



# Female Genital Mutilation/Cutting: Data and Trends

▶ ▶ ▶ **UPDATE 2017**

## The harmful practice of female genital mutilation/cutting

(FGM/C) occurs around the world. This wallchart provides updated information on the prevalence and context of FGM/C in the 29 countries for which representative, comparable data are available. FGM/C prevalence varies widely, ranging from approximately 1 percent of women in Cameroon and Uganda to over 95 percent in Guinea and Somalia, with prevalence variations within countries.

FGM/C poses serious physical and mental health risks for women and girls, including increased complications in childbirth and maternal deaths. Other outcomes include severe pain, hemorrhage, tetanus, infection, infertility, cysts and abscesses, urinary incontinence, and sexual and psychological problems.

FGM/C has gained recognition as a health and human rights issue among governments, the international community, women's organizations, and professional associations. Global and national efforts to end FGM/C have resulted increasingly in legislation banning the practice; of the 29 countries on this wallchart, 24 have national or subnational laws or decrees that prohibit FGM/C.

Efforts to end FGM/C have contributed to declines in its prevalence. Updated estimates have been published for 16 countries since

2014. In 12 of those, FGM/C among women ages 15 to 49 declined compared to surveys conducted between 2003 and 2011. Although the practice is most often performed on girls between birth and age 15, lower prevalence rates among young women suggest that abandonment efforts are yielding results. In one-third of countries with data, FGM/C is half as common among women ages 15 to 19 compared to those ages 45 to 49.

FGM/C is strongly associated with ethnicity and occurs in many religious groups, although no religion mandates it. Social networks and community norms may play an important role in individual and family decisions about whether to continue the practice. Girls whose mothers have more education and those who live in urban areas are less likely to undergo FGM/C. In Cameroon, Ghana, and Tanzania, prevalence is more than twice as high in rural areas.

Many community members favor ending the practice. In 19 of 27 countries, more than half of women support ending FGM/C. Although men are asked less often, in most countries where they are, a majority of men also support ending the practice.



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## Girls of Mothers With Any Education Are Less Likely to Be Cut

In many countries, daughters of women who have some schooling are much less likely to undergo FGM/C than daughters of women with no education. Where data exist, the difference between any schooling and none appears to be stronger than the difference between primary and secondary education, suggesting that even a small amount of schooling of mothers is associated with factors that protect their daughters from FGM/C.

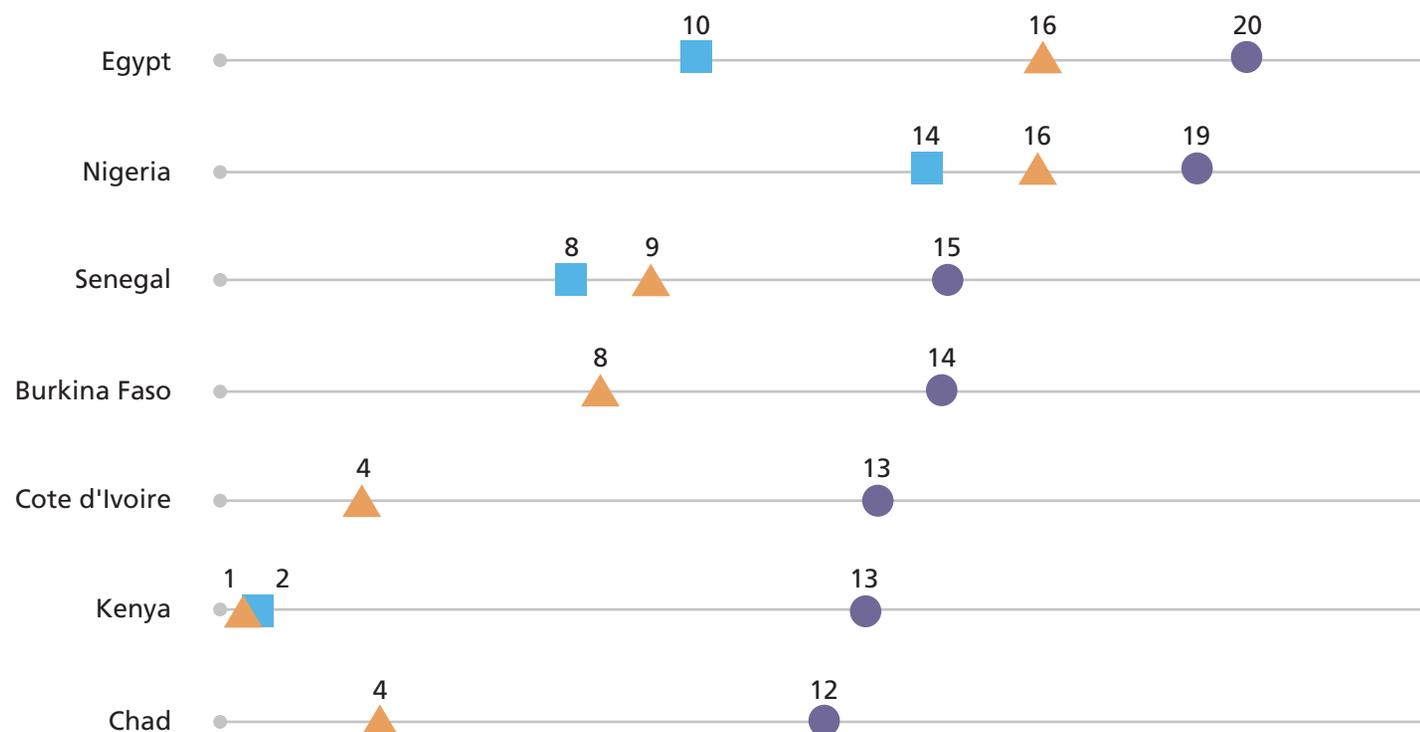
### Percent of Girls (0-14) Who Have Undergone FGM/C

#### Mother's Education

● No education

▲ Primary

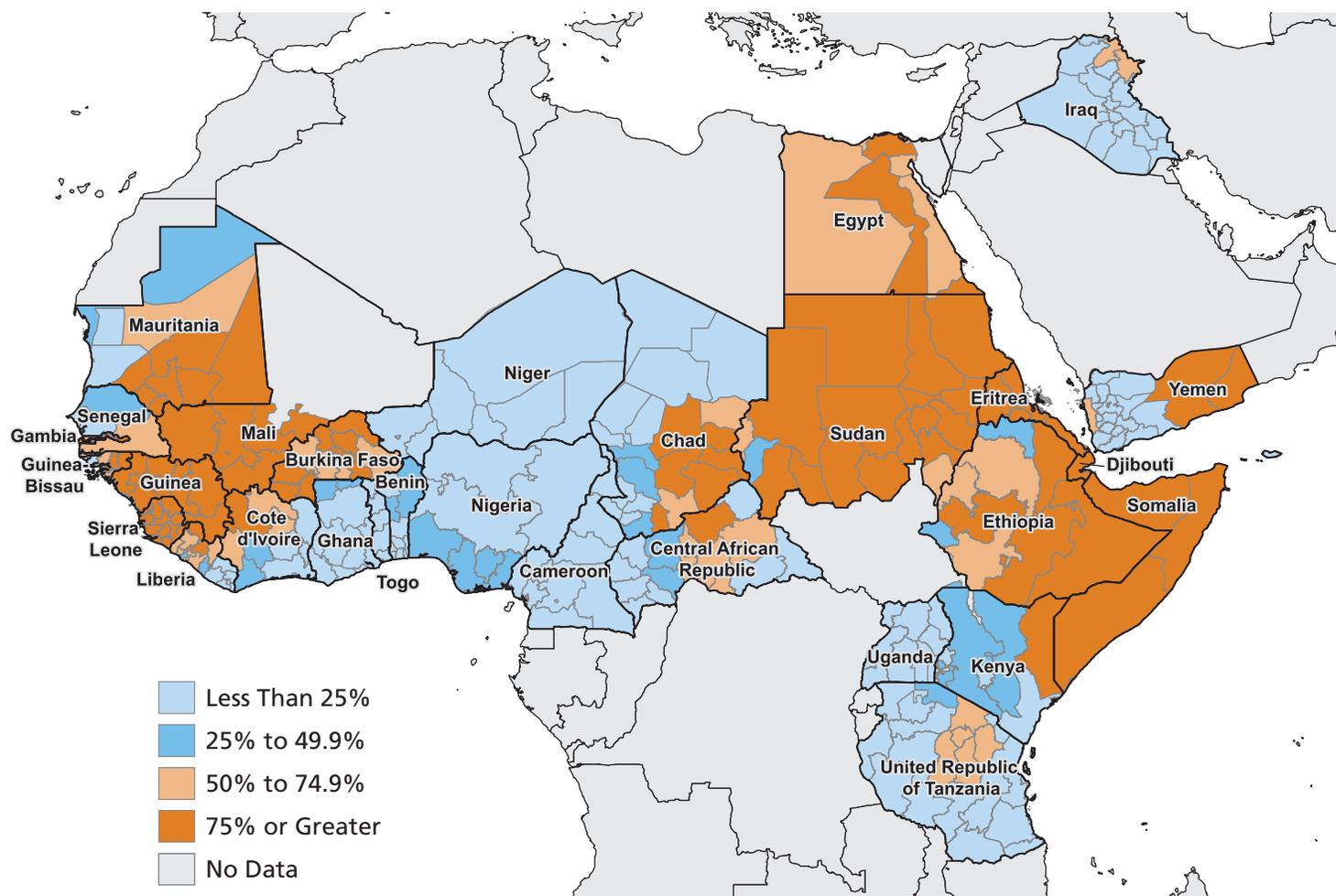
■ Secondary



## Prevalence of FGM/C Varies Within and Between Countries

Subnational estimates show that the prevalence of FGM/C varies almost as much within countries as it does between them. For example, FGM/C prevalence in part of Yemen exceeds 75 percent, but is below 25 percent in much of the country. In some countries, such as Somalia and Niger, there is no subnational variation.

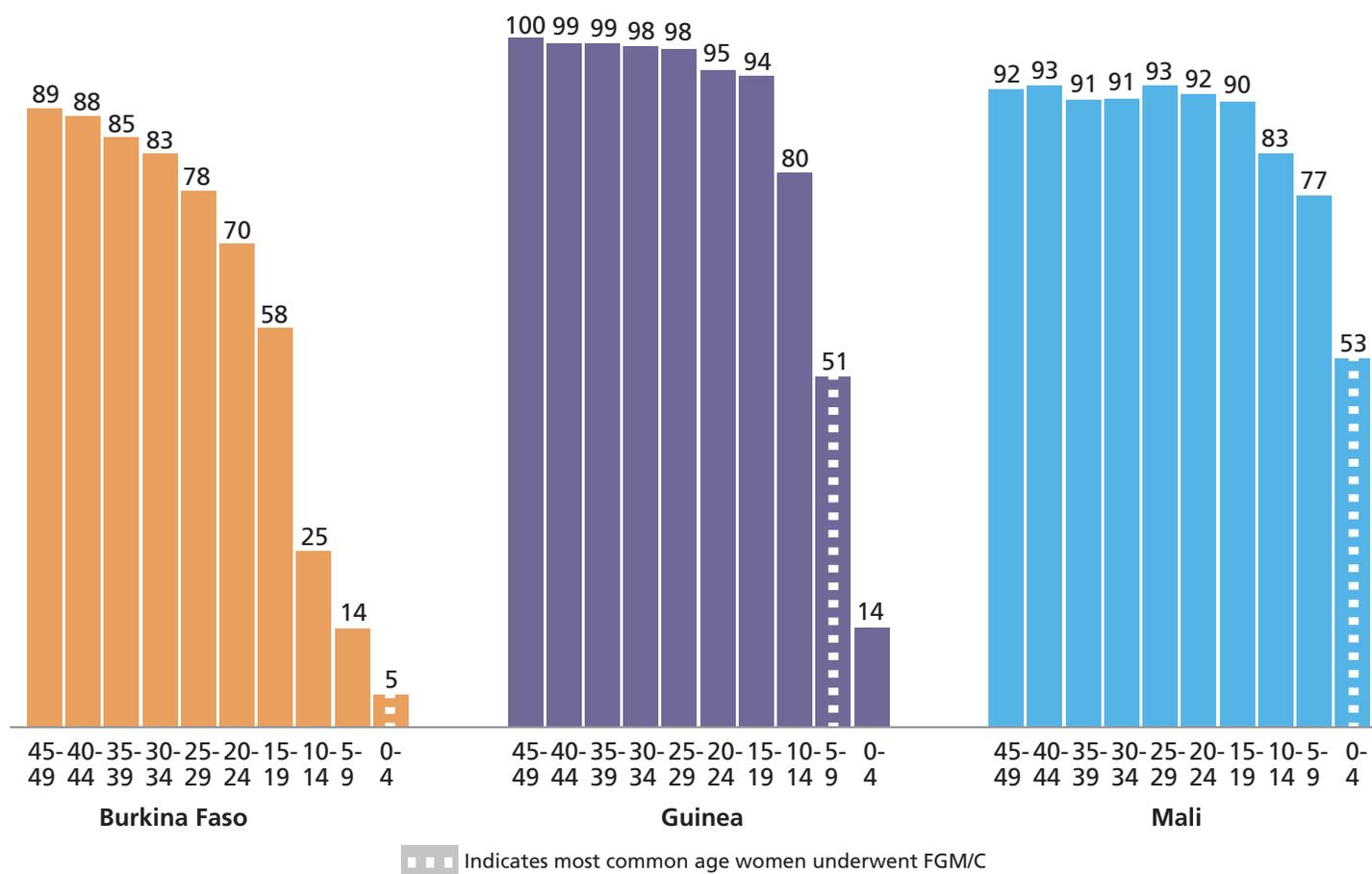
### Prevalence of FGM/C Among Women 15-49 (%)



## FGM/C Prevalence Is Declining for Youngest Age Groups

While almost all women in their forties have been forced to undergo FGM/C in Burkina Faso, Mali, and Guinea—the three highest prevalence countries with available data—prevalence has fallen significantly among younger women. In Burkina Faso, where FGM/C typically occurs before age five, the low prevalence rate among young girls suggests that abandonment of the practice is underway.

Percent of Women and Girls (0-49) Who Have Undergone FGM/C



## Data Suggest High Prevalence of FGM/C in Indonesia

A 2013 Ministry of Health survey in Indonesia showed very high estimates of FGM/C prevalence. Although nationally representative, the survey only assessed prevalence among girls ages 0 to 11, so the data are not comparable with other countries in this wallchart. The survey found that 49 percent of girls under age 12 have been forced to undergo FGM/C, most often before they were six months old. Unlike other countries, prevalence is higher in urban areas (57 percent compared to 46 percent in rural areas) and in the richest quintile compared to the poorest (53 percent compared to 45 percent). The legal environment surrounding FGM/C in Indonesia has shifted considerably over the past decade. A 2008 *fatwa* (edict) by the Indonesian Ulema Council recommended that Muslim girls be subjected to FGM/C, but advised against the most excessive forms of the practice. Between 2010 and 2014, the Ministry of Health allowed medical professionals to perform FGM/C if asked. Although this regulation was repealed in 2014, Indonesia provides no sanctions to individuals who perpetrate FGM/C.

**Sources:** National Institute of Health Research and Development, Ministry of Health, Indonesia, "Indonesia Basic Health Research, 2013." UNICEF, "Female Genital Mutilation/Cutting Country Profiles: Indonesia, 2016."

## 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 and the Multiple Cluster Indicator 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.

# 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		Prevalence by Age (%)			National Law
			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 Republic	MICS	2010	24.2	17.9	33.8	●
Chad	DHS	2014-15	38.4	31.8	39.4	●
Côte d'Ivoire	DHS	2011-12	38.2	31.3	46.9	●
Djibouti	MICS	2006	93.1	89.5	94.4	●
Egypt	DHS	2015	87.2	69.6	97.1	●
Eritrea	DHS	2002	88.7	78.3	95.0	●
Ethiopia	DHS	2016	65.2	47.1	–	●
Gambia	DHS	2013	74.9	76.3	75.9	●
Ghana	MICS	2011	3.8	1.5	6.4	●
Guinea	DHS	2012	96.9	94.0	99.6	●
Guinea Bissau	MICS	2014	44.9	41.9	45.2	●
Iraq	MICS	2011	8.1	4.9	10.3	● <sup>a</sup>
Kenya	DHS	2014	21.0	11.4	40.9	●
Liberia*	DHS	2013	44.4	26.4	66.0	○
Mali	DHS	2012-13	91.4	90.3	92.1	○
Mauritania	MICS	2011	69.4	65.9	75.2	●
Niger	DHS	2012	2.0	1.4	1.4	●
Nigeria	DHS	2013	24.8	15.3	35.8	● <sup>b</sup>
Senegal	DHS	2014	24.7	21.1	25.7	●
Sierra Leone	DHS	2013	89.6	74.3	97.8	○
Somalia	MICS	2006	97.9	96.7	99.1	○
Sudan	MICS	2014	86.6	81.7	91.8	● <sup>b</sup>
Tanzania	DHS	2015-16	10.0	4.7	18.7	●
Togo	DHS	2013-14	4.7	1.8	10.2	●
Uganda	DHS	2011	1.4	1.0	1.9	●
Yemen	DHS	2013	18.5	16.4	22.8	●

# 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

	Prevalence by Geographic Area (%)				National Law
	Urban	Rural	Highest Region	Lowest Region	
Benin	5.5	8.8	41.1	0.0	●
Burkina Faso	68.7	78.4	89.5	54.8	●
Cameroon	0.9	2.1	5.4	0.0	○
Central African Republic	18.1	28.7	76.6	3.3	●
Chad	40.1	37.9	96.1	0.7	●
Côte d'Ivoire	37.7	38.8	79.5	12.2	●
Djibouti	93.1	95.5	94.9	92.9	●
Egypt	77.4	92.6	94.7	74.5	●
Eritrea	86.4	90.5	97.7	81.5	●
Ethiopia	53.9	68.4	98.5	24.2	●
Gambia	71.6	79.1	96.7	47.4	●
Ghana	2.5	5.3	41.1	0.4	●
Guinea	96.8	97.0	100.0	87.1	●
Guinea Bissau	39.8	50.1	96.3	4.5	●
Iraq	9.0	5.8	57.5	0.0	● <sup>a</sup>
Kenya	13.8	25.9	97.5	0.8	●
Liberia*	37.3	55.6	68.1	3.2	○
Mali	90.5	91.8	94.7	88.4	○
Mauritania	57.2	80.5	98.9	19.9	●
Niger	1.2	2.1	9.2	0.1	●
Nigeria	32.3	19.3	49.0	2.9	● <sup>b</sup>
Senegal	21.9	27.9	69.4	6.3	●
Sierra Leone	80.9	94.3	97.1	74.1	○
Somalia	97.1	98.4	99.2	94.4	○
Sudan	85.5	87.2	97.7	45.4	● <sup>b</sup>
Tanzania	5.3	12.7	57.7	0.0	●
Togo	3.4	5.7	17.4	0.4	●
Uganda	1.4	1.4	4.8	0.2	●
Yemen	17.1	19.2	84.7	0.3	●

# 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

	Types of FGM/C (%)				National Law
	Nicked, No Flesh Removed	Flesh Removed	Sewn Closed	Not Determined	
Benin	5.6	68.9	12.5	13.1	●
Burkina Faso	16.6	76.8	1.2	5.4	●
Cameroon	3.7	84.8	4.6	6.9	○
Central African Republic	19.8	70.2	7.0	3.3	●
Chad	39.2	42.5	9.4	8.8	●
Côte d'Ivoire	4.7	71.1	8.7	15.6	●
Djibouti	24.9	6.4	67.2	1.5	●
Egypt	–	–	–	–	●
Eritrea	46.0	4.1	38.6	11.3	●
Ethiopia	2.7	79.2	6.5	11.6	●
Gambia	0.2	85.2	–	14.6	●
Ghana	5.3	73.7	7.9	13.2	●
Guinea	5.5	84.1	7.5	2.9	●
Guinea Bissau	0.8	86.8	6.0	6.5	●
Iraq	–	–	–	–	● <sup>a</sup>
Kenya	1.6	87.2	9.3	1.9	●
Liberia*	–	–	–	–	○
Mali	14.6	48.9	10.6	25.9	○
Mauritania	3.5	68.6	–	28.0	●
Niger	7.2	78.4	6.3	8.1	●
Nigeria	5.8	62.6	5.3	26.3	● <sup>b</sup>
Senegal	14.2	50.5	12.1	23.2	●
Sierra Leone	0.5	75.2	9.0	15.3	○
Somalia	1.3	15.2	79.3	4.2	○
Sudan	2.2	16.3	77.0	4.5	● <sup>b</sup>
Tanzania	3.2	81.1	6.6	9.1	●
Togo	12.2	62.6	15.4	9.8	●
Uganda	–	–	–	–	●
Yemen	7.0	89.7	–	3.3	●

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	Practitioner (%)			Whether the Practice Should be Ended (%)		National Law
	Traditionally Performed	Medically Performed	Other/Unknown	Women	Men	
Benin	97.4	0.2	2.4	92.2	88.8	●
Burkina Faso	97.2	0.2	2.6	89.9	86.9	●
Cameroon	92.9	4.4	2.7	84.1	84.6	○
Central African Republic	95.2	1.9	2.9	75.2	–	●
Chad	94.9	0.9	4.2	45.1	–	●
Côte d'Ivoire	94.9	0.3	4.8	81.5	82.1	●
Djibouti	93.8	5.5	0.6	51.0	–	●
Egypt	56.0	42.4	1.5	37.5	27.9	●
Eritrea	92.2	0.6	7.2	48.7	–	●
Ethiopia	–	–	–	–	–	●
Gambia	96.9	0.3	2.8	33.4	–	●
Ghana	88.6	1.0	10.4	94.2	–	●
Guinea	81.1	15.4	3.6	21.2	38.0	●
Guinea Bissau	–	–	–	81.4	–	●
Iraq	34.7	6.5	58.8	87.7	–	● <sup>a</sup>
Kenya	83.3	14.8	1.9	92.5	88.8	●
Liberia*	–	–	–	–	–	○
Mali	90.9	0.7	8.4	18.3	11.9	○
Mauritania	90.2	1.5	8.4	52.8	–	●
Niger	95.9	0.0	4.0	82.4	90.6	●
Nigeria	79.5	12.7	7.9	64.3	62.1	● <sup>b</sup>
Senegal	100.0	–	–	80.7	79.2	●
Sierra Leone	95.0	0.8	4.2	22.7	40.3	○
Somalia	–	–	–	32.8	–	○
Sudan	–	–	–	52.8	–	● <sup>b</sup>
Tanzania	–	–	–	95.0	–	●
Togo	94.8	0.4	4.8	94.7	95.6	●
Uganda	–	–	–	82.6	–	●
Yemen	92.8	2.9	4.3	75.4	–	●

## Definitions and Notes

\*In Liberia, only 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.

**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.

<sup>a</sup> Kurdistan region only.

<sup>b</sup> Limited to certain states.

## Sources

ICF International, Demographic and Health Surveys (DHS).

UNICEF, "Female Genital Mutilation/Cutting Country Profiles: 2016."

UNICEF, Multiple Indicator Cluster Surveys (MICS).

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