Female genital mutilation/cutting (FGM/C) 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.” More than 125 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East where FGM/C is concentrated. As many as 30 million girls are at risk of being cut before their 15th birthday if current trends continue. FGM/C 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/C 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/C in countries where it is still practised.

FGM/C is nearly universal in Djibouti among girls and women of reproductive age, with little variation by place of residence.

In Djibouti, 30 per cent of girls experience the most severe form of cutting, involving the cutting and sewing of genital parts.
WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?

Over one third of women in Djibouti think FGM/C should stop, with girls and women with secondary education or above less likely to support the practice.

Percentage of girls and women aged 15 to 49 years who have heard about FGM/C, by their attitudes about whether the practice should continue:

- 37% think FGM/C should continue
- 51% think FGM/C should stop
- 12% say it depends/are not sure

Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue, by residence, education and age:

- Total: 37%
- Rural: 42%
- Urban: 37%
- Koranic/non-standard curriculum: 50%
- No education: 40%
- Primary complete: 39%
- Secondary or higher: 28%
- 45-49 years: 41%
- 15-19 years: 34%

IS THE PRACTICE OF FGM/C CHANGING?

There has been no significant change in the prevalence of FGM/C across generations, but there is a trend towards less severe types of cutting.

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by current age:

- Age 45-49: 94%
- Age 40-44: 93%
- Age 35-39: 95%
- Age 30-34: 96%
- Age 25-29: 93%
- Age 20-24: 94%
- Age 15-19: 90%

Percentage distribution of girls and women aged 15-19 years and 45-49 years who have undergone FGM/C, by the type of FGM/C performed:

- Age 45-49:
  - Sewn closed: 83%
  - Cut, flesh removed: 13%
  - Cut, no flesh removed/Nicked: 2%
  - Type not determined/Not sure/Doesn't know: 2%

- Age 15-19:
  - Sewn closed: 42%
  - Cut, flesh removed: 44%
  - Cut, no flesh removed/Nicked: 12%
  - Type not determined/Not sure/Doesn't know: 2%

Notes: There are no data by ethnicity or wealth index for Djibouti.

Source for all charts on this page: MICS 2006
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C

Percentage of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C

Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue

Notes: Data on attitudes for Yemen refer to ever-married girls and women. In Liberia, 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. Data on daughters for Iraq refer to ever-married girls and women with at least one daughter who has undergone FGM/C. Data on attitudes for Ghana are from MICS 2006, for Nigeria from DHS 2008, and for Sierra Leone from DHS 2008 as data from the most recently available MICS surveys are not comparable. In Liberia, only cut girls and women were asked about their attitudes towards FGM/C; since girls and women from practising communities are more likely to support the practice, the level of support in this country as captured by the DHS 2007 is higher than would be anticipated had all girls and women been asked their opinion.

Sources: DHS, MICS, National Social Protection Monitoring Survey and SHHS, 1997-2012

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FOR MORE INFORMATION

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