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 FGM/C in countries where it is still practised.


SELECTED STATISTICS ON WOMEN’S STATUS

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>National decree/legislation banning FGM/C passed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6%</td>
<td>of women 20-24 years were married or in union before age 15</td>
</tr>
<tr>
<td>22%</td>
<td>of women 20-24 years were married or in union before age 18</td>
</tr>
<tr>
<td>15%</td>
<td>of women 20-24 years have given birth by age 18</td>
</tr>
<tr>
<td>29%</td>
<td>of women 15-49 years think that a husband/partner is justified in hitting/beating his wife/partner under certain circumstances</td>
</tr>
<tr>
<td>61%</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 2013-2014
HOW WIDESPREAD IS THE PRACTICE?

National prevalence of FGM/C is low in Togo, but certain ethnic groups are more likely to practice it than others.

Two in three girls and women have had their genital area cut with some flesh removed.

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. Data on the prevalence of FGM/C among daughters whose mothers think FGM/C should continue and data on the age at cutting among daughters are based on 25-49 unweighted cases. Prevalence data for girls aged 0 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 aged 0 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 aged 0 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 aged 0 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.

Older data are used to report on age at cutting since data from the most recent survey includes some girls aged 0 to 14 years who have not undergone FGM/C but are still at risk of experiencing the practice once they have reached the customary age for cutting. Data for girls and women are used to report on person/practitioner performing the procedure and type of FGM/C since data on daughters are based on less than 25 unweighted cases. '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.
WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?

Most people in Togo think the practice 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/C, by their attitudes about whether the practice should continue and percentage of girls and women aged 15 to 49 years who have heard about FGM/C and believe the practice is required by religion

IS THE PRACTICE OF FGM/C CHANGING?

The practice of FGM/C has been systematically very low throughout the years

Source for all of the above charts: DHS 2013-2014
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.


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FOR MORE INFORMATION

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

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