

GUINEA FGM/C COUNTRY PROFILE

(source: UNICEF, Guinea DHS 1999)

OVERVIEW OF FEMALE GENITAL MUTILATION / CUTTING*:

* For linguistic convenience words such as *circumcise* and *circumcised* are used in the text as synonyms of the term *cut*.

Female genital mutilation/cutting is "the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons."ⁱ It is estimated that more than 130 million girls and women alive today have undergone FGM/C, primarily in Africa and, to a lesser extent, in some countries in the Middle Eastⁱⁱ.

FGM/C is a fundamental violation of women's and girls' rights. It violates the rights to health and to physical integrity, to be protected from harmful traditional practices, to be free from injury, abuse and degrading treatment. Furthermore, girls usually undergo the practice without their informed consent, depriving them of the opportunity to make independent decisions about their bodies.

Many international treaties and conventions condemn harmful traditional practices. Among these are the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the African Charter on the Rights and Welfare of the Child, the African Charter on Human and People's Rights and the

Additional Protocol on Women's Rights (Maputo protocol), and the European Convention on Human Rights.

FGM/C continues to be practiced for a variety of reasons. Most often, women cite custom and tradition as a main cause for their support of the practice. Other reasons cited by women include religious demands, cleanliness/hygiene, virginity/morality, and better marriage prospectsⁱⁱⁱ.

FGM/C is an extreme example of discrimination based on sex. Often used as a way to control women's sexuality, the practice of FGM/C is closely associated with girls' marriageability^{iv}. Mothers choose to subject their daughters to the practice to protect them from being ostracized, beaten, shunned or disgraced.

FGM/C is routinely traumatic. It is often performed in poor sanitary conditions by traditional practitioners. The immediate and long-term health consequences vary according to the procedure performed. Immediate complications include excruciating pain, shock, urine retention, ulceration of the genital regions and injury to

the adjacent tissue. Other complications include septicaemia (blood poisoning), infertility and obstructed labour. Haemorrhaging and infection have caused death^v.

ⁱ WHO, UNICEF and UNFPA (1997), *Female Genital Mutilation: A joint statement*, World Health Organization, Geneva, pp. 1-2.

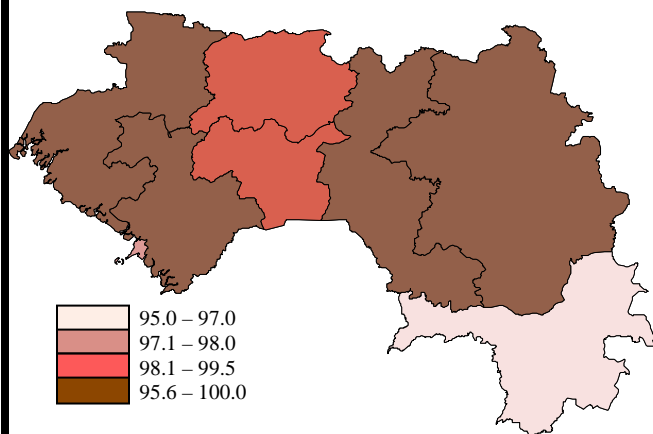
ⁱⁱ WHO (2000), 'Female Genital Mutilation', Fact Sheet No. 241. Accessed on the Web at <http://www.who.int/mediacentre/factsheets/fs241/en/> (21 Oct. 2005).

ⁱⁱⁱ Yoder, P. Stanley, Noureddine Abderrahim, and Arlinda Zhuzhuni (2004), *DHS Comparative Reports No. 7: Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis*, ORC Macro, Calverton, Maryland (USA).

^{iv} Mackie, Gerry (1996), 'Ending Footbinding and Infibulation: A Convention Account', *American Sociological Review*, Vol. 61, No. 6, p. 1009.

^v WHO (1997), *op. cit.*

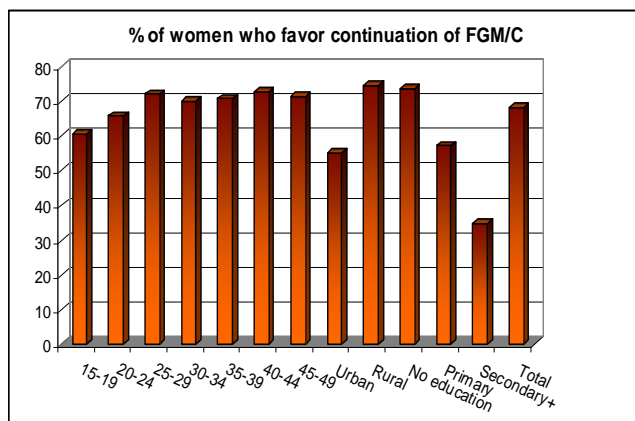
FGM/C is a universal practice in Guinea -- 99% of women have undergone some form of cutting:



Guinea has the world's highest prevalence rates of FGM/C among women aged 15-49. At 99%, the practice is almost universal across regional, ethnic or religious groups. For women aged 19 and younger, FGM/C prevalence rates are slightly lower, at 97%.

FGM/C has long been common in Guinea. Both Muslim and Christian population groups practice genital cutting. There are very few differences across ethnic groups. The women of the Guerze group have the lowest prevalence rate (89%).

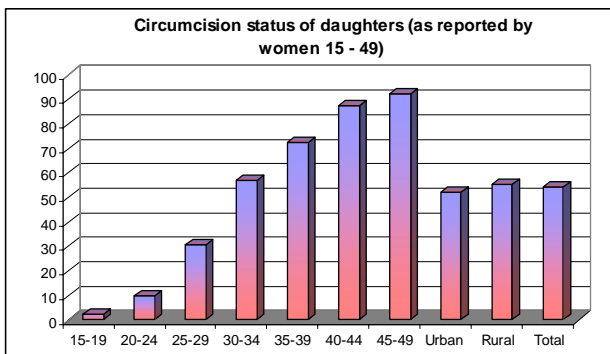
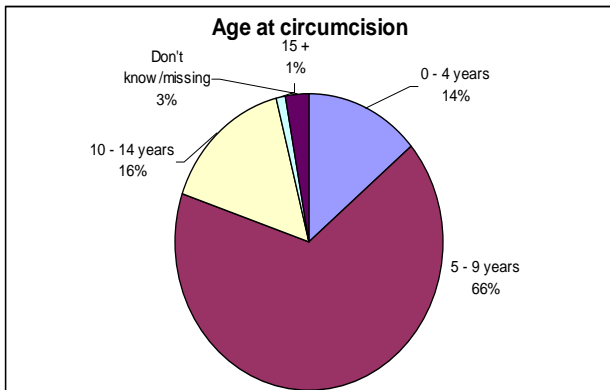
Attitudes towards FGM/C:



1999 DHS data indicated that 68% of women aged 15-49 in Guinea believed the practice of FGM/C should be continued. Support for the practice is higher among rural and less educated women, than among women living in urban areas and with higher educational attainment.

Over half of the women (59%) who favoured the abandonment of FGM/C cited "painful experience" as a reason for their opposition. 11% thought the practice led to medical complications. Other reasons cited by women for opposing the practice included that it decreased sexual pleasure both for women and for men, and that it was against the religion.

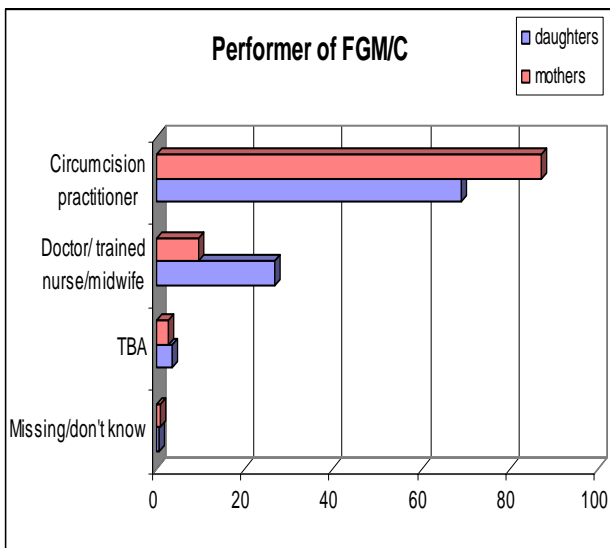
Girls at risk – 54% of women aged 15 – 49 report at least one of their daughters has undergone some form of FGM/C:



According to the 1999 DHS findings, over 60% of girls who have undergone FGM/C were circumcised by the age of nine. Another 14% were circumcised by the age of four. The median age of circumcision for mothers is 9.3 years and 7.4 for daughters. There are few religious, ethnic or regional differences influencing the age at which girls undergo FGM/C.

A total of 54% of women in Guinea report having at least one of their daughters circumcised. This is consistent throughout the country, with few differences between urban and rural areas. Mothers' educational level does not appear to influence the likelihood of a daughter being circumcised – the same proportion of women without formal education and women with secondary education (55.2%) report having at least one circumcised daughter. The FGM/C circumcision status of daughters is lowest among Christian (38%) and Animist (36%) women, and highest among Muslim women (57%). At the time of the 1998/99 DHS survey, 39% of women who had not had their daughters circumcised reported their intention to have them undergo FGM/C in the near future.

Performer of FGM/C:



The involvement of medical personnel in the performance of FGM/C is often referred to as “medicalization” of the practice. While it is thought to decrease the negative health consequences of the procedure, UNICEF believes medicalization obscures the problems related to FGM/C, and prevents the development of effective and long-term solution for the abandonment of the practice.

In Guinea, over 87% of women report having been circumcised by a circumcision practitioner. Among daughters, this number is 69%. Another 9% of women and 27% of daughters were circumcised by a doctor, a trained nurse, or a midwife. This number is higher among educated women (32%), women living in urban areas (20%), and Muslim women (11%). There are also sharp generational differences, with less than 1% of women in the 40 – 49 age group having been circumcised by a doctor or a nurse, compared to 22% of women aged 15-19.

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