ERITREA





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.

2007

National legislation criminalizing FGM passed

SELECTED STATISTICS ON WOMEN'S STATUS

13 %	of women 20-24 years were married or in union before age 15
41%	of women 20-24 years were married or in union before age 18
19%	of women 20-24 years have given birth by age 18
51 %	of women 15-49 years old who think that a husband/partner is justified in hitting/beating his wife under certain circumstances
47%	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)

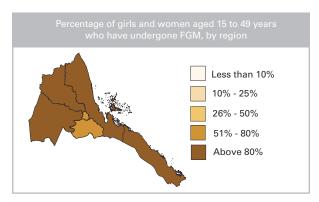
Source: DHS 2002 and Population and Health Survey 2010

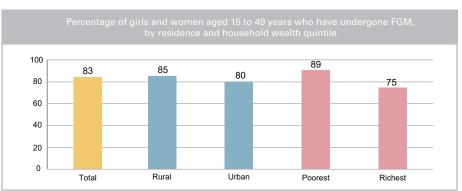


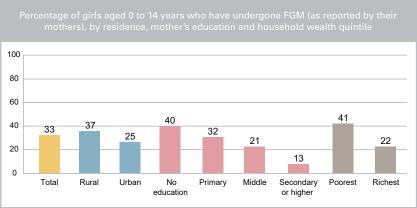


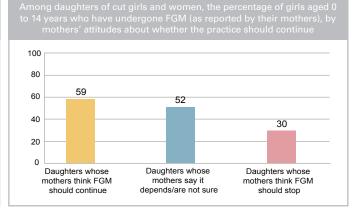
HOW WIDESPREAD IS THE PRACTICE?

FGM is highly prevalent among all girls and women of reproductive age living in Eritrea



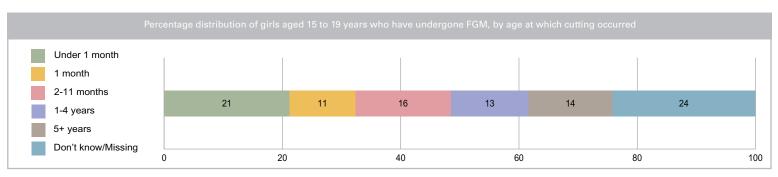


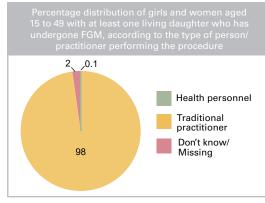


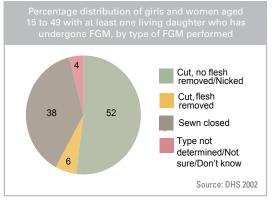


WHEN AND HOW IS FGM PERFORMED?

Almost half of adolescent girls who underwent FGM were cut during the first year of life, and age at cutting is unknown for one in four





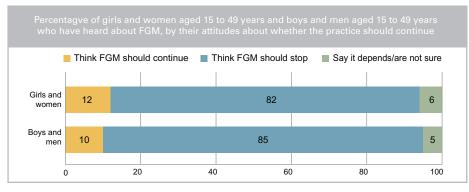


Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. Prevalence 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 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. '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.

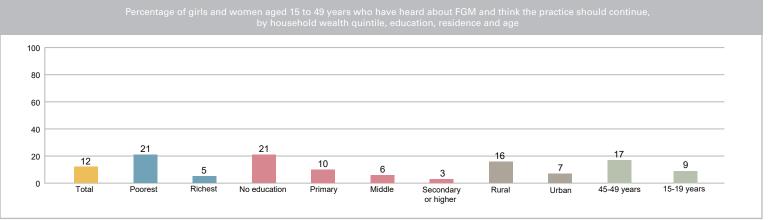
Source for all charts on this page: Population and Health Survey 2010, unless otherwise noted.

WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM?

A majority of people in Eritrea think that FGM should stop

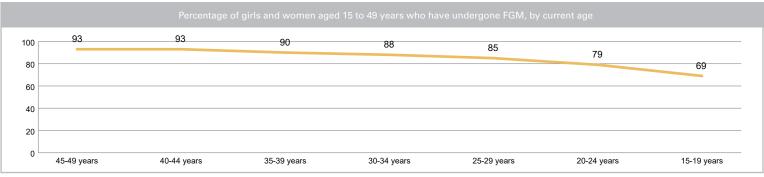


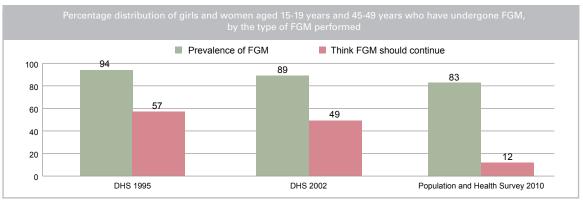




IS THE PRACTICE OF FGM CHANGING?

In Eritrea, there has been some decline in the prevalence of FGM over time



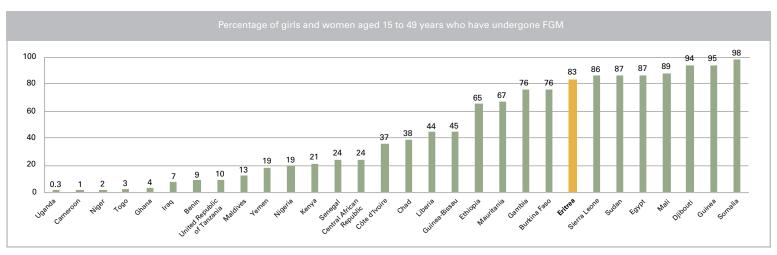


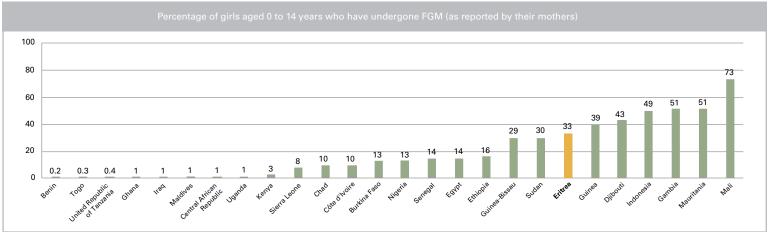
Source for all of the above charts: Population and Health Survey 2010, unless otherwise noted.

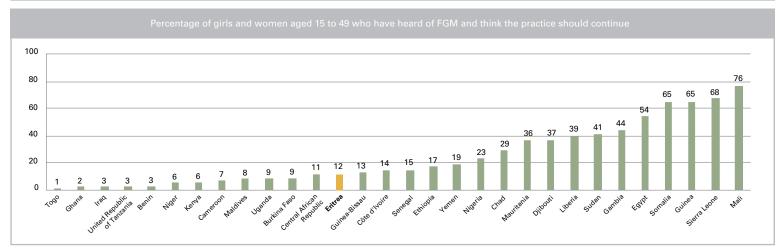
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INTER-COUNTRY STATISTICAL OVERVIEW







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. 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 (DIAS 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 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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