Female Genital Mutilation/Cutting:

A statistical overview and exploration of the dynamics of change

EXECUTIVE SUMMARY

A new report from UNICEF analyses prevalence and trends in female genital mutilation/cutting (FGM/C) in 29 countries. Drawing on data from more than 70 nationally representative surveys over a 20-year period, the report finds that the practice has declined in a number of countries. Other important changes are under way.

Viewed from the perspective of underlying social dynamics, the findings help explain what can be done to change the attitudes and behaviours that have led FGM/C to persist after nearly a century of efforts to eliminate it. Recommendations based on the findings can be used with a range of partners working to accelerate momentum towards the abandonment of the practice.

Report overview

The traditional practice of female genital mutilation/cutting (FGM/C) has proven remarkably persistent, despite nearly a century of attempts to eliminate it. Yet the growing number of reports of public commitments to end FGM/C and its actual abandonment by communities across a diverse range of countries are strong indications that the practice can indeed become a vestige of the past.

Over the past decades, partners working to address FGM/C have benefitted from an evolving understanding of the practice and of the social dynamics that lead to its abandonment. New insights into FGM/C are informing the design of policies and programmes both in countries where it has been practiced for generations and in areas where it is relatively new and associated with immigration.

Obtaining timely, comparable and reliable information on FGM/C is key to efforts aimed at promoting its elimination. This report draws on data from more than 70 nationally representative surveys over a 20-year period. It covers all 29 countries in Africa and the Middle East where FGM/C is

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concentrated, and it includes new statistics from countries where representative survey data were lacking. The report highlights trends across countries, and it examines differentials in prevalence according to social, economic, demographic and other variables.

It is the first report to include new data collected on girls under 15 years old, providing insights on the most recent dynamics surrounding the practice.

The data in this report show that the practice has declined in a number of countries, and that other important changes are under way. These changes – which include shifts in attitudes and in the way the procedure is carried out – are taking place at different speeds across countries and communities. The data also show that, in other countries, the practice of FGM/C remains virtually unchanged.

Key findings

More than 125 million girls and women alive today have undergone some form of FGM/C in a swath of 29 countries across Africa and the Middle East. Another 30 million girls are at risk of being cut in the next decade. The practice is found to a far lesser degree in other parts of the world, though the exact number of girls and women affected is unknown.

While FGM/C is nearly universal in Djibouti, Egypt, Guinea and Somalia, it affects only 1 per cent of girls and women in Cameroon and Uganda. In countries where FGM/C is not widespread, it tends to be concentrated in specific regions of a country and is not constrained by national borders. The practice is closely associated with certain ethnic groups, suggesting that social norms and expectations within communities of like-minded individuals play a strong role in the perpetuation of the practice.

In half of the countries with available data, the majority of girls are cut before the age of 5. In the Central African Republic, Chad, Egypt and Somalia, at least 80 per cent of girls are cut between the ages of 5 and 14, sometimes in connection with coming-of-age rituals marking the passage to adulthood.

Most mothers whose daughters have undergone FGM/C report that the procedure entailed the cutting and removal of some flesh from the genitals. In Djibouti, Eritrea, the Niger, Senegal and Somalia, more than one in five girls who have undergone FGM/C have experienced the most radical form of the practice, known as infibulation, which involves the cutting and sewing of the genitals.

Overall, little change is seen in the type of FGM/C performed across generations. A trend towards less severe cutting is discernible in some countries, including Djibouti, where 83 per cent of women aged 45–49 reported being sewn closed, versus 42 per cent of girls aged 15–19. FGM/C is usually performed by

traditional practitioners. In Egypt, Kenya and the Sudan, however, a substantial proportion of health-care providers carry out the procedure.

Trend data show that the practice of FGM/C is becoming less common in slightly more than half of the 29 countries studied. The decline is particularly striking in some countries with moderately low to very low prevalence. In Kenya and the United Republic of Tanzania, for example, women aged 45–49 are approximately three times more likely to have been cut than girls aged 15–19. In Benin, the Central African Republic, Iraq, Liberia and Nigeria, prevalence among adolescent girls has dropped by about half. In the highest prevalence regions of Ghana and Togo, respectively, 60 per cent and 28 per cent of women aged 45–49 have undergone FGM/C compared to 16 per cent and 3 per cent of girls aged 15–19.

Some evidence of decline can also be found in certain high-prevalence countries. In Burkina Faso and Ethiopia, the prevalence among girls aged 15–19 compared with women aged 45–49 has dropped by about 19 to 31 percentage points. Egypt, Eritrea, Guinea, Mauritania and Sierra Leone have registered smaller declines.

In the Central African Republic and Kenya, the drop in prevalence has been constant over at least three generations of women and appears to have started four to five decades ago. In Burkina Faso, Ethiopia, Liberia and Sierra Leone, the decline

FGM/C prevalence among girls and women aged 15–49

Country	%
Somalia	98
Guinea	96
Djibouti	93
Egypt	91
Eritrea	89
Mali	89
Sierra Leone	88
Sudan*	88
Burkina Faso	76
Gambia	76
Ethiopia	74
Mauritania	69
Liberia	66
Guinea-Bissau	50
Chad	44
Côte d'Ivoire	36
Kenya	27
Nigeria	27
Senegal	26
Central African Republic	24
Yemen	23
United Republic of Tanzania	15
Benin	13
Iraq	8
Ghana	4
Togo	4
Niger	2
Cameroon	1
Uganda	1

* Data on FGM/C were collected only in the northern part of what was known as Sudan prior to the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan. Data were not collected in what is now South Sudan, since FGM/C is generally thought not to be practised there. This report, therefore, refers exclusively to the Republic of the Sudan.

appears to have started or accelerated over about the last 20 years. No significant changes in FGM/C prevalence among girls and women aged 15–49 can be observed in Chad, Djibouti, the Gambia, Guinea-Bissau, Mali, Senegal, Somalia, the Sudan and Yemen.

In most countries where FGM/C is practiced, the majority of girls and women think it should end. Moreover, the percentage of females who support the practice is substantially lower than the share of girls and women who have been cut, even in countries where prevalence is very high.

In 11 countries with available data, at least 10 per cent of girls and women who have been cut say they see no benefits to the practice. The proportion reaches nearly 50 per cent in Benin and Burkina Faso, and 59 per cent in Kenya. Not surprisingly, the chances that a girl will be cut are considerably higher when her mother favours the continuation of the practice.

Genital cutting is often assumed to be a manifestation of patriarchal control over women, suggesting that men would be strong supporters of the practice. In fact, a similar level of support for stopping FGM/C is found among both women and men. In Chad, Guinea and Sierra Leone, substantially more men than women want FGM/C to end.

Marriageability is often posited as a motivating factor in FGM/C. This may have been true at one time. With the exception of Eritrea, however, relatively few women report concern over marriage prospects as a justification of FGM/C.

Overall support for the practice is declining, even in countries where FGM/C is almost universal, such as Egypt and the Sudan. In nearly all countries with moderately high to very low prevalence, the percentage of girls and women who report that they want the practice to continue has steadily declined. In the Central African Republic, for instance, the percentage of girls and women who think the practice should continue has fallen – from 30 per cent to 11 per cent in about 15 years. In the Niger, the share dropped from 32 per cent to 3 per cent between 1998 and 2006.

There are exceptions: The proportion of girls and women who reportedly want FGM/C to continue has remained constant in Guinea, Guinea-Bissau, Senegal and the United Republic of Tanzania.

Recommendations

Take into account differences among population groups within and across national borders. When national data on FGM/C are disaggregated by region and by ethnicity, it becomes clear that changes in the practice vary according to population groups. The finding suggests that national plans to eliminate FGM/C should not apply uniform strategies in all parts of a country. Rather, such plans should consider the specificity

of various groups that share ethnicity or other characteristics. These groups may be concentrated in certain geographic regions of a country or extend across national borders. In the latter case, collaboration with neighbouring countries and with members of the diaspora may be required.

Seek change in individual attitudes about FGM/C, but also address expectations surrounding the practice within larger social groups. To influence individual attitudes, it is important to continue to raise awareness that ending FGM/C will improve the health and well-being of girls and women and safeguard their human rights. Yet shifts in individual attitudes do not automatically lead to behaviour change. Across countries, many girls who have been cut have mothers who oppose the practice. This indicates that other factors prevent women from acting in accordance with their personal preferences.

Data also reveal that the most commonly reported reason for carrying out FGM/C is a sense of social obligation. All of these findings suggest that efforts to end the practice need to go beyond a shift in individual attitudes and address entire communities in ways that can decrease social expectations to perform FGM/C.

Find ways to make hidden attitudes favouring the abandonment of the practice more visible. Attitudes about genital cutting tend to be kept in the private sphere. Opening the practice up to public scrutiny in a respectful manner can provide the spark for community-wide change. Programme activities can stimulate discussion within practising groups so that individual views opposing the practice can be aired. Local and national media and other trusted communication channels can serve as a forum to disseminate information on decreasing support for FGM/C as well as to discuss the benefits of ending the practice. Collective pronouncements or declarations against FGM/C are effective ways to highlight the erosion in social support for the practice. They also send the message that nonconformance will no longer elicit negative social consequences.

Increase engagement by boys and men in ending FGM/C and empower girls. Facilitating discussion of the issue within couples and in forums that engage girls and boys, as well as women and men, may accelerate the process of abandonment by bringing to light lower levels of support than commonly believed, especially among men, who are likely to yield greater power in the community. Furthermore, the pattern indicating that girls and younger women tend to have less interest than older women in continuing the practice suggests that they can be important catalysts of change, for example, through intergenerational dialogues.

Increase exposure to groups that do not practice FGM/C. Where prevalence and support for FGM/C are very high, increasing exposure to

groups that do not practice it and awareness of the resulting benefits is crucial. Through such exposure, individuals are able to witness that girls who have not been cut thrive and that their families do not suffer negative consequences. The alternative of not cutting thereby becomes plausible. FGM/C prevalence rates are generally lower among urban residents, educated individuals and those from wealthier households, indicating that exposure is important. That prevalence levels are typically lower among individuals who have completed higher levels of education suggests that education is an important mechanism to increase awareness of the dangers of FGM/C and to share knowledge of groups that do not practice it.

Promote abandonment of FGM/C along with improved status and opportunities for girls, rather than advocating for milder forms of the practice. The data on changes in the practice indicate a slight trend towards less severe forms of cutting in certain countries. However, the type of cutting performed has changed little across generations. While the findings are not conclusive, the stability of the practice suggests that pursuing the elimination of FGM/C by moving towards progressively reducing the degree of cutting does not hold much promise. Moreover, the benefits of a marginal decrease in harm resulting from less severe forms of FGM/C need to be weighed against the opportunity cost of promoting the end of FGM/C as one of many harmful practices that jeopardize the well-being of girls and infringe upon their human rights.

Next steps

Overall, the findings presented in the report confirm that programmatic initiatives aimed at ending FGM/C are making progress. They also contain some welcome surprises and raise new questions. Measuring various aspects of FGM/C will need to continue in both high and low prevalence countries, and efforts will need to be stepped up to encourage its full and irreversible elimination. As new rounds of household surveys are undertaken in the next few years, the outcome of these efforts will be fully revealed.

If the efforts and commitment of partners are sustained, and if programmes are strengthened in the light of increasing evidence, it will show that the transformation currently under way has gained momentum, and that millions of girls have been spared the fate of their mothers and grandmothers.

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