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.” More than 125 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East where FGM/C is concentrated. As many as 30 million girls are at risk of being cut before their 15th birthday if current trends continue. 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 FGM/C in countries where it is still practised.

### SELECTED STATISTICS ON WOMEN’S STATUS

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>Of women 20-24 years were married or in union before age 15</td>
</tr>
<tr>
<td>55%</td>
<td>Of women 20-24 years were married or in union before age 18</td>
</tr>
<tr>
<td>46%</td>
<td>Of women 20-24 years have given birth by age 18</td>
</tr>
<tr>
<td>87%</td>
<td>Of women 15-49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances</td>
</tr>
<tr>
<td>75%</td>
<td>Of women 15-49 years make use of at least one type of information media at least once a week (newspaper, magazine, television or radio)</td>
</tr>
</tbody>
</table>

Source: DHS 2006 and MICS 2010

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HOW WIDESPREAD IS THE PRACTICE?

Around 9 out of 10 girls and women in Mali have undergone FGM/C

Almost all girls experienced the practice before age 5

WHEN AND HOW IS FGM/C PERFORMED?

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. ‘Health personnel’ includes doctors, nurses, midwives and other health workers; ‘Traditional practitioner’ includes traditional circumcisers, traditional birth attendants, traditional midwives and other types of traditional practitioners.

Source for all charts on this page: MICS 2010
**WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?**

One in three girls and women think FGM/C is necessary for social acceptance, while one in four think it is a religious requirement.

**Among girls and women aged 15 to 49 years who have heard about FGM/C, the percentage who cite specific benefits or advantages for a girl to undergo the procedure.**

- No benefits: 17%
- Cleanliness/Hygiene: 22%
- Social acceptance: 37%
- Better marriage prospects: 10%
- Preservation of virginity: 12%
- More sexual pleasure for the man: 7%
- Required by religion: 24%
- Other: 16%
- Don’t know: N/A

Source: DHS 2006

**Percentage of boys and men aged 16 to 49 years who have heard about FGM/C, by their attitudes about whether the practice should continue.**

- Think FGM/C should continue: 69%
- Think FGM/C should stop: 22%
- Say it depends/are not sure: 9%

Source: DHS 2006

**Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, and percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue, by survey year.**

DHS 2001: 89%
DHS 2006: 88%
MICS 2010: 88%

Source for all of the above charts: MICS 2010, unless otherwise noted

Notes: N/A = not available. Data on women’s attitudes cannot be directly compared with men’s attitudes since the data source for girls and women is more recent than that for boys and men. Data on FGM/C were also collected in the 1995-1996 DHS but did not cover the district of Kidal (an area of very low prevalence) and underrepresented the districts of Tombouctou (an area of higher prevalence) and Gao (an area of very low prevalence). Therefore, the prevalence and levels of support for the practice were likely to be slightly higher in 1995-1996 than recorded by the survey. However, the size of that increase cannot be calculated with precision so the 1995-1996 survey is not included in the trend analysis since it cannot be directly compared with later surveys.

**IS THE PRACTICE OF FGM/C CHANGING?**

There is no evidence of decline in the prevalence of FGM/C among girls and women in Mali but attitudes towards the practice have slightly changed over time.

**Source for all of the above charts: MICS 2010, unless otherwise noted.**

Notes: N/A = not available.
Notes: Data on attitudes for Yemen refer to ever-married girls and women. In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM/C since it is performed during initiation into the society. Data on daughters for Iraq refer to ever-married girls and women with at least one daughter who has undergone FGM/C. Data on attitudes for Ghana are from MICS 2006, for Nigeria from DHS 2008, and for Sierra Leone from DHS 2008 as data from the most recently available MICS surveys are not comparable. 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 DHS 2007 is higher than would be anticipated had all girls and women been asked their opinion.

Sources: DHS, MICS, National Social Protection Monitoring Survey and SHHS, 1997-2012

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Data and Analytics Section - Division of Policy and Strategy
UNICEF, 3 UN Plaza, New York, 10017
Website: www.childinfo.org  Email: childinfo@unicef.org