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STATISTICAL PROFILE ON FEMALE GENITAL MUTILATION

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."1 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.

1. World Health Organization, Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p. 4.

2003

National decree/legislation banning FGM passed

KEY STATISTICS ON WOMEN'S STATUS

of women 20-24 years were married or in union before age 15

of women 20-24 years were married or in union before age 18

of women 20-24 years have given birth by age 18

of women 15-49 years think that a husband/partner is justified in hitting/ beating his wife under certain circumstances

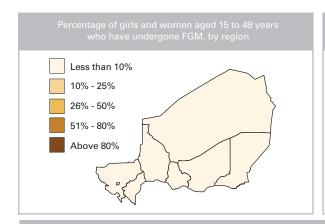
of women 15-49 years make use of at least one type of information media at least once a week (newspaper, magazine, television or radio)

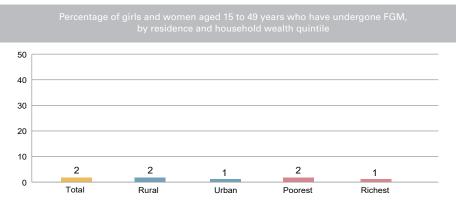
Source: DHS 2012

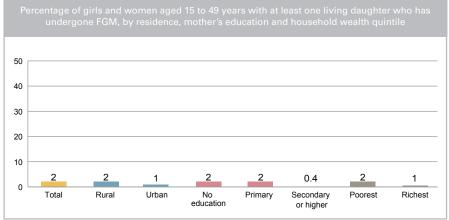


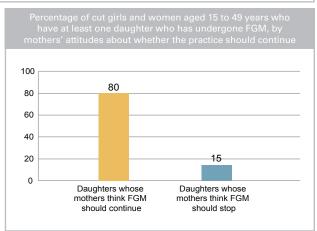
HOW WIDESPREAD IS THE PRACTICE?

Overall, the prevalence of FGM is very low in Niger



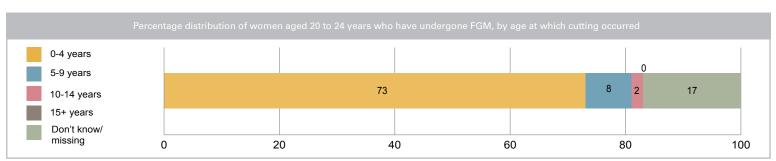


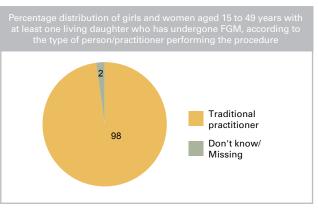


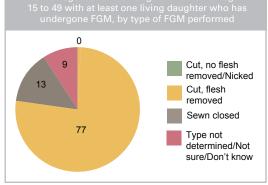


WHEN AND HOW IS FGM PERFORMED?

All girls are cut by traditional practitioners, and one in seven have undergone the most severe form of the practice





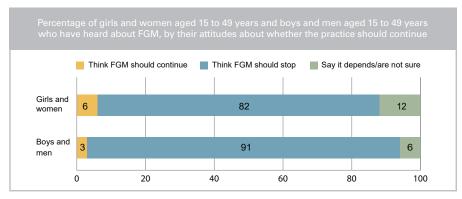


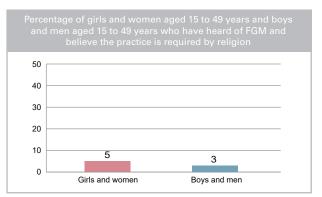
Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Data on prevalence of FGM among daughters of mothers who think the practice should continue and percentage distribution by age at cutting are based on 25 to 49 unweighted cases. Age at cutting is shown among women aged 20 to 24 vears due to an insufficient number of cases to perform the analysis among adolescent girls aged 15 to 19 years. Due to rounding, some of the data presented may not add up to 100 per cent. 'Health personnel' includes doctors, nurses, midwives and other health workers; 'Traditional practitioner' includes traditional circumcisers, traditional birth attendants, traditional barber and other types of traditional practitioners.

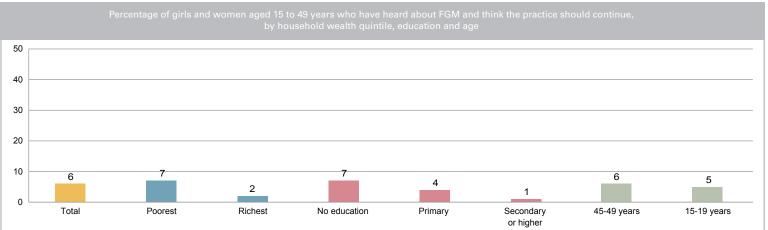
Source for all charts on this page: DHS 2012

WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM?

Nearly all people in Niger think the practice of FGM should stop

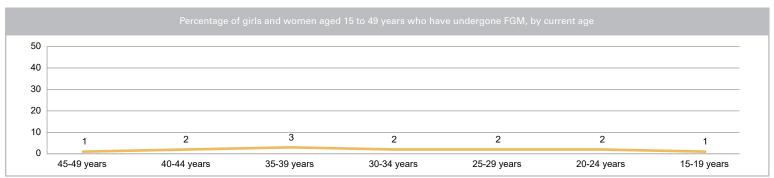


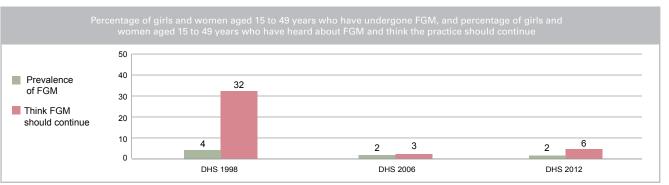




IS THE PRACTICE OF FGM CHANGING?

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

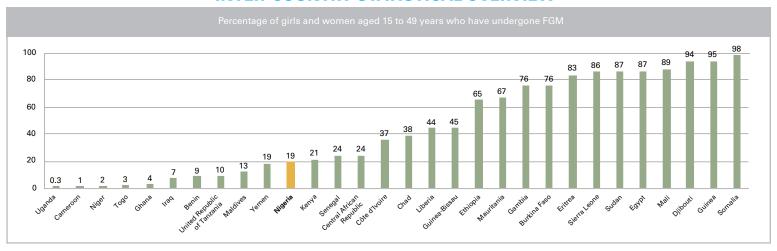


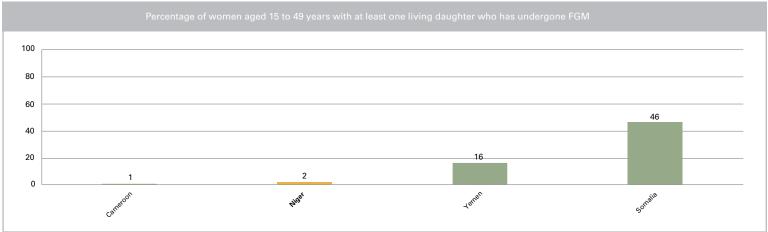


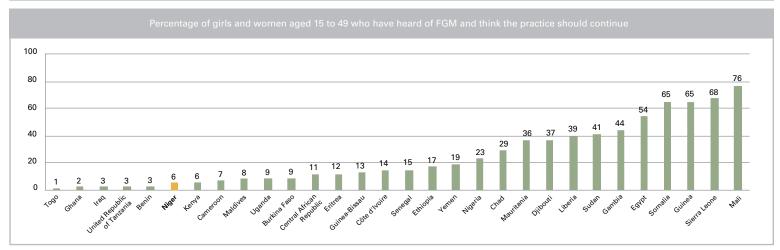
Source for all above charts: DHS 2012

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INTER-COUNTRY STATISTICAL OVERVIEW







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. An older source is used to report the percentage of support for FGM in Uganda (DHS 2011) since the latest source did not collect these data. MICS data for Ghana (2011) could not be used to report on attitudes towards FGM due to the fact that information is missing for girls and women with no living daughters; 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 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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