

LIBERIA



© UNICEF/UNI130428/Noorani

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

SELECTED STATISTICS ON WOMEN'S STATUS

9%	of women 20-24 years married or in union before age 15
36%	of women 20-24 years married or in union before age 18
37%	of women 20-24 years have given birth by age 18
43%	of women aged 15-49 years old think that a husband/partner is justified in hitting/beating his wife under certain circumstances
45%	of women 15-49 years make use at least one type of information media at least once a week (newspaper, magazine, television, radio)

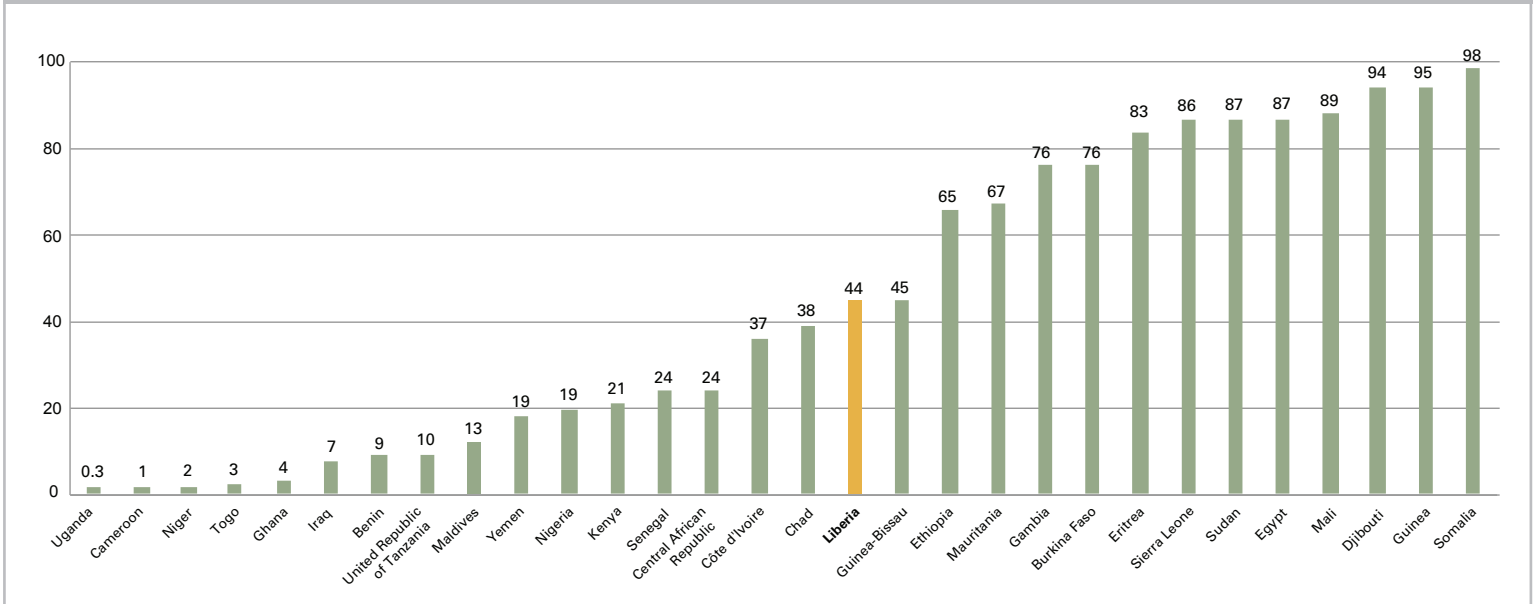
Source: DHS 2013

LIBERIA

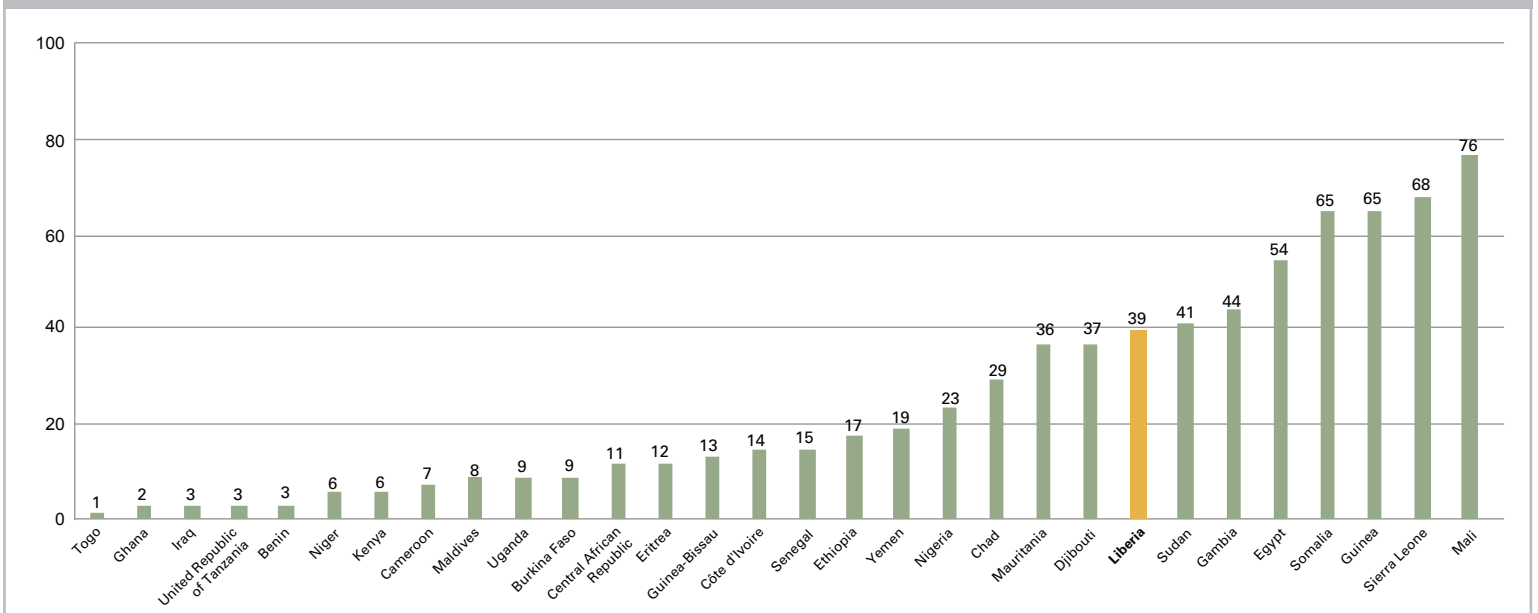


INTER-COUNTRY STATISTICAL OVERVIEW

Percentage of girls and women aged 15 to 49 years who have undergone FGM



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. An older source is used to report the percentage of support for FGM in Uganda (DHS 2011) since the latest source did not collect the 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 on FGM for girls and women aged 15 to 49 years and data on attitudes towards FGM are not available for Indonesia.

Sources: DHS, EDSF/PAPFAM, MICS, Health Issues Survey, Population and Health Survey and RISKESDAS, 2004-2018..

Updated January 2020

FOR MORE INFORMATION

Data and Analytics Section - Division of Data, Analytics, Planning and Monitoring

UNICEF, 3 UN Plaza, New York, 10017

Website: data.unicef.org Email: data@unicef.org