The African Women's Development and Communication Network

Sida

POLICY BRIEF

GUINEA CONAKRY

POLICIES INACTION: LAW REFORM, AND BEHAVIOUR CHANGE TOWARDS

Female genital mutilation . Early & child marriages . Safe abortion

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TABLE OF CONTENTS

HIGLIGHTS	2
SYNOPSIS	3
BACKGROUND	4
POLICY & LEGAL FRAMWEWORK	6
CAMPAIGNS	8
COVID-19 IMPACT	9
THE ROLE OF MEDIA	10
CONCLUSIONS & RECOMMENDATIONS	11
REFERENCES	15

HIGHLIGHTS

FEMALE GENITAL MUTILATION

- Guinea has a population of about 12.6 million.[1] The prevalence of Female Genital Mutilation/Excision (FGM/E) has increased in women aged 15-49 is 96.9% in the Demographic and Health Survey 2018.[2]
- Guinea is estimated to have the second highest recorded prevalence of FGM globally after Somalia.[3]
- FGM/E is performed regardless of ethnicity, religion, residence or income.
- More than 70% of women aged 15–49 who have undergone FGM were cut between the ages of 5 and 14.
- About 80% of women were cut by traditional cutters called "Zowo".
- FGM/E may cost the parents between 2 and 3 million Guinée Francs (roughly $US 300-400).[4]
- About 56% of mutilated Guinean girls aged 0-14 are within the most impoverished economic quintile.
- Medicalization of FGM is on the rise, accounting for about 30% of FGM cases as families try to gain legitimacy to commit FGM. FGM/E is also inflicted on girls at a younger age than previously.

EARLY AND CHILD MARRIAGE

- Guinea has the 5th highest rate of girl child marriage in the world.[5]
- 1 in 2 girls (51%) marry before the age of 18.[6]
- On average, 3 out of 5 girls (63%) are married before they are 17. This percentage is higher inland. The highest prevalence rate is in the Upper Guinea region (76 %), followed by Central Guinea and Guinea Forest (75%), Lower Guinea (61 %) and the Conakry Special.[7]
- Overall, 70% of women in Guinea with no education married as children, compared to 55% of women with primary schooling.[8]

ACCESS TO SAFE ABORTION

- Voluntary abortion is illegal in Guinea. Only safe abortion necessitated by certain health conditions is allowed and can be performed in public or private establishments with the capacity to provide voluntary terminations of pregnancy.
- There is ambiguity about allowable abortion methods and post abortion care services.
- Though the facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage), most women and girls do not benefit from this because abortion is not allowed and it is done in secret.

SYNOPSIS

This policy brief builds on evidence from the review of key legal, policy and programmatic efforts for ending early child and forced marriages, Female Genital Mutilation/Excision (FGM/E) and promoting access to abortion services which are persistent common practices that violate women and girls' human rights. To redress the three vices concerted policy advocacy for reforms, resourced implementation and community level social behaviour change communication efforts are critical in the promotion of comprehensive Sexual Reproductive Health Rights (SRHR). The impact of COVID-19 is explored to determine any effect on promoting or preventing the harmful practices, un/under reporting and subsequently propelling the continuation of child marriages, female genital mutilation, prevention and limited access to safe abortion services in Guinea. This policy brief will contribute to achieving major advocacy priorities in the Strategic Plan for the African Women's Development and Communication Network (FEMNET) Strategic Plan (2020-2029) and the priorities of the Swedish International Development Cooperation Agency (SIDA).

2022 policy brief

BACKGROUND

FEMALE GENITAL MUTILATION

Almost all women and girls are excised (cut) in Guinea. It is a violation of their rights, health and integrity. The World Health Organization (WHO) defines Female Genital Mutilation (FGM) as 'all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for cultural and/or non-medical reasons.'

Whilst types 1 to 4 are the most practiced in Guinea, some families opt for a slight symbolic incision on the genitals, type 4; and medicalised FGM which is also on the rise mostly in urban health centres. The latter involves a symbolic excision, usually a pinch or scratch leading to a small release of blood. Its objective is to avoid girls suffering from stigma because they are not excised. De-infibulation is also practiced for girls or women who were sealed. This involves cutting open the sealed vaginal opening of a woman who has been infibulated, which is often necessary for improving health and wellbeing as well as to allow intercourse or facilitate childbirth.

All Types of FGM are common across the country (Upper, Middle, Lower Guinea and the Forest regions), as initiation rites into adulthood. The highest prevalence is in Labé (100%) and lowest is in N'Zérékoré (87.1%).[9] Excision takes on religious overtones, with the "Nyömou" or sacred forest spirit "giving birth" to initiates during a ceremony. Infibulation is found mainly in Moyenne Guinea, Guinea Frostier and Conakry; and accounts for slightly more than 10% of all circumcisions.

As often FGM is a prerequisite for marriage, there is a strong link between FGM and marriageability. FGM is believed to control female sexual behaviour and ensure women's virginity by reducing their sexual desire, preserve virginity, marital faithfulness and prevent promiscuity. Girls and women will usually be under strong social pressure, including pressure from their peers. They risk victimisation and stigma if they refuse to undergo FGM. Non-excision of girls is considered dishonourable in Guinean society. Such social pressure leads girls to request excision for fear of being excluded or forced to remain unmarried if they do not undergo the practice. FGM is still a contributor to the high morbidity and mortality among females in Guinea. Families are sending their daughters to circumcisers to perform the practice at an increasingly young age to avoid being caught. Girls with no education are three times more likely to marry or enter a civil union before the age of 18 than those with a secondary or higher education.

The WHO classifies four types of FGM:

1. Clitoridectomy - the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

2. Excision - the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

3. Infibulation - the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris.

4. All other harmful procedures to the female genitalia for non-medical purposes – such as pricking, piercing, incising, scraping and closing the genital area.

EARLY AND CHILD MARRIAGES

In Guinea, child marriage is any marriage where at least one of the parties is under 18 years of age. Forced marriage is a marriage in which one and/or both parties have not personally expressed their full and free consent to the union. A child marriage is a form of forced marriage, given that one and/or both parties have not expressed full, free and informed consent. [10] Forced marriage is widespread, though more prevalent among very young girls from rural and conservative areas. Girls' education level has been identified as the most important factor associated with girls marrying before the age of 18. [11] No or low educational status is therefore a risk factor for child marriage and teenage pregnancy. [12]

Child brides are prone to domestic violence, are less likely to participate in family decision making due to immaturity and lower socioeconomic status and are associated with many adverse reproductive outcomes such as stillbirth, miscarriage, stunting, underweight, unwanted pregnancies, unsafe abortion and other adverse reproductive outcomes.

ACCESS TO SAFE ABORTION

Voluntary abortion is illegal and cannot be performed at a woman's request in Guinea. It is only permitted when there is foetal impairment, in cases of rape, incest and in situations of certain health and life-threatening medical conditions. Prompt, safe abortion services should be provided based on a woman's complaint rather than requiring forensic evidence or medical examination. [13]

POLICY & LEGAL FRAMEWORK

The successful implementation of any law aimed to prevent and effectively respond to FGM, child and early forced marriages and ensure access to abortion services should be underpinned by three basic tenets:
(i) The law should 'work' - be understood, accepted by the communities it will affect and be practically enforceable.
(ii) It should conform to the imperatives of Human Rights and the 'Rule of Law.'
(iii) It should advance 'public interest'. Guinea's national legislation on the three issues should align with regional, continental and global commitments.
The protection of women from cruel, inhuman and degrading treatment such as that experienced from FGM/E, Child/Forced Marriages and inaccessible abortion services is primarily only legislated in the:

- Criminal Code (2016) / Penal Code.
- Criminal Code (2016) / Penal Code.
- Children's Code (2008).
- Reproductive Health Act: Reproductive Health Law, 2000.
- General Medical Health Act: Public Health Code.
- Essential Medicines List 2013/Registered List.
- Medical Ethics Code: Code of Medical Ethics.

Yet, Guinea has signed and ratified the following key international conventions and declarations that form the legal framework for the protection and promotion of women and girls' human rights relevant to ending FGM, Child and Early Forced Marriages and in ensuring access to safe abortion services:

- The Universal Declaration of Human Rights (UDHR).
- The International Covenant on Civil and Political Rights (ICCPR).
- The International Covenant on Economic, Social and Cultural Rights (ICESCR).
- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).
- The Convention against Torture (CAT) and Other Cruel, Inhuman or Degrading Treatment or Punishment
- The Organisation of Islamic Co-operation (OIC) – Cairo Declaration on the Elimination of FGM (CDEFGM).
- African Union (AU) Charter on Human and Peoples' Rights on the Rights of Women in Africa (ACHPRRWA) – the Maputo Protocol.
- The African Charter on Human and People's Rights.
- The African Charter on the Rights and Welfare of the Child.

In 1990, Guinea acceded the Convention on the Rights of the Child (CRC) and is a signatory to Sustainable Development Goal (SDG) 5.3, aimed to eliminate all harmful practices such as early, forced marriages and female genital mutilation.

FGM

Guinea was the first worldwide to pass a national law prohibiting FGM in 1965.[14] Although Guinea set the precedent, the Constitution still does not explicitly prohibit harmful practices including FGM, child and forced marriages, and provision for access to safe abortion services. The principal legislation now governing FGM in Guinea is the Criminal Code (2016) in which Articles 258–261 prohibit FGM whether performed by traditional or modern methods, provides a clear definition of FGM, criminalises the performance of FGM and criminalises the procurement, arrangement and/or assistance of acts of FGM, criminalises the participation of medical professionals in acts of FGM and has a strategy in place to end FGM. The Children's Code (2008) criminalised violence against children and explicitly addressed FGM under Articles 405–410. However, no legislation criminalises the failure to report incidents of FGM and the practice of cross-border FGM. According to the Penal Code, the punishment is hard labour for life and if death results within 40 days after the crime, the perpetrator will be sentenced to death. Though scanty information on cases and prosecutions exists, only fines and suspended sentences have been given to some of the few reported prosecuted cases. [15]

There is also huge pressure from communities to continue the practice; as community members move away from traditional community celebrations around FGM to more individual cases being performed as a way to avoid the law. The fragmented regional consensus on legislating and enforcing FGM is concerning.

EARLY AND CHILD MARRIAGES

The marriage of children under 18 years old is illegal and formally prohibited under Article 319 of the Penal Code which states that: “Forced marriage and early marriage are strictly prohibited.” Yet children are often betrothed or married off in early childhood. The penalties range from a fine of about $325 to jail terms of up to 20 years. But the law is rarely, if not almost never, enforced.

Guinea’s Civil Code only recognizes civil marriage, and a civil ceremony must occur prior to any religious or customary marriage ceremony. This requirement is rarely followed, resulting in many marriages not recognized by the state or legally enforceable in court. An individual that consummates a marriage with a child can only be penalized if the victim is under the age of 13. While annulment and divorce are permitted under the Civil Code, religious and customary practices, it is much harder for women to dissolve a marriage. Women are generally not given custody of their children if they are over seven years of age. Marriage disputes are often mediated by informal authorities in the community, leading to situations where women are pressured to accept the settlements proposed by their families and community elders. Guinean cultural and traditional norms are that domestic conflicts should be resolved within the family, so women subjected to a forced marriages will generally not seek legal protection. The judicial system generally has weak response to such situations, and investigations of forced marriages (when complaints are filed) are handled poorly. There has not been a single conviction around forced marriage, largely because many judges do not consider claims seriously.

It is critical to note that an overly discrete focus on the age of marriage ignores the way in which child marriage exists as a symptom of more widespread oppression of women and girls. Enabling girls to marry at 18 if these remain harmful and imbalanced unions is not a desired outcome. Efforts should intentionally sway from the narrow focus on legal marriage, when in fact girls are being trapped in a range of damaging situations, often without any formal or informal community or family level support.

ACCESS TO SAFE ABORTION

The constitution is silent on abortion. The AU’s Maputo Protocol Guinea has ratified, is the only human rights instrument with prescriptive language on abortion criteria yet, Guinea is not adequately implementing what it formally committed to. Voluntary abortion is illegal. Allowable safe abortion and post abortion care are provisioned under exceptional circumstances for health reasons such as foetal impairment though gestational limits apply, and in cases of rape or incest. [16]
No abortion is permitted at a woman’s request or for economic or social reasons. Service providers and a person who assists in abortion can be sanctioned. [17] Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions services.

Excerpts from the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa – Maputo Protocol

Article 14: Health and Reproductive Rights

1. States Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted.

2. States Parties shall take all appropriate measures to protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and/or physical health of the mother or the life of the mother or the foetus.*
In this context, “medical abortion” denotes safe abortion.

CAMPAIGNS

Collaborative efforts by government authorities, civil society including community and faith-based organisations, and the media have a vital role to play in disseminating information to increase awareness of the gross human rights violations and the need for law reform to ensure access to abortion services. All stakeholders need to work in close partnership to ensure that the content of current policies are easy to understand and available to all members of society. Increased funding and empowerment of local activists is needed to help in the advocacy work. Campaigns should be multi-pronged, focusing on legal reform, bi-lateral and multi-lateral advocacy, awareness raising and community education efforts:

- ***Policy advocacy*** *- should target law reform to align with regional and global commitments and respond to community needs.*
- ***Advocate for a responsive justice system*** *- and encourage effective law enforcement*
- ***Increase collective understanding*** *- Social behaviour change communication strategies and programmes should be crafted and implemented with the aim to demystify harmful social perceptions and attitudes that perpetuate behaviour.*
- ***Involve and influence local and national political and traditional leadership*** *- to openly denounce the harmful practices, discourage silence and under-reporting in Guinea.*
- ***Foster accountability and integrated service delivery*** *- for increased protection and the realisation of human rights for all.*

COVID 19 IMPACT

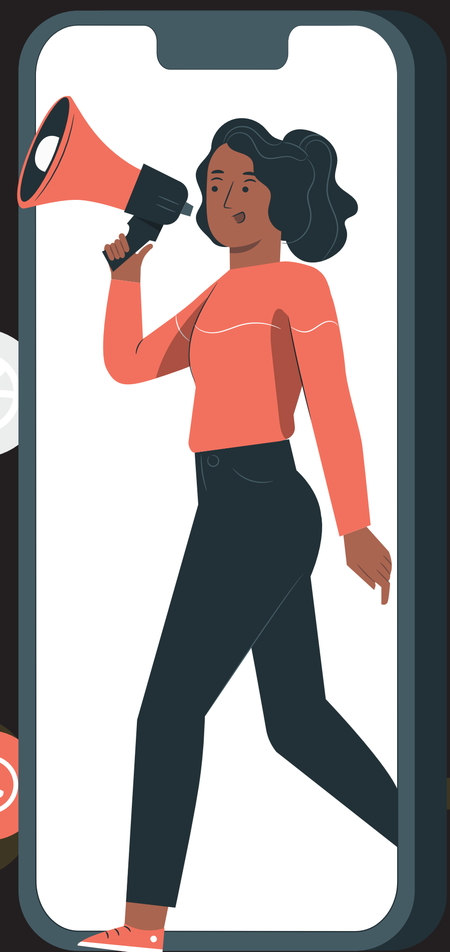
Covid-19 generally slowed or even halted efforts in communities to combat FGM. Covid-19 affected partners' capacity to prevent and respond to the prevalence of FGM and child/early forced marriages. The hard lockdowns encouraged the covert behaviour to continue unabated even if enforcement could have happened. The closure of schools meant girls stayed home, which allowed FGM to take place and left enough time during the lockdown for healing of scars. Child marriages increased. Rape and incest incidents on girls increased yet un/under reported. Subsequent pregnancies that resulted from the crimes were not reported and covered up by families. Allowable abortion services were inaccessible, resulting in a spike in unsafe illegal abortion. This has further resulted in increased morbidity and mortality rates. Advocacy organisations were restricted to coordinate and work in hard-to-reach communities, raise awareness and maintain a presence on the ground. There was a general increase in gender-based violence due to increases in domestic violence, child exploitation, school dropping outs, and other factors. Abortion services and post abortion care even for general health reasons was inaccessible.

THE ROLE OF MEDIA

Guinea is very guarded on the promotion of human rights and in addressing the three vices to the extent that advocacy, structured programming and community outreach efforts are met with hostility. Yet, all media forms, especially community media are critical to influence social and behaviour change, promote accountability, influence progressive laws and their implementation.

Other forms of media, such as local radio programmes and interactive dramas, are widely and successfully used by activists to dissem- inate information and promote discussion, particularly in remote rural areas.

Advocates in guinea can make full use of community media channels to get across messages about the law and the socio-cultural and traditional actions that promote these harmful practices. Strategic partnerships should aim to make laws more accessible in communities, in all languages and in areas of low literacy.



CONCLUSIONS AND RECOMMENDATIONS

While legislation alone cannot change behaviour, a tripartite approach involving engagement by all relevant government authorities (including the police and judiciary), civil society (including local community structures and members) and the media, to ensure consistency in messaging and collaboration in prevention and effective response in dealing with the three issues is needed. The following recommendations are key:

FGM

LAW REFORM

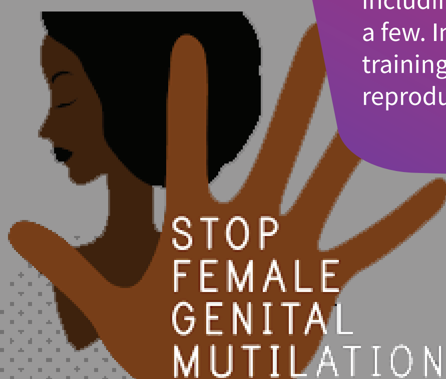
The Guinean Penal and Civil Codes should include provisions to prosecute all those who fail to report FGM practices. Laws should specifically state that 'consent' and culture/custom/tradition/religion shall not be defences for conducting FGM. Abusive language and threatening behaviour towards uncut women and girls and their families should be criminalised. Premises used for FGM and the possession of cutting tools should be criminalised. Protection orders should be provided to girls to prevent girls at risk from undergoing FGM.

POLICY IMPLEMENTATION

Ensure the application of disciplinary measures under the joint order of 2010 for any health personnel violating the law, with a supervisory mechanism to detect the practice of FGM/E by health personnel. Promote the application of the law, with independent and impartial investigation of every suspected case, leading to prosecution of perpetrators and accomplices. Appropriate protection measures such as emergency telephone hotlines and safe spaces should be put in place for women and girls at risk of FGM. Prohibit broadcasting by private or public media of messages encouraging FGM/E, in accordance with the Ministerial order of 2010. Appropriate protection measures such as emergency telephone hotlines and safe spaces should be put in place for women and girls at risk of FGM.

CAPACITY BUILDING FOR ALL ESSENTIAL WORKERS AND KEY STAKEHOLDERS

Medical professionals, social workers, teachers and faith and community leaders should be trained to understand relevant policies and guidelines to better help victims overcome their physical and mental traumas and provide ongoing support. Training should be provided on FGM, anti-FGM laws, enforcement and effective case management for all justice cluster stakeholder including the police, judiciary, traditional practitioners, high court judges, border control to name a few. Integrate within the curricula of schools, universities and training centres fundamental training on women's rights, male/female equality, violence against women and girls, reproductive health, maternal health and FGM/E, and their consequences.



IMPROVED MONITORING, REPORTING, DOCUMENTATION AND DISSEMINATION OF FINDINGS FOR EVIDENCE INFORMED AMPLIFICATION OF THE PRACTICE

to amplify Adequate systemic gathering of data and monitoring and reporting of FGM cases is essential to improve efficiency and inform policymakers, the judiciary, the police and all those working to implement and enforce the law.

SCALE-UP AWARENESS CAMPAIGNS AND DIALOGUES WITHIN COMMUNITIES

involve customary chiefs, religious leaders and traditional communicators (griots) notably via the RENACOT Network; other traditional structures, parents, media, women's organisations and young people.

IMPROVED PARTNERSHIPS

Ensure effective involvement of the General Secretariat of Religious Affairs in setting up actions to promote elimination of FGM/E; to identify, train and accompany the more influential religious leaders in the promotion of this goal by encouraging them to make public statements regarding the non-religious character of the practice. Mobilise all actors involved in FGM/E (regional, prefectoral and local government; justice; police; civil society and NGOs; development partners; women's rights defenders; traditional associations; religious and traditional leaders, etc.) in a concerted programme to fight impunity for these crimes..

REGIONAL CORPORATION IS ESSENTIAL

AU, ECOWAS and IGAD need to review the EAC Act and look to implement and enforce similar regional laws to tackle cross-border FGM. ECOWAS should suggest legislation and improvement on the enforcement of cross-border FGM in West Africa.

INCREASE GIRLS' ACCESS TO CHOICES

Support girls to imagine alternatives through empowerment and life skills trainings and support networks in communities. Assist girls to navigate relationships with men more healthily, and to speak up for their own sexual and reproductive rights.

WORK WITH COMMUNITY ACTIVISTS AND ROLE MODELS AS ALLIES FOR GENUINE CHANGE

Social behaviour change requires the consistent advocacy and inter-dependence of community members to influence others and support the most vulnerable.

MOBILISE NETWORKS TO MOVEMENTS

Movement builders should reach beyond what is politically feasible or culturally possible, to construct a new image of desired change.

ACCESS TO SAFE ABORTION

UPDATED SAFE ABORTION GUIDELINES

Guinea could adopt the World Health Organisation's Safe Abortion Guidelines and update national legislation accordingly. Updates should cover types of abortion methods and services. For instance, dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol) are both recommended methods for abortion for gestations over 12 to 14 weeks. Standards should indicate where and by whom abortion can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy.

PREVENT UNWANTED PREGNANCY

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests and contraceptive methods.

FINANCING

of abortion services should consider costs to the health system while ensuring that services are affordable and readily available to all women who need them.

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