DATA UPDATE:

FGM/C IN BURKINA FASO

September 2024

About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation (*NGO*) catalysing the global movement to end female genital cutting (*FGC*). Its strategy for 2023 to 2028 focuses on three objectives:

1. to undertake research, generate evidence and curate knowledge to better equip those working to end FGC;
2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGC; and
3. to steer global and regional policies, actions and funding towards ending FGC.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative**.

A Note on Data

Statistics on the prevalence of FGM/C are compiled regularly through large-scale household surveys in developing countries, predominantly the **Demographic and Health Survey (*DHS*)** and the **Multiple Indicator Cluster Survey (*MICS*)**. For Burkina Faso, the main surveys are the DHS 1998–1999, the DHS 2003, the MICS 2006, the DHS 2010 and the DHS 2021. However, due to instability and insecurity in the Sahel region, data from the DHS 2021 about the Sahel and East regions, particularly, should be interpreted with caution.

All cited texts in this Data Update were accessed between 1 June and 23 August 2024, unless otherwise noted.

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ORCHID PROJECT

WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

Summary

*The prevalence of FGM/C in Burkina Faso has reduced from **75.8%**[1] **to 56.1%**[2] between 2010 and 2021. Within the 15–19 age group (those most recently exposed to the risk of FGM/C), prevalence has reduced from 57.7%[3] to 32.2%.[4]*

FGM/C has been illegal in Burkina Faso since 1996,[5] and the Government has made a substantial effort to implement the law, taking innovative approaches (mobile community courts, translation of the law into multiple languages and engagement with key stakeholders) that have built greater respect for the law within communities.[6]

The prevalence of FGM/C dropped in every region of Burkina Faso between 2010 and 2021, but there have been concerning changes in the type of cutting performed in certain regions. There has been an overall shift from 'cut, flesh removed' to 'cut, no flesh removed', but an alarming increase in 'sewn closed' (Type 3 according to the World Health Organization's classifications[7]) from 1.2% to 7% nationally. In certain regions, there have been increases in Type 3 cutting of over 20 percentage points.[8]

The Government of Burkina Faso, the National Committee Against the Practice of FGM/C (*Comité National de Lutte Contre la Pratique de l'Excision* – 'CNLPE') and civil-society organisations have been active in the fight against FGM/C since the early 1980s. However, insecurity and instability have created a risk of backtracking on the gains of recent years. Sustained efforts and resourcing are necessary to continue the work toward abolishing FGM/C. Taking a 'nexus approach' with humanitarian actors is critical for hard-to-reach areas, to prevent FGM/C and provide services for FGM/C survivors.[9]

FGM/C Trends

Since 2010, the prevalence of FGM/C among women aged 15–49 in Burkina Faso has reduced from 75.8%[10] to 56.1%,[11] a change that should be celebrated. Most promising is the change in prevalence among girls aged 15–19 years. Prevalence within this group dropped from 57.7% in 2010[12] to 32.2% in 2021.[13] (In comparison, 82.5% of women aged 45–49 had undergone FGM/C as of 2021.[14]) The DHS's national prevalence figures include all women aged 15–49 years, but the 15–19 age group is the cohort that has been exposed to the risk of FGM/C most recently, and therefore represents a more current assessment of the incidence of cutting.

However, due to the country's population growth between 2010 and 2021, the actual *number* of girls and women who have been cut remains about the same: 6,152,951 in 2010 compared to 6,221,482 in 2021.

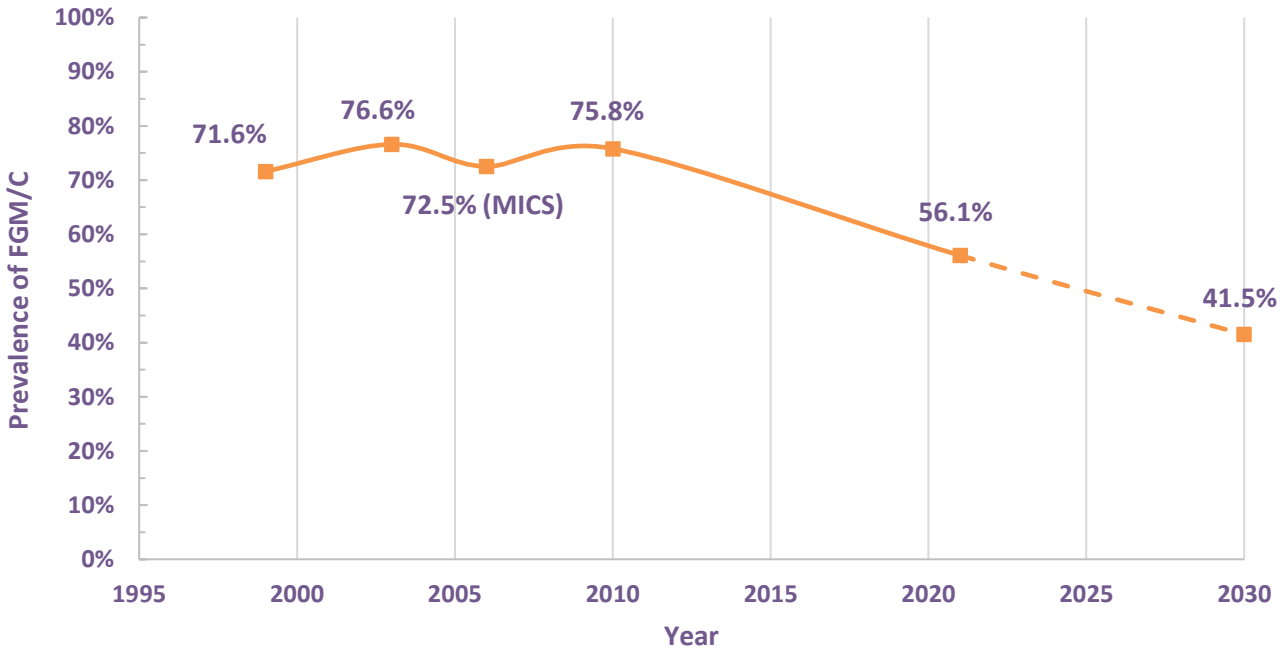

Figure 1: Prevalence of FGM/C among Burkinabé women Faso aged 15–49 (1998/1999, 2003, 2006, 2010, 2021, and projected to 2030)[15]

If progress continues at the same rate as it did between 2010 and 2021, the projected national prevalence in 2030 (the Sustainable Development Goals' target year) will be 41.52% (see Figure 1).

There have been drops in prevalence in both rural and urban areas from 2010 to 2021: in rural areas, from 78.4% to 58.9%, and, in urban areas, from 68.7% to 50.2%.[16] In fact, there have been decreases in prevalence in all regions (Figure 2), with the exception of the Sahel. However, due to instability and insecurity in that region, data from the DHS 2021 may not be fully representative of the area.[17]

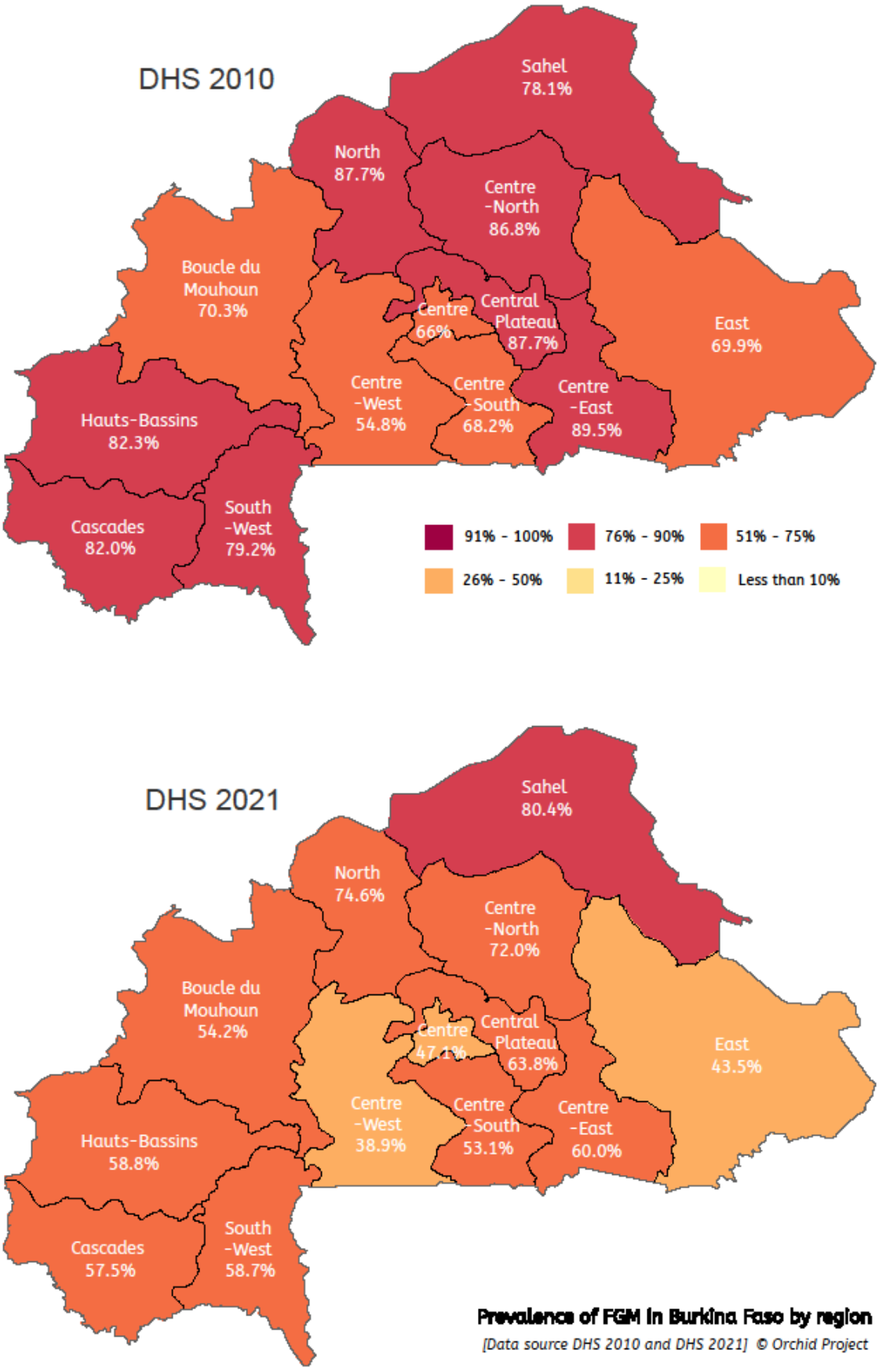

Figure 2: Comparison of FGM/C prevalence in Burkinabé women aged 15–49, 2010 and 2021[18]

Survey	No Formal Education	Primary Education	Secondary Education	Tertiary Education
DHS 2010	80.3%	69.5%	56.0%	51.5%
DHS 2021	66.2%	53.7%	36.8%	26.6%

Table 1: Prevalence of FGM/C in Burkinabé women aged 15–49 according to level of education[19]

Survey	Lowest	Second	Middle	Fourth	Highest
DHS 2010	77.3%	78.1%	77.8%	79.6%	68.5%
DHS 2021	59.3%	60.4%	60.1%	56.9%	46.9%

Table 2: Prevalence of FGM/C in Burkinabé women aged 15–49 according to level of wealth[20]

Changes in the prevalence of FGM/C can be seen across wealth quintiles and across education levels, the most significant changes being among those in the wealthiest quintile and those with the highest levels of education (see Tables 1 and 2).[21]

A predictive factor for girls to be cut between the ages of 0 and 14 is their mother's education level: 10.6% of girls whose mothers have had no formal education are cut, as are 3.1% of those whose mothers have had a secondary or higher level of education.[22]

Changes in Types of Cutting

The types of FGM/C practised in Burkina Faso changed between 2010 and 2021. In women aged 15–49, there was a decrease in 'cut, flesh removed', from 76.8% to 56.6%, and an increase in 'cut, no flesh removed', from 16.6% to 21.3%.[23]

At first glance, this suggests a shift toward less severe types of cutting. However, there appear to be concerning trends emerging in relation to 'sewn closed' – Type 3 FGM/C, according to the World Health Organization's classifications (also known as 'infibulation').

The prevalence of Type 3 in 2010 was 1.2%,[24] but this increased *to 7.3% in 2021.[25]*

The regions with the highest prevalence of this type of cutting include:

- Centre-West – 26.2% of all women who have been cut have undergone Type 3; this is an increase from 0.5% in 2010;
- East – 15.4%, increased from 1.0%; and
- North – 20.6%, increased from 0.6%.[26]

However, as the East and North regions, in particular, were difficult to reach during the 2021 survey, this data may not be representative of the population as a whole in those areas. Further research would be needed to confirm or dismiss this as a trend.

Looking at the actual figures in terms of population growth between 2010 and 2021, 'cut, no flesh removed' increased from 1 million to 1.3 million girls/women, 'cut, flesh removed' decreased from 4.7 million to 3.5 million, and 'sewn closed' increased from 73,835 to 454,168.

Changes in Attitudes Toward FGM/C

There have been some changes in reported attitudes toward FGM/C between 2010 and 2021, but none of these changes have been substantial. 17.3% of women aged 15–49 who have undergone FGM/C believed that the practice was required by their religion in 2010. This reduced to 13.4% in 2021. The shift among men is less significant – from 14.9% in 2010 to 15.6% in 2021.[27]

87.1% of women and 81% of men aged 15–49 believe that FGM/C should not continue; this has decreased slightly from 89.9% of women and 86.9% of men in 2010.[28]

Contexts

Development

Burkina Faso has a population of 16 million. Approximately 630,000 are on the brink of starvation, and 2.6 million people are facing food insecurity.[29] *Approximately 64% of Burkina Faso's population lives in severe poverty.*[30]

In December 2022, almost 24% of schools were closed and 42% of health facilities were not operating at full capacity or were closed.[31] Several high courts were closed or relocated.[32]

In Burkina Faso, 52% of girls are married before the age of 18 and 10% before the age of 15. This is much higher than the 4% of boys who are married before the age of 18. The Sahel region of Burkina Faso has the highest rate of child marriage (76%), followed by the East (72%).[33]

Politics

Burkina Faso was previously perceived as a stable West African nation, but in recent years has struggled with some of the same instability that characterises the wider Sahel region.

President Roch Kaboré was elected in 2015 and subsequently re-elected in 2020. On 24 January 2022, Paul-Henri Damiba led a coup, together with the Burkina Faso army, to depose President Roch Kaboré. Damiba cited Kaboré's failure to control the security situation and unite the country as key reasons for ousting the Government.[34] On 30 September 2022, Damiba himself was deposed in a second coup led by army Captain Ibramim Traoré, who dissolved the transitional government and suspended the constitution with a charter giving himself unilateral powers.[35]

The security situation in Burkina Faso has been deteriorating since 2015, and this has been attributed to political instability as well as rebel fighters allying with al-Qaeda and ISIL/ ISIS. It is reported that two million Burkinabés have been displaced and thousands killed. Some analysts have noted that this shift has made Burkina Faso the new epicentre of the conflict in the Sahel.[36]

Burkina Faso was suspended from the Economic Community of West African States (*ECOWAS*) in 2022 in response to the January coup.[37] In July 2022, a 24-month transition timetable was agreed with ECOWAS, but elections that were previously scheduled for July 2024 were deemed 'not a priority' and postponed indefinitely by Traoré in September 2023.[38]

In June 2022, Mahamadou Issoufou, former president of Niger and a mediator between Burkina Faso and ECOWAS, reported that 40% of the country was outside of state control.[39]

Since 2022, violent incidents involving rebel fighters have doubled and fatalities are three times as high. An estimated 5,000 people were killed in 2023.[40] In June 2024, an armed group linked to al-Qaeda, Jama'at Nusrat al-Islam wal-Muslimin (*JNIM*), claimed responsibility for an attack that killed more than 100 Burkina Faso soldiers.[41]

The Law

Governments of Burkina Faso have opposed FGM/C for decades, since the 1983 revolution that launched the current republic. The National Committee Against the Practice of FGM/C (Comité National de Lutte Contre la Pratique de l'Excision, *CNLPE*) was established in 1990. FGM/C was criminalised under the Penal Code in 1996[42] and the CNLPE was integrated into the Government as a funded secretariat in 1997.

Article 380 of Burkina Faso's Penal Code states,

> [A]ny person who violates or attempts to violate the physical integrity of the female genital organ either in total or ablation, excision, infibulation, desensitisation or by any other means will be imprisoned for six months to three years and a fine of 150,000-900,000 francs or by either punishment. If FGM results in death, the punishment shall be imprisonment for 5–10 years.[43]

The law also imposes punishments on persons in the medical and paramedical fields taking part in FGM/C or those who have knowledge of a procedure, but do not report it.[44]

Research

The Role of Religion in Decision-Making on FGM/C

A case study developed by Hayward and Trinitapoli in 2011[45] found that the role of religion in predicting the likelihood that a mother would have her daughter cut in Burkina Faso is influenced by the FGM/C prevalence of the community. Unexpectedly, where the FGM/C prevalence is lower in the community, the role of religion in decision-making is greater.

This finding suggests that a general decline in FGM/C in a community may not be sufficient to reach a 'tipping point', and instead may reinforce religious norms for some sub-groups of the community, particularly when those norms are linked to religious identity.

Comparing Roll-Out of Anti-FGM/C and Anti-Child-Marriage Laws

A study conducted by Wouango and Ostermann in 2023[46] compared the results of the implementation strategies for the anti-FGM law and the anti-child-marriage law in Burkina Faso.

The study found that the anti-FGM law was implemented by promoting understanding of the law within communities, facilitating enforcement at a community level and following up with enforcement at higher judicial levels.

The anti-child-marriage law was not enforced as effectively. It lacked a coordinated approach and community-level facilitation to improve understanding of the law. As a result, the anti-FGM law has had a greater impact in terms of eliminating a traditional practice than has the anti-child-marriage law.

However, the authors acknowledge the critical importance of the alignment of legal and social norms in each case. As a large majority of the population of Burkina Faso is in support of the abandonment of FGM/C, the anti-FGM law supports the social norm. However, child marriage in the country is more complex and driven by economic insecurity, the preservation of virginity and maintaining family honour, setting the social norm at odds with the law.

Comparing the Impact of Anti-FGM/C Laws in Burkina Faso and Mali

A study conducted by Mwanga *et al.* in 2020[47] found that the Government of Burkina Faso utilised innovative approaches to implement the anti-FGM law, which can be used in other countries – specifically countries like Mali that do not have anti-FGM laws.

The Government used mobile community courts to process cases within localities; established a free hotline to report FGM/C cases; engaged high-level community and religious leaders to improve awareness of the law; trained judicial actors, health workers and community patrols to sensitise community members; and formed partnerships with national and local media outlets to share messaging in multiple languages.

When asked in key informant interviews, 54% of respondents said that respect for the law motivated them to comply, as well as a belief that others in their communities behaved similarly.

As mentioned above, social norms that align with legal norms contributed to a respect for the law, as 84% of respondents in Burkina Faso reported that they would stop practising FGM/C if everone else in their community abandoned the practice.

Recommendations

1. Due to the increasing instability, insecurity and political unrest in Burkina Faso, a 'nexus' approach to the crisis is critical to engage with humanitarian actors, integrate FGM/C prevention and support within existing programming, and interlink service delivery in a complex situation.[48]
2. In a situation of crisis and where FGM/C has been linked with Muslim identity, there is a risk of the practice becoming further entrenched in response to anti-FGM/C activism. It is critical that religious leaders join the dialogue around FGM/C and provide both high-level and community messaging to delink the practice from Islam.
3. With data suggesting that more severe types of FGM/C are increasing in certain regions, the Government of Burkina Faso and non-state actors must prioritise work in these areas, including prevention measures and services for FGM/C survivors. This is especially urgent in areas of conflict and insecurity, where schools and health centres are closing or operating at less than full capacity.
4. To preserve hard-won gains in the fight against FGM/C in Burkina Faso, civil society and the National Committee Against the Practice of FGM/C (Comité National de Lutte Contre la Pratique de l'Excision) must be resourced and supported to continue the work toward the elimination of FGM/C across the country.
5. Because of the current security situation, FGM/C programming should be integrated into programmes related to food and economic security, safe spaces for adolescents and educational support to keep girls in school.
6. Programmes must address the intersections of FGM/C and child marriage in Burkina Faos, particularly in regions where both practices are very common (Sahel and East regions).
7. Gathering learning from the implementation of the anti-FGM/C law, the mobile community courts, TV and radio messaging about the law, and the work with stakeholders (health workers, members of the judiciary, and community/religious leaders) to raise awareness of the law should all be continued. These implementation strategies have been found to have positive impacts on traditional practices, due to the law's alignment with attitudes against FGM/C in many communities.

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