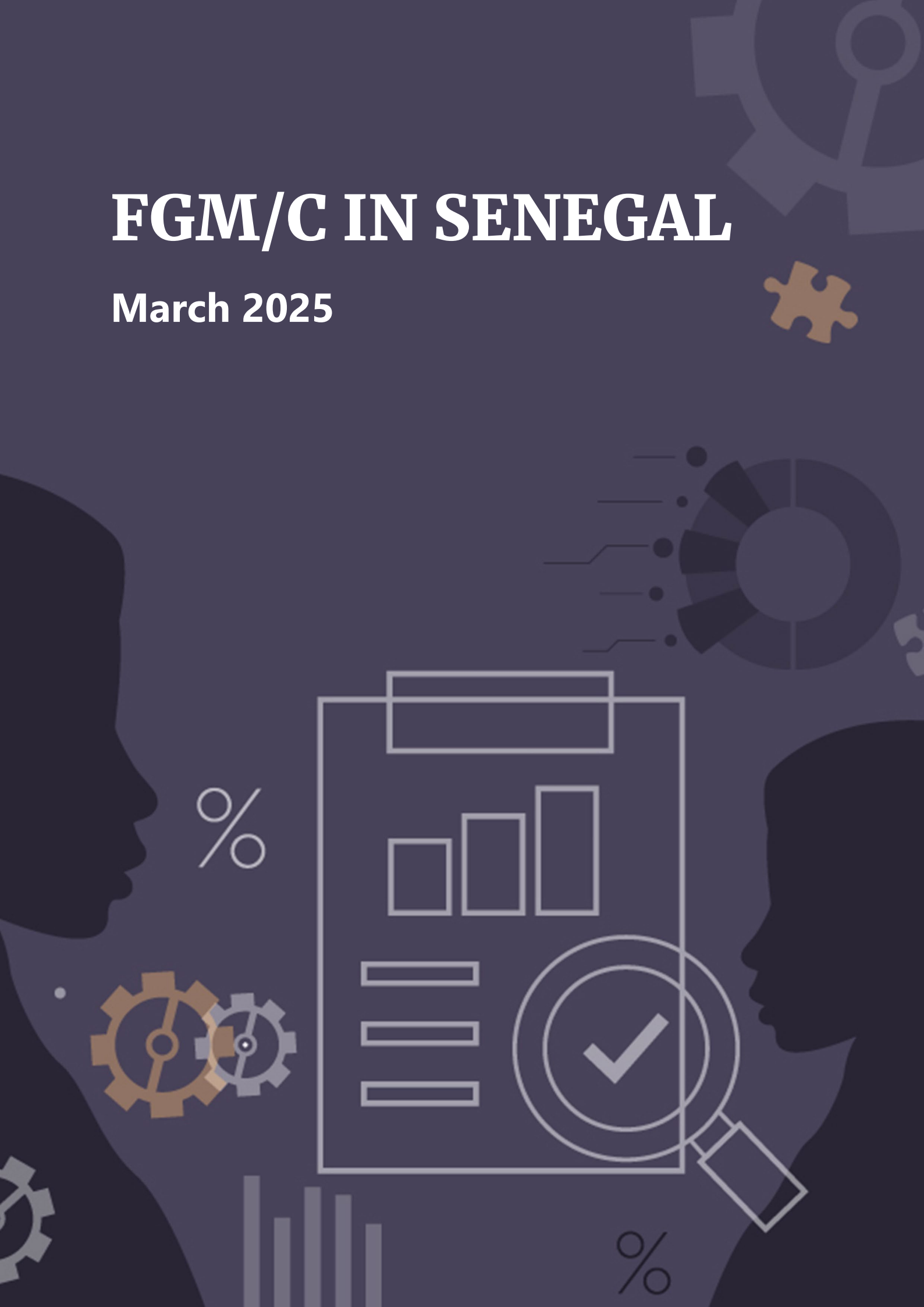
FGM/C IN SENEGAL

March 2025



About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation (*NGO*) catalysing the global movement to end female genital mutilation/cutting (*FGM/C*). 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 FGM/C;
2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGM/C; and
3. to steer global and regional policies, actions and funding towards ending FGM/C.

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**.

About End FGM/C Network to Africa

The End FGM/C Network, Africa (African Network) is an African-led initiative providing a unified voice to influence decision-makers and drive coordinated advocacy to end Female Genital Mutilation/Cutting (FGM/C) across Africa. We are a network of civil society organizations dedicated to creating a sustainable movement to end FGM/C across the continent, similar to regional networks in Asia, North America, and Europe. https://endfgmafrica.org/

All cited texts in this date update report were accessed between October 2024 and January 2025, unless otherwise noted.

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WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

A Note on Data

Senegal has conducted continuous DHS surveys since 2012, which provides an in-depth picture of trends and changes in prevalence and practice with more frequent surveys. The sample sizes and questionnaires used in the FGM/C module between surveys have been similar and thus are comparable between the previous standard DHS surveys in 2005 and 2010/11, as well as the more recent continuous annual DHS surveys between 2014–2019, and the 2023 DHS dataset.

Summary

The prevalence of FGM/C in Senegal has decreased from 28.2% to 20.1% between 2005 (1) and 2023 (2). FGM/C is illegal in Senegal (3) and the government has recently adopted its third National Strategy for the Elimination of Female Genital Mutilation (4).

The prevalence of FGM/C in Senegal has reduced from **28.2%** (1) to **20.1%** (2) between 2005 and 2023. Within the 15–19 age group – those most recently exposed to the risk of FGM/C, prevalence has reduced from 24.8% (1) to 16.4% (2).

FGM/C has been illegal in Senegal since 1999 when it was introduced into the Penal Code (Article 299). The law criminalises the performance and procurement of FGM/C as well as aiding and abetting. Medicalised FGM/C is also prohibited, with penalties in place for medical professionals who conduct the practice (3). In 2022, the government of Senegal adopted the third National Strategy for the Elimination of Female Genital Mutilation 2022–2030, which is accompanied by a five-year action plan 2022–2026 (4).

The practice of FGM/C in Senegal varies widely between regions. The regions with the lowest prevalence are Diourbel (0.8%), Louga (2%), and Thiès (3.9%). Those with the highest prevalence include Matam (83%), Sédhiou (80.9%), and Kolda (73.7%).

Update on FGM/C trends

Since 2005, the prevalence of FGM/C in Senegal has reduced from 28.2% (1) to 20.1% (2). Among girls aged 15–19, prevalence has also declined from 24.8% (1) to 16.4% (2). In 2023, 22.2% of women aged 45–49 had undergone FGM/C (2), compared to 30.6% in 2005 (1), which demonstrates that the decline in prevalence is well established and likely to continue. National prevalence figures include all women aged 15–49 who have undergone FGM/C, but examining the 15–19 age group provides insight into the most recently exposed population, offering a more current assessment of prevalence (5).

If progress continues at the current rate observed between 2005 and 2023, the projected national prevalence by 2030 (the SDG target year) will be approximately 14.3% (see Figure 1).

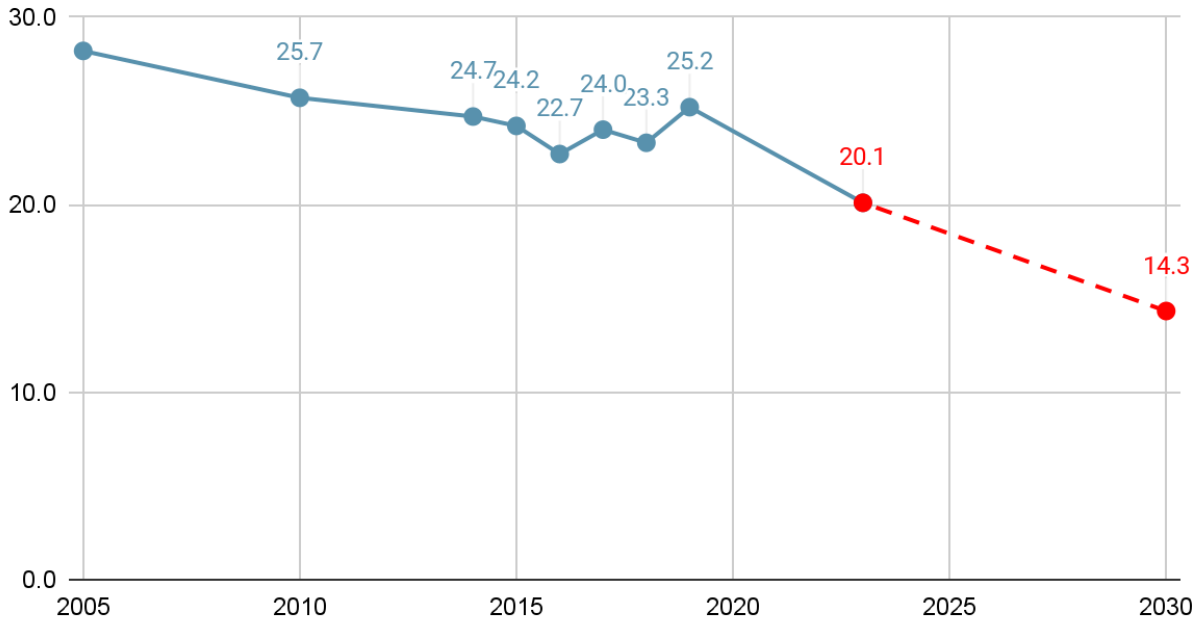


Figure 1: Projected national prevalence of FGM/C in Senegal (2005–2030)

There are notable differences in FGM/C prevalence between urban and rural communities. In 2023, prevalence among women and girls aged 15–49 was higher in rural areas (23.5%) compared to urban areas (16.5%) (2). There have been declines in both urban and rural communities since 2005 (21.7% and 34.4% respectively) (1) .

Similarly, prevalence is highest among women and girls in the lowest wealth quintile (42.7%) and lowest among women and girls in the highest wealth quintile (10.1%) (2). Although both groups have experienced declines, more substantial changes have occurred in the second, middle, and fourth quintiles (see Table 1). Between 2005 and 2023, prevalence among the lowest wealth quintile increased from 38.6% to 42.7% (1, 2) .

Survey	Lowest	Second	Middle	Fourth	Highest
2023 DHS	42.7	24	17.6	13.1	10.1
2005 DHS	38.6	42.6	32.2	22.5	13

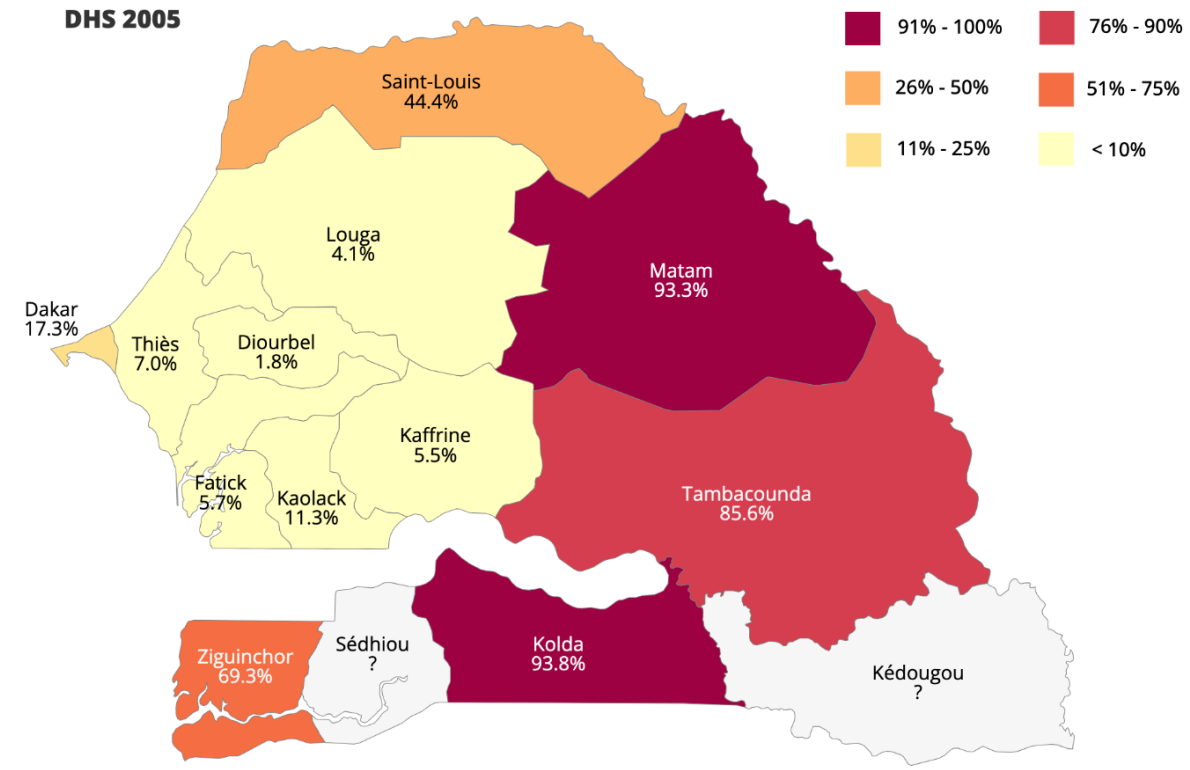
Table 1: Prevalence among wealth quintiles 2005-2023(1, 2)

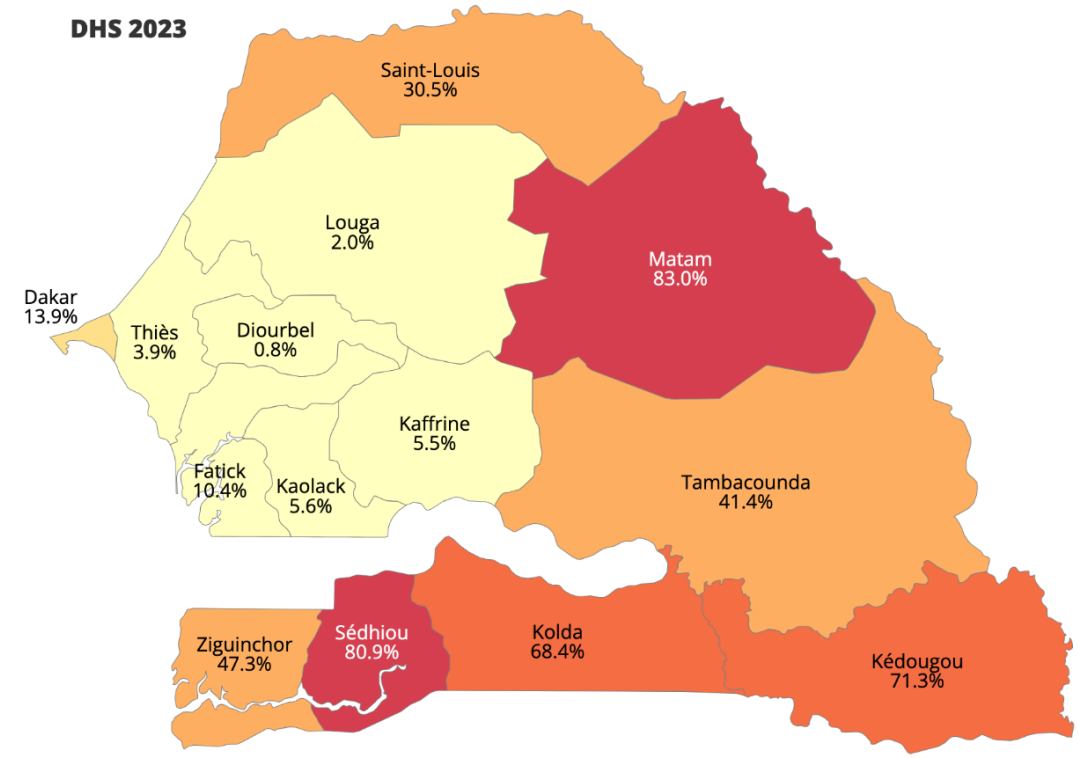
Key determinants of FGM/C include the education level of a girl's mother and whether the mother herself has undergone FGM/C. Among girls aged 0–14 whose mothers had middle, secondary, or higher education, 7.7% had undergone FGM/C, compared to 15.4% among girls whose mothers had no formal education. Among mothers who had undergone FGM/C, 51.2% had daughters who had also undergone the practice (2).

Regional prevalence

The prevalence of FGM/C in Senegal varies widely between regions. The regions with the lowest prevalence are Diourbel (0.8%), Louga (2%), and Thiès (3.9%). Those with the highest prevalence are Matam (83%), Sédhiou (80.9%), and Kolda (73.7%) (2).

There have been declines in prevalence in most regions between 2017 (6) and 2023 (2). The most notable decreases are Ziguinchor (from 68.2% to 47.3%), Nord et Est (from 58.8% to 48.3%), and Tambacounda (from 74.8% to 46.7%). However, prevalence has increased in some regions, notably in Kolda (from 68.3% to 73.7%), Sédhiou (from 75.6% to 80.9%), and Matam (from 73.3% to 83%) (2).

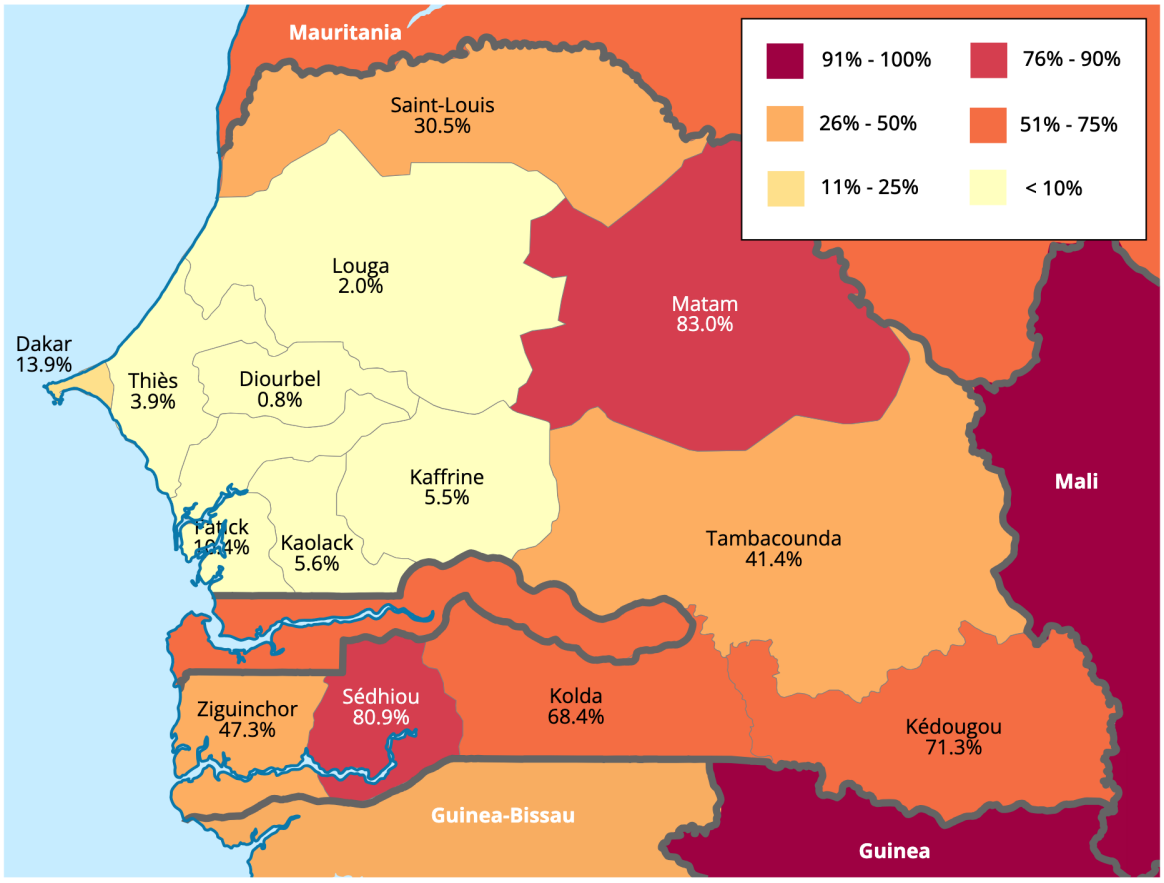




Prevalence of FGM in Senegal
[Data source DHS 2005 & 2023] © Orchid Project

The prevalence of FGM/C in Senegal shows clear geographical distinctions between northern and southern regions, influenced more by neighbouring countries than by national trends.

High-prevalence regions such as Kolda and Sédhiou border The Gambia to the north and Guinea-Bissau to the south – both countries with high FGM/C prevalence. Matam, another high-prevalence region, borders Mauritania and Mali. UNICEF reported an increase in FGM/C prevalence in Guinea-Bissau from 45% to 52% in 2021 (7). Meanwhile, The Gambia has recently faced significant pressure to repeal its anti-FGM legislation (8). These regional factors may be impacting the prevalence of FGM/C within Senegal.



Prevalence of FGM in Senegal and surrounding countries
[Data source DHS 2023] © Orchid Project

Changes in type of cutting

The most common type of FGM/C among women and girls aged 15–49 in Senegal is World Health Organization (WHO) Type 2 ("flesh removed"), accounting for 52.1%. Additionally, 25.6% have experienced WHO Type 3 ("flesh removed and closed"). However, 19.2% of women and girls did not know which type of FGM/C they had undergone (2). Among girls aged 0–14, 34.9% had undergone WHO Type 3, compared to 25% of women aged 15–49 (2). This indicates a shift in the proportions undergoing each type; decreases have primarily been in WHO Type 2 ("flesh removed"), resulting in Type 3 becoming proportionally more prevalent, even though it may not be increasing in absolute terms.

As mentioned previously, FGM/C prevalence varies significantly by region and is strongly influenced by ethnicity and religion. Both the type and age at which FGM/C is performed differ according to these factors.

For example, 58.2% of girls from the Mangingue ethnic group undergo FGM/C by age five. Among girls from the Diola ethnic group, FGM/C typically occurs between birth and 14 years: 46.9% before age five, 27% between ages 5–9, and 9.1% between ages 10–14 (2). Across Senegal, most girls undergo FGM/C before age five, with few girls cut at older ages.

Muslim girls across various ethnicities are more likely to undergo FGM/C before age five (67.2%) compared to Christian girls of the same age range (37.4%). Early-age FGM/C is more common in rural areas (77.1%) compared to urban areas (51.9%). Overall, 20.6% of Muslim girls in Senegal have undergone FGM/C and 5.7% of Christian girls (2).

Ethnicity and FGM/C

FGM/C is practiced by the Wolof, Poular, Serer, Mandingue, Diola and Soninke communities in Senegal but to varying degrees. Among the Wolof, only 0.7% of women and girls aged 15–49 have undergone FGM/C. Similarly, among the Serer, only 1.3% have undergone FGM/C. However, the rates are higher among the Mandingue (58.9%), Poular (44.2%), Diola (48.9%), and Soninke (30%) (2).

The ethnic distribution of FGM/C in Senegal likely has an influence on regional statistics with higher percentages of women who have experienced FGM/C in Ziguinchor (47.3%), Saint-Louis (30.5%), Tambacounda (41.4%), Kolda (68.4%), Matam (83%), Kedogou (71.3%), and Sedhiou (80.9%) (2).

Changes in attitudes toward FGM/C

48.3% of women aged 15–49 who have experienced FGM/C view it as a religious requirement. When this is broken down by ethnic group, 33.4% of Mandingue women believe that FGM/C is a religious requirement and 32.7% of Poular women believe the same. Belief that FGM/C is a religious requirement decreases as education increases (18.6% of women without any education believe it is a requirement compared to 10.5% of women with secondary education or higher) (2). This belief is also influenced by wealth quintile: 35.6% of women in the lowest wealth quintile believe FGM/C is a religious requirement, whereas only 6.3% of women in the highest wealth quintile believe the same. Beliefs of religious requirement vary by religion, with 14.8% of Muslim women holding this belief and 5.3% of Christian women (2).

Support for the continuation of FGM/C is significantly higher among women who have undergone the practice (48.8%) compared to women who have not (1.8%) (2). Attitudes vary significantly by religion: 82% of Muslim women and 91% of Christian women believe FGM/C should end. Ethnic differences are also apparent: support for continuation is highest among Mandingue women (34.2%), followed by Poular (28.9%) and Diola (18%) (2).

Update on context

Politics

Elections took place in Senegal in March 2024. Bassirou Diomaye Faye was elected as the new president, taking office on 2 April 2024, succeeding outgoing President Macky Sall (9). The election results were welcomed after the constitutional crisis in February 2024, when President Macky Sall announced a postponement of the elections, intending to extend his term. Mass demonstrations ensued and, on 15 February 2024, the Constitutional Council ruled the proposed election postponement unconstitutional (9).

Senegal has held peaceful and democratic elections since gaining independence from France in 1960. However, this was the first time a president challenged the constitution and attempted to extend his term. The Constitutional Council's decision was praised by the Economic Community of West African States (ECOWAS), which supported the reinstatement of the election and compliance with the ruling by outgoing President Sall (10).

Development

Senegal has a population of approximately 18.5 million (11). According to the Global 2024 Multidimensional Poverty Index Report, 50.3% of the population live in multidimensional poverty – down from 64.2% in 2005 (12).

In October 2024, the government of Senegal released a 25-year social and economic development plan (13). The plan focuses primarily on achieving energy self-sufficiency and capitalising on Senegal's new oil production, which commenced in June 2024 (13).

Law

FGM/C has been illegal in Senegal since 1999, when it was introduced into the Penal Code (Article 299) (3). The law criminalises the performance and procurement of FGM/C, as well as aiding and abetting. Medicalised FGM/C is also prohibited, with penalties in place for medical professionals who conduct the practice (3).

In 2022, the government of Senegal adopted its third National Strategy for the Elimination of Female Genital Mutilation 2022–2030, accompanied by a five-year Action Plan 2022–2026 (4). The Action Plan includes the following focus areas (14):

- Expanding opportunities for the empowerment of women and girls;
- Promoting supportive family and community environments;
- Supporting the building and development of a global youth movement based on the leadership of adolescent girls;
- Supporting the strengthening of governance to end FGM/C;
- Strengthening the capacity of rights holders and duty bearers;
- Bridging the gap between generating evidence and research to end FGM/C.

Update on research

The Effectiveness of a Community-based Education Program on Abandoning Female Genital Mutilation/Cutting in Senegal (15).

In a 2009 study by Diop and Askew, Tostan—a Senegalese NGO—assessed its community-based education programme. The community-based education program is a participatory approach to community dialogues in which participants engage in discussion over different topics related to health, wellbeing and community needs. Pre- and post-test results indicated increased knowledge and critical attitudes towards FGM/C among participants. The study also found that the prevalence of FGM/C among girls under 10 years of age decreased from 87% to 79%, compared to 89% in the comparison group.

Women's business? A social network study of the influence of men on decision-making regarding female genital mutilation/cutting in Senegal (16) .

Shell-Duncan et al. (2020) mapped social networks and the influence of men on decision-making about FGM/C in Senegal. The study found that men exert influence in different ways dependent on the region of Senegal. In southern Senegal, FGM/C is supported by men and older women, as a prerequisite for marriage and social inclusion. However, in central Senegal, men—particularly fathers—were more likely to advocate against FGM/C, suggesting a shift in gender norms.

The role of older women in contesting norms associated with female genital mutilation/cutting in Senegambia: A factorial focus group analysis (17).

Shell-Duncan et al. (2018) examined social norms theory and decision-making related to FGM/C in Senegal and The Gambia. The study found that older women within this context are uniquely positioned to utilize their influence to challenge the practice of FGM/C while also honouring tradition in the process of change. Many older women expressed openness to reconsidering established norms, particularly when changes could safeguard the physical wellbeing, moral integrity, or cultural identity of girls within their families.

Recommendations

1. The practice of FGM/C in Senegal is regionally and ethnically specific. Therefore, it is critical that **programming and policy address the regional and ethnic diversity of the practice** through tailored programming that engages with relevant decision-makers and approaches social norms with an understanding of that diversity.
2. In Senegal, FGM/C is typically performed on girls under the age of five. As a result, **programming must engage adolescents, young adults, and expectant parents** to drive change in FGM/C practices for future generations.
3. Older women and in some regions, men, have an influence on the decision-making around FGM/C. **An intergenerational, community-based approach** that meaningfully engages these groups—alongside women and girls—is essential for promoting change while respecting cultural integrity and moral traditions, while also leveraging their influence to drive change in FGM/C practices.
4. Tostan, a Senegalese NGO, has built a strong evidence base of work toward changes in knowledge, critical attitudes, and behaviour change with respect to FGM/C abandonment through a participatory, dialogue-based model. **This evidence-based model should be further studied for scalability and adaptation** to high-prevalence regions and ethnic groups where FGM/C remains deeply rooted.
5. Evidence draws a clear correlation between education of a mother and her experience of FGM/C and the risk that her daughter undergoing the practice. **Improving educational opportunities for women in Senegal** has the potential to reduce FGM/C prevalence in the long term**.**

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