITAL MUTILATION

Female Genital Mutilation in Chad

COUNTRY INFORMATION ■ The Republic of Chad is located in the Sahel in Central Africa. The country is very heterogeneous with more than 200 ethnic groups. Around 60 per cent of the population are members of Sudanese groups (the Sara, Bongo, Bagirmi and Munding); a further twelve per cent belong to the Chado-Hamitic groups (the Kotoko, Massa, Buduma and Maba), and 14 per cent are Arabs. The remaining population belong to Saharan and other ethnic groups. Women generally have a low social status. In the family, the authority of the men or the husband is determinant, as it is in public life.

CHAD:

Population: 11 million

Population growth: 3,2 %

Religious affiliation: 56 % Muslims, 22 % Christians, 22 % traditional religions

Literacy rate: women: 21 %, men: 43 %

Percentage of women aged 20-24 who were married before the age of 18: 72 %

Maternal mortality: 12 %

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.

The 2004 Demographic and Health Survey (DHS), an assessment of the state of health of the people of Chad, was the first effort to compile national data on FGM. According to this survey, some 45 per cent of all women have been subjected to genital mutilation. FGM is especially widespread in the East and South of the country. It is most frequently practiced among the Arabs (95 per cent), Hadjarai (94 per cent), Ouadai (91 per cent) and Fitri-batha (86 per cent). Among other groups, such as the Gorane, Tandjile and Mayo-Kebbi, the practice hardly occurs at all (less than 2.5 per cent). Considerably more Muslims (61 per cent) are subjected to the procedure than are Roman Catholics (31 per cent), Protestants (16 per cent) or the adherents of traditional religions (twelve per cent).

A comparison among the various age groups suggests that there is no decline of FGM among younger women, with hardly any difference between urban and rural areas. The economic situation does have a marked influence on the prevalence rate, however: among the poorest 20 per cent of women, 85 per cent undergo FGM. Moreover, women who never attended school are far more frequently cut (50 per cent) than are women with at least a primary school education (31 per cent).

The predominant form of genital mutilation is excision (Type II of the WHO classification system), in which the clitoris and labia minora are partially or entirely removed. Notable is, however, that just under 20 per cent of the women surveyed stated that although they had been cut, no tissue had been removed. Infibulation (WHO classification Type III, involving (partial) removal of the labia minora/majora and/or clitoris) is rare in Chad at 2.4 per cent.

So far, medical personnel have seldom been involved in genital mutilation (three per cent of cases); however, so-called ‚medicalisation' is on the rise. FGM was performed by medical personnel on six per cent of the daughters of women surveyed. But by far the greatest number of procedures was carried out by traditional circumcisers or ‚old women'.

Unlike in other countries, in Chad FGM is seldom performed on small children. Of children under five years of age, only four per cent had been cut. Nearly half of the procedures are carried out on girls aged five to nine, with a further 37 per cent on girls between ten and 14 years. Another 4.1 per cent of girls are cut following their 15th birthday, especially in the South (Moyen Chari) where as many as ten per cent undergo the procedure after their 15th birthday.

People's attitudes would tend to indicate a decline in the practice, since 43 per cent of mothers who were themselves cut and

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have at least one daughter state that they do not wish to have their daughters cut. On the other hand, 39 per cent have already subjected at least one daughter to the procedure or intend to do so. This would mean that prevalence in the daughters' generation would be at least a few percentage points lower than it was in the mothers' generation.

Among the reasons stated for FGM, the most frequent is social respectability (31 per cent) followed by the assumption that religion requires the practice (23 per cent). At the same time, 37 per cent state that FGM has no advantages whatsoever. It would appear that the willingness to abandon the practice grows the better the economic situation and education of the mothers; this willingness is greater in urban areas than in rural ones (53 per cent to 40 per cent). Among Christian mothers, at least every other mother does not want to have her daughter cut; among Muslim mothers, only every third rejects FGM.

APPROACHES ■ Chad has ratified a number of international conventions condemning FGM. Among these are 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 Maputo Protocol on the Rights of Women in Africa, a protocol to the African Charter on Human and People's Rights, which explicitly opposes FGM and other harmful practices, has been signed but not yet ratified.

On the national level, reproductive health legislation that makes all forms of violence against women punishable by law, including FGM, has been on the books since 2002.

CONA/CI-AF, the national committee against harmful traditional practices, has been active in seeking an end to genital mutilation since 1988. Its activities include the development of alternative rituals, during which the concept of a ‚circumcision' ritual is maintained without actual genital mutilation. CONA/CI-AF also continues to be active in sensitising religious leaders and local authorities; however, the N'Djamena Declaration against FGM, formally issued in 1999, had too little effect.

Civil society engagement against FGM can be seen only sporadically. With the aid of multipliers, non-governmental organisations (NGOs), for example, provide information in rural areas about the dangers of genital mutilation. As part of prenatal care the Italian NGO COOPI, which provides medical care in the refugee camps in eastern Chad, began to register women who had been cut in 2009. The aim was to minimise complications during childbirth of Sudanese Darfur refugees and also to prevent further FGM among Sudanese women by better informing people about the risks and ill effects of the practice.

The N'Djamena Declaration against FGM

In November 1999, a network of members of parliament, representatives of NGOs, and religious and traditional leaders issued a declaration against FGM in which they committed themselves to support the drafting of a national action plan to end the practice and to promote measures in this direction. Circumcisers were to be actively integrated into the work to end FGM. In addition, the topic was to be introduced into schools, along with reproductive health in general, through the creation of modules for classroom teaching.

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For further information about the work of GIZ on FGM: www.giz.de/en/fgm.

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