



FGM/C IN CAMEROON: SHORT REPORT

November 2019

Key Findings and Indicators¹



Prevalence: In Cameroon, the prevalence of FGM/C in women aged 15–49 was 1.4% in 2004



Geography: The highest prevalence is found in the far north, at 5.4%



Age: Data suggests FGM/C is most likely to be performed between the ages of five and nine



Type: 'Cut, flesh removed' is the most common type of FGM/C practised



Agent: 89% of women and girls are cut by traditional midwives/birth attendants



Attitudes: 84.1% of women and 84.6% of men who have heard of FGM/C believe it should be discontinued



HDI Rank: 151 out of 189 countries (2018)



SDG Gender Index Rating: 118 out of 129 countries (2019)



Population: 24,436,311 (as at 11 May 2017), with a 2.58% growth rate (2016 est.)



Infant Mortality Rate: 57 deaths per 1,000 live births (2015)



Maternal Mortality Ratio: 596 deaths per 100,000 live births (2015)

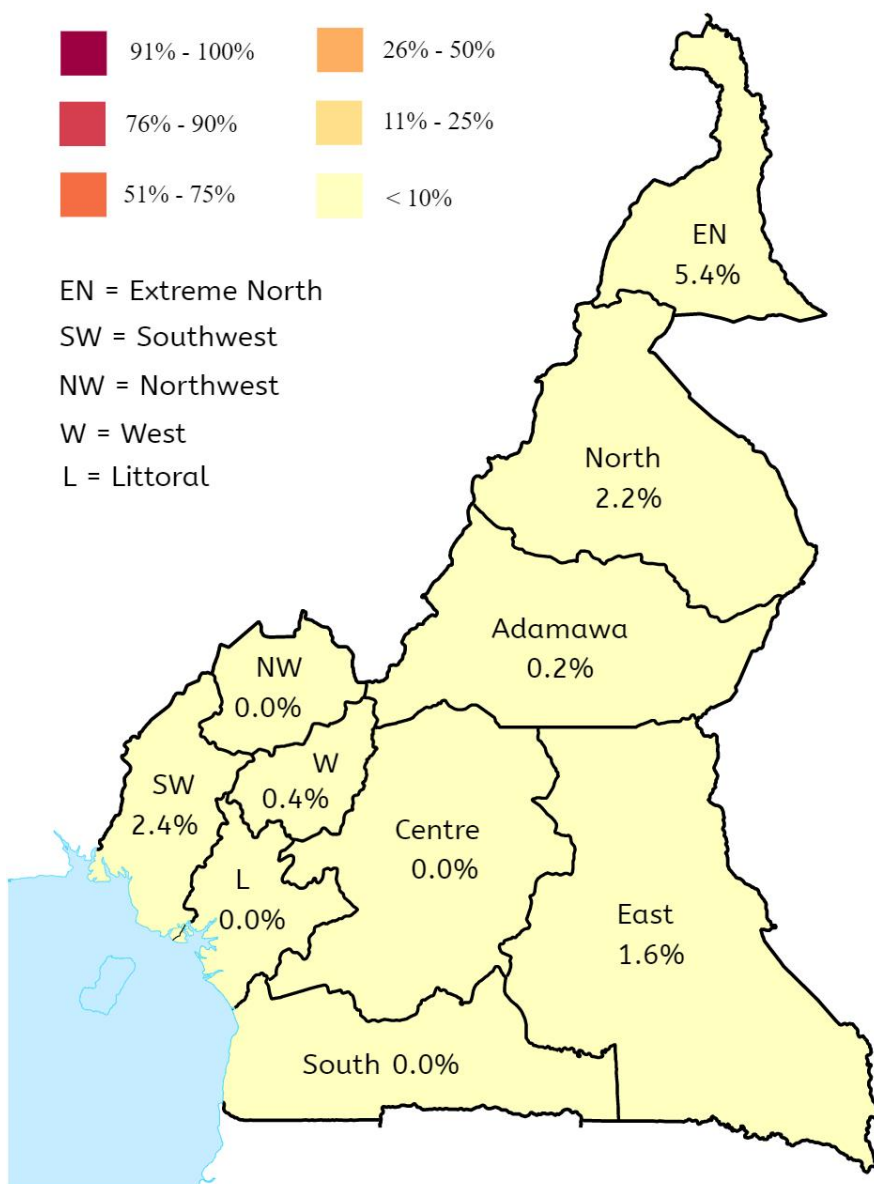


Literacy: 75% of the total population aged 15 and over can read/write

Prevalence of FGM/C

The region and the ethnic group with the highest prevalence are Extrême-Nord, at 5.4%, and the Arabe-Choa/Peulh/Maoussa/Kanuri, at 12.7%, although the low numbers of women in the survey who have undergone FGM/C make figures further broken down by region and ethnic group somewhat unreliable. FGM/C is more prevalent among women who practise Islam (5.8%) than among women of other religions, and among women who live in rural areas (2.1%) than among those who live in urban areas (0.9%). The prevalence in the capital city of Yaoundé is also 0.9%.

70.4% of men and more than half of women who have heard of FGM/C see no benefit in it. The higher the level of education a person has received, the more likely they are to hold the opinion that FGM/C has no benefits. 84.1% of women and 84.6% of men who have heard of FGM/C believe it should be discontinued, but 8.1% of women and 3.9% of men think it is required by their religion.²



Prevalence of FGM/C in Cameroon by region

[Data source: DHS 2004] © Orchid Project

Trends in FGM/C Prevalence

To date, there is not enough data available on FGM/C in Cameroon to determine any reliable trends.

Cross-Border FGM/C

In some countries where FGM/C has become illegal, the practice has been pushed underground and across borders to avoid prosecution. Cameroon shares borders with other countries where the prevalence of FGM/C and the existence and enforcement of laws varies widely, including Nigeria, Chad and the Central African Republic. The movement across national borders to practise FGM/C is a continuing challenge to the campaign to end FGM/C across Africa.

There is a lack of data on cross-border FGM/C in Cameroon. It is not known to what extent families or practitioners cross borders into other countries, or residents of neighbouring countries cross into Cameroon.

Medicalised FGM/C

The medicalisation of FGM/C does not appear to be significant in Cameroon, according to available data: only 4% of women aged 15–49 who have experienced FGM/C are reported to have been cut by a health professional.³

Legislation

Law No. 2016/007 of 12 July 2016, commonly known as the ‘**Penal Code**’ of the Republic of Cameroon, was amended to include a reference to ‘genital mutilation’.⁴ **Section 277** states, ‘Whoever permanently deprives another of the use of the whole or any part of any member, organ or sense shall be punished with imprisonment from 10 (ten) to 20 (twenty) years.’

There is a lack of evidence, however, of any FGM/C cases being prosecuted under this law.

Work to End FGM/C

In Cameroon, the Ministry of Women Empowerment and the Family is responsible for eliminating and preventing violence against women and girls and ensuring and guaranteeing equality for women in all political, economic, social and cultural areas. Within the Ministry, the Department for the Promotion and Protection of the Family and Children’s Rights was established in 2012 to strengthen the focus on the protection of children.⁵

In 2011 the Government adopted a National Action Plan to combat FGM/C. The Ministries of Social Affairs and of Women's Empowerment and the Family established local committees in areas where the practice was most prevalent, particularly in the extreme northern region. The committees worked with civil society organisations, traditional and religious leaders and former excisors on sensitisation and education programmes.⁶ Research on FGM/C practices was undertaken and a collaboration signed in June 2013 with the Council of Imams and Muslim Dignitaries of Cameroon (*CIDIMUC*) to combat FGM/C, forced or early marriages and other forms of violence.⁷

There is a lack of recent publicly available information on progress being made towards ending FGM/C in Cameroon, and it is difficult to assess reliable trends in prevalence. While some police officers have received training since the change in legislation in 2016, it is not known if the law is being enforced where they work. As in other countries with laws against FGM/C, there are suggestions that criminalising the practice has driven it underground, but, again, there is no evidence to corroborate this.

References

- 1 - ('DHS'): Institut National de la Statistique (INS) et ORC Macro (2004) *Enquête Démographique et de Santé du Cameroun 2004*. Calverton, Maryland, USA: INS et ORC Macro, pp.236–242. Available at <http://dhsprogram.com/pubs/pdf/FR163/FR163-CM04.pdf> (accessed 11 May 2017).
 - United Nations Development Programme (2018) *Human Development Reports*. Available at <http://hdr.undp.org/en/2018-update> (accessed 12 June 2019).
 - Equal Measures 2030 (2019) *Harnessing the Power of Data for Gender Equality: Introducing the 2019 EM2030 SDG Gender Index*, pp.12–13. Available at www.data.em2030.org/2019-global-report.
 - Country Meters (2017) *Cameroon*, 11 May 2017. Available at <http://countrymeters.info/en/Cameroon> (accessed 11 May 2017).
 - Central Intelligence Agency (2017) *World Factbook: Cameroon*, 12 January. Available at <https://www.cia.gov/library/publications/the-world-factbook/geos/cm.html> (accessed 11 May 2017).
 - Countdown to 2030 (2015) *A Decade of Tracking Progress for Maternal, Newborn and Child Survival The 2015 Report: Cameroon*. Available at http://countdown2030.org/documents/2015Report/Cameroon_2015.pdf (accessed 11 May 2017).
- 2 DHS, pp.236, 239 & 241–242.
- 3 Institut National de la Statistique et ORC Macro (2004) *Enquête Démographique et de Santé du Cameroun 2004*. Calverton, Maryland, USA: INS et ORC Macro, p.238. Available at <https://dhsprogram.com/pubs/pdf/FR163/FR163-CM04.pdf>.
- 4 *Law No. 2016/007 of 12 Jul 2016 relating to the Penal Code* (2016). Available at <http://fakoamerica.typepad.com/files/law-relating-to-the-penal-code.pdf>.
- 5 ***The Ministry of Women Empowerment and the Family was established in 2004 by virtue of Decree No. 2004/320 of 8 December 2004 on the organisation of the Government, which came into force by virtue of Presidential Decree No. 2005/088 of 29 March 2005 on the organisation of the Ministry for the Advancement of Women and the Family. The Department for the Promotion and Protection of the Family and Children's Rights was established by Decree No. 2012/638 dated 21 December 2012.***
- 6 US Department of State (2015) *Cameroon 2015 Human Rights Report*, p.30. Available at <https://www.state.gov/documents/organization/252873.pdf>.
- 7 Committee on the Rights of the Child (2015) *Consideration of reports submitted by States parties under article 44 of the Convention: Combined third to fifth periodic reports of States parties due in 2015, Cameroon*, p.25. Available at http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC/C/CMR/3-5&Lang=en.

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Please note that the use of a photograph of any girl or woman in this report does not imply that she has, nor has not, undergone FGM/C.



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