



FEMALE GENITAL MUTILATION IN GUINEA

Country Information

The West African Republic of Guinea is home to 9.4 million people. The predominant ethnic groups in Guinea are the Fulbe (35 %), Malinke (26 %), Soussou (20 %), Kissi, Guerze and others. 44 % of the population is under 15 years of age. Life expectancy is 54 years. On average, a woman will have 5.7 children. More than one quarter of all women are aged between 15 and 19 when they have their first child. Only 9 % of married women of reproductive age use any form of contraception, and only 6 % of these use modern methods of contraception.

Half of rural households have no access to safe drinking water, and only 3 % have access to electricity. The level of education in Guinea is extremely low: almost three quarters of women and slightly more than half of all men have never attended school. It is estimated that 84 % of women are unable to read or write, as are 56 % of men.

Prevalence

FGM is practiced throughout Guinea. There is little ethnic or religious difference in prevalence patterns. The Demographic and Health Survey 2005 (DHS) indicates a prevalence of 96 % among women aged between 15 and 49 years.

In Guinea, the most widespread form of FGM is Type II, followed by Type I (mostly with total removal of the clitoris) and Type IV. Type III is found primarily in Moyenne Guinée, Guinée Forstièrre and Conakry, where infibulation accounts for slightly more than 10 % of all excisions. 94 % of women covered by the DHS Survey had already had their daughters excised or intended to do so. The only change that can be seen is that mothers are tending to wait longer before subjecting their daughters to the practice and that it is increasingly being performed by health professionals.

Some 10 % of cases of FGM are now performed by medically qualified individuals.

WHO Classification

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

Awareness-raising campaigns have emphasised the health risks of these practices. As a result, a growing trend can be seen to medicalise FGM, especially in urban areas. In line with the position of the World Health Organization (WHO), we reject the medicalisation of female genital mutilation. Treating the matter “medically” does not in any way alter the fact that it is harmful to the health of the girls and women affected and that it is a violation of their human rights.

The age at which girls undergo FGM ranges from several months to 14 years. Most girls are younger than five (36 %), and another third are aged between 5 and 10 (32 %). Between the ages of 10 and 14 ca. 27 % of girls are subjected to FGM, while about 3 % are older than 14. The main reasons given for continuing the practice are social acceptance (64%) and religious requirements (32 %). It is also believed that excision brings hygienic benefits, that it will preserve virginity and that it will improve girls' chances on the marriage market. Society believes that FGM is part of the initiation rites of a girl, that it cleanses her and teaches her to behave appropriately. Many non-

governmental organisations (NGOs) have strongly criticised the practice and campaigned against FGM for several years. Among younger women and men, there is a growing awareness regarding the health-related disadvantages of the practice for women. FGM remains a highly controversial issue in both the religious and political arenas.

Approaches

The Guinean government has ratified various international conventions, such as the children's rights and women's conventions, the civil and political rights covenant and the Protocol for the rights of women in Africa (Maputo Protocol). More importantly, Article 265 of the 1965 Constitution clearly forbids the mutilation of the genital organs of both men and women, and the crime is punishable by life imprisonment. To date, however, no one has been indicted for this crime. In 1989, a governmental declaration, referring to the constitutional guarantee of the right to physical integrity, condemned harmful traditional practices, including FGM. A law adopting the promotion of reproductive health was passed in 2000. Article 6 protects women and men from torture and all cruel treatment affecting the body, and especially the reproductive organs.

A 2001-2010 national action plan to campaign against FGM has now been developed in coordination with the Ministry for Social Affairs, development agencies and national NGOs.

During a visit by a delegation of the National Committee against FGM (CNLPE) from Burkina Faso in 1999, the President himself declared the necessity of proceeding step by step, advising NGOs and other actors to engage in activities in order to mobilise the whole of society.

There is currently no national structure to coordinate FGM-related activities in the country. A large number of NGOs and other organisations pursue different kinds of strategies and activities. However, forums have been organised for partners to share their experiences. The NGO "Cellule de coordination sur les pratiques traditionnelles affectant la santé des femmes et des enfants (CPTAFE)", founded in 1984, was officially acknowledged by the Ministry of Internal Affairs and Decentralisation, following the declaration in 1989.

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), GTZ is implementing the supraregional project "Ending

Female Genital Mutilation". Between 2000 and 2006 the project supported several organisations in their efforts to stop FGM.

Local NGOs, situated in Conakry, Labé, Faranah, Kissidougou and Guéckédou, and concerned with women's rights and women's health, received assistance. The NGOs work together as part of a network and are supervised by a coordination team. Along with the target groups, methods based on listening to one another and on dialogue

Good Practice: The Intergenerational Dialogue

Instead of the top-down method of lecturing the population, the intergenerational dialogue is based on the principle of "Listen and inquire. Don't preach!"

The approach involves a participatory process of dialogue and consensus building, which encourages inter-gender and inter-generational communication on the topic of FGM. It allows young and old, women and men to reflect on their respective values, traditions and expectations and to consider the timescale and the conditions under which changes should be made, and what form these changes should take

The method creates a secure framework for identifying suppressed conflicts and dilemmas, discussing them and finding solutions. Local facilitators who have been specially trained in intergenerational dialogue, ensure that each generation is included, and that they approach one another in a constructive and respectful manner.

In addition to discussions in small groups, the method involves one-to-one talks and work with the entire group, as well as role-playing, music and songs, traditional sayings and religious images. During a supervised practical phase, participants can put into practice in their own families what they have learned at the workshop.

have been developed for use in the field of FGM. These approaches, including the intergenerational dialogue, have produced promising results and have been successfully transferred to other countries.

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