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.” 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.


**Select Country:**

**BENIN**

**2003**

National decree/legislation banning FGM passed

**SELECTED STATISTICS ON WOMEN’S STATUS**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td>of women aged 20 to 24 years were married or in union before age 15</td>
</tr>
<tr>
<td>26%</td>
<td>of women aged 20 to 24 years were married or in union before age 18</td>
</tr>
<tr>
<td>19%</td>
<td>of women aged 20 to 24 years have given birth before age 18</td>
</tr>
<tr>
<td>36%</td>
<td>of women aged 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances</td>
</tr>
<tr>
<td>54%</td>
<td>of women aged 15 to 49 years make use of at least one type of information media at least once a week (newspaper, magazine, television or radio)</td>
</tr>
</tbody>
</table>

Source: MICS 2014
WHEN AND HOW IS FGM PERFORMED?

Most adolescent girls who underwent FGM did so between the ages of 5 and 14

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. Due to rounding, some of the data presented may not add up to 100 per cent. Due to rounding, some of the data presented may not add up to 100 per cent. Data on prevalence of FGM among daughters of mothers who say it depends/are not sure are based on 25-49 unweighted cases. Prevalence data for girls aged 0 to 14 reflect their current, but not final, FGM status since some girls who have not been cut may still be at risk of experiencing the practice once they reach the customary age for cutting. Therefore, the data on prevalence for girls under age 15 is actually an underestimation of the true extent of the practice. Since age at cutting varies among settings, the amount of underestimation also varies and this should be kept in mind when interpreting all FGM prevalence data for this age group. Percentage distributions of girls aged 0 to 14 years are based on small denominator. ‘Health personnel’ includes doctors, nurses, midwives and other health workers; ‘Traditional practitioner’ includes traditional circumcisers, traditional birth attendants and other types of traditional practitioners. Source for all charts on this page: MICS 2014, unless otherwise noted.
Support for the continuation of FGM in Benin is low and most women do not see any benefit to the practice

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

- **Girls and women**
  - Think FGM should continue: 3%
  - Think FGM should stop: 86%
  - Say it depends/are not sure: 10%

- **Boys and men**
  - Think FGM should continue: 3%
  - Think FGM should stop: 89%
  - Say it depends/are not sure: 8%

Source: MICS 2014 for girls and women and DHS 2011-12 for boys and men

Percentage of girls and women aged 15 to 49 years and boys and men aged 15 to 49 years who have heard of FGM and believe the practice is required by religion

- **Girls and women**
  - Think FGM should continue: 5%
  - Think FGM should stop: 7%

Source: DHS 2011-12

Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should continue, by household wealth quintile, education and age

- **Total**
  - Think FGM should continue: 3%

- **Poorest**
  - Think FGM should continue: 6%

- **Richest**
  - Think FGM should continue: 1%

- **No education**
  - Think FGM should continue: 5%

- **Primary**
  - Think FGM should continue: 2%

- **Secondary or higher**
  - Think FGM should continue: 4%

- **45-49 years**
  - Think FGM should continue: 3%

Source: DHS 2011-12

IS THE PRACTICE OF FGM CHANGING?

The prevalence of FGM in Benin has significantly declined in three decades

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

- **45-49 years**
  - Prevalence of FGM: 18%

- **40-44 years**
  - Prevalence of FGM: 12%

- **35-39 years**
  - Prevalence of FGM: 13%

- **30-34 years**
  - Prevalence of FGM: 12%

- **25-29 years**
  - Prevalence of FGM: 10%

- **20-24 years**
  - Prevalence of FGM: 8%

- **15-19 years**
  - Prevalence of FGM: 2%

Source for all of the above charts: MICS 2014, unless otherwise noted.
**BENIN**

**INTER-COUNTRY STATISTICAL OVERVIEW**

<table>
<thead>
<tr>
<th>Percentage of girls and women aged 15 to 49 years who have undergone FGM</th>
</tr>
</thead>
</table>

**Percentage of girls aged 0 to 14 years who have undergone FGM (as reported by their mothers)**

**Percentage of girls and women aged 15 to 49 who have heard of FGM and think the practice should continue**

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. Data on girls’ prevalence in Egypt refer to girls aged 6 months to 14 years and in Indonesia refer to girls aged 0 to 11 years. An older source is used to report on the prevalence of FGM among girls and on the percentage of support for FGM in Uganda (DHS 2011) since the latest source did not collect these data. Data on the prevalence among girls refer to an older source in Nigeria (MICS 2016-17) due to an anomaly in the results in the most recent source. MICS data for Ghana (2011) could not be used to report on attitudes towards FGM since the question is different from the standard; 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 are 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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FOR MORE INFORMATION

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