

## STATISTICAL PROFILE ON FEMALE GENITAL MUTILATION/CUTTING

Female genital mutilation/cutting (FGM/C) refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons." ${ }^{1}$ FGM/C is a violation of girls' and women's human rights and is condemned by many international treaties and conventions, as well as by national legislation in many countries. Yet, where it is practised FGM/C is performed in line with tradition and social norms to ensure that girls are socially accepted and marriageable, and to uphold their status and honour and that of the entire family. UNICEF works with government and civil society partners towards the elimination of $\mathrm{FGM} / \mathrm{C}$ in countries where it is still practised.


Source: Health Issues Survey 2015 and DHS 2014
unite for children

FGM/C is nearly universal among girls and women of reproductive age in Egypt.


## WHEN AND HOW IS FGM/C PERFORMED?

More than half of girls were cut between the ages of five and ten, and three out of four were cut by a health professional

Percentage distribution of girls aged 1 to 14 years who have undergone FGM/C (as reported by their mothers), by age at which cutting occurred


Percentage distribution of girls aged 1 to 14 years who have undergone FGM/C (as reported by their mothers), according to the type of person/practitioner performing the procedure


Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. Data on the prevalence of FGM/C
in Matrouh are based on $25-49$ unweighted cases. Prevalence data for girls aged 1 to 14 reflect their current, but not final, FGM/C status since some girls who have not been cut may still be at risk of experiencing the practice once they reach the customary age for cutting. Therefore, the data on prevalence for girls under age 15 is actually an underestimation of the true extent of the practice. Since age at cutting varies among settings, the amount of underestimation also varies and this should be kept in mind 'Health personnel' includes doctors, nurses, midwives and other health workers; 'Traditional practitioner' includes traditional circumcisers, traditional birth attendants, traditional midwives, other types of traditional practitioners and dayas, ghagarias and barbers. Questions on type of cutting only differentiated
infibulation from non-infibulating forms of FGM/C. Information on type of cutting was not asked in more recent surveys in Egypt. Source for all charts on this page: Health Issues Survey 2015, unless otherwise noted

## WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?

Around half of people in Egypt support the continuation of FGM/C and believe it is a religious requirement


## IS THE PRACTICE OF FGM/C CHANGING?

Fewer adolescent girls have experienced FGM/C compared to older women, and support for FGM/C has declined

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by current age

| 100 |  | 89 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | 82 |  |
|  | 97 | 95 | 95 | 93 |  |  | 70 |
| 80 |  |  |  |  |  |  | + |
| 60 |  |  |  |  |  |  |  |
| 40 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |
| 0 | 45-49 | 40-44 | 35-39 | 30-34 | 25-29 | 20-24 | 15-19 |




INTER-COUNTRY STATISTICAL OVERVIEW

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C


Percentage of girls aged 0 to 14 years who have undergone FGM/C (as reported by their mothers)


Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue


Notes: Egypt data refer to girls aged $1-14$ years and Indonesia data refer to girls aged 0-11 years. An older source is used to report on the prevalence of FGM/C among girls aged $0-14$ years for Gambia (MICS 2010) since the latest source did not collect these data. MICS data for Ghana (2011) could not be used to report on attitudes towards FGM/C due to the fact that information is missing for girls and women with no living daughters; data from MICS 2006 are used instead. In Liberia, only cut girls and women were asked about their attitudes towards FGM/C; since girls and women from practising communities are more likely to support the practice, the level of support in this country as captured by the 2013 DHS is higher than would be expected had all girls and women been asked their opinion. Prevalence data on FGM/C for girls and women aged 15-49 years and data on attitudes towards FGM/C are not available for Indonesia.

Sources: DHS, MICS, Population and Health Survey, RISKESDAS and Welfare Monitoring Survey, 2004-2015.

