



FGM IN YEMEN: SHORT REPORT

September 2020

Key Findings and Indicators¹



Prevalence: In Yemen, the prevalence of FGM in women aged 15–49 is 18.5%



Geography: The governorates of Yemen with the highest prevalence are in the east of the country, particularly Al-Mhrah and Hadramout



Age: 83.8% of women who have had FGM were cut in the first week after birth



Type: 'Cut, flesh removed' is the most common type of FGM practised



Agent: 92.8% of women aged 15–49 who have had FGM were cut by traditional practitioners



Attitudes: 75.4% of women aged 15–49 believe that FGM should be discontinued



HDI Rank: 177 out of 189 countries (2019)



SDG Gender Index Rating: 126 out of 129 countries (2019)



Population: 30,540,841 (as at 29 July 2020), with a 2.04% growth rate (2020 est.)



Infant Mortality Rate: 42.9 deaths per 1,000 live births (2019)



Maternal Mortality Ratio: 164 deaths per 100,000 live births (2017)



Literacy: 70.1% of the total population aged 15 and over can read/write

Background

The Republic of Yemen has been severely affected by civil war since 2015, and the deepening humanitarian crisis continues to impact its population, the economy and key services across the country. 3.6 million people have now been displaced, of which 1.7 million are children under the age of 18.²

UNICEF estimates that two million children are now out of school and another 3.7 million are at risk of dropping out. One in five schools is now out of action due to the conflict. The loss of education facilities, together with increasing poverty, means children, and particularly girls, are at greater risk of early marriage, domestic abuse and exploitation. Displacement of large numbers of the population has also exposed women and girls to the risk of sexual violence. Human Rights Watch estimate that violence against women has increased by 63% since the conflict began.³

There are no specific gender-based violence (*GBV*) laws in place to protect women, and existing laws discriminate against women and girls by not protecting them against violence such as marital rape and 'honour killings'.

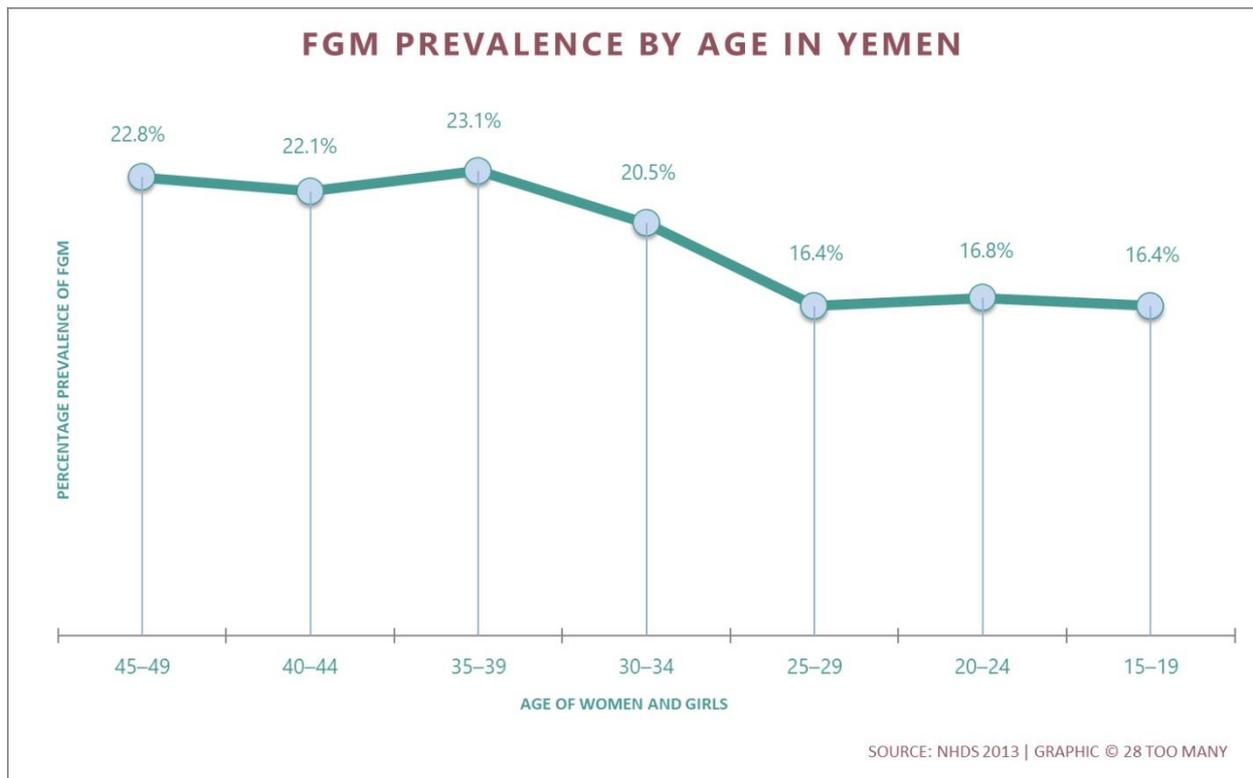
There is currently no minimum age for marriage in Yemen. Previous attempts to set a minimum age of 18 years have been unsuccessful. Due to the ongoing conflict, it is thought that child marriage is on the increase in Yemen: Girls Not Brides estimates that 32% of girls in Yemen are married before their 18th birthday and 9% are married before the age of 15.⁴

Yemen's health system has been severely weakened by the conflict. Many doctors and nurses have fled the country as health facilities have come under attack. In addition to the loss of skilled personnel, there is an acute lack of functioning equipment and medicines. UNOCHA estimates that only 51% of health facilities are functioning and 19.7 million people lack access to basic healthcare. Malnutrition has increased in the last five years: 3.2 million women and children are now acutely malnourished. Among children, both malnutrition and childhood diseases such as measles, diphtheria and chicken pox continue to rise.⁵ UNICEF also reports that almost half of all children under five are stunted in their growth.⁶

The UNFPA estimates that only 20% of the health system remaining in Yemen provides specific maternal and child healthcare services and every two hours a woman dies from pregnancy or childbirth complications. It also reports the lack of funding for the region could mean that 320,000 pregnant women lose access to reproductive healthcare services in 2020.⁷

At the time of writing it is not known to what extent COVID-19 will negatively impact Yemen, but it will inevitably place even greater strain on a fragile system if it takes hold.

Trends in FGM Prevalence



Measurements of FGM prevalence prior to 2013 were restricted to women who had been married at any time, meaning that a direct comparison with recent data cannot be made. However, breaking down the most recent data by age group shows that the prevalence among women aged 45–49 is 22.8%, while among the youngest age-group this has fallen to 16.4%. Despite the fact that a small proportion of women may be cut after the age of 15, the data suggests a trend towards less frequent cutting among younger women.¹¹

Attitudes and Knowledge of FGM

Data suggests that knowledge of FGM has increased in Yemen over time and, on average, approximately two-thirds of women aged 15–49 have heard of the practice. This varies by governorate, however – knowledge is widespread in the east of the country, where FGM prevalence is highest. Knowledge also increases among women with higher levels of education and wealth.¹²

20.8% of Yemeni women aged 15–49 who have heard of FGM believe that it is required by their religion; 69.4% believe it is not and 9.8% are unsure. Women living in rural areas are more likely to believe that their religion requires FGM, as are those with lower levels of education and wealth.¹³

75.4% of women who have heard of FGM believe that the practice should be stopped; around half of those cite that it is against their religion and/or it is a ‘bad tradition’. Support for the continuation of FGM is substantially higher among women who have been cut. Women who live in urban areas and women with higher levels of education and wealth are most likely to favour stopping FGM. Women who have had FGM are also more likely to think the practice should be stopped because of the medical

complications it causes, but they are less likely to think that FGM is against a woman's dignity compared to uncut women. FGM is also considered important for reasons of cleanliness and 'purity'.¹⁴

Equivalent national statistics of Yemeni men's level of knowledge of FGM and their attitudes towards it are not currently available. Several academic studies suggest that FGM is driven primarily by women in communities and fathers are not involved. Men are reportedly less in favour of the practice than women and cite its impact on their enjoyment of sexual intercourse as a reason that FGM should be stopped.¹⁵

Cross-Border FGM

Yemen shares borders with Saudi Arabia to the north and Oman to the east. FGM is reportedly practised in both countries, particularly in the more conservative governorates bordering Yemen. It is not known, however, to what extent or whether there is any cross-border movement for the purposes of FGM between Yemen and these neighbouring countries.

Medicalised FGM

In Yemen, the majority (92.8%) of women aged 15–49 were cut by traditional cutters, and the use of medical practitioners to perform FGM was previously rare (2.9% of cases). However, the most recent data shows that 12.8% of daughters aged 0–14 years were cut by a health professional, and this suggests that medicalisation of the practice is occurring in Yemen.¹⁶

This has occurred despite the Ministry of Public Health enacting a decree in January 2001 that banned public and private health facilities from performing FGM. It is also reported that health professionals do not receive education about FGM through their medical training curriculum.¹⁷

Legislation

There is currently no national legislation in Yemen that specifically criminalises and punishes the practice of FGM.

In April 2014, a child rights bill was proposed to ban FGM and include prison sentences and fines for offenders. It was submitted for ministerial review; however, the bill is still reportedly pending a decision.¹⁸

For further information on FGM and law, see <https://www.28toomany.org/thematic/law-and-fgm/>.

Work to End FGM

The Yemen Government had made some efforts to tackle FGM prior to the conflict. In 2001 the **Ministry of Health** brought together for the first time a range of stakeholders, including government officials, health professionals, clerics and academics, to publicly discuss female health and FGM. A plan of action, including the ministerial decree prohibiting FGM in both government and private health facilities, was launched. While activists report that acknowledgement by the Government of the need to end FGM was a step forward, the implementation of the decree has been poorly implemented. A national plan was launched in 2008 to reduce FGM, but campaigns were only small scale. They tended to focus on encouraging religious leaders to condemn the practice.¹⁹

All efforts to end FGM have been severely disrupted by the conflict since 2015, and, despite Yemen being part of the UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation, UNICEF and the UNFPA have been unable to properly mobilise resources in the country for some time. FGM has been included in more recent government strategies addressing reproductive and maternal health, but detail of actions arising is not publicly available.

Huge challenges therefore continue for those organisations and activists working to end FGM in Yemen, including the ongoing conflict and displacement of millions of people. The lack of laws to protect women and girls means discrimination and GBV continues. FGM continues with the support of many religious leaders, and traditional cutters remain respected and trusted members of practising communities. The urgent need to train health professionals about the dangers of FGM, to provide support services to FGM survivors, and to include men as well as mothers and grandmothers in community dialogue about the practice remains against the backdrop of a lack of funding and extremely dangerous operating conditions.

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Please note that the use of a photograph of any girl or woman in this report does not imply that she has, nor has not, undergone FGM.

28 Too Many would like to thank Tabi Stew for her contribution to the research for this report.

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Registered Charity No. 1150379
Limited Company No. 08122211
Email: info@28toomany.org

