



Benin: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

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Practice:

The form of female genital mutilation (FGM) or female genital cutting (FGC) practiced in Benin is Type II (commonly referred to as excision).

Incidence:

The Benin chapter of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) conducted a survey in 1992. It estimated that the percentage of women who have undergone this procedure is close to 30 percent. The World Health Organization (WHO) estimates that the percentage is closer to 50 percent. However, this figure appears high to many locally based physicians and non-governmental organizations (NGOs).

The 1992 survey found that while Type II or excision is widely practiced, the practice is not uniformly distributed throughout the country. It occurs in the northern part of the country, particularly in the departments of Atacora, Borgou, Zou and Alibori. It also occurs in some communities in the southern coastal department of Oueme. The ethnic groups most affected are the Bariba, Peul, Boko, Baatonau, Wama and Nago. The Wama and the Peul (Fulani) ethnic groups perpetrate the practice in Atacora.

Attitudes and Beliefs:

Certain ethnic groups ascribe to the belief that this practice is good for the health of girls and women and for older girls, is a part of the socialization process marking the transition to adulthood. Some older citizens defend the practice and stress the advantages of having a woman "cut" to ensure her faithfulness to her husband. Some claim that Islam or indigenous religions demand or recommend it.

Type II:

Type II is the excision (removal) of the clitoris together with part or all of the labia minora (the inner vaginal lips).

It is generally performed without the use of anesthesia. The age and ceremonial context in which the procedure takes place vary with the location. It is usually performed when a girl is between six and eight years of age among the Boko, the Baatonou and the Peul. Among the other ethnic groups that engage in this practice, it is generally performed later, between 10 and 15 years of age.

The cost of the ceremony related to this practice can run as high as 500,000 CFA (approximately US\$1000). Some families go into debt in order to bear the costs of this ceremony. Among other groups, the traditional birth attendant (TBA) or a member of the family performs the procedure. Often this person receives some payment in kind.

Outreach Activities:

The government's position is to eliminate this practice in Benin. It has undertaken some activities through health workers in rural areas to inform the public about the harmful effects of the practice, but the coverage is still very light.

In April 2000, the Social Affairs Minister attended a ceremony in which 17 women turned in their cutting tools in exchange for small grants (approximately US\$175). At that time several traditional authorities, i.e. chiefs and kings, denounced the practice in a joint statement as "a backward, harmful and cruel practice."

The African regional office of WHO launched a regional plan of action against all forms of FGM/FGC on March 17, 1997 during a symposium in Cotonou. The plan comprises three phases to be completed over a 20-year period. It focuses on coordination and reinforcement of inter-organization and inter-government involvement in West Africa. WHO/Benin's part of the plan calls for a national evaluation of the prevalence of FGM/FGC; national legislation to eliminate the practice and collaboration of government, NGOs and private sectors to establish or reinforce community-based prevention activities such as: community surveillance, information, evaluation and notification programs.

The IAC is the leading NGO in the fight against this practice in Benin. It's founder, Mrs. Isabelle Tevoedjre, a Beninese citizen

and wife of the Minister of Planning, has worked for over 20 years in the campaign against FGM/FGC throughout Africa. She began her work when she lived in Geneva. She founded the local chapter of IAC in Benin in 1982. In 1983, at the Constitutive National Congress of the Organization of Revolutionary Women of Benin, the President of Benin spoke out against traditional practices harmful to women. One such practice he emphasized was that of FGM/FGC.

Workshops and seminars have been conducted by IAC/Benin. Participants have included religious and community leaders, mayors, doctors, midwives, social workers and representatives of youth and women's organizations. A pilot project was started in Atacora to inform the population about the dangers of this practice. It is being carried out in villages in the north of Benin by women specially trained for the project. They visit villages on motorcycles and inform the populace of the harmful health effects of the practice. Models and slides are used to show the actual procedure and its consequences.

In 1993, seminars were held in Natitingou, Kouande, Bante and the Parakou region. Men (religious and village leaders) participated on one day. Women (TBAs and midwives) participated on another day. Finally, a day was set aside for youth leaders, teachers and young people.

In June and July 1995, seminars were held in Natitingou, Toukountouna and Tanguieta in Atacora province. Each day 40-45 select individuals from surrounding towns and villages participated in discussions and watched a videocassette entitled "La Duperie" (The Big Lie) that featured an FGM/FGC ceremony performed on a small girl of one or two years of age. The recommendations made by participants in these seminars included calls for increased schooling, more copies of the videocassette and informational sessions on the village level. IAC/Benin also suggested that religious leaders discuss the practice with their congregations and that discussions be held on various forms of legal action against those who continue the practice.

In September 1997, IAC/Benin held information and discussion sessions in the departments of Borgou and Atacora. These were attended by women, men, youth, religious and ethnic leaders and government representatives. According to the president of IAC/Benin, awareness campaigns have been successful in urban centers. Excisors have been forced to go into rural areas where the practice still frequently occurs. Therefore, IAC/Benin plans to focus its efforts on the more isolated rural areas in the north. Its ultimate goal is to have the practice disappear by the year 2015. Over the next six years it will concentrate its activities in the Borgou department.

IAC/Benin also collaborates with the Ministry of Social Affairs and Health. The government of Benin allows the distribution of posters and informational materials in government-run clinics. In the past year two other local NGOs, "Le Levier du Developpement" and "Dignite Feminine", have become involved in campaigns against this practice in the department of Zou and in other northern regions.

The campaign in Benin treats the problem as a community issue that concerns both men and women rather than as a woman's issue. Focus is concentrated on medical, economic and social aspects of the practice rather than making it an issue about male domination or the repression of female sexuality. Local populations have made appeals to government representatives who travel to their areas to help them address the problem with funds and assistance. IAC/Benin interprets this as a definite change in mentality and sentiment toward FGM/FGC.

A German NGO Intact pays excisors to abandon their profession. Another local NGO "Dignite Feminine" has also been actively involved in the battle to eliminate this practice. In January 2000, it collected 60 knives from practitioners in northern Benin who voluntarily professed they were renouncing the practice. "Dignite Feminine" is following up on these renunciation ceremonies. It has reported that the situation has improved in the Save Region in the department of Collines.

In March 2000, on International Women's Day, the local chapter of the NGO Women in Law and Development-Africa launched the initiative, in collaboration with the United Nations Population Fund (UNFPA), of a convention for the elimination of all forms of discrimination towards women. During the event, a well-known female theater company performed a play that denounced practitioners of FGM/FGC and warned against the risks attendant with this practice.

WHO plans to tour villages in which excisors have decided to give up their tools. It is currently discussing with the government of Benin, how to include such activities in a concerted national action plan.

Legal Status:

No law explicitly criminalizes this practice in Benin. A decree outlawing facial scarification from 1967 falls short of guaranteeing the integrity of the body. IAC/Benin hopes that the Family Court will make a decision in the near future that will safeguard one's person explicitly in cases of FGM/FGC. To date, however, this has not happened. Some proponents against this practice are encouraging people to seek legal action against those who continue the practice.

Members of the National Network for the Elimination of Genital Mutilations (Reseau National de Lutte Contre les Mutilations Genitales) that groups together several local NGOs, are working with the Ministry of Women Affairs and Social Welfare on a proposal to outlaw this practice.

At the international symposium held in March 1997 in Cotonou to eliminate legal and cultural barriers to reproductive health in Francophone Africa, the Beninese delegation helped develop an action plan that covered several draft laws, including one

against FGM/FGC. The National Assembly, however, has not yet passed a law addressing this practice.

Protection:

IAC/Benin has developed a network of groups that oppose this practice that perhaps could lend assistance to a woman opposed to it. The president of the Cotonou-based Association of Women

Jurists of Benin, however, indicated that her organization did not consider the practice a large enough threat (since it occurs mostly in the north) for that organization to become involved. There is no information on effectiveness of seeking local police protection.

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