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Burkina Faso FGM/C

OR Summary 72

Political Will, Law Enforcement, and Educational Campaigns Appear to Be Reducing FGM/C in Burkina Faso

In Burkina Faso, a variety of strategies—including enforcement of a law against FGM/C, strong government support for programs encouraging the abandonment of FGM/C, and debates in the mass media—led to widespread declarations of intention to abandon FGM/C. However, ensuring the sustainability of these gains will require long-term commitment from the government and from programs that seek the abandonment of FGM/C.

Background

In 2006, the Frontiers in Reproductive Health (FRONTIERS) Program collaborated with the National Committee Against the Practice of FGM/C (known by its French acronym of CNLPE) on an analysis of recent trends in female genital mutilation/circumcision (FGM/C) in rural and urban Burkina Faso. The study, conducted to help develop policies and programs for FGM/C abandonment in Burkina Faso and more widely in Africa, had three components: a description of the institutional, political and programmatic environment in Burkina; a secondary analysis of data from existing studies; and an assessment of the community's perceptions and behavior regarding FGM/C, as well as the factors that contribute to abandonment or continuation of the practice.

For the policy review, researchers collected national and international documents on laws related to FGM/C, as well as studies and evaluation reports from several intervention programs, and visited three courts to observe judicial procedures and penalties for FGM/C cases. Qualitative interviews were conducted with 28 stakeholders.

The secondary analysis examined 11 quantitative and five qualitative studies. To assess community perceptions and behaviors, researchers conducted 44 focus group discussions and 85 in-depth interviews in five provinces.



FRONTIERS/Dakar

Declaration of women's and children's rights, Burkina Faso

Findings

- ◆ Multiple Indicator Cluster Surveys (MIC3) completed by UNICEF in 2006 show that the prevalence of FGM/C has declined to 59 percent among women aged 15-49 (down from 77% reported in the 2003 Demographic Health Survey or DHS). The prevalence among girls under age 10 is 50 percent lower than among older women.
- ◆ Ethnicity and place of residence are strong factors in FGM/C. Girls from the Peulh, Bobo, and Samo ethnic groups are 2.4 to 7 times more likely to be cut than those from the Gourounsi, Mossi, Goin-Senufo, Lobi-Dagara, and Gourmanche ethnic groups. Girls who live with their mothers in rural areas are 1.2 times more likely to be cut than girls in urban areas.

◆ Qualitative research showed a decrease in FGM/C and in support for the practice. It appears that an increasing number of girls are reaching the age of marriage without being cut, and that communities in the areas studied have a strong understanding of FGM/C and its harmful consequences. Songs and dances celebrating excision appear to have disappeared. Government health workers report that fewer expectant or new young mothers have been cut.

Factors Influencing FGM/C Decline

Numerous factors have contributed to the declining practice of FGM/C. Major elements include the following:

- ◆ *Political will.* The government of Burkina Faso has endorsed the abandonment of FGM/C since the 1983 revolution, and continues to advocate strongly against the practice. Creation of the CNLPE in 1990 and of its permanent, government-funded secretariat in 1997, as well as the adoption of a 1996 law banning the practice, have been key elements of the decline in the practice.
- ◆ *Multiplicity of interventions.* In addition to the enforcement of anti-FGM/C laws, the involvement of advocates from many sectors—religious leaders, policemen, medical professionals, teachers, youth, and women’s associations—has ensured broad diffusion of messages encouraging the abandonment of FGM/C. Additionally, anti-FGM/C messages were mainstreamed within existing development and reproductive health programs.
- ◆ *Outreach.* A range of resources and outreach programs—including awareness campaigns by mobile police and army teams, information, education, and communication projects, media exposure, and a free “SOS Excision” hotline for denouncing those who cut girls—supported public dialogue about the issue of FGM/C.

◆ However, clandestine excisions are still continuing; and most older informants still support FGM/C. Factors supporting continuation of the practice include deep convictions about the practice of FGM/C and continuing myths or beliefs about the clitoris and about the “uncontrollable” sexual drives of uncut girls.

◆ Very young girls, between ages 1 and 5, may now be at greater risk, in part because they are more likely to be compliant and can be cut in secret. DHS figures from 1999 and 2003 show a 13 percent increase in FGM/C practiced on girls aged 0 to 5 (from 54% to 61%) Cutting is most likely to take place during the rainy season, when people are busy with farming; and some families migrate to facilitate cutting.

Utilization

◆ CNLPE has used the study findings to develop a new action plan for achieving the abandonment of FGM/C.

Policy Implications

◆ The progress of social and behavioral changes related to FGM/C has resulted from long-term support from many social and government sectors. Sustainability of these changes will require continuing commitment to ensure the enforcement of laws and collaboration among the stakeholders and sectors that are seeking full abandonment of FGM/C.

◆ Given the persistent negative views of uncut girls, especially among the older generation, it is important to develop strategies to support parents who decide not to have their daughters cut, and to empower and strengthen the self-esteem of uncut girls.

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Source: Diop, Nafissatou J. et al. 2008. “Analyse de l’évolution de la pratique de l’excision au Burkina Faso [Analysis of the evolution of the practice of excision in Burkina Faso],” *FRONTIERS Final Report*. Washington, DC: Population Council.

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