



FGM/C IN CENTRAL AFRICAN REPUBLIC: SHORT REPORT

September 2022

Key Findings and Indicators¹



Prevalence: In the Central African Republic (CAR), the prevalence of FGM/C in women aged 15–49 is 21.6%



Geography: The regions with the highest prevalence are in the centre



Age: As of 2018–19, 17.3% of girls between the ages of 15 and 19 had been cut



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



Agent: The majority of girls who have undergone FGM/C were cut by a traditional practitioner



Attitudes: 69.3% of women (aged 15–49) think FGM/C should be abandoned



HDI Rank: 188 out of 189 countries (2021)



SDG Gender Index Rating: No data available



Population: 5,044,545 (as of 15 September 2022), with a 1.78% growth rate (2022 est.)



Infant Mortality Rate: 82 deaths per 1,000 live births (2022)



Maternal Mortality Ratio: 829 deaths per 100,000 live births (2022)



Literacy: 37.4% of the total population aged 15 and over can read/write

Prevalence of FGM/C

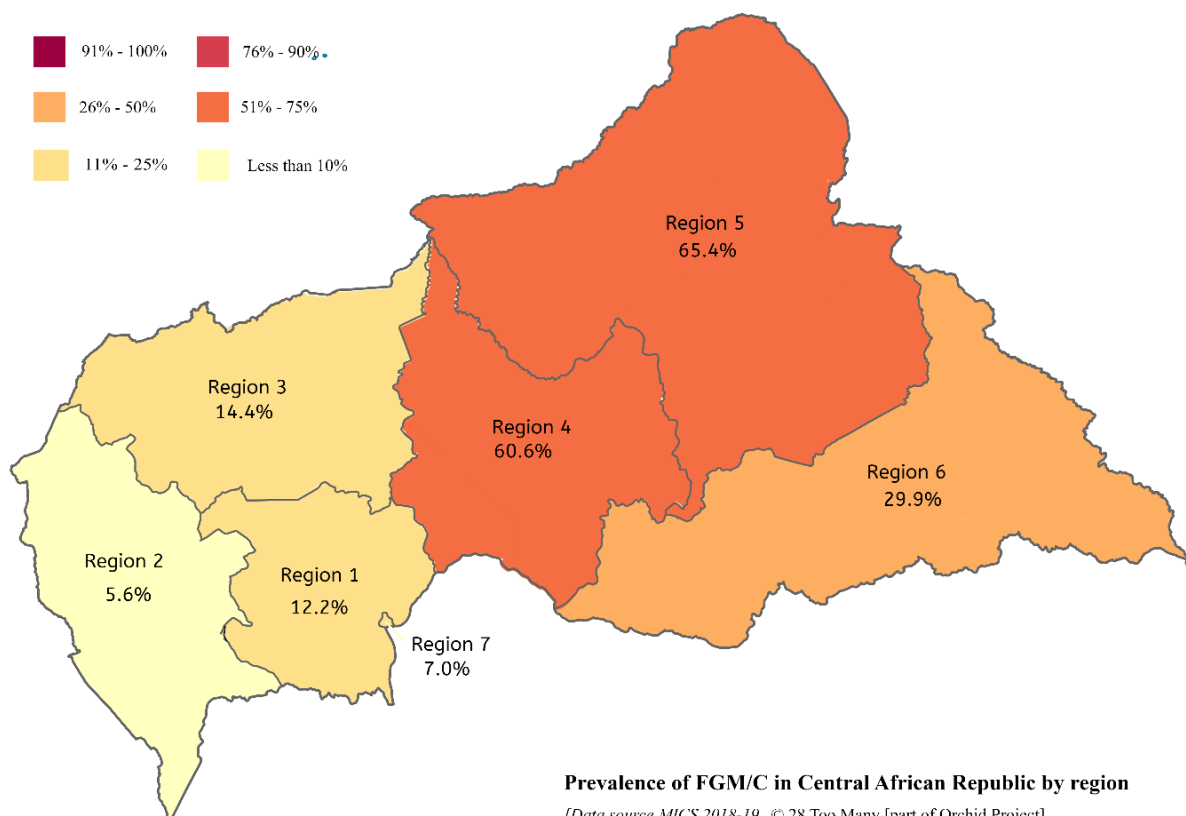
FGM/C is practised across all regions and ethnic groups in the CAR. The regions with the highest prevalence are in the centre of the country: Region 4 (Nana Grebizi, Kemo, Ouaka) (60.6%) and Region 5 (Haute-Kotto, Bamingui-Bangoran, Vakaga) (65.4%).

The region with the lowest prevalence is Region 2 (Sangha Mbaere, Mambere-Kadei, Nana Mambere), at 5.6%. Women aged 15–49 who live in rural areas are more likely to undergo FGM/C (27.5%) than those who live in urban areas (11.9%).

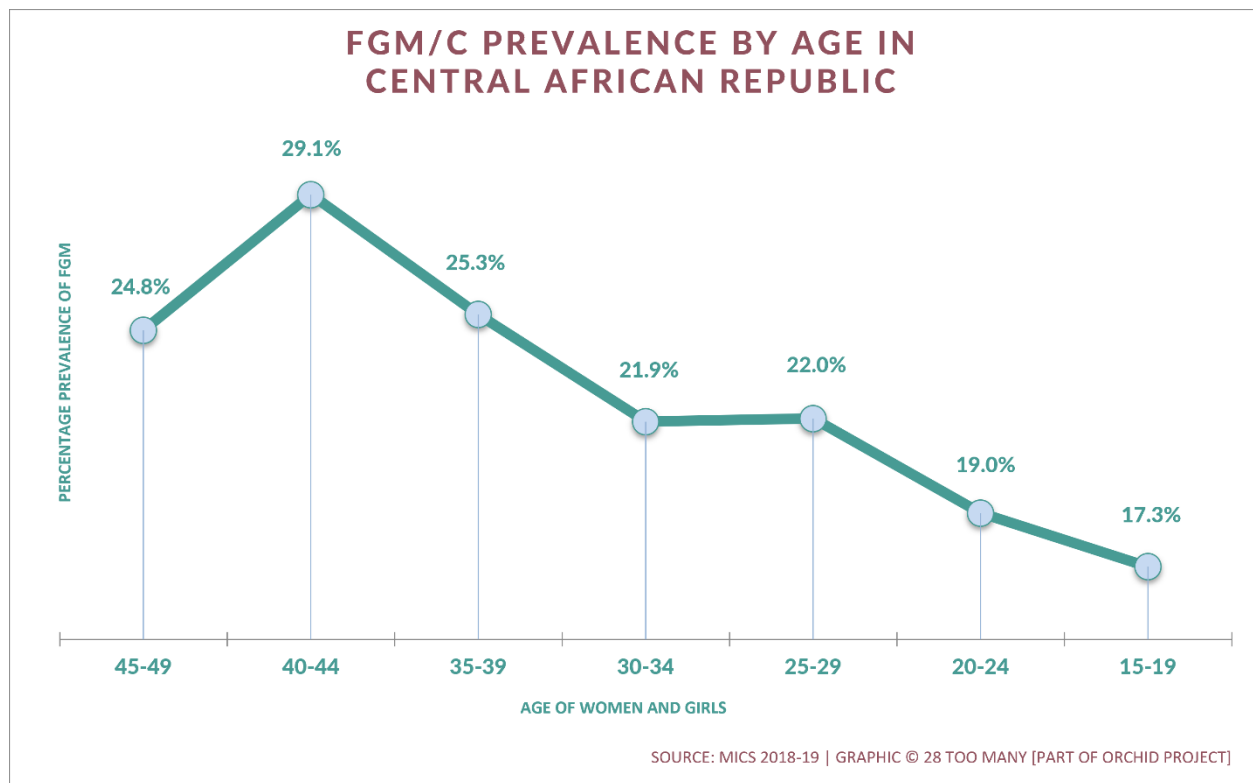
Prevalence of FGM/C is inversely correlated with level of wealth.

The highest prevalence of FGM/C is among households where the head is of Banda ethnicity (52.9% of women aged 15–49); the lowest is found among households where the head is of Mboum ethnicity (4.0%).²

FGM/C is practised almost equally by adherents of all religions in the CAR (20–30%).³



Trends in FGM/C Prevalence



Between 2010 and 2018–19, the overall prevalence for women aged 15–49 fell from 24.2% to 21.6%. Due to the large age-range of women included, however, the overall prevalence alone may not fully reflect the progress that has been made in recent years. Breaking down by age group the most recent data (which is from 2018–19) shows that the prevalence for women aged 45–49 is 24.8%, while for the youngest age-group this has fallen to 17.3%. Despite the fact that a small proportion of women may be cut after the age of 15, the data demonstrates a clear trend towards a lower prevalence among younger women.⁴

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. It is not known to what extent the movement across national borders for the purpose of FGM/C is an issue for the CAR.

Medicalised FGM/C

The medicalisation of FGM/C does not appear to be significant in the CAR. According to available data, 1.9% of women who have had FGM/C are reported to be cut by a health professional.⁵

Legislation

The main law against FGM/C is **Law No. 06.032 on the Protection of Women Against Violence in Central African Republic**, dated 27 December 2006.⁶ **Law No. 10.001**, the **Penal Code** of the Central African Republic, dated 6 January 2010, also criminalises the performance of FGM/C.⁷ Both **Law No. 06.032** and the **Penal Code** prohibit and set out the punishments for the practice, planning, or promotion of FGM/C carried out ‘by traditional or modern methods’. They also require anyone who is aware of any planned or previously performed FGM/C to report it to the appropriate authorities. There is a lack of evidence, however, of any FGM/C cases being prosecuted under these laws.

Current legislation does not directly address cross-border FGM/C, and there does not appear to be any specific regulation or other legislation relating to FGM/C carried out on or by citizens of the CAR in other countries. Laws also do not directly reference FGM/C carried out by a health professional or in a medical setting.

Work to End FGM/C

The CAR continues to face many challenges, despite signing a peace and reconciliation agreement in February 2019. Many people have been displaced from their homes and, although the UN reports a decrease in human-rights violations, restricted movement, attacks, kidnappings and sexual violence continue.⁸ This unstable situation makes it difficult to enforce laws, record cases of FGM/C and generally undertake programmes to protect women and girls from gender-based violence and practices such as FGM/C.

The lack of a functioning judicial system means that laws are unlikely to act as a deterrent and perpetrators are not being prosecuted. Some commentators have reported that no serious crimes have been prosecuted since 2013, and many groups have carried out executions and sexual violence with impunity.⁹ A United Nations Human Rights Council report in 2016 by an independent expert on the situation noted that ‘criminal justice remains practically non-existent’ and that, between July 2015 and January 2017, the Criminal Court of Bangui held only one session, following a five-year period of inactivity.¹⁰ The lack of resources and staff remains a major obstacle, and, outside of Bangui, access to judicial resources is even more limited.

FGM/C is reportedly continuing in many parts of the country – for example, in the regions of Damara and Bogangolo.¹¹

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- 2 MICS, p.363.
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- 4 MICS, p.363.
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- 10 Human Rights Council (2016) *Report of the Independent Expert on the situation of human rights in the Central African Republic*. UN General Assembly A/HRC/33/63. Available at http://www.un.org/en/ga/search/view_doc.asp?symbol=A/HRC/33/63.
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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.



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