MALDIVES



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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 practiced 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 governments and civil society partners towards the elimination of FGM in countries where it is still practiced.

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.

unite for children

No national legislation banning FGM

SELECTED STATISTICS ON WOMEN'S STATUS

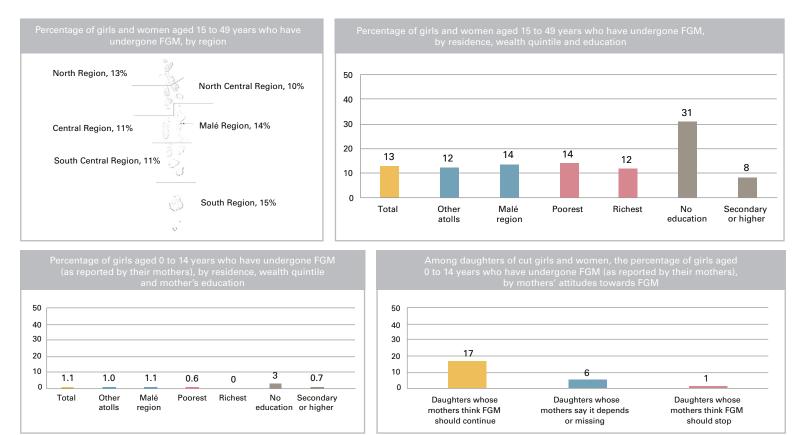
0%	of women 20 to 24 years were married or in union before age 15
2%	of women 20 to 24 years were married or in union before age 18
1%	of women 20 to 24 years have given birth by age 18
26%	of women 15 to 49 years think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances
94%	of women 15 to 49 years make use of at least one type of information media at least once a week (newspaper, magazine, television or radio)

Source: DHS 2016-17

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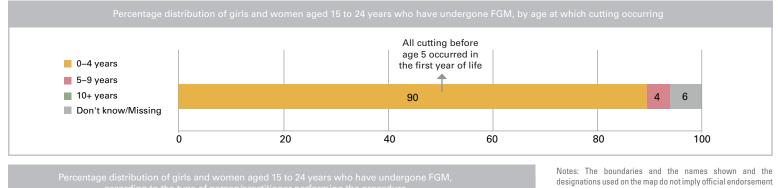
Data and Analytics Section DIVISION OF DATA, ANALYTICS, PLANNING AND MONITORING

More than one in ten girls and women have undergone FGM in the Maldives

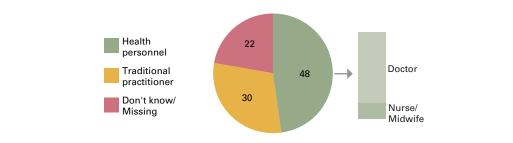


WHEN AND HOW IS FGM PERFORMED?

Nine in ten girls and young women who underwent FGM were cut within the first year after birth



Percentage distribution of girls and women aged 15 to 24 years who have undergone FGM, according to the type of person/practitioner performing the procedure

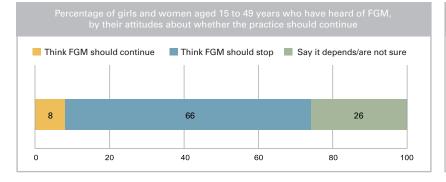


Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. Traditional practitioner' includes traditional circumcisers, traditional birth attendants and other types of traditional practitioners. 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 alls ovaries and this should be kept in mind when interpreting all FGM prevalence for this age group.

Two in three girls and women in the Maldives think FGM should stop

30 20

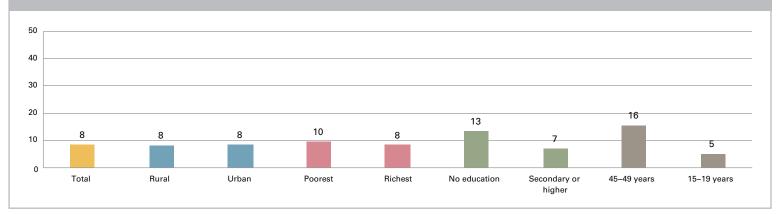
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Percentage of girls and women aged 15 to 49 years who have heard of FGM and believe the practice is required by religion

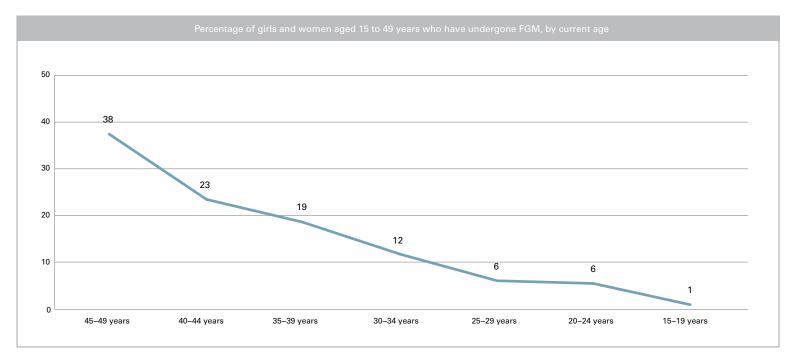
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IS THE PRACTICE OF FGM CHANGING?

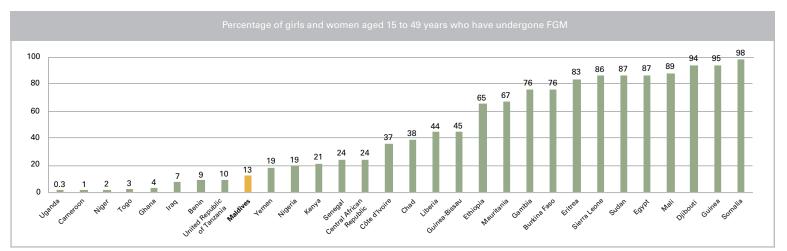
There is evidence of dramatic generational change in the prevalence of FGM

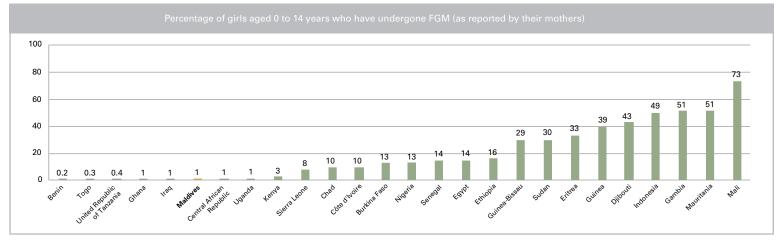


MALDIVES



INTER-COUNTRY STATISTICAL OVERVIEW





SierraLeone Coted Ivoire Nigeria Guinea o Dibouti Liberio Sudar Campio Forth Somalio Chad Nauitania Nali

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 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. MICS data for Ghana (2011) could not be used to report on stitudes 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 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 heen 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 date on attitudes towards FGM are not available for Indonesia.

Source: 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