

## 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.

No national decree/legislation banning FGM

of women 20-24 years were married or

least one type of information media at

least once a week (newspaper, magazine,

#### **SELECTED STATISTICS ON WOMEN'S STATUS**

10%	in union before age 15
31%	of women 20-24 years were married or in union before age 18
<b>28</b> %	of women 20-24 years have given birth by age 18
<b>36</b> %	of women 15-49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances
	of women 15-49 years make use of at

television or radio)

Source: MICS 2014

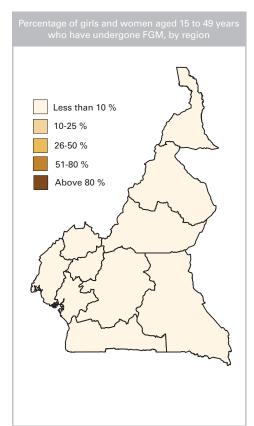
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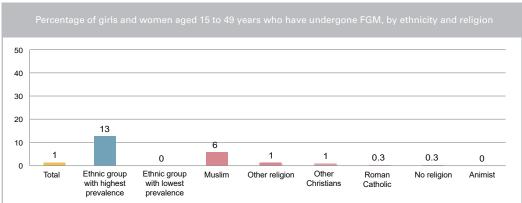


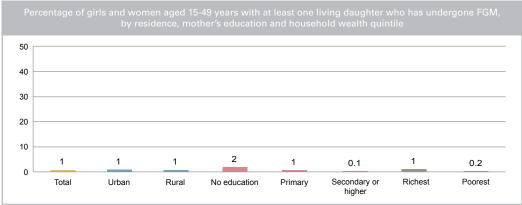


## **HOW WIDESPREAD IS THE PRACTICE?**

#### The prevalence of FGM in Cameroon is very low across all regions and population groups

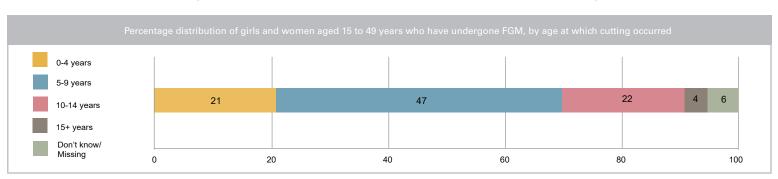


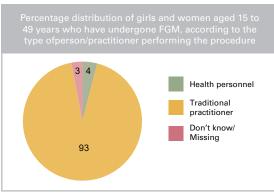


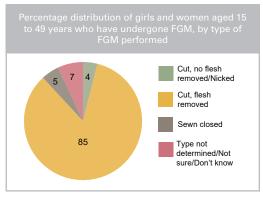


## WHEN AND HOW IS FGM PERFORMED?

#### Almost three out of four girls and women who underwent FGM were cut between the ages of five and fourteen





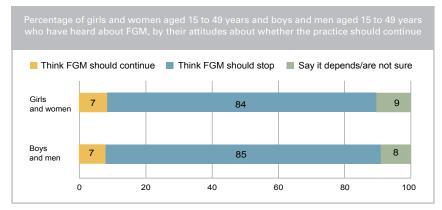


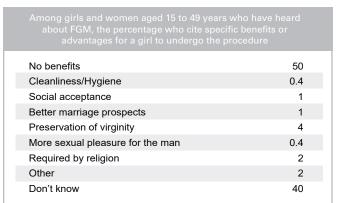
Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented Due to rounding, some of the data presented may not add up to 100 per cent. The category of 'Other religion' includes 'New religions' and that of 'Other Christians' includes 'Protestant.' Data for girls and women are used to report on age at cutting, person/practitioner performing the procedure and type of FGM since data on daughters are based on less than 25 unweighted cases. 'Health personnel' includes doctors, nurses, midwives and other health workers; 'Traditional practitioner' includes traditional circumcisers, traditional birth attendants, traditional midwives and other types of traditional practitioners. Data on prevalence among age groups 40-44 and 45-49 in the Extreme North are based on 25-49 unweighted cases

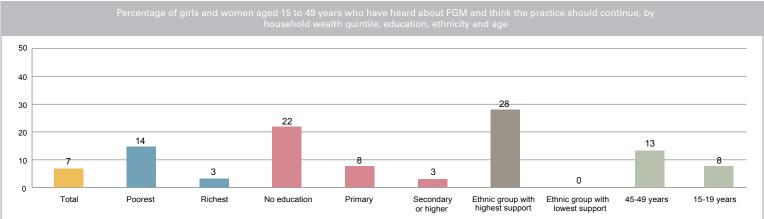
Source for all charts on this page: DHS 2004

## WHAT ARE THE PREVAILING ATTITUDES TO WARDS FGM?

#### The overall level of support for the practice is low with some variation by education level and ethnicity

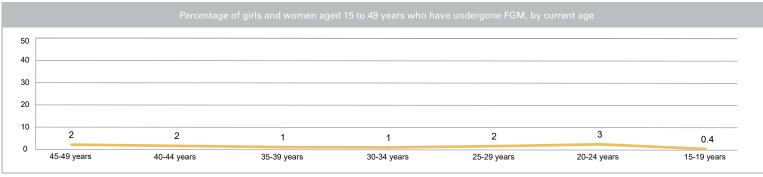


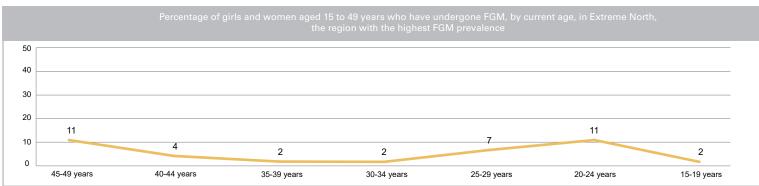




## IS THE PRACTICE OF FGM CHANGING?

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

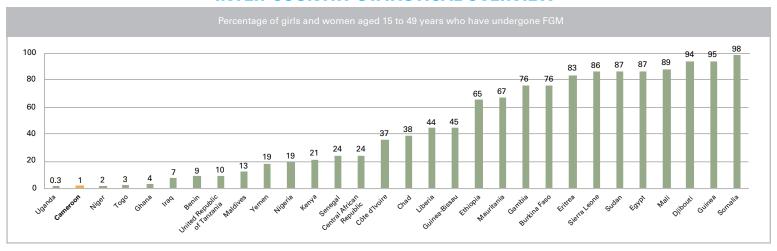


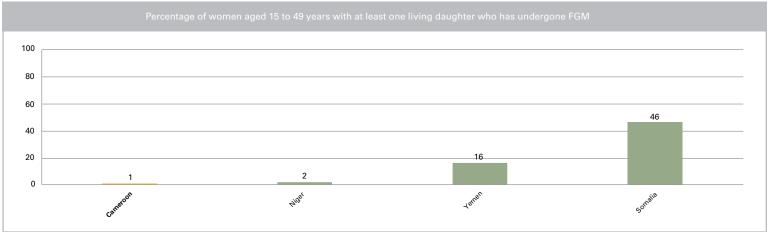


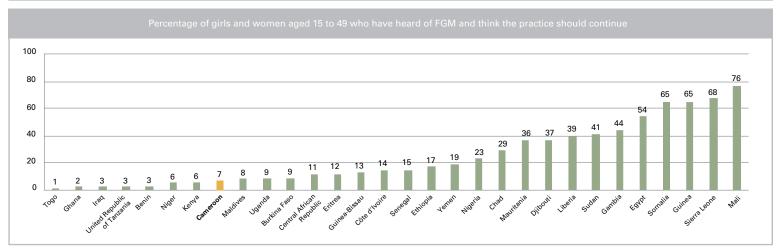
# **CAMEROON**



## 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 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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