

A statistical snapshot



Female Genital Mutilation/Cutting:

A statistical overview and exploration of the dynamics of change



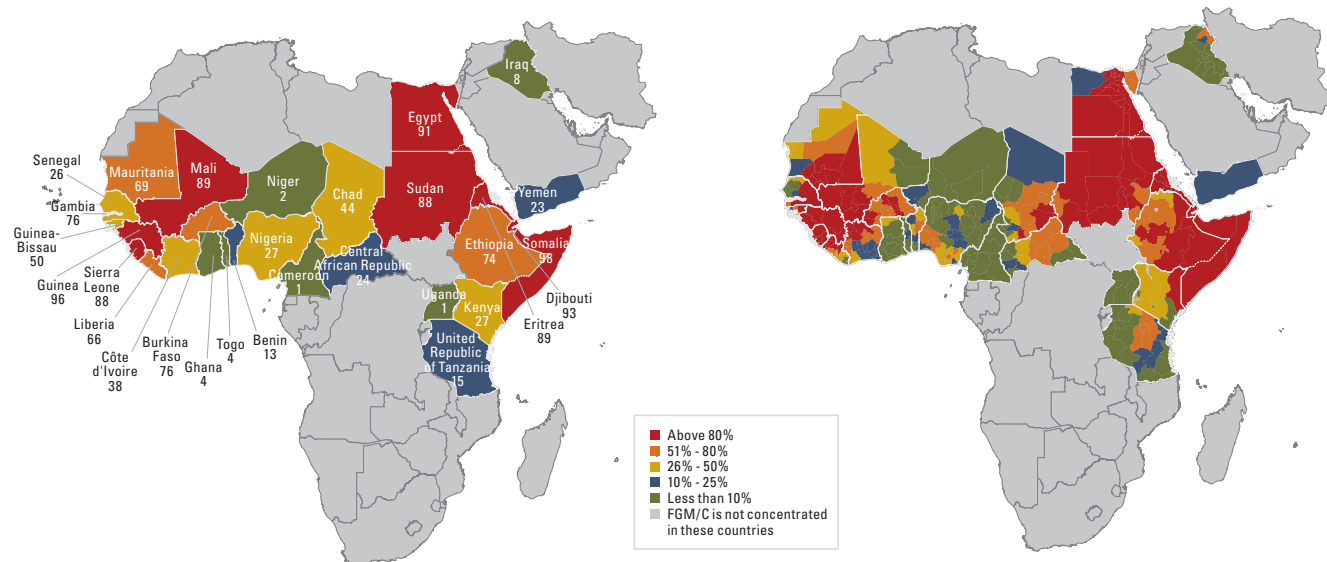
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How widespread is the practice of FGM/C?

FGM/C is concentrated in a swath of countries from the Atlantic Coast to the Horn of Africa, with wide variations in the percentage of girls and women cut, both within and across countries

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country and regions within countries

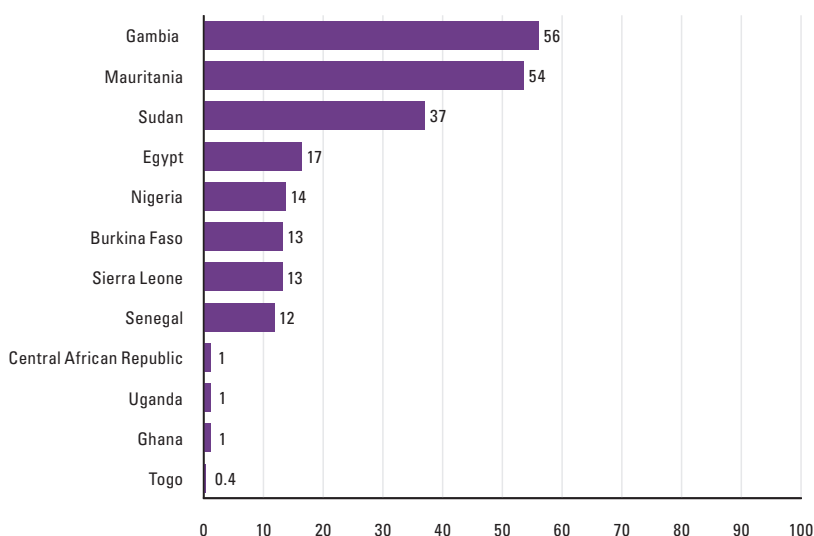


Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined. Subnational data for Yemen could not be displayed due to discrepancies between the regional groupings in DHS and those available in the software used to create the map.

Sources: DHS, MICS and SHHS, 1997-2012.

FGM/C prevalence levels among girls do not reflect those who have not yet been cut due to their young age

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



- Levels of FGM/C prevalence vary dramatically among ethnic groups
- Although no causal link can be established, FGM/C appears to be more common in rural areas
- In most countries, FGM/C prevalence is lower among girls in the wealthiest households
- Daughters of uneducated mothers are significantly more likely to have undergone FGM/C
- While the majority of cut girls and women are Muslim, other religious groups also practise FGM/C

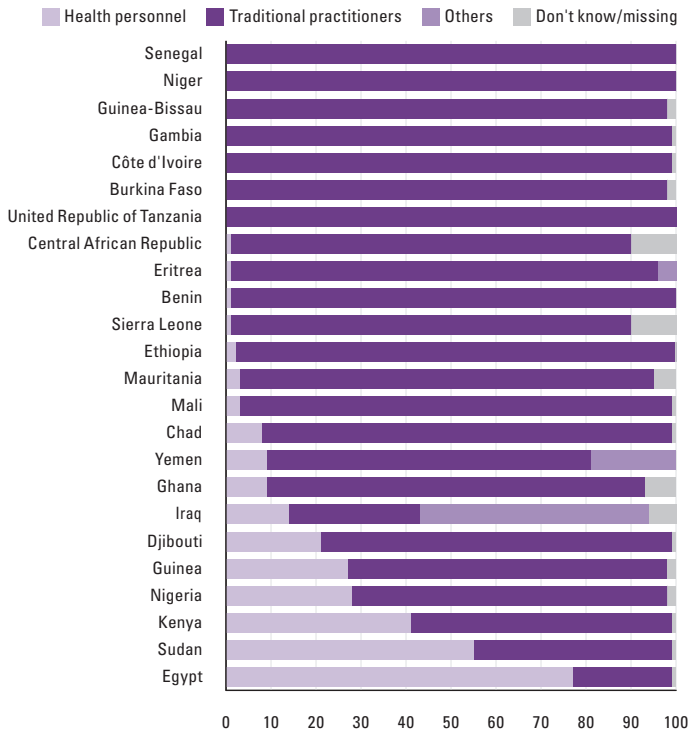
Notes: Data for Senegal refer to daughters aged 0 to 9. Data for Egypt have been recalculated for daughters aged 0 to 14.

Sources: DHS, MICS and SHHS, 2008-2011.

When and how is FGM/C performed?

Traditional practitioners perform most cases of FGM/C

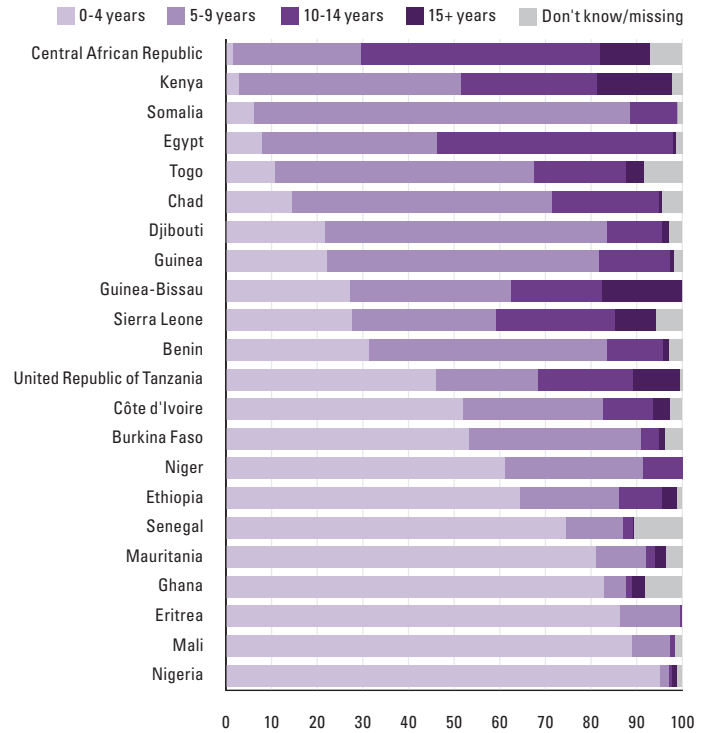
Percentage distribution of girls who have undergone FGM/C (as reported by their mothers), according to the type of person/practitioner performing the procedure



Sources: DHS, MICS and SHHS, 1997–2011.

In half of the countries with available data, the majority of girls were cut before age 5

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



Sources: DHS and MICS, 2000–2010.

Most girls who have undergone FGM/C have had their genitalia cut, with some flesh removed

Percentage distribution of girls who have undergone FGM/C (as reported by their mothers), by type

- In Egypt, doctors, as opposed to other health personnel, undertake most FGM/C procedures
- Most cases of FGM/C are performed at home using a blade or razor
- More than one in five daughters have undergone the most invasive form of FGM/C (involving the sewing of genitalia) in Somalia, Eritrea, Niger, Djibouti and Senegal
- The type of FGM/C performed is often linked to ethnicity

Country	Type of FGM/C			
	Cut, no flesh removed/nicked	Cut, flesh removed	Sewn closed	Type not determined/ not sure/doesn't know
Benin	2	95	2	1
Burkina Faso	N/A	N/A	1	N/A
Central African Republic	24	61	6	9
Chad	9	81	8	2
Côte d'Ivoire	7	82	6	5
Djibouti	15	53	30	3
Egypt	N/A	N/A	2	1
Eritrea	52	6	38	4
Ethiopia	N/A	N/A	4	N/A
Gambia	0	86	12	1
Ghana	8	68	17	7
Guinea	2	85	10	2
Guinea-Bissau	0	88	10	2
Kenya	3	79	17	1
Mali	16	71	3	11
Mauritania	6	80	N/A	14
Niger	0	63	35	2
Nigeria	16	69	6	9
Senegal	N/A	N/A	21	N/A
Sierra Leone	1	70	12	17
Somalia	5	25	63	7
United Republic of Tanzania	1	98	2	N/A

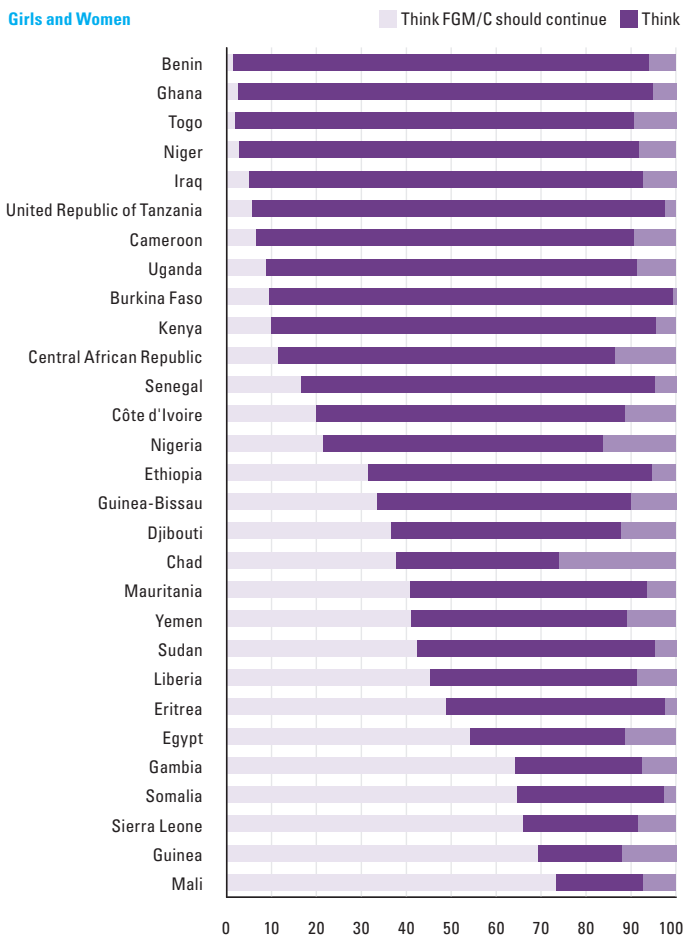
Sources: DHS and MICS, 1995–2011.

What are the prevailing attitudes towards FGM/C?

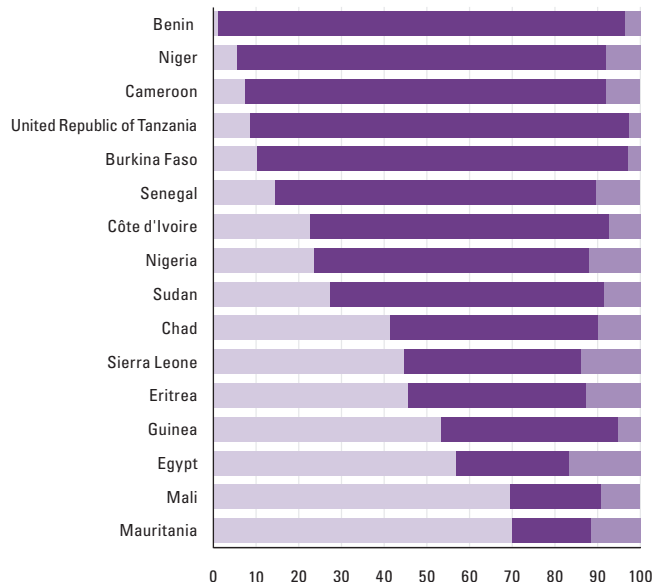
In most countries where FGM/C is practised, the majority of women and men think it should end

Percentage distribution of girls and women aged 15 to 49 years and percentage distribution of boys and men aged 15 to 49 (or 59, see note) years who have heard about FGM/C, by their attitudes about whether the practice should continue

Girls and Women



Boys and Men

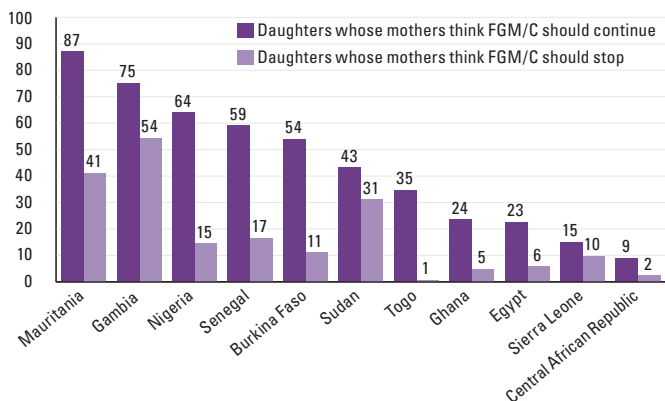


Notes: The category of girls and women and boys and men who are unsure or responded that 'it depends' also includes those for whom data are missing. In Liberia, only cut girls and women were asked about their attitudes towards FGM/C; since girls and women from practising communities are more likely to support the practice, the level of support in this country as captured by the 2007 DHS is higher than would be anticipated had all girls and women been asked their opinion. Data from Benin, Burkina Faso, Cameroon, Egypt, Sierra Leone, Sudan and the United Republic of Tanzania refer to boys and men aged 15 to 49. Data from all other countries refer to boys and men aged 15 to 59. Data presented in these charts cannot be directly compared for all countries since data sources for girls and women are more recent than those for boys and men for some countries.

Sources for girls and women: DHS, MICS and SHHS, 1997-2011.
Sources for boys and men: DHS, MICS and SHHS, 1995-2010.

Many girls who are cut are daughters of women who oppose the practice

Among daughters of cut girls and women, the percentage of girls aged 0 to 14 years who have undergone FGM/C (as reported by their mothers), by mothers' attitudes about whether the practice should continue



Notes: Data for Egypt have been recalculated for girls aged 0 to 14. Data for Senegal refer to girls aged 0 to 9. Data for Uganda are not presented since they are based on less than 25 unweighted cases. Data for daughters whose mothers think FGM/C should continue for Ghana and Togo were based on 25-49 unweighted cases.

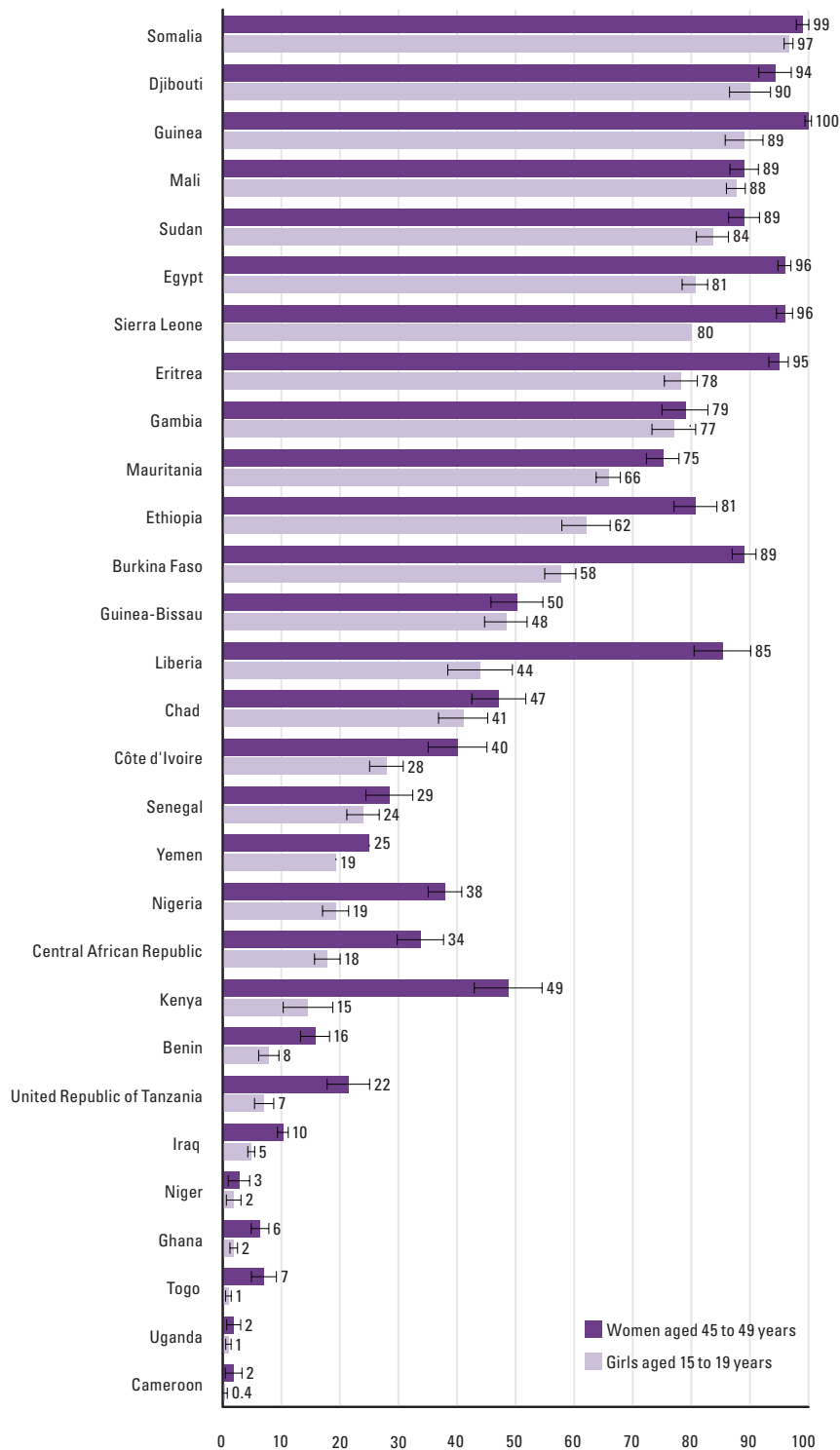
Sources: DHS, MICS and SHHS, 2008-2011.

- Among girls and women, as well as boys and men, the most commonly reported benefit of FGM/C is gaining social acceptance
- Large percentages of women and men are unaware of what the opposite sex thinks about FGM/C
- In 4 out of 14 countries, more than 50 per cent of girls and women regard FGM/C as a religious requirement
- Girls and women who have been cut are more likely to favour maintaining the practice
- Many girls and women who have undergone FGM/C want the practice to end

Is the practice of FGM/C changing?

In most of the 29 countries, FGM/C is less common among adolescent girls than middle-aged women

Percentage of girls aged 15 to 19 years and women aged 45 to 49 years who have undergone FGM/C



- The practice is becoming less common in more than half of the 29 countries. The decline is particularly striking in some moderately low to very low prevalence countries
- In a few countries, new data on girls under 15 years of age seem to confirm an important trend towards the elimination of the practice in recent years
- Overall support for the practice is declining, even in countries where FGM/C is almost universal, such as Egypt and Sudan
- The percentage of girls and women who reportedly want FGM/C to continue has remained constant in countries including Guinea, Guinea-Bissau, Senegal and the United Republic of Tanzania
- In Egypt, the percentage of girls cut by health personnel has increased dramatically. An increasing trend towards the medicalization of FGM/C is also observed in Kenya
- Overall, little change is seen in the type of FGM/C performed across generations
- Age at cutting has remained fairly stable in most countries. Where change has occurred, the most common trend is towards younger ages

Notes: Confidence intervals for Sierra Leone could not be calculated since the prevalence among girls aged 15 to 19 has been adjusted. Confidence intervals for Yemen could not be calculated since access to the dataset is restricted.
Sources: DHS and MICS, 1997-2011.

FGM/C: A human rights violation

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.”^[i] 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 governments and civil society partners towards the elimination of FGM/C in countries where it is still practised.

[i] World Health Organization, *Eliminating Female Genital Mutilation: An interagency statement*, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p. 4.

Implications for programming

- Take into account differences among population groups within and across national borders
- Seek change in individual attitudes about FGM/C, but also address expectations surrounding the practice within the larger social group
- Find ways to make hidden attitudes favouring the abandonment of the practice more visible
- Increase engagement by boys and men in ending FGM/C and empower girls
- Increase exposure to groups that do not practise FGM/C
- Promote abandonment of FGM/C along with improved status and opportunities for girls, rather than advocating for milder forms of the practice

Cover photos:

Top: Fatima, who underwent FGM/C at the age of 1, sits on a bed in her home in the village of Karensa, in Amibara district, Afar region, Ethiopia.
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Bottom: Photographs of girls who were not subjected to FGM/C adorn the walls of the Rohi-Weddu Pastoral Women Development Organization office in the town of Awash Sabat Kilo, in Amibara district, Afar region, Ethiopia. The girls were spared the procedure because of Rohi-Weddu's activities in the region, which include advocacy, training and the promotion of community dialogue. These kinds of holistic, human rights-based programmes are helping to change attitudes about harmful practices, with girls who are most affected playing an active role.
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