Female Genital Mutilation Evidence Profile

2023

BURKINA FASO

BACKGROUND

Female genital mutilation (FGM) is recognized internationally as a violation of the human rights of girls and women. It is estimated that 200 million girls and women globally have undergone some form of female genital mutilation (World Health Organization, 2023). Protecting girls from the devastating physical and psychological impacts of FGM and eliminating this harmful, often deadly practice, requires data and evidence to guide action.

To respond, UNFPA, together with UNICEF, leads the Joint Programme on the Elimination of Female Genital Mutilation (JP), the largest global programme to accelerate the elimination of this harmful practice. It implements programmes in 17 countries including Burkina Faso. In Burkina Faso, FGM affects 56% of women aged 15 to 49, a marked decrease from 76% in 2010. (Demographic and Health Survey, 2021).

This brief presents the breadth of evidence on FGM in Burkina Faso and identifies research gaps and priorities to inform future action.

EVIDENCE OVERVIEW

The evidence base on FGM in Burkina Faso has advanced understandings of the prevalence, trends, and drivers of FGM and legislative efforts to curb the practice. A greater focus of research is required on interventions, particularly at the service, community and individual levels.

Prevalence, trends and drivers of FGM

There is a wealth of survey data on FGM in Burkina Faso including four Demographic and Health Surveys (DHS) since 1998 (1998-99, 2003, 2010 and 2021), a Multiple Indicator Cluster Survey (2006), and a Continuous Multisectoral Survey (2014). As such, there exist numerous studies using these data sources, including the following:

- Chikungu and Madise., 2015 examine the trends and protective factors of FGM in Burkina Faso. Factors associated with a lower likelihood of FGM include being of a younger birth cohort, being educated, being Christian and belonging to select ethnic groups (Fulfuldé, Peul, Touareg, Bella, Gourmatché, Gourounsi and Bissa). Interestingly, the authors note that in 2010, women from urban areas were less likely to be circumcised than women from

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rural areas whilst in 1999 and 2003 there were no significant differences between the two population groups.

- Ahinkorah et al., 2020 examined the socioeconomic and demographic factors associated with FGM among women and their daughters. Younger women who underwent FGM were less likely to have their daughters circumcised. Gries 2019 collected data from 1644 adolescents across 10 villages in Burkina Faso and found social conventions to play an important role in the continuation of FGM, linked to community, religious and ethnic affiliations. Similar conclusions were shared in a 2015 report by the FGM/C Research Initiative (formerly known as 28TooMany), indicating that to feel a sense of community, young girls may feel pressured into undergoing FGM without realizing its full repercussions, or they may choose to ignore the repercussions to gain social acceptance within their community. The economic pressure to marry is another of the push factors for the continued practice of FGM, as the practice is considered to improve a girls' perceived marriageability.

Consequences

A limited number of studies focus on the health aspects of FGM including obstetrical outcomes of women with Type I and Type II FGM[1], having a skilled birth attendant at delivery, clinical complications due to FGM and reconstructive surgery. For example, N'diaye et al., 2010 carried out a study assessing the prevalence of childbirth complications due to FGM in Gourma Province, Burkina Faso. The occurrence of FGM statistically increased obstetrical consequences such as the proportion of dystocia, cesarean section, episiotomy, perineal tears, postpartum hemorrhaging, retroverted uterus, blood transfusions, and stillbirths.

Prevention and response efforts

Interventions to address FGM take a wide range of forms and can be classified by level and approach (Matanda et al., 2023). This includes interventions at the systems level (e.g. legislative interventions), service level (e.g., training health care providers/ capacity building of the health care system, rescue centers), community level (e.g., health education, community engagement approaches, media efforts, use of religious/cultural leaders, public statements, and conversion of traditional practices) and individual level (e.g. formal education for girls, alternative rites of passage). Of these approaches, the research on FGM interventions in Burkina Faso is heavily focused on the impact of legislation on FGM.

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Systems level interventions

The Government of Burkina Faso amended the Penal Code in 1996 to include a prohibition of FGM throughout the national territory. Much of the evidence on FGM is related to this legislation.

Crisman et al., 2016: Using DHS data, the study analysed the impact of anti-FGM legislation in Burkina Faso and found evidence for a substantial drop in the likelihood of girls being cut. The researchers estimated that legal measures have prevented nearly a quarter of a million girls and women from being cut in the 10 years since the enactment of the law criminalizing the practice.

Kudo 2023 found that Burkina Faso's political efforts, which include sensitization campaigns and legal prohibition, to eradicate FGM have reduced this practice overall and its moderate forms, though the effect was weaker when FGM was performed by traditional cutters or on younger girls. The overall decline was smaller near the national border prone to fatal violence in its neighboring countries, which conversely suggests that the absence of internal conflict in Burkina Faso might have increased the credibility of the government's political commitment.

Meroka-Mutua et al., 2021: This mixed methods study was largely focused on the anti-FGM legislation in Burkina Faso and whether Burkinabés would comply with it. It found that 87% of the survey respondents (men and women) knew of the anti-FGM law and 61 %

1. The World Health Organisation has classified FGM into four different types:
Type I – Clitoridectomy: Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and/or the prepuce (the clitoral hood or fold of skin surrounding the clitoris).
Type II – Excision: Partial or total removal of the clitoris and the inner labia, with or without excision of the outer labia (the labia are the 'lips' that surround the vagina).
Type III – Infibulation: Narrowing of the vaginal opening by creating a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris.
Type IV – Other: All other harmful procedures to the female genitalia for non-medical purposes, eg, pricking, piercing, incising, scraping and cauterising (burning) the genital area.

had gained this knowledge through the media. Only 15% stated that FGM should continue. The researchers postulate that compliance with the law in Burkina Faso has been successful due to a multi-faceted approach that includes some conventional "law & courts" methods combined with community engagement approaches (e.g., 24-hour free and anonymous telephone line to report girls at risk of FGM). The focus group discussions revealed the role of community actors such as health workers and religious leaders, not usually associated with law enforcement, in influencing attitudes and behaviors towards the abandonment of FGM. The key finding is that the use of formal law to regulate a cultural practice is likely to be more effective if the formal law is complemented by facilitative approaches which rely on community involvement.

Wouango and Ostermann; 2023 found a higher compliance with the anti-FGM law in Burkina Faso. This is explained by variation in target population legal knowledge and their attitudes towards the law and the legal implementation strategies.

Service level interventions

Two studies assessed the effectiveness of training health care providers. Interestingly, one study lauded the trained health workers and viewed them as instrumental in distributing information about the FGM-related law and, because they are generally trusted, they can influence community members on FGM abandonment decisions (Meroka-Mutua et al 2021). Whereas the other study by Berg and Denison; 2013 suggested that training health personnel did not change their knowledge and beliefs/attitudes regarding FGM. Given this disparity in the findings, additional research is needed to determine the effectiveness of health care providers at the service level.

Community level interventions

Community level interventions appear promising in providing support for FGM abandonment, but the evidence base is limited. Nonetheless more research is needed to better understand the effectiveness of these approaches and the pathway from supporting FGM abandonment to actually preventing the occurrence of FGM.

The most well-known community-level intervention to address FGM comes from the Tostan education programme, implemented by Mwangaza Action, a non-governmental organisation, in 23 villages in the Zoundwéogo province. It contributed substantially to knowledge on effective strategies to address FGM. According to Ouaba et al., 2014, the Tostan education programme, which included modules on hygiene, problem-solving, human rights and women's health for community members achieved a significant increase in the proportion of women who regretted having had their daughter cut (53% to 81%), women who disapproved of FGM (89% to 98%), and men who disapproved of FGM (90% to 98%).

With regard to social media and marketing interventions, Berg and Denison; 2013 conducted a systematic review of media, communication, outreach and advocacy interventions and their impact on FGM abandonment, knowledge and attitudes. The authors assert that the driving force for changing FGM-related behaviour lies in the dissemination of information, with the use of social media having the potential to change attitudes towards FGM. Of the 8 studies identified in their systematic review, only 1 focused on Burkina Faso. It again highlighted the Tostan education programme showing that fewer women stated that they had cut their daughter, and a higher proportion of participants knew of its harmful consequences. However, it noted low attendance and drop-out, especially among the men, and many participants failed to act as advocates or pass on the information learned.

While it is well-evidenced by the global literature that health education and community dialogues with religious and community leaders can change attitudes towards FGM, no studies were identified that evaluated this approach in Burkina Faso reflecting an evidence gap. Lessons can be drawn from research in other high prevalence FGM setting such as an investigation by Mehari et al., 2020 in Ethiopia which found that including health extension workers and religious leaders, is essential in accelerating change towards the abandonment of the practice.

With regard to public declarations, the Joint Programme commissioned a study which found that community members appreciated the community-owned process that works towards collective abandonment. It also found that public declarations, when supported by post-declaration follow-up and support, can be effective in preventing further cases of FGM. The evidence suggests regular and repeated awareness raising that stresses the detrimental effects of FGM may be a first step towards changing attitudes

and practices among community members, but further research is required to assess effective implementation strategies.

Individual level interventions

The global evidence base on FGM interventions reveals formal education of women and girls as an effective strategy in reducing FGM prevalence. Research on the impact of formal education in Burkina Faso includes the following studies:

Novak 2016 studied the effect of education on the perpetuation of FGM in Burkina Faso. The findings revealed that educated women are 30 percent more likely to oppose the practice than uneducated women. Additionally, women who support the practice are more than twice as likely to have a daughter who has undergone FGM, and there was also suggestive evidence that education raises a woman's bargaining power in the household.

Rawat 2017 showed that education was statistically significant in changing the percentage of FGM practices in the selected countries, including Burkina Faso. Also, the economic status of women was directly associated with mutilation practices, with FGM less likely to be found among higher educated women.

GAPS AND OPPORTUNITIES

Overall, the evidence base on FGM in Burkina Faso focuses largely on anti-FGM legislation and its implementation. More rigorous evidence is needed on service, community and individual-level interventions and, and how they assist in the abandonment of FGM.

There is also a need for greater research attention to the prevention of FGM in humanitarian contexts. Burkina Faso is facing the worst humanitarian crisis in its history. Over two million people are internally displaced and Burkina Faso hosts over 37000 refugees and asylum seekers (Internal Displacement Monitoring Centre, 2022). Greater investment in evidence on intervention effectiveness in humanitarian contexts is required to inform effective action to end FGM in Burkina Faso.

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