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Government and NGOs collaborate to fight female genital mutilation

The 1994 Constitution of the Central African Republic (CAR) guarantees equal rights to men and women in all domains of society. However, local traditions that discriminate against women remain strong amidst the predominantly rural population.

Female genital mutilation (FGM)¹ was forbidden by national law in 1966.² FGM is punishable by “imprisonment from one month and one day to two years and by a fine of from 5,501 to 100,000 francs, or by either punishment.”³ Nonetheless, a 1994–1995 Demographic and Health Survey of 5,884 girls and women aged 15–49 years revealed that 43.4 per cent had undergone FGM. Prevalence varied from 40 per cent in urban areas to 46 per cent in rural areas, and variability between regions was from 14 per cent to 91 per cent. This reflected varied FGM practices between different ethnic groups. Among the Banda and Mandjia, for example, FGM prevalence exceeded 70 per cent, while among the Gbaya, Haoussa and Sara, less than half of the population practiced FGM, and among the Yakoma-Sango, Mboum and Zandé-Nzakara, FGM prevalence was less than 5 per cent.⁴

The Demographic and Health Survey recorded that 27 per cent of girls and women reported side effects after cutting: 65 per cent reported bleeding, 40 per cent cited pain, and 17 per cent indicated that they had experienced a fever.⁵ It did not, however, record the number of girls and women suffering death or chronic health complications as a consequence of FGM. The World Health Organisation reports that FGM causes, inter alia, severe bleeding and problems urinating, and potential complications in childbirth, newborn deaths and infertility.⁶ Moreover, as the conditions in which the procedure is conducted are in most cases highly unhygienic (not to mention that it is performed without anaesthetic), many girls develop severe infections, which in some cases are deadly if untreated.

Since the mid-1990’s, the government and civil society in CAR have collaborated to try to eradicate FGM. Data suggests that this is having a positive effect. In 2000, just five years after the Demographic and Health Survey, government surveys recorded FGM prevalence as having dropped to 36 per cent.⁷ Later UNICEF statistics record a further decrease: between 2002 and 2007, the prevalence of FGM among girls and women aged 15 to 49 years was 26 per cent. The percentage of women aged 15 to 49 with at least one mutilated/cut daughter was 7 per cent.⁸

The government’s strategies to fight FGM have included gathering and assessing information, establishing structures and developing action plans. Since 1996, demographic and health surveys at the national level include questions related to FGM, so as to improve the level of understanding of the phenomenon, and help the government to identify the appropriate

1 Female genital mutilation (FGM), also known as female genital cutting or female circumcision is defined by the World Health Organization as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.” See: World Health Organization, *New Study Shows Female Genital Mutilation Exposes Women And Babies To Significant Risk At Childbirth*, Press release, June 2, 2006, <http://www.who.int/mediacentre/news/releases/2006/pr30/en/index.html> (accessed August 6, 2009).

2 US Department of State, “Prevalence of the Practice of Female Genital Mutilation (FGM); Laws Prohibiting FGM and their Enforcement; Recommendations on How to Best Work to Eliminate FGM”, 20, <http://www.state.gov/documents/organization/9424.pdf> (accessed August 6, 2009).

3 5,501 to 100,000 Communaute Financiere Africaine francs is roughly 8 to 152 Euro. Anika Rahman, and Nahid Toubia, *Female Genital Mutilation: A Guide to Laws and Policies Worldwide* (London: Zed Books in assoc. with CRLP and Rainbo, 2001).

4 Robert Ndamobissi, Gora Mboub, and Edwige Opportune Nguélébé, *République Centrafricaine: Enquete Démographique et de Santé 1994-95* (Bangui and Calverton MD : Direction des Statistiques Démographiques et Sociales, Division des Statistiques et des Etudes Economiques, Ministère de l’Economie, du Plan et de la Coopération Internationale and Macro International Inc., December 1995), 11, 201, http://www.measuredhs.com/pubs/pub_details.cfm?ID=108&ctry_id=5&SrchtP=ctry&flag=sur&cn=CAR (accessed August 9, 2009).

5 Ibid., 16.

6 WHO, “Key Facts on Female Genital Mutilation,” WHO Media Centre, <http://www.who.int/mediacentre/factsheets/fs241/en/index.html> (accessed August 6, 2009).

7 UN Human Rights Committee, Eighty-Seventh Session, Replies to Questions, *List of issues to be taken up in connection with the consideration of the second periodic report of the Central African Republic*, CCPR/C/CAF/Q/2/Add.1, June 23, 2006, 4, <http://daccess-dds.un.org/doc/UNDOC/GEN/G06/428/19/PDF/G0642819.pdf?OpenElement> (accessed August 6, 2009).

8 UNICEF, “Central Africa Republic: Statistics,” UNICEF February 2004, http://www.unicef.org/infobycountry/car_statistics.html#59 (accessed August 6, 2009).

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steps to address it.⁹ The government, in partnership with UNICEF, commissioned three multi-indicator surveys (in 1994, 2000, and 2006) to gain a clearer picture of the results of its efforts towards combating FGM.¹⁰ In 1996, the Government established a national committee against traditional practices that affect women's health. In 1999, it adopted a national policy for the advancement of women, which led to an action plan for combating harmful practices and violence against women and girls.¹¹ This was subsequently reviewed and, in 2007, a new four year action plan was adopted to combat harmful practices, gender-based violence and sexual violence including genital mutilation.¹²

A key challenge is to alter community attitudes. The major obstacle to eradicating FGM is that it is a highly valued ritual, marking the transition from childhood to womanhood, and making a woman culturally and socially acceptable. If a girl or woman does not undergo FGM, social sanctions are likely to be applied: other girls will no longer associate with her, she will be called derogatory names, and she will be denied the status and access to positions and roles that "adult" women in the community can otherwise occupy. Traditionally, among communities that practice FGM, no eligible man would consider marrying a girl who has not undergone the procedure.¹³

The government has thus collaborated with women's and human rights non-governmental organisations (NGOs) on campaigns to change attitudes to FGM in rural areas. One such NGO is the Inter-African Committee on Traditional Practices (CIAF), which operates in 28 countries across Africa. CIAF was formed in 1984 by a group of women in Senegal who started raising public awareness of the dangers of FGM, and began pressuring decision-makers to take concrete action to implement the relevant laws. CIAF's activities include:

- organising events and conducting door-to-door awareness raising to highlight the harmfulness of FGM
- training legislators, health workers, youth, religious and community leaders on FGM
- reporting instances of FGM to the appropriate authorities
- research on intergenerational perceptions, trends, attitudes and practices related to FGM.

CIAF particularly tries to involve men and boys in their forums, hoping by this to change attitudes and make a breakthrough with regard to the elimination of negative cultural practices.

In CAR, CIAF's activities in 2008 included:

- A workshop for 48 legislators, including magistrates, lawyers, marshals, police officers and human rights specialists, from both the provinces and from Bangui. The opening ceremony was attended by members of the Ministry of Family and Social Affairs, the Ministry of Health, and the Ministry of Justice. Participants discussed the harmful consequences of certain traditional practices, and produced recommendations for government action.¹⁴

9 Karungari Kiragu, « La mutilation génitale des femmes : Un problème de santé publique, » *Population Reports, Répondre aux besoins des jeunes adultes XXIII*, no.41 Série J (Octobre 1995), <http://www.infoforhealth.org/pr/pr/fj41/fj41fgm4.shtml> (accessed August 6, 2009).

10 UN Human Rights Committee, Eighty-Seventh Session, Replies to Questions, *List of issues to be taken up*, 4. See also: République Centrafricaine, Ministère de l'Economie, du Plan et de la Coopération Internationale, Institut Centrafricain des Statistiques, et des Etudes Economiques et Sociales, *Suivi de la Situation des Enfants et des Femmes : Résultats de l'enquête à indicateurs multiples couplée avec la sérologie VIH et anémie en RCA 2006, Rapport Préliminaire* (Bangui : Ministère de l'Economie, du Plan et de la Coopération Internationale, Institut Centrafricain des Statistiques, et des Etudes Economiques et Sociales, Novembre 2007), http://www.childinfo.org/files/MICS3_CAR_PreliminaryReport_2006_Fr.pdf (accessed August 6, 2009).

11 UN Human Rights Council, Fifth Session, Working Group on the Universal Periodic Review, *Universal Periodic Review: Central African Republic*, Highlights, May 4, 2009, <http://www.ohchr.org/EN/HRBodies/UPR/Pages/Highlights4May2009.aspx> (accessed August 6, 2009).

12 UN Human Rights Council, Fifth Session, Working Group on the Universal Periodic Review, *National Report submitted in accordance with Paragraph 15(A) of the Annex to Human Rights Council Resolution 5/1: Central African Republic*, A/HRC/WG.6/5/CAF/1, February 23, 2009, http://lib.ohchr.org/HRBodies/UPR/Documents/Session5/CF/A_HRC_WG6_5_CAF_1_E.pdf (accessed August 6, 2009).

13 IRIN News, "Africa: When culture harms the girls – the globalisation of female genital mutilation," *IRIN News*, March 2005, <http://www.irinnews.org/InDepthMain.aspx?InDepthId=15&ReportId=62462> (accessed August 6, 2009).

14 Inter-African Committee on Traditional Practices, *Annual Report 2008* (Dakar: IACTP, 2008), 15, <http://www.iac-ciaf.com/Reports/IAC%20Annual%20report%202008.pdf> (accessed August 6, 2009).

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- Training 16 women from NGOs on the harmful consequences of FGM and the relevant international and national legal frameworks. Participants worked together on strategies to prevent FGM. Later in the process, these 16 women would train another 168 women in six workshops, giving them the necessary tools and knowledge to sensitise their own communities.¹⁵

Despite the apparent achievements of awareness raising campaigns on FGM, law enforcement is still required. In 2006, the United Nations Human Rights Committee urged CAR to take measures to criminalise FGM and ensure that the perpetrators are brought to justice.¹⁶ In the words of Marguerite Ramadan, President of CIAF in CAR, “radio and TV spots, newspaper articles and community events all help raise the awareness of this harmful practice ... But to fully eradicate FGM we need to have the authorities on our side enforcing the law.”¹⁷

¹⁵ Ibid., 9.

¹⁶ UN Human Rights Committee, Eighty-Seventh Session, Official Records, *Concluding Observations, Central African Republic*, CCPR/C/CAF/CO/2, July 27, 2006, <http://www.unhcr.org/refworld/docid/453777a9e.html> (accessed August 6, 2009).

¹⁷ Rebecca Bannor-Addae, “Fighting circumcision in the Central African Republic,” *Humanitarian and Development Partnership Team Central African Republic (HDPT CAR)*, February 9, 2009, <http://hdptcar.net/blog/2009/02/09/fighting-circumcision-in-the-central-african-republic/> (accessed August 6, 2009).