POPULATION REFERENCE BUREAU

Female Genital Mutilation/Cutting: Data and Trends

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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 recently a discouraging trend has emerged in some countries where medical professionals are increasingly performing the procedure.

FGM/C poses serious physical and mental health risks for women and young girls, especially for women who have undergone extreme forms of the procedure (see Box 2 for types of cutting). According to a 2006 WHO 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 27 developing countries included on this chart are the only ones where data have been systematically collected at this time. FGM/C is practiced at all educational levels and in 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 1 percent in Uganda) 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 supported legislation targeting excisors, medical professionals, and families who perpetuate the practice, but political will and implementation remain an issue.

Some of the data that have been collected in recent years give hope to those working toward the abandonment of FGM/C as they reflect lower levels of cutting among girls ages 15 to 19.

Box 1

Deciphering the Terms: Mutilation, Cutting, or Circumcision?

Female genital mutilation/cutting (FGM/C), also known as female circumcision (FC), female genital cutting (FGC), and female genital mutilation (FGM), involves the cutting or alteration of the female genitalia for social rather than medical reasons.

The term FC was widely used for many years to describe the practice; however, it has been largely abandoned as it implies an analogy with male circumcision. Various communities still use the term FC because it is a literal translation from their own languages. Female genital mutilation/cutting is a far more damaging and invasive procedure than male circumcision. FGM/C is often perceived as a way to curtail premarital sex and preserve virginity.

FGM is the term most commonly used by women's rights and health advocates who wish to emphasize the damage caused by the procedure. In the mid-1990s, many organizations decided to shift to the use of the more neutral term, female genital cutting, because they considered FGM to be judgmental, pejorative, and not conducive to discussion and collaboration on abandonment. The U.S. Agency for International Development currently uses the term FGM/C.

Sources: Anika Rahman and Nahid Toubia, *Female Genital Mutilation: A Guide to Laws and Policies Worldwide* (London and New York: Zed Books, 2000): 4; and *Abandoning Female Genital Mutilation/Cutting: Information From Around the World* (Washington, DC: Population Reference Bureau, 2005).

Box 2

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.

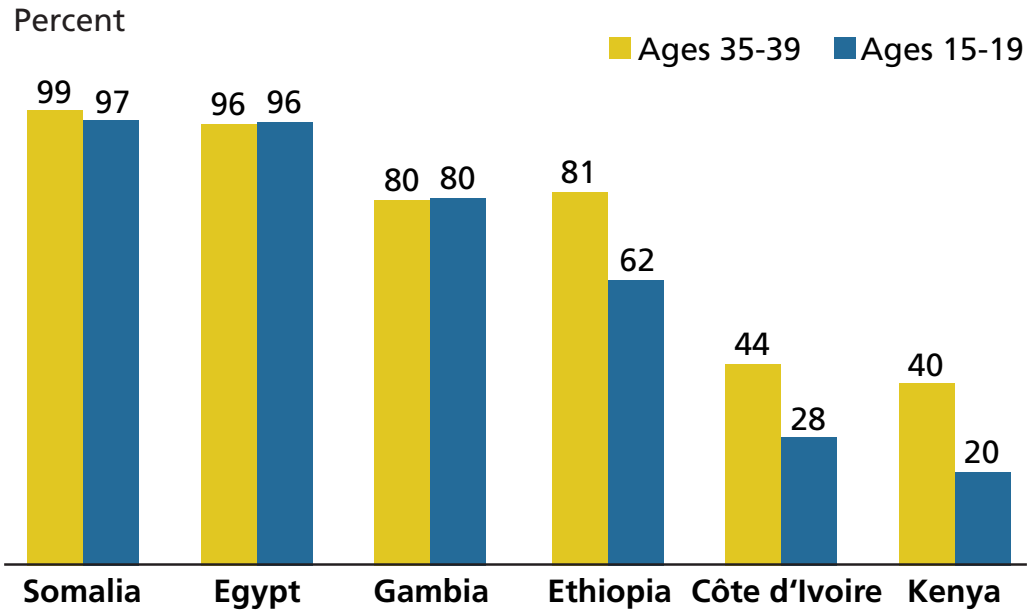
Type 4 or Unclassified: All other harmful procedures to the female genitalia for nonmedical purposes, for example, pricking, piercing, incising, scraping, and cauterization.

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,* OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO (Geneva: WHO, 2008): 23.

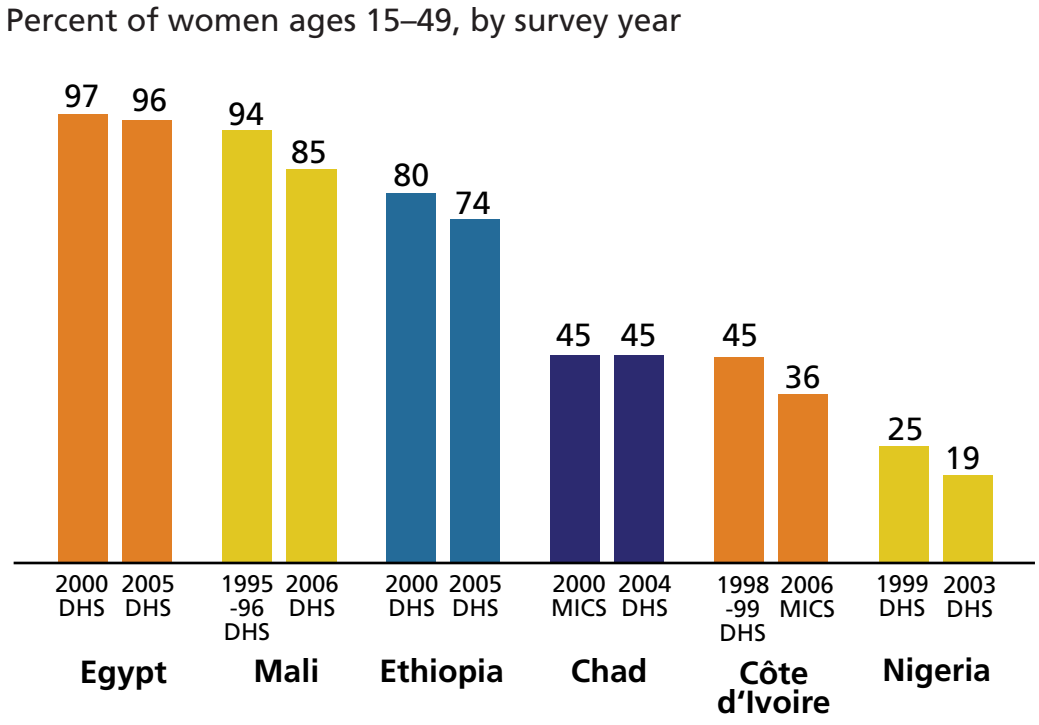
Prevalence of FGM/C Among Younger and Older Women

While in some countries there is little difference in prevalence between older women (ages 35 to 39) and younger women (ages 15 to 19), in others—such as Ethiopia, Côte d'Ivoire, and Kenya—the difference is significant. This may be a sign that the practice is being abandoned.



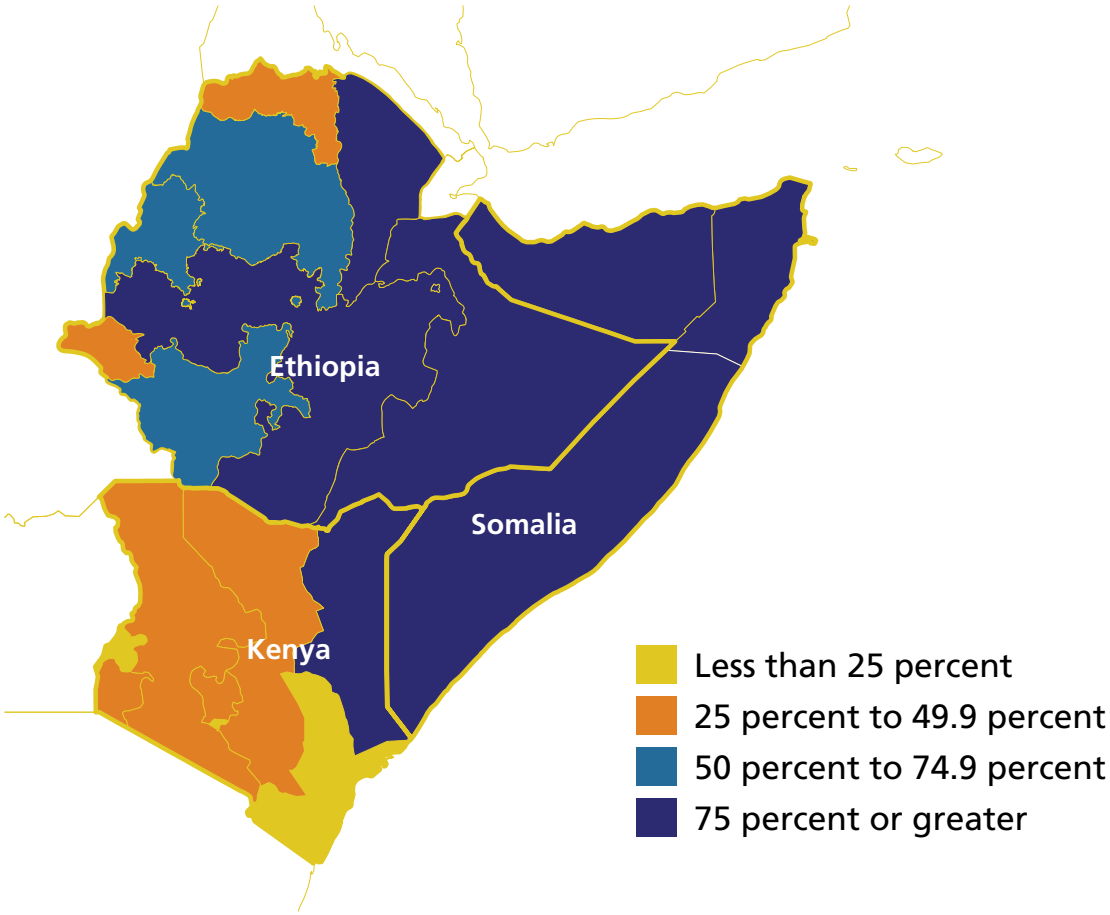
Trends in FGM/C Prevalence

Over the last decade, a downward trend in percent of women cut in some countries indicates that abandonment of FGM/C seems to be taking hold, although in others there still is little or no apparent change.



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.



	Data Source		Prevalence by Age (%)		
			15-49	15-19	35-39
Benin	DHS	2006	12.9	7.9	16.3
Burkina Faso	DHS	2003	76.6	65.0	81.6
Cameroon	DHS	2004	1.4	0.4	1.2
Central African Rep.	MICS	2000	35.9	27.2	43.3
Chad	DHS	2004	44.9	43.4	46.2
Côte d'Ivoire	MICS	2006	36.4	28.0	43.8
Djibouti	MICS	2006	93.1	—	—
Egypt	DHS	2005	95.8	96.4	95.9
Eritrea	DHS	2002	88.7	78.3	92.6
Ethiopia	DHS	2005	74.3	62.1	81.2
Gambia	MICS	2005/06	78.3	79.9	79.5
Ghana	MICS	2006	3.8	1.4	5.7
Guinea	DHS	2005	95.6	89.3	98.6
Guinea-Bissau	MICS	2006	44.5	43.5	48.6
Kenya	DHS	2003	32.2	20.3	39.7
Mali	DHS	2006	85.2	84.7	84.9
Mauritania	DHS	2000/01	71.3	65.9	71.7
Niger	DHS	2006	2.2	1.9	2.9
Nigeria	DHS	2003	19.0	12.9	22.2
Senegal	DHS	2005	28.2	24.8	30.5
Sierra Leone	MICS	2006	94.0	81.1	97.5
Somalia	MICS	2006	97.9	96.7	98.9
Sudan (North)	MICS	2000	90.0	85.5	91.5
Tanzania	DHS	2004/05	14.6	9.1	16.0
Togo	MICS	2006	5.8	1.3	9.4
Uganda	DHS	2006	0.6	0.5	0.8
Yemen	PAPFAM	2003	38.2	—	—

See Definitions and Notes, Page 9.

	Prevalence by Geographic Area (%)			
	Urban	Rural	Lowest Region	Highest Region
Benin	9.3	15.4	0.1	58.8
Burkina Faso	75.1	77.0	44.4	89.6
Cameroon	0.9	2.1	0.0	5.4
Central African Rep.	29.2	40.9	—	—
Chad	47.0	44.4	3.5	92.2
Côte d'Ivoire	33.9	38.9	12.6	88.0
Djibouti	93.1	95.5	—	—
Egypt	92.2	98.3	71.5	98.0
Eritrea	86.4	90.5	81.5	97.7
Ethiopia	68.5	75.5	27.1	97.3
Gambia	72.2	82.8	44.8	99.0
Ghana	1.7	5.7	0.5	56.1
Guinea	93.9	96.4	86.4	99.8
Guinea-Bissau	39.0	48.2	28.7	92.7
Kenya	21.3	35.8	4.1	98.8
Mali	80.9	87.4	0.9	98.3
Mauritania	64.8	76.8	53.6	97.2
Niger	2.1	2.3	0.1	12.0
Nigeria	28.3	14.0	0.4	56.9
Senegal	21.7	34.4	1.8	93.8
Sierra Leone	86.4	97.0	80.8	97.0
Somalia	97.1	98.4	94.4	99.2
Sudan (North)	91.7	88.3	—	—
Tanzania	7.2	17.6	0.8	57.6
Togo	4.1	7.3	1.0	22.7
Uganda	0.2	0.7	0.1	2.4
Yemen	33.1	40.7	—	—

See Definitions and Notes, Page 9.

	Types of FGM/C (%)		
	Nicked, No Flesh Removed	Flesh Removed	Sewn Closed
Benin	0.6[a]	97.5[a]	3.9[a, c]
Burkina Faso	1.2	90.8	2.0
Cameroon	4.0	85.0	5.0
Central African Rep.	—	—	—
Chad	19.4	74.7	2.4
Côte d'Ivoire	6.1	80.0	5.7
Djibouti	24.9	6.4	67.2
Egypt	—	—	—
Eritrea	46.0	4.1	38.6
Ethiopia	—	—	6.1
Gambia	—	—	—
Ghana	—	—	—
Guinea	1.7	86.4	9.3
Guinea-Bissau	0.8	91.7	3.2
Kenya	—	—	—
Mali	3.0	75.8	10.2
Mauritania	5.4	75.3	—
Niger	0.8[a, c]	90.5[a, c]	13.3[a, c]
Nigeria	2.0	43.5	3.9
Senegal	0.2	82.7	11.9
Sierra Leone	—	—	—
Somalia	1.3	15.2	79.3
Sudan (North)	21.5	1.7	74.1
Tanzania	1.9	91.3	2.0
Togo	7.7	85.7	1.7
Uganda	—	—	—
Yemen	—	—	—

See Definitions and Notes, Page 9.

	Traditionally Performed (%)	Medically Performed (%)	National Law
Benin	99.0	0.6	●
Burkina Faso	88.6	0.2	●
Cameroon	89.0	4.0	◐
Central African Rep.	—	—	●
Chad	94.2	2.7	◐
Côte d'Ivoire	95.2[c]	0.5[c]	●
Djibouti	—	—	●
Egypt	24.1[b]	74.5[b]	●
Eritrea	94.5	0.6	●
Ethiopia	—	—	●
Gambia	—	—	○
Ghana	—	—	●
Guinea	88.7	10.0	●
Guinea-Bissau	—	—	◐
Kenya	—	—	●
Mali	91.7	2.5	◐
Mauritania	70.9	1.1	●
Niger	97.0	0.5	●
Nigeria	59.0[c]	12.6[c]	○
Senegal	92.5	0.6	●
Sierra Leone	—	—	○
Somalia	—	—	○
Sudan (North)	78.0[b]	18.1[b]	◐
Tanzania	89.1[c]	2.0[c]	●
Togo	—	—	●
Uganda	—	—	◐
Yemen	—	—	○

See Definitions and Notes, Page 9.

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.

National Laws:

●= Laws that specifically prohibit the practice of FGM/C;
○= No laws;
◐= No specific laws, but existing general provisions of criminal codes have been or can be applied to FGM/C.
— Data not available

[a] Total for types of FGM/C adds to more than 100 percent due to multiple responses

[b] Refers to daughters' experience

[c] Special tabulations by PRB staff

Sources

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