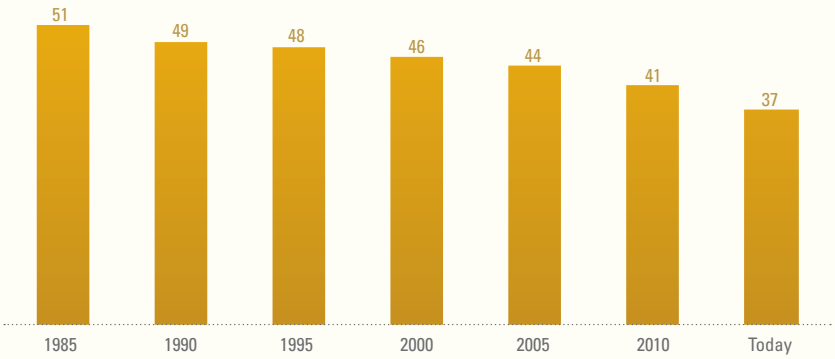
THERE HAS BEEN AN OVERALL **DECLINE** IN THE **PREVALENCE** OF FGM/C OVER THE LAST THREE DECADES. YET, NOT ALL COUNTRIES HAVE MADE PROGRESS AND THE PACE OF DECLINE HAS BEEN UNEVEN

Percentage of girls aged 15 to 19 years who have undergone FGM/C



Note: This is a weighted average based on comparable data.

Fast decline among girls aged 15 to 19 has occurred across countries with varying levels of FGM/C prevalence

BURKINA FASO	EGYPT	KENYA	LIBERIA	TOGO
1980: 89% → ↓ 2010: 58%	1985: 97% ↓ → 2015: 70%	1984: 41% ↓ 2014: 11%	1983: 72% → ↓ 2013: 31%	1984: 10% ↓ 2013-2014: 2%

CURRENT **PROGRESS** IS **INSUFFICIENT** TO KEEP UP WITH INCREASING POPULATION GROWTH. IF TRENDS CONTINUE, THE NUMBER OF GIRLS AND WOMEN UNDERGOING FGM/C WILL **RISE SIGNIFICANTLY** OVER THE NEXT 15 YEARS.

A girl holds a leaflet of the National Coordination for the Abandonment of FGM/C during an awareness-raising campaign in Mauritania.

UNICEF'S DATA WORK ON FGM/C

SUPPORT FOR DATA COLLECTION

UNICEF supports the collection of nationally representative data on FGM/C through the Multiple Indicator Cluster Surveys (MICS). The MICS is a household survey programme that was developed by UNICEF to assist with monitoring the health and well-being of women and children. The surveys are designed and implemented by national counterparts – mainly national statistical offices – with continuous technical support from UNICEF. Over the last 20 years, close to 300 MICS have been carried out in more than 100 countries, generating one of the largest sources of statistically sound and internationally comparable data on women and children worldwide. A module on FGM/C was first included in the 2000 MICS in the Central African Republic, Chad and Sudan. Since then, more than 30 MICS have collected information on FGM/C in 19 countries. The latest round of MICS (MICS5, conducted mainly from 2013 to 2016) will produce updated data on FGM/C for around eight countries.

DATA ANALYSIS AND DISSEMINATION

UNICEF maintains a global database on several FGM/C indicators that includes comparable data from nationally representative household surveys such as the Demographic and Health Surveys (DHS), MICS and other national sources.

UNICEF's data analysis work on FGM/C seeks to highlight trends, emphasize patterns found within the data and strategically inform policy, advocacy and programmatic efforts to end the practice. The data compiled and analysed by UNICEF are disseminated in a variety of ways including through its annual flagship publication, *The State of the World's Children*, and in a number of data-driven publications and country profiles. This brochure draws on data from more than 90 nationally representative surveys making it the most up-to-date compilation of statistics on FGM/C.

All of UNICEF's resources on FGM/C statistics can be found at: <data.unicef.org/child-protection/fgmc.html>

Female genital mutilation/cutting (FGM/C) is a human rights issue that affects girls and women worldwide. As such, its elimination is a global concern. In 2012, the United Nations General Assembly adopted a milestone resolution calling on the international community to intensify efforts to end the practice. More recently, in September 2015, the global community agreed to a new set of development goals – the Sustainable Development Goals (SDGs) – which includes a target under Goal 5 to eliminate all harmful practices, such as child, early and forced marriage and FGM/C, by the year 2030. Both the resolution and the SDG framework signify the political will of the international community and national partners to work together to accelerate action towards a total, and final, end to the practice in all continents of the world. More and better data are needed to measure progress towards this common goal.

Data sources: UNICEF global databases, 2016, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys, 2004–2015. For detailed source information by country, please see <data.unicef.org>. Population data are from: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2015 revision*, CD-ROM edition, United Nations, New York, 2015.

Suggested citation: United Nations Children's Fund, *Female Genital Mutilation/Cutting: A global concern*, UNICEF, New York, 2016.

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FEMALE GENITAL MUTILATION/CUTTING: A GLOBAL CONCERN

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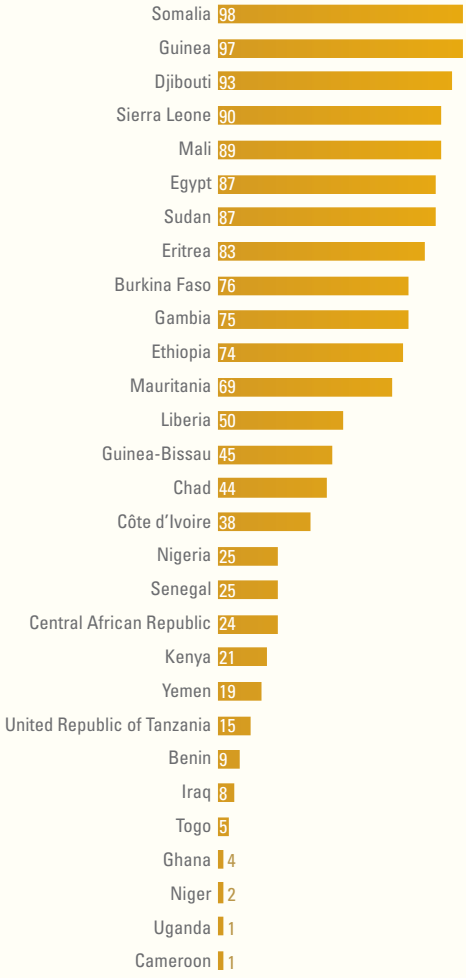
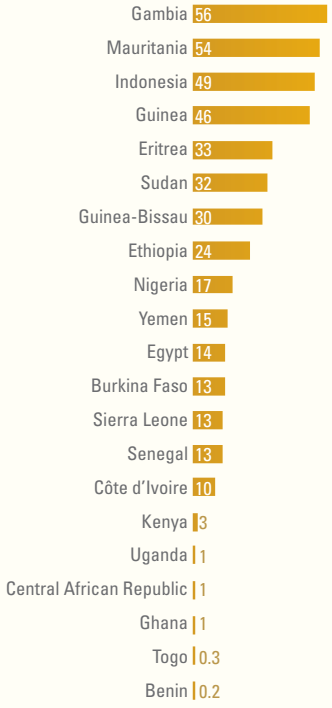
THE PREVALENCE OF FGM/C **VARIES GREATLY** ACROSS COUNTRIES

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, 2004–2015



Percentage of girls aged 0 to 14 years who have undergone FGM/C, 2010–2015



Prevalence data for girls aged 0 to 14 reflect their current, but not final, FGM/C 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.

In most of the countries, the majority of girls were cut before age 5. In Yemen, 85 per cent of girls experienced the practice within their first week of life.

While in nearly all countries FGM/C is usually performed by traditional practitioners, more than half of girls in Indonesia underwent the procedure by a trained medical professional.

Notes: The latest available data for each country are presented in the charts above. An older source had to be used to report on the prevalence of FGM/C among girls and women aged 15 to 49 years for Somalia (MICS 2006) since the 2011 MICS was conducted separately in the two parts of the country: the Northeast Zone (also referred to as Puntland) and Somaliland. Prevalence data on FGM/C for girls and women aged 15 to 49 are not available for Indonesia. Data on girls for Egypt refer to ages 1 to 14 years and for Indonesia to ages 0 to 11 years. Older sources had to be used to report on the prevalence of FGM/C among girls aged 0 to 14 years for Gambia (MICS 2010), Sierra Leone (MICS 2010) and Yemen (National Social Protection Monitoring Survey 2012) since the latest source for each of these countries did not collect these data. Prevalence data on FGM/C among girls under age 15 are not available for the remaining nine countries. Prevalence data on FGM/C for girls and women aged 15 to 49 years for Ethiopia are from a different source than data on FGM/C for girls aged 0 to 14 years.

WHILE THE **EXAC**

AT LEAST

AS THE AVAILABILITY OF REPRESENTATIVE **DATA** ON THE EXTENT OF FGM/C INCREASES, SO DOES THE NUMBER OF GIRLS AND WOMEN **KNOWN** TO HAVE UNDERGONE THE PRACTICE

OF THESE 200 MILLION

MORE THAN HALF LIVE IN **JUST THREE COUNTRIES**: INDONESIA, EGYPT AND ETHIOPIA

44 MILLION ARE GIRLS **BELOW AGE 15**

T NUMBER OF GIRLS AND WOMEN

WORLDWIDE WHO HAVE UNDERGONE FGM/C **REMAIN**

200 MILLION GIRLS AND WOMEN IN

30 COUNTRIES HAVE BEEN SUBJECTED TO THE PRACTI

Available data from large-scale representative surveys show that the practice of FGM/C is highly concentrated in a swath of countries from the Atlantic coast to the Horn of **Africa**, in areas of the **Middle East** such as Iraq and Yemen and in some countries in **Asia** like Indonesia. However, FGM/C is a human rights issue that affects girls and women worldwide. Evidence suggests that FGM/C exists in some places in **South America** such as Colombia[1] and elsewhere in the world including in India,[2] Malaysia,[3] Oman,[4] Saudi Arabia,[5] and the United Arab Emirates,[6] with large variations in terms of the type performed, circumstances surrounding the practice and size of the affected population groups. In these contexts, however, the available evidence comes from (sometimes outdated) small-scale studies or anecdotal accounts, and there are no representative data as yet on prevalence. The practice is also found in pockets of **Europe** and in **Australia** and **North America** which, for the last several decades, have been destinations for migrants from countries where the practice still occurs. Some studies, conducted mainly in Europe, have attempted to quantify the number of immigrant girls and women who have undergone the practice or are at risk of undergoing it, but such efforts have not been systematic in all affected countries.[7]

To date, the primary sources of nationally representative data on FGM/C have been household surveys. As understanding of the practice has grown, so have efforts to undertake data collection in countries where there has been widespread recognition that it is taking place. For instance, it was widely acknowledged for some time that FGM/C was being practised in the Kurdish region of Iraq and, in 2011, the first-ever national household survey that collected data on the practice in the country was conducted. Similarly, in 2013, the Ministry of Health in Indonesia included questions on the prevalence of FGM/C among the youngest girls in one of its household surveys, thus producing national prevalence data on the issue for the first time.

More data collection in countries where no such data currently exist is needed in order to present a more reliable and complete picture of the practice.

NS UNKNOWN,

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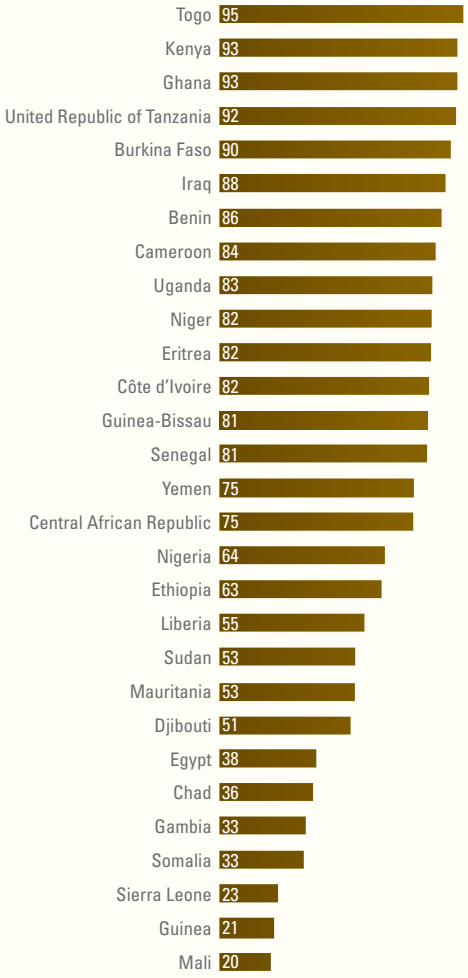
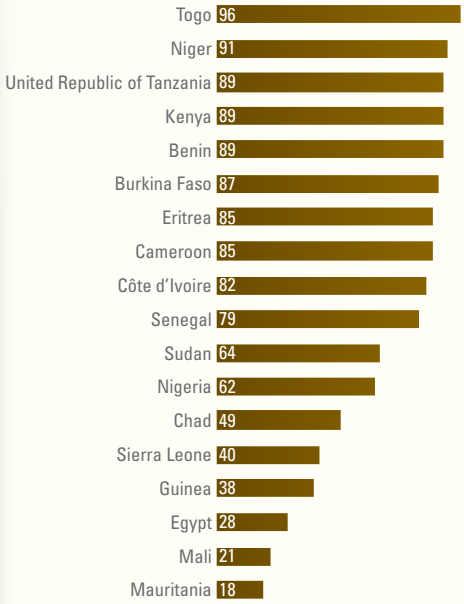
THE MAJORITY OF PEOPLE IN COUNTRIES WITH DATA **THINK THE PRACTICE SHOULD END**

Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should end, 2004–2015



Percentage of boys and men aged 15 to 49 years who have heard about FGM/C and think the practice should end, 2000–2015



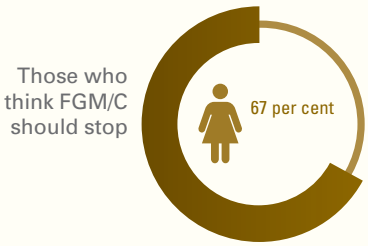
In Guinea and Sierra Leone, boys and men are more likely to oppose the practice than girls and women

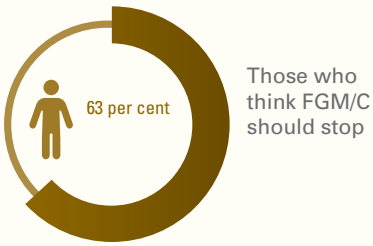
GUINEA

Girls 15–19: 27%
Women 45–49: 17%
Boys 15–19: 41%
Men 45–49: 32%

SIERRA LEONE

Girls 15–19: 30%
Women 45–49: 13%
Boys 15–19: 40%
Men 45–49: 36%





Notes: The latest available data for each country are presented in the charts above. The 2011 MICS data for Ghana could not be used to report on attitudes towards FGM/C due to the fact that information is missing for girls and women with no living daughters; data from the 2006 MICS are used instead. In Liberia, only cut girls and women were asked about their attitudes towards FGM/C; since girls and women from practising communities are more likely to support the practice, the level of opposition in this country as captured by the 2013 DHS is lower than would be expected had all girls and women been asked their opinion. Data on attitudes towards FGM/C among girls and women are not available for Indonesia. Data on boys and men for Cameroon, Chad, Mali and Mauritania refer to ages 15 to 59 years. Data on boys and men for Benin, Chad, Mali, Mauritania, Sudan and the United Republic of Tanzania cannot be directly compared with data on girls and women since data sources for the latter are more recent for these countries. Data on attitudes towards FGM/C among boys and men are limited since these data have not been systematically collected in all surveys.