Ending Female Genital Mutilation/Cutting in Sudan
What is FGM/C and why is it harmful?

FGM/C comprises all surgical procedures involving partial or total removal of the external genitalia or other injuries to the female genital organs for cultural or non-medical reasons.¹ There are three major types of FGM/C:

1. Clitoridectomy, which entails partial or total removal of the clitoris. This type is often called *sunna*² circumcision and mistakenly believed to be associated with religion.

2. Excision, which consists of partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

3. Infibulation, which is the most severe form of FGM/C, involving stitching/narrowing of the vaginal opening. It is often called “Pharaonic” circumcision because there is some evidence that it was performed in Ancient Egypt. This type constitutes about 15% of FGM/C performed worldwide.

FGM/C can have devastating short and long-term sexual and reproductive health impact. The practice of its most severeform, infibulation, may cause obstructed labour and is one of the main causes of Obstetric Fistula and maternal morbidity. FGM/C is also routinely traumatic and can result in disability and even death due to severe bleeding or infection. It is often performed in poor sanitary conditions by traditional practitioners, including midwives, with little or no surgical training or appropriate medications to treat infections.


2 Sunna denotes the practice that should be adhered to in order to fulfill religious obligation.

Female genital mutilation/cutting (FGM/C) is a harmful traditional practice which affects the health and wellbeing of girls and women. It is estimated that about three million girls worldwide, the majority under 15-years of age, face FGM/C each year; and 140 million have already undergone the procedure.

FGM/C is a practice deeply rooted in tradition and mainly found in communities across Africa and the Middle East. For decades, efforts have been made to end FGM/C through education and awareness-raising campaigns leading to the decline of the practice in most communities.

Studies have also shown the negative impact of the practice on maternal and neonatal outcomes. Those who have undergone FGM/C run a greater risk of requiring a caesarean section and suffering postpartum haemorrhage. Death rates among newborns during and immediately after birth are also higher for those born to circumcised mothers.

FGM/C in Sudan³

In Sudan, FGM/C has long been an integral part of the social system. It is a cultural belief of many Sudanese that the practice safeguards the family’s honour and the prospect of their daughters’ future marriage, linking it with premarital virginity and marital fidelity. Consequently, there is a great deal of stigma against women and girls who are not circumcised.

Sudan ranks fifth among countries practicing FGM/C worldwide. The national rate remains high at 65.5%, despite decades of education campaigns in

³ All figures in this Fact Sheet, unless otherwise indicated, are based on the 2010 Sudan Household Health Survey.
the country. The levels and forms of FGM/C in the country vary across regions.

In most parts of Sudan, girls are usually circumcised before they reach their 12th birthday. However, there are also cases where uncircumcised women are pressured into having the procedure prior to entering marriage. Infibulated Sudanese women usually undergo re-infibulation after giving birth.

**Attitudes towards FGM/C**

Social pressure is a strong motivation to perpetuate FGM/C in Sudan. Supporters of the practice are usually the older women in a Sudanese household, who see FGM/C as a long-standing tradition passed on from generation to generation. However, it is not unusual for girls themselves to ask to be circumcised due to peer pressure. In addition, although there are no religious scripts that prescribe FGM/C, many people still believe that the practice has religious support.

About 42% of Sudanese women aged 15-49 years still support FGM/C, which is a decline from 79% in 1990. Support for abolition of FGM/C is mainly found among Sudanese women with high education and financial status. A significant reduction in support for FGM/C is shown by younger women aged 15-19 years (58% in 2006 and 37% in 2010), indicating that attitudes towards the practice are changing over time. Among men aged 15-49 years, 73% are in favour of discontinuing FGM/C. Nevertheless, fears that their daughters will not marry or will be socially excluded often outweigh their reasons for abandoning the practice.

Midwives and traditional birth attendants are also instrumental in FGM/C practice in Sudan; they perform over 90% of circumcisions in the country. Infibulation is a significant source of income for the many midwives.

**Efforts to stop FGM/C**

Sudan was the first African country to legislate against FGM/C. The infibulation form of the practice was declared illegal in 1946 in the Sudan Penal Code; however, this has not stopped the practice. Sudanese doctors have been involved in studies on FGM/C since the 1960s, and civil society movements against the practice started in the 1970s, including mass awareness-raising campaigns and strategies for its eradication. In 1979, the first international conference on FGM/C was held in the capital of Sudan, Khartoum.

Sudan has also ratified various international human rights agreements under which FGM is considered a violation, including the International Covenant on Civil and Political Rights; International Covenant on Economic, Social and Cultural Rights; and Convention on the Rights of the Child. Despite all these long-term efforts, FGM/C in Sudan has continued with little interruption.

**UNFPA support and advocacy**

For over twenty years, UNFPA has been supporting efforts to eliminate FGM/C in Sudan and other countries, not only because of its harmful impact on the reproductive and sexual health of women, but also because it is a violation of women’s rights.
fundamental human rights. UNFPA has focused its work to advocate for public attention and action to stop all forms of FGM/C.

Currently, UNFPA and UNICEF have a joint programme that aims at reducing FGM/C by at least 40% by the year 2015 in 17 countries, including Sudan. The programme was launched in 2007, and it promotes a human rights-based approach to encourage communities to act collectively to abandon the practice. This approach has resulted in public declarations against FGM/C by 670 communities across Sudan.

UNFPA Sudan works with many national partners on the advocacy for legal and policy reforms, including the Minister of Welfare and Social Security, Minister of Health, Ministry of Guidance and Endowment, National Council on Child Welfare, Unit on Combating Violence against Women, the Parliament, Civil Society Organizations and universities. Achievements include incorporation of FGM/C elements in the National Action Plan on Violence against Women and the 5-year National Strategic Plan 2012-2016. Advocacy also aims at issuing and reviewing laws that criminalize FGM/C at national level and in some states. In the area of education, FGM/C is now included in the Community Development diploma curriculum of the University of Gedaref.

The role of the media is critical in accelerating change and eliminating FGM/C. To that end, UNFPA has been supporting media campaigns (television, radio, website, and newspaper) to educate the Sudanese public on the issue. A Journalists Committee was established and media personnel were trained to share information and create culture-sensitive public dialogue on FGM/C.

Partnerships with religious leaders/networks and Islamic scholars to de-link FGM/C from Islam have brought positive change in many communities which have declared abandonment of the practice. Efforts include awareness-raising campaigns, launching of Child’s Rights Day and programmes by more than 500 religious leaders and Imams, and advocacy by a well-respected group of sheikhs called SOGRADS.

UNFPA also supports the country in using population data for the development of policies and programmes on FGM/C in Sudan, including national health policies, studies on psychological and social impact of FGM/C, and population censuses and surveys that reflect FGM/C indicators (e.g. 2008 Population Census and 2010 Sudan Household Health Survey). In addition, UNFPA also works closely with health professionals to support the banning of FGM/C medicalization. Among the results of this campaign is prohibition of the practice by the Sudanese Medical Council as part of doctors’ code of ethics.