



P O P U L A T I O N R E F E R E N C E B U R E A U

Female Genital Mutilation/Cutting: Data and Trends

▶ ▶ ▶ **UPDATE 2014**

An estimated 100 million to 140 million girls and women worldwide have undergone female genital mutilation/cutting (FGM/C) and more than 3 million girls are at risk for cutting each year on the African continent alone.

FGM/C is generally performed on girls between ages 4 and 12, although it is practiced in some cultures as early as a few days after birth or as late as just prior to marriage. Typically, traditional excisors have carried out the procedure, but in some countries the procedure has been performed by medical professionals.

FGM/C poses serious physical and mental health risks for women and young girls, especially for those who have undergone extreme forms of the procedure. According to a 2006 World Health Organization study, FGM/C can be linked to increased complications in childbirth and even maternal deaths. Other side effects include severe pain, hemorrhage, tetanus, infection, infertility, cysts and abscesses, urinary incontinence, and psychological and sexual problems.

FGM/C is practiced in at least 28 countries in Africa and a few others in Asia and the Middle East. The 29 developing countries included on this chart are the only ones where recent data have been systematically collected. FGM/C is practiced in households at all educational levels and all social classes and occurs among many religious groups (Muslims, Christians, and animists), although no religion mandates it. Prevalence rates vary significantly from country to country (from nearly 98 percent in Somalia to less than 2 percent in Uganda and Cameroon) and even within countries.

Since the early 1990s, FGM/C has gained recognition as a health and human rights issue among African governments, the international community, women’s organizations, and professional associations. Global and national efforts to end FGM/C have resulted increasingly in legislation targeting excisors, medical professionals, and families who perpetuate the practice; of the 29 countries on this wall chart, 25 now have laws or decrees related to FGM/C.

In a number of countries, data collected in recent years reflect lower levels of cutting among girls ages 15 to 19, giving hope that abandonment efforts are yielding results.



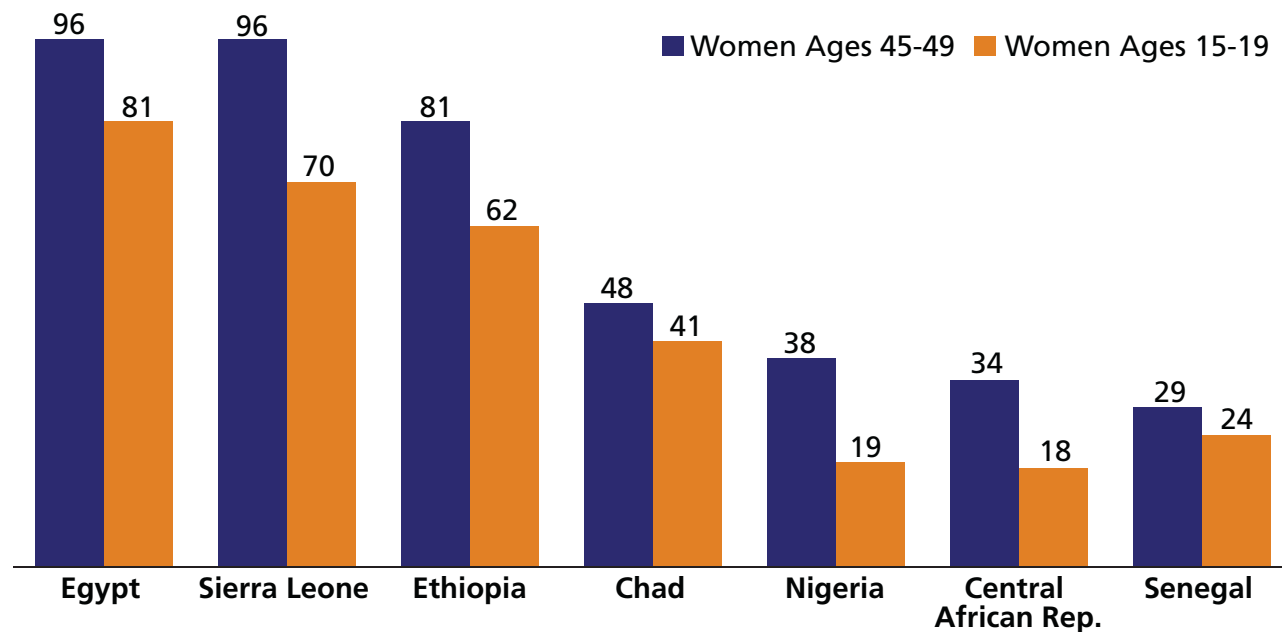
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Prevalence of FGM/C Among Younger and Older Women

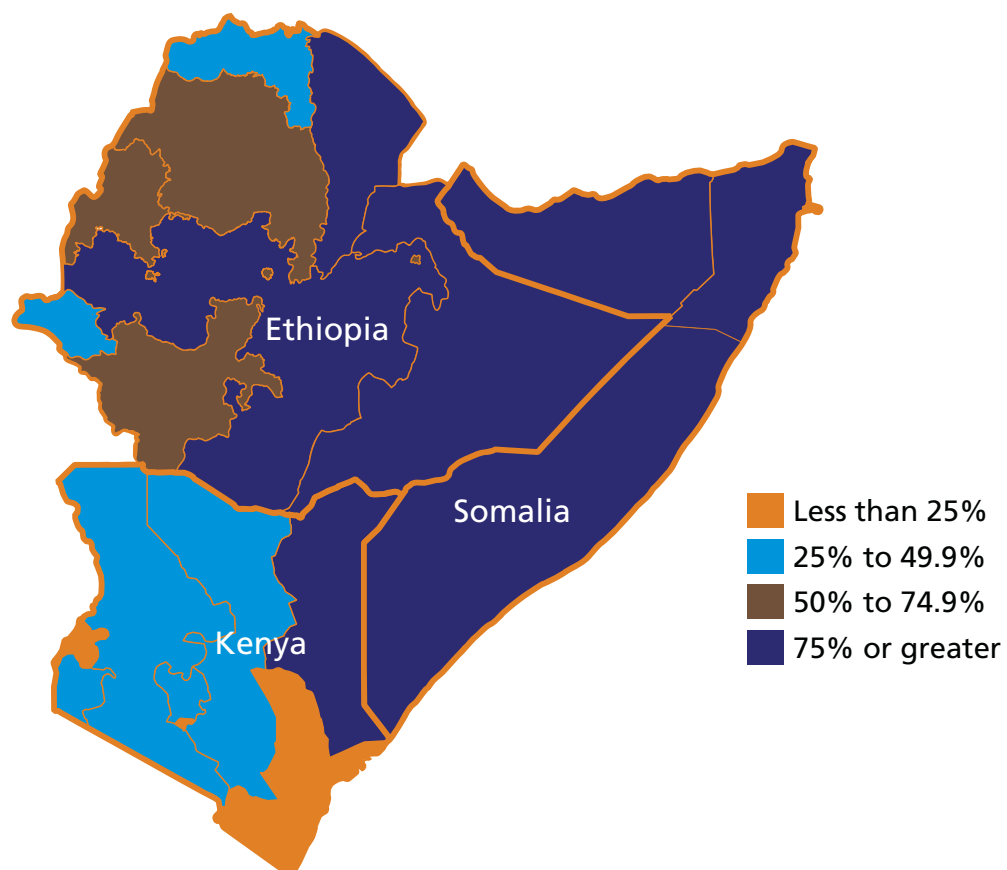
While in some countries there is little difference in prevalence between older women (ages 45 to 49) and younger women (ages 15 to 19), in others—such as Egypt, Sierra Leone, Ethiopia, and Nigeria—the difference is significant. This may be a sign that the practice is being abandoned.

Percent of FGM/C by Selected Age Group



Variations Within and Across Borders

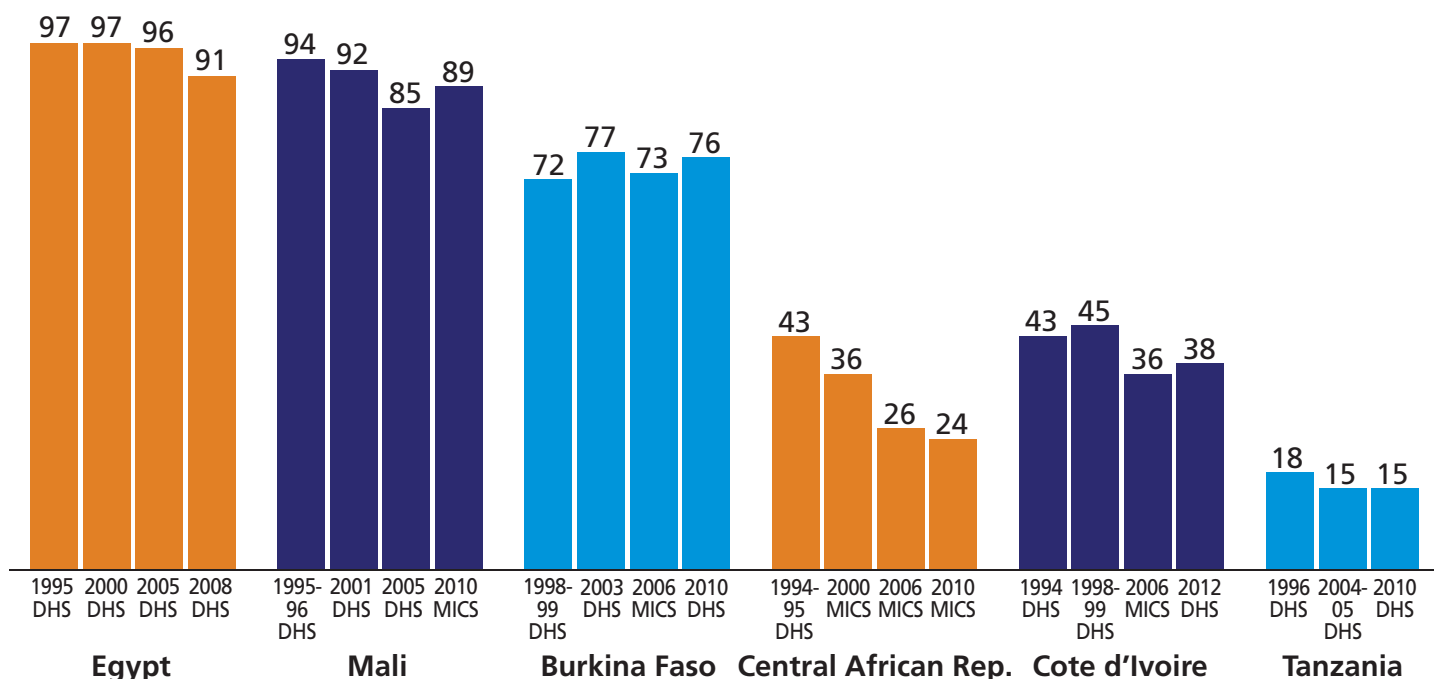
Looking only at national prevalence rates can hide the regional variations within a country. FGM/C often reflects ethnicity or social interactions of communities across national borders.



Trends in FGM/C Prevalence

Looking at nearly two decades of trends in FGM/C prevalence yields a mixed picture. In some countries, a downward trend in percent of women cut indicates that abandonment of FGM/C may be taking hold, while in others there is little or no apparent change, or even an increase in recent years.

Percent of FGM/C Among Women Ages 15-49



Decline in Prevalence—Egypt, Kenya, and Sierra Leone

Egypt. Data from the 2008 Egypt DHS show that 91 percent of women surveyed have been cut, compared to 96 percent in the 2005 survey. The survey also asked mothers about all daughters under 18 years of age, capturing both their daughters' current FGM/C status and the mothers' intention to have their daughters cut. While 74 percent of daughters ages 15 to 17 have already been cut, only 45 percent of mothers of 0-to-3-year-olds intended to cut their daughters, suggesting a significant decline in the number of girls who will be cut over the next 15 years, based on mothers' stated intentions.

Kenya. According to the 2008-2009 Kenya DHS, the overall prevalence of FGM/C has been decreasing. Twenty-seven percent of women ages 15 to 49 have undergone the procedure, a decline from 32 percent in 2003 and 38 percent in 1998. The survey revealed that 80 percent of women do not see any benefits of circumcision—even among women who have been circumcised, 59 percent said they do not see any benefit.

Sierra Leone. While ending FGM/C remains a huge challenge in Sierra Leone, where it is conducted in secret societies, progress is seen when comparing the 2006 and 2010 MICS. In that time period, prevalence decreased from 94 percent to 88 percent among women ages 15 to 49. Among 15-to-19-year-olds, those numbers dropped from about 81 percent to 70 percent.

Sources

Fatma El-Zanaty and Ann Way, *Egypt Demographic and Health Survey 2008* (Cairo: Ministry of Health, El-Zanaty and Associates, and Macro International, 2009).

Kenya National Bureau of Statistics (KNBS) and ICF Macro, *Kenya Demographic and Health Survey 2008-09* (Calverton, MD: KNBS and ICF Macro, 2010).

Statistics Sierra Leone and UNICEF-Sierra Leone, *Sierra Leone Multiple Indicator Cluster Survey 2010, Final Report* (Freetown, Sierra Leone: Statistics Sierra Leone and UNICEF-Sierra Leone, 2011).

Types of Female Genital Mutilation/Cutting

Female genital mutilation/cutting (FGM/C) refers to a variety of operations involving partial or total removal of female external genitalia. The female external genital organ consists of the vulva, which is comprised of the labia majora, labia minora, and the clitoris covered by its hood in front of the urinary and vaginal openings.

In 2007, the World Health Organization classified FGM/C into four broad categories:

Type 1 or Clitoridectomy: Partial or total removal of the clitoris and/or the clitoral hood.

Type 2 or Excision: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type 3 or Infibulation: Narrowing of the vaginal orifice with creation of a covering seal by cutting and placing together the labia minora and/or the labia majora, with or without excision of the clitoris.

Type 4 or Unclassified: All other harmful procedures to the female genitalia for nonmedical purposes, for example, pricking, piercing, incising, scraping, and cauterization.

Note: Current questionnaires used in the Demographic and Health Surveys do not differentiate between Types I and II, but only between whether a girl or woman has been cut, whether tissue has been removed, and whether tissue has been sewn closed.

Source: World Health Organization, *Eliminating Female Genital Mutilation: An Interagency Statement* (Geneva: WHO, 2008): 23.

POPULATION REFERENCE BUREAU

	Survey/Year		Prevalence by Age (%)		
			15-49	15-19	45-49
Benin	DHS	2011-12	7.3	2.0	12.0
Burkina Faso	DHS	2010	75.8	57.7	89.3
Cameroon	DHS	2004	1.4	0.4	2.4
Central African Rep.	MICS	2010	24.2	17.9	33.8
Chad	MICS	2010	44.2	41.0	47.6
Cote d'Ivoire	DHS	2011-12	38.2	31.3	46.9
Djibouti	MICS	2006	93.1	89.5	94.4
Egypt	DHS	2008	91.1	80.7	96.0
Eritrea	DHS	2002	88.7	78.3	95.0
Ethiopia	DHS	2005	74.3	62.1	80.8
Gambia	MICS	2010	76.3	77.1	79.0
Ghana	MICS	2011	3.8	1.5	6.4
Guinea	DHS	2005	95.6	89.3	99.5
Guinea-Bissau	MICS	2010	49.8	48.4	50.3
Iraq	MICS	2011	8.1	4.9	10.3
Kenya	DHS	2008-09	27.1	14.6	48.8
Liberia	DHS	2007	58.2	35.9	78.9
Mali	MICS	2010	88.5	87.7	88.5
Mauritania	MICS	2011	69.4	65.9	75.2
Niger	DHS	2012	2.0	1.4	1.4
Nigeria	MICS	2011	27.0	18.7	38.0
Senegal	DHS	2010-11	25.7	24.0	28.5
Sierra Leone	MICS	2010	88.3	70.1	96.4
Somalia	MICS	2006	97.9	96.7	99.1
Sudan	MICS	2010	87.6	83.7	89.1
Tanzania	DHS	2010	14.6	7.1	21.5
Togo	MICS	2010	3.9	1.1	6.7
Uganda	DHS	2011	1.4	1.0	1.9
Yemen	PAPFAM	2003	38.2	—	—

POPULATION REFERENCE BUREAU

	Survey/Year		Prevalence by Geographic Area (%)			
			Urban	Rural	Lowest Region	Highest Region
Benin	DHS	2011-12	5.5	8.8	0.0	41.4
Burkina Faso	DHS	2010	68.7	78.4	54.8	89.5
Cameroon	DHS	2004	0.9	2.1	0.0	5.4
Central African Rep.	MICS	2010	18.1	28.7	3.3	76.6
Chad	MICS	2010	45.5	43.8	2.3	95.7
Cote d'Ivoire	DHS	2011-12	37.7	38.8	12.2	79.5
Djibouti	MICS	2006	93.1	95.5	92.9	94.9
Egypt	DHS	2008	85.1	95.5	66.3	92.9
Eritrea	DHS	2002	86.4	90.5	81.5	97.7
Ethiopia	DHS	2005	68.5	75.5	27.1	97.3
Gambia	MICS	2010	74.6	78.1	49.2	99.0
Ghana	MICS	2011	2.5	5.3	0.4	41.1
Guinea	DHS	2005	93.9	96.4	86.4	99.8
Guinea-Bissau	MICS	2010	41.3	57.2	6.4	94.5
Iraq	MICS	2011	9.0	5.8	0.0	57.5
Kenya	DHS	2008-09	16.5	30.6	0.8	97.5
Liberia	DHS	2007	39.5	72.0	0.9	86.6
Mali	MICS	2010	89.1	88.2	3.5	97.8
Mauritania	MICS	2011	57.2	80.5	19.9	98.8
Niger	DHS	2012	1.2	2.1	0.1	9.2
Nigeria	MICS	2011	32.6	23.8	0.2	73.4
Senegal	DHS	2010-11	23.4	27.8	0.5	92.0
Sierra Leone	MICS	2010	80.7	92.4	72.9	96.3
Somalia	MICS	2006	97.1	98.4	94.4	99.2
Sudan	MICS	2010	83.5	89.8	64.7	99.4
Tanzania	DHS	2010	7.8	17.3	0.0	70.8
Togo	MICS	2010	2.9	4.6	0.9	14.0
Uganda	DHS	2011	1.4	1.4	0.2	4.8
Yemen	PAPFAM	2003	33.1	40.7	—	—

P O P U L A T I O N R E F E R E N C E B U R E A U

	Survey/Year		Types of FGM/C (%)			
			Nicked, No Flesh Removed	Flesh Removed	Sewn Closed	Not Determined
Benin	DHS	2011-12	5.6	68.9	12.5	13.1
Burkina Faso	DHS	2010	16.6	76.8	1.2	5.4
Cameroon	DHS	2004	3.7	84.8	4.6	6.9
Central African Rep.	MICS	2010	19.8	70.3	7.0	3.3
Chad	MICS	2010	9.5	80.3	7.2	2.9
Cote d'Ivoire	DHS	2011-12	4.7	71.1	8.7	15.6
Djibouti	MICS	2006	24.9	6.4	67.2	1.5
Egypt	DHS	2008	—	—	—	—
Eritrea	DHS	2002	46.0	4.1	38.6	11.3
Ethiopia	DHS	2005	—	—	6.1	—
Gambia	MICS	2010	0.1	89.0	8.9	2.1
Ghana	MICS	2011	5.2	73.8	7.9	13.1
Guinea	DHS	2005	1.7	86.4	9.3	2.6
Guinea-Bissau	MICS	2010	0.2	83.9	11.8	4.0
Iraq	MICS	2011	—	—	—	—
Kenya	DHS	2008-09	2.3	82.7	13.4	1.6
Liberia	DHS	2007	—	—	—	—
Mali	MICS	2010	14.3	55.1	2.4	28.3
Mauritania	MICS	2011	3.5	68.6	—	27.9
Niger	DHS	2012	7.2	78.4	6.3	8.1
Nigeria	MICS	2011	8.1	48.1	4.4	39.6
Senegal	DHS	2010-11	9.9	52.7	13.8	23.6
Sierra Leone	MICS	2010	1.1	71.9	16.6	10.3
Somalia	MICS	2006	1.3	15.2	79.3	4.2
Sudan	MICS	2010	—	—	—	—
Tanzania	DHS	2010	2.2	90.9	0.7	6.0
Togo	MICS	2010	25.8	64.1	5.2	2.4
Uganda	DHS	2011	—	—	—	—
Yemen	PAPFAM	2003	—	—	—	—

POPULATION REFERENCE BUREAU

	Survey/Year		Practitioner (%)			National Law/Decree
			Traditionally Performed	Medically Performed	Other/Unknown	
Benin	DHS	2011-12	97.4	0.2	2.4	●
Burkina Faso	DHS	2010	97.2	0.2	2.6	●
Cameroon	DHS	2004	92.9	4.4	2.7	○
Central African Rep.	MICS	2010	95.2	1.9	2.9	●
Chad	MICS	2010	92.8	5.1	2.1	●
Cote d'Ivoire	DHS	2011-12	94.9	0.3	4.8	●
Djibouti	MICS	2006	93.8	5.5	0.6	●
Egypt	DHS	2008	66.3	31.9	1.6	●
Eritrea	DHS	2002	92.2	0.6	7.2	●
Ethiopia	DHS	2005	—	—	—	●
Gambia	MICS	2010	98.5	0.1	1.4	○
Ghana	MICS	2011	88.6	1.0	10.4	●
Guinea	DHS	2005	88.7	10.0	1.3	●
Guinea-Bissau	MICS	2010	99.2	0.2	0.8	●
Iraq	MICS	2011	34.7	6.5	58.8	● ^a
Kenya	DHS	2008-09	78.4	19.7	1.9	●
Liberia	DHS	2007	—	—	—	○
Mali	MICS	2010	91.8	1.3	6.9	●
Mauritania	MICS	2011	90.2	1.5	8.4	●
Niger	DHS	2012	95.9	0.0	4.0	●
Nigeria	MICS	2011	69.8	17.0	13.3	● ^b
Senegal	DHS	2010-11	100.0	—	—	●
Sierra Leone	MICS	2010	96.1	0.6	3.2	○
Somalia	MICS	2006	—	—	—	●
Sudan	MICS	2010	56.9	41.3	2.0	● ^b
Tanzania	DHS	2010	88.5	1.8	9.8	●
Togo	MICS	2010	98.0	—	2.1	●
Uganda	DHS	2011	—	—	—	●
Yemen	PAPFAM	2003	—	—	—	●

Definitions and Notes

Medically Performed refers to FGM/C performed by a health professional including doctors, nurses, and midwives.

Traditionally Performed refers to FGM/C performed by a traditional practitioner including local specialists known for performing circumcisions, traditional birth attendants, and older women without further designation.

Other/Unknown includes relatives and friends.

National Law/Decree: ● = Laws or decrees related to the practice of FGM/C. ○ = No laws or decrees.

— Data not available.

^a Kurdistan region only.

^b Limited to certain states.

Sources

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