

MAURITANIA FGM/C COUNTRY PROFILE

(source: UNICEF, Mauritania DHS 2000/01)

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." 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.

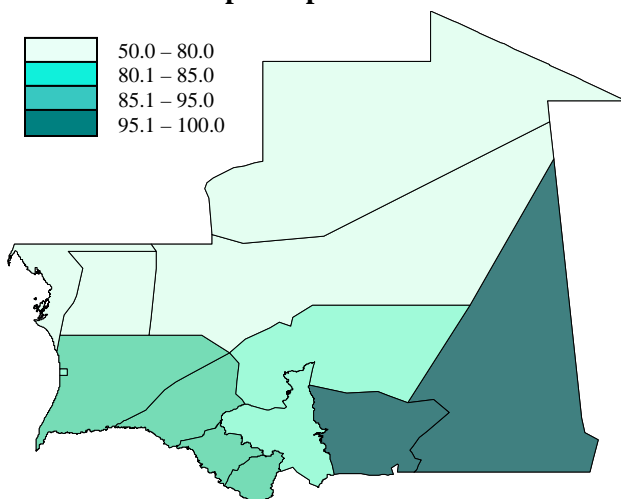
ⁱⁱ WHO (2000), 'Female Genital Mutilation', Fact Sheet No. 241. Accessed on the Web at <http://www.who.int/mediacentre/factsheets/fs241/en/> (21 Oct. 2005).

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.*

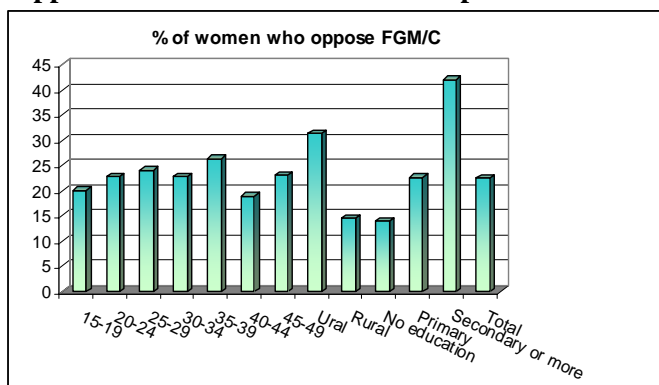
FGM/C is a widespread practice in Mauritania -- 71% of women have undergone some form of cutting:



71% of women aged 15 – 49 report having undergone some form of FGM/C in Mauritania. For women aged 19 and younger, FGM/C prevalence rates are slightly lower, at 66%. There are significant regional, ethnic, and educational status differences among women throughout the country.

Prevalence rates are exceptionally high in two zones, the South Eastern (97%) and the Central (88%). These are the areas neighbouring Mali, where FGM/C is widely practiced. Similar differences exist across educational status. Women with religious education have the highest prevalence rates (80%), compared to women who have had secondary education or higher (58%). Across ethnic lines, the practice is most prevalent among the Sonikes (92%), Poular (72%) and women of Arabic descent (71%).

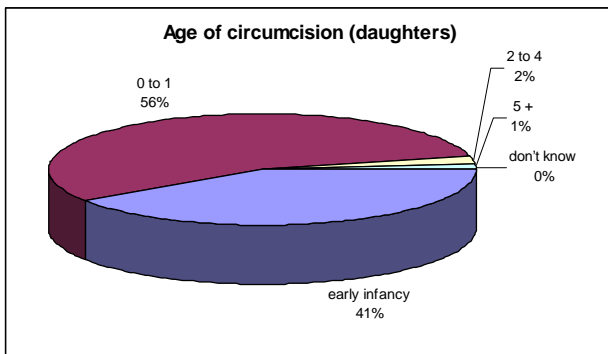
Support for the abandonment of the practice:



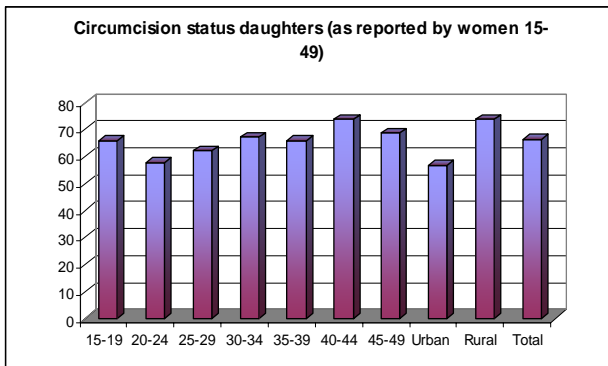
2000/01 DHS data indicated there is some support for the elimination of the practice in Mauritania. 23% of women aged 15-49 who have heard of FGM/C believe the practice should be discontinued. Urban and better-educated women are more likely to oppose the practice than rural and less-educated.

There are significant regional differences in the attitudes towards the continuation of the practice. Women in the regions of Nouakchott (34%) and the North (29%) are more likely to oppose FGM/C than women in Central (6%) or South-Eastern (14%) regions.

Girls at risk – 66% of women aged 15 – 49 in Mauritania report at least one of their daughters has undergone some form of FGM/C, most of them in early infancy:

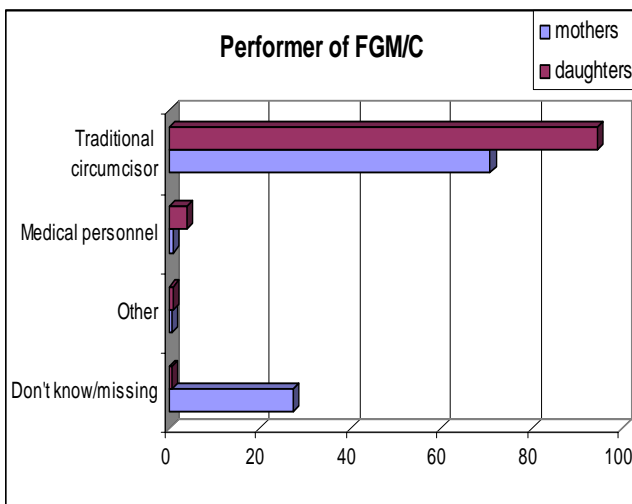


According to the 2001 DHS findings, 98% of girls who have undergone FGM/C were circumcised by the age of five. This pattern is similar to the mothers' experiences as well. There are few ethnic or regional differences influencing the age at which girls undergo genital cutting.



A total of 66% of women in Mauritania reported at least one of their daughters having undergone some form of FGM/C. There are significant regional and ethnic differences. Prevalence rates for daughters are lowest among women from the Wolof ethnic group (22%) and highest among women from the Soninke ethnic group (90%). In addition, mothers' educational status appears to influence the likelihood of a daughter being circumcised. 72% of women with no formal education or with religious education report having had at least one of their daughters circumcised, compared to 40% of women with some secondary education. At the time of the survey, an additional 3% of women who did not have their daughters circumcised reported the intent to have her undergo FGM/C.

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 Mauritania, over 70% of women who have undergone FGM/C report having been circumcised by a circumcision practitioner. Among daughters, this number is even higher, at 94%. 1% of women and 4% of daughters have been circumcised by a doctor, a trained nurse, or a midwife. In Mauritania traditional practitioners perform most FGM/C operations.

For more information please contact:

United Nations Children's Fund
 Strategic Information Section/DPP, (212) 326 7557
 Child Protection Section/PD, (212) 326 7352
 3 UN Plaza, New York, NY 10017, USA

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