Female genital mutilation (FGM) 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.”

While the exact number of girls and women worldwide who have undergone FGM remains unknown, at least 200 million girls and women have been cut in 31 countries with representative data on prevalence. FGM 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 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 in countries where it is still practised.

HOW WIDESPREAD IS THE PRACTICE?

In Tanzania, the prevalence of FGM varies significantly by region.

Percentage of girls and women aged 15 to 49 years who have undergone FGM, by region:

- Less than 10%
- 10% - 25%
- 26% - 50%
- 51% - 80%
- Above 80%

Percentage of girls and women aged 15 to 49 years who have undergone FGM, by residence and household wealth quintile:

- Total
- Rural
- Urban
- Poorest
- Richest

WHEN AND HOW IS FGM PERFORMED?

Six in ten adolescent girls who underwent FGM were cut after age 10.

Percentage distribution of girls aged 15 to 19 years who have undergone FGM, by age at which cutting occurred:

- 0-4 years
- 5-9 years
- 10-14 years
- 15+ years
- Don’t know/ Missing

Percentage distribution of girls aged 0 to 14 years who have undergone FGM, according to the type of person/practitioner performing the procedure:

- Health personnel
- Traditional practitioner

Percentage distribution of girls aged 0 to 14 years who have undergone FGM (as reported by their mothers), by type of FGM performed:

- Sewn closed
- All other types

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. There is no ethnicity or religion data for Tanzania. Prevalence data for girls aged 0 to 14 reflect their current, but not final, FGM 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 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 when interpreting all FGM prevalence data for this age group. ‘Health personnel’ includes doctors, nurses, midwives and other health workers. ‘Traditional practitioner’ includes traditional circumcisers, traditional birth attendants and other types of traditional practitioners.

Source for all charts on this page: DHS 2015-16
WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM?

Most couples in Tanzania agree that FGM should stop

Percentage of girls and women aged 15 to 49 years and boys and men aged 15 to 49 years who have heard about FGM, by their attitudes about whether the practice should continue

<table>
<thead>
<tr>
<th></th>
<th>Think FGM should continue</th>
<th>Think FGM should stop</th>
<th>Say it depends/are not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls and women</td>
<td>3</td>
<td>95</td>
<td>2</td>
</tr>
<tr>
<td>Boys and men</td>
<td>9</td>
<td>89</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: DHS 2015-16 for girls and women and DHS 2004-05 for boys and men

Among cohabiting couples, percentage of girls and women aged 15 to 49 years and percentage of boys and men aged 15 to 49 years who have heard about FGM, according to their agreement/disagreement on whether FGM should continue or be discontinued

<table>
<thead>
<tr>
<th></th>
<th>Both want FGM/C to continue</th>
<th>Both want FGM/C to stop</th>
<th>Both are undecided</th>
<th>Discordant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>81</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: DHS 2004-05

IS THE PRACTICE OF FGM CHANGING?

There is evidence of significant generational change in the prevalence of FGM in Tanzania as women aged 45 to 49 are almost four times more likely to have been cut than girls aged 15 to 19

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

<table>
<thead>
<tr>
<th>Current Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>45-49 years</td>
<td>19</td>
</tr>
<tr>
<td>40-44 years</td>
<td>15</td>
</tr>
<tr>
<td>35-39 years</td>
<td>13</td>
</tr>
<tr>
<td>30-34 years</td>
<td>13</td>
</tr>
<tr>
<td>25-29 years</td>
<td>8</td>
</tr>
<tr>
<td>20-24 years</td>
<td>7</td>
</tr>
<tr>
<td>15-19 years</td>
<td>5</td>
</tr>
</tbody>
</table>

Notes: N/A = not available. There are no ethnicity data for Tanzania. 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 attitudes towards FGM were not collected in the DHS 1996.

Source for all of the above charts: DHS 2015-16, unless otherwise noted.
UNITED REPUBLIC OF TANZANIA

INTER-COUNTRY STATISTICAL OVERVIEW

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

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

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

Notes: In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM since it is performed during initiation into the society. Data on girls’ prevalence in Egypt refer to girls aged 6 months to 14 years and in Indonesia refer to girls aged 0 to 11 years. An older source is used to report on the prevalence of FGM among girls and on the percentage of support for FGM in Uganda (DHS 2011) since the latest source did not collect these data. Data on the prevalence among girls refer to an older source in Nigeria (MICS 2016-17) due to an anomaly in the results in the most recent source. MICS data for Ghana (2011) could not be used to report on attitudes towards FGM since the question is different from the standard; data from MICS 2006 are used instead. EDSF/PAPFAM data for Djibouti (2012) could not be used for attitudes towards FGM since the question is different from the standard; data from MICS 2006 are used instead. In Liberia, only cut girls and women were asked about their attitudes towards FGM; since girls and women from practicing communities are more likely to support the practice, the level of support in this country as captured by DHS 2013 is higher than would be expected had all girls and women been asked their opinion. In Egypt and Somalia, the support for FGM was calculated among all girls and women, since respondents were not first asked whether they had heard of the practice. Prevalence data for girls and women aged 15 to 49 years and data on attitudes towards FGM are not available for Indonesia.

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FOR MORE INFORMATION
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