



## COUNTRY FACT-SHEET

### ENDING FEMALE GENITAL MUTILATION



## Female Genital Mutilation in Guinea

**COUNTRY INFORMATION** ■ Despite fertile soil, mineral resources and its location at the sea, the West African Republic of Guinea is facing diverse problems. The entire population suffers from massive poverty, corruption and political instability. Women are further disadvantaged as a result of traditional patriarchal structures.

#### GUINEA:

**Population:** 10 million

**Population growth:** 2 %

**Religious affiliation:** 90 % Muslims, 6 % Christians, 4 % other religions

**Literacy rate:** women: 18 %, men: 43 %

**Percentage of women aged 20-24 who were married before the age of 18:** 63 %

**Maternal mortality:** 6,8 %

**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 intervention.

Genital mutilation is practised throughout Guinea. Practically no ethnic or regional variations can be identified. According to the information currently available, Guinea thus has the second highest prevalence in the world. Only in Somalia are more women subjected to FGM. According to the 2005 Demographic and Health Survey (DHS), 96 per cent of all women aged between 15 and 49 have been cut. That marks a slight decline in the practice as compared to the 1999 DHS, which recorded 99 per cent prevalence. The slight downward trend is confirmed by numbers from the 2005 DHS survey where fewer women in younger age groups had been subjected to FGM than was the case among older

women. Among the 15 to 19 year olds the prevalence was 89 per cent, among 20 to 24 year olds 95 per cent, and for all other age groups at least 97 per cent.

The most widespread form of FGM is excision, which makes up 86 per cent of interventions. Excision involves the partial or total removal of the clitoris and the labia minora (Type II according to the WHO classification). Infibulation (Type III of the WHO classification, i.e., narrowing of the vagina with (partial) removal of the labia minora and/or majora, and/or the clitoris) is found primarily in the centre of Guinea, in the North of the country and in the capital, Conakry. A total of about nine per cent of women have undergone infibulation.

Despite sensitisation campaigns in the past years, the majority of the population still supports FGM. 94 per cent of mothers taking part in the study have already had their daughters cut or are planning to do so. There is, however, a significant shift in age at which the girls are cut. Almost 60 per cent of daughters were cut between the ages of five and nine, with only 16 per cent cut at the age of ten or older. In the mothers' generation almost one in three was cut at the age of ten or older. The shift in age indicates that traditional initiation has changed and that today FGM is often practiced independently from initiation rites.

In Guinea there is a clear trend towards the medicalisation of FGM, meaning that the intervention is performed under comparatively hygienic conditions by medically trained staff, for whom the procedure often represents an additional source of income. According to the 2005 DHS, 27 per cent of daughters had been cut by medically trained staff, whereas only ten per cent of the mothers' generation had the procedure done in this way. One reason for this is almost certainly the fact that many education campaigns focus on the health risks posed by FGM. Medicalisation of the practice, however, does not alter the fact that FGM is harmful and a violation of women's human rights. GIZ rejects the medicalisation of the practice as do the WHO and other international organisations.

The main reasons given for retaining FGM in the 2005 DHS are the social standing it confers (64 per cent) and religious reasons

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(32 per cent). Other reasons include hygiene, better chances on the marriage market, and preservation of the girls' virginity. Both a majority of women (69 per cent) and men (53 per cent) believe that FGM should be retained.

**APPROACHES** ■ The Government of Guinea has ratified several international conventions condemning FGM. These include 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. Guinea has signed but not yet ratified the Maputo Protocol (to the African Charter on Human and Peoples' Rights) on the Rights of Women in Africa.

Article 305 of Guinea's penal code bans FGM, but nobody has yet been sentenced under this legislation. A government declaration dating back to 1989, relating to the constitutional right to physical integrity, condemns harmful traditional practices, including FGM. In 2000 an act of parliament was adopted to promote reproductive health, as a result of which a national action plan to eliminate FGM was drawn up. The Committee for the Prevention of Harmful Traditional Practices in Guinea (CPTAFE), which is the national committee of the Inter-African Committee for the Prevention of Harmful Traditional Practices, conducts sporadic activities to combat FGM. Activities include training for midwives and state employees. To date there has been little co-ordination at national level. Therefore a national committee for overcoming FGM was founded in 2011 under the supervision of the Ministry of Social Affairs and the Promotion of Women and Children. A national action plan 2012-2016 is supposed to be developed. Non-governmental organisations (NGOs) and other civil society actors pursue different strategies to combat FGM.

Since 1999 GTZ (GIZ as of 1 January 2011), has been implementing the project 'Ending Female Genital Mutilation' on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ). In Guinea the FGM project supported several local NGOs in various parts of the country between 2000 and 2006. In the course of cooperation GTZ came to realise that the persistence of FGM was not due to lack of information, since the target group was well informed about the consequences of the practice. As a result GTZ and the local NGOs jointly developed the innovative 'generation dialogue approach' which has been very well received to this day.

Currently, the successful approaches to overcome genital mutilation developed in the course of work with the NGOs have been incorporated into the GIZ programme 'Reproductive Health and Empowering Women', which is advised by the GIZ FGM project. Because of the prevailing political circumstances in Guinea, the programme addresses primarily the decentralised level and is specifically strengthening civil society structures in the health sector in Central Guinea. In addition to developing capacities for these

### Successful approach: the generation dialogue

Although the negative consequences of genital mutilation are often well known, people in many places cling to the practice. Education and sensitisation do not appear to be enough to change behaviour patterns. The generation dialogue focuses on the principle of 'listening and asking' rather than lecturing. The method does not concentrate on providing health education, but on reaching agreement between young and old, women and men about values and traditions. The dialogue is facilitated by specially trained local people and provides a protected forum where it is possible to discuss such sensitive issues as power relations between women and men and FGM. The group itself decides whether changes should be made, and if so when and how.

structures and making use of generation dialogue, an important goal is to combat the medicalisation of FGM. To this end, initiatives are being developed in dialogue with medical staff to promote FGM-free health centres.

*The term GTZ or Deutsche Gesellschaft für Technische Zusammenarbeit refers to one of the predecessor organisations of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). Established on 1 January 2011, GIZ pools the long-standing expertise of Deutscher Entwicklungsdienst (DED) (German Development Service), GTZ (German technical cooperation) and Inwent – Capacity Building International, Germany.*

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For further information about the work of GIZ on FGM:  
[www.giz.delfgm](http://www.giz.delfgm)*

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