

FEMALE GENITAL MUTILATION:

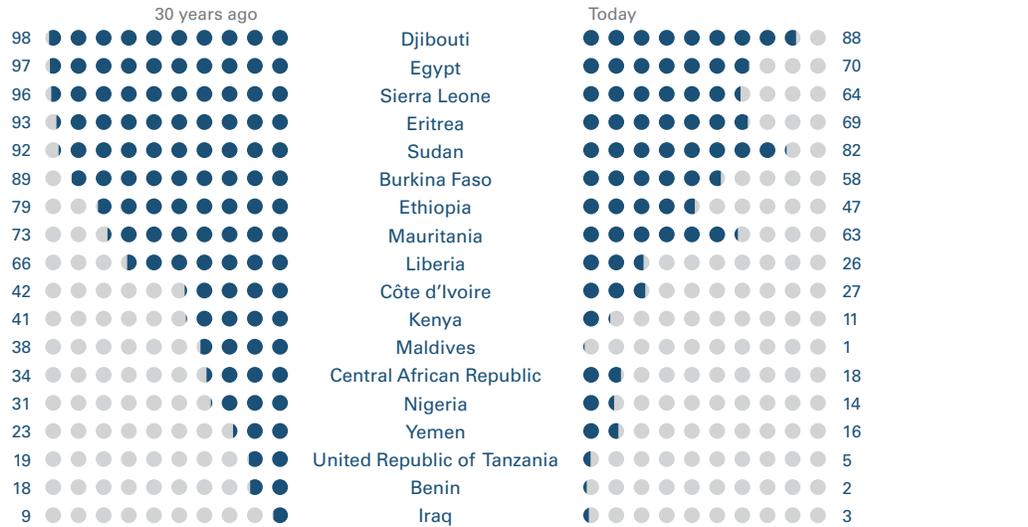
A New Generation Calls for Ending an Old Practice



FEMALE GENITAL MUTILATION, A PRACTICE PERSISTING FOR CENTURIES, IS BECOMING LESS COMMON

Female genital mutilation (FGM) is becoming less common in countries where it was once universal, and in countries where it only occurred in a few communities

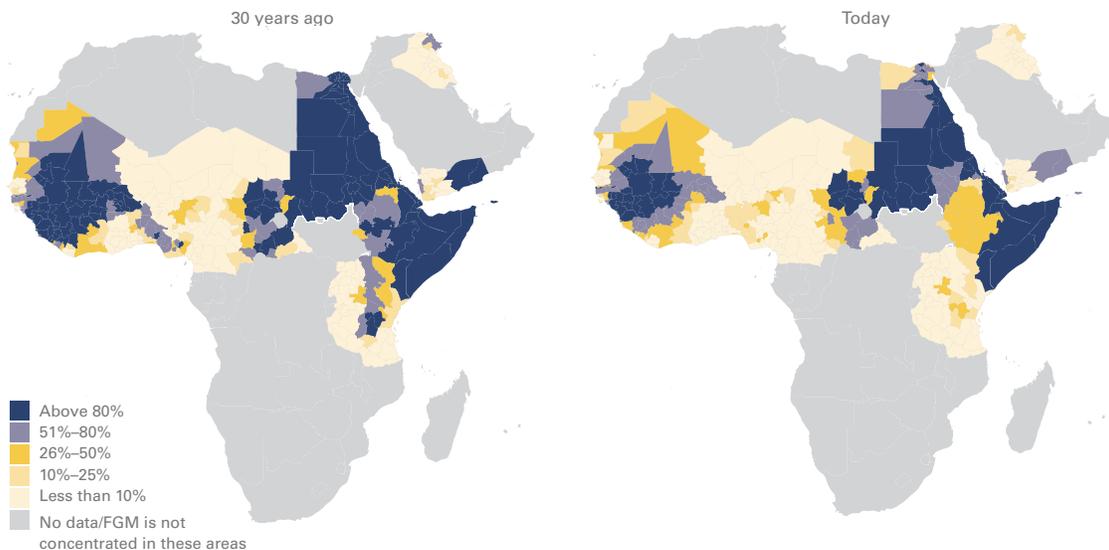
Percentage of adolescent girls aged 15 to 19 years who have undergone FGM, in countries with a decline



Notes: Countries included in this chart have a significantly lower prevalence of FGM today compared to 30 years ago. The chart excludes countries with a national prevalence below 5 per cent. Trend data are not available for Indonesia.

Areas where FGM is concentrated are shrinking

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



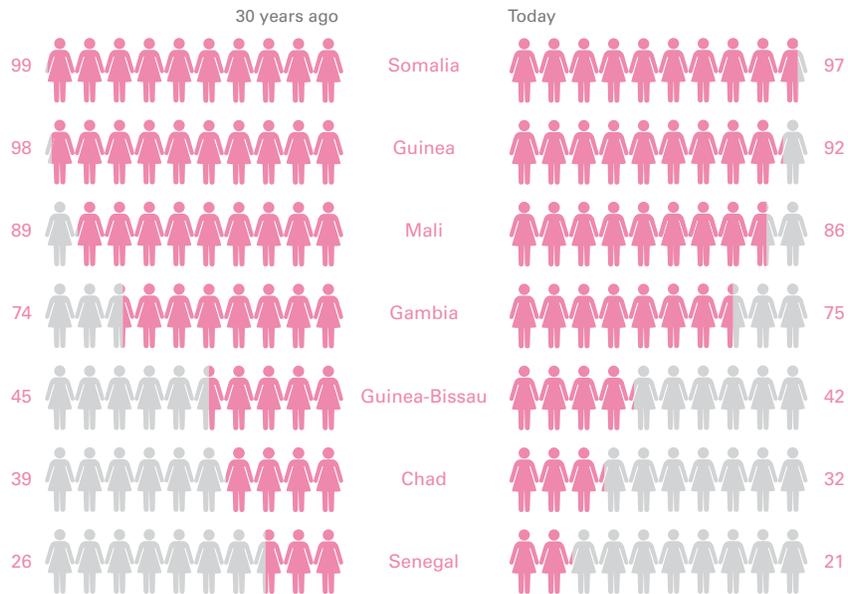
Notes: Geographical boundaries, names and designations used on these maps do not imply official endorsement or acceptance by the United Nations. Trend data are not available for Indonesia. The geography of the Maldives does not allow subnational trends to be visualized at this scale. For some subnational regions which would otherwise not have sufficient sample size to produce reliable estimates, data have been merged to show an age group larger than the standard five-year cohort.



**WHILE CHANGE IS HAPPENING,
PROGRESS IS NOT UNIVERSAL
AND NOT FAST ENOUGH**

In some countries, the practice remains universal; in others, it is as common today as it was three decades ago

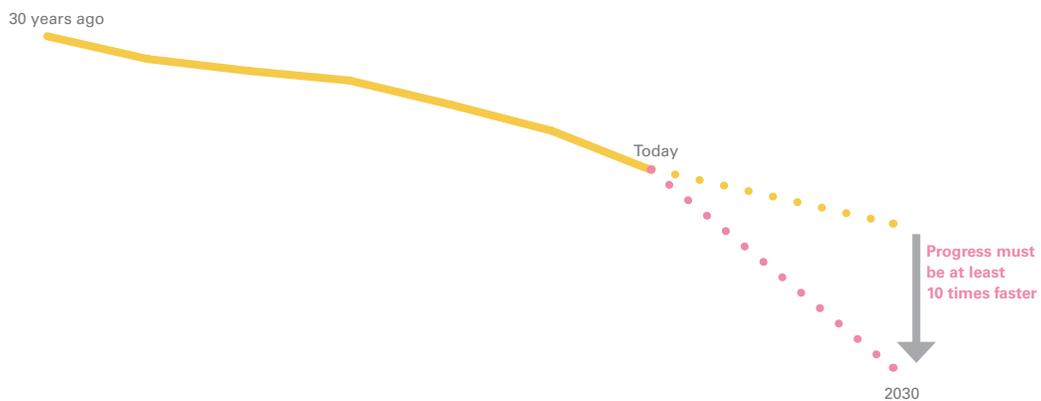
Percentage of adolescent girls aged 15 to 19 years who have undergone FGM, in countries with a universal prevalence and/or without a decline



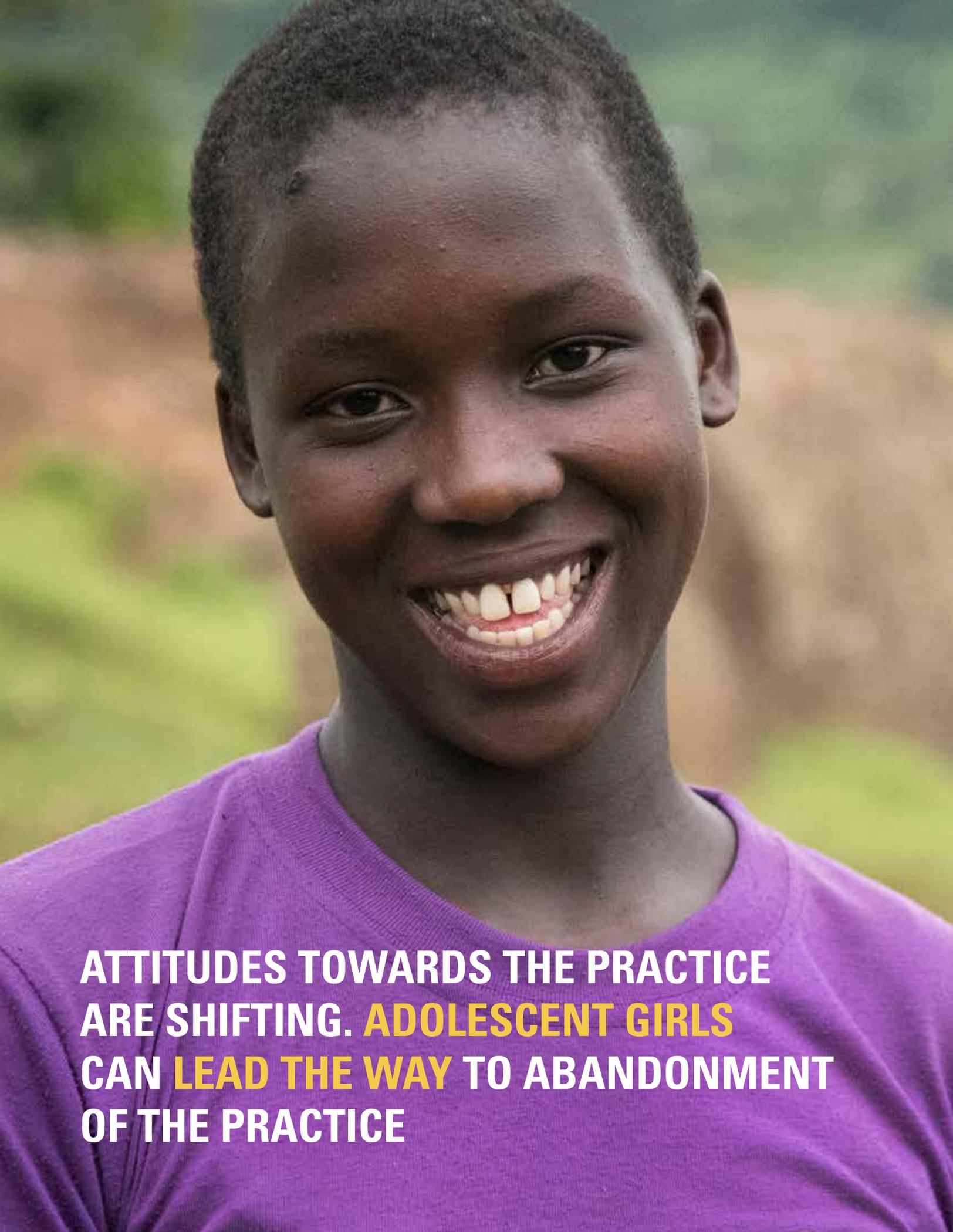
Notes: This chart includes countries without a significant decline in the prevalence, and those for which the prevalence among the cohort aged 15 to 19 years is 90 per cent or higher. This chart excludes countries with a national prevalence below 5 per cent.

Even in countries where the practice has become less common, progress would need to be at least 10 times faster to meet the global target of elimination by 2030

Percentage of adolescent girls aged 15 to 19 years who have undergone FGM in countries with a decline in prevalence, observed, projected and required for elimination



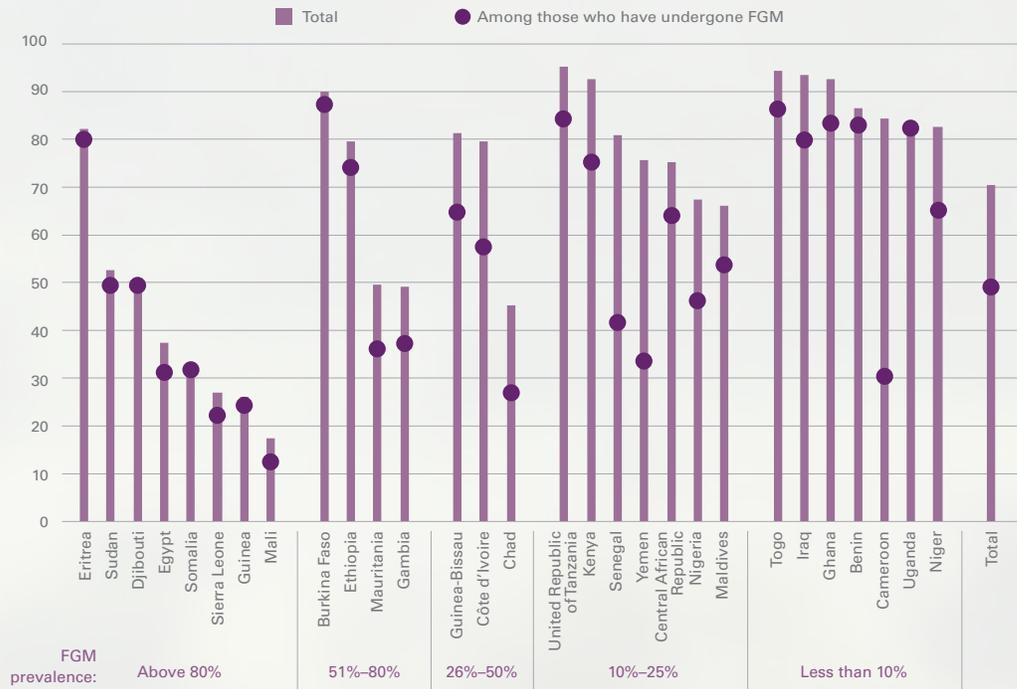
Notes: The trend line represents a population-weighted average of the prevalence in countries with at least a 5 per cent prevalence and that have seen a decline in the past 30 years. The acceleration required for elimination is compared to progress observed in the past 15 years. For statistical purposes, 'elimination' is defined as a prevalence of less than 1 per cent.



**ATTITUDES TOWARDS THE PRACTICE
ARE SHIFTING. ADOLESCENT GIRLS
CAN LEAD THE WAY TO ABANDONMENT
OF THE PRACTICE**

In countries affected by FGM, 7 in 10 girls and women think the practice should end. Even among communities that practise FGM, there is a notable level of opposition. Among girls and women who themselves have been cut, 5 in 10 think the practice should end

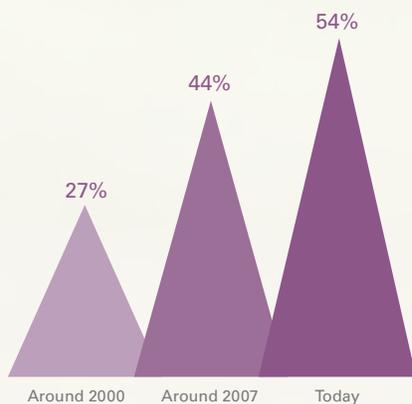
Percentage of girls and women aged 15 to 49 years who have heard of FGM and think the practice should stop, total and among those who have undergone FGM



Notes: In Egypt and Somalia, attitudes towards FGM were calculated among all girls and women, since respondents were not first asked whether they had heard of the practice. Data for Liberia are not presented here since only girls and women who had undergone FGM were asked about their attitudes towards the practice. Data on attitudes towards FGM are not available for Indonesia.

Opposition is building, propelling momentum to abandon FGM. In the last two decades, the proportion of girls and women in high-prevalence countries who want the practice to stop has doubled

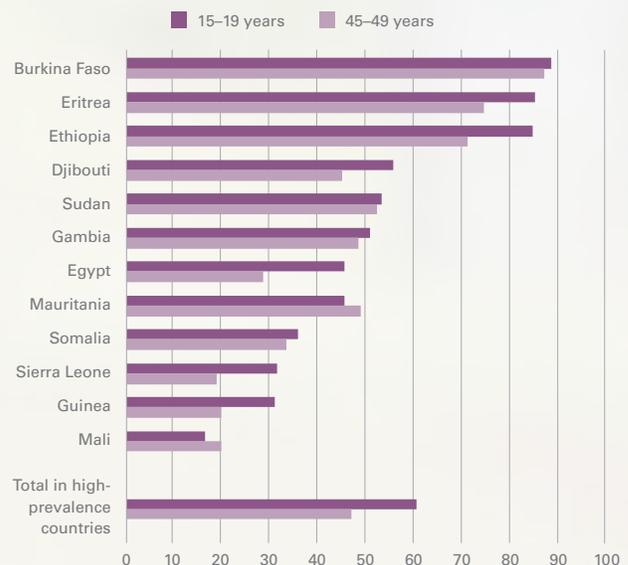
Percentage of girls and women aged 15 to 49 years who have heard of FGM and think the practice should stop, in high-prevalence countries



Note: In high-prevalence countries, at least 50 per cent of girls and women have undergone FGM.

Adolescent girls are more likely than older women to oppose FGM. In Egypt, Guinea and Sierra Leone, adolescent girls are at least 50 per cent more likely than older women to oppose the practice

Percentage of girls and women aged 15 to 49 years who have heard of FGM and think the practice should stop, in high-prevalence countries, by age



Note: In high-prevalence countries, at least 50 per cent of girls and women have undergone FGM.

A HUMAN RIGHTS VIOLATION

FGM is a violation of human rights. Every girl and woman has the right to be protected from this harmful practice, a manifestation of entrenched gender inequality with devastating consequences. FGM is now firmly on the global development agenda, most prominently in Sustainable Development Goal target 5.3, which aims to eliminate the practice by 2030.

A GLOBAL CONCERN

At least 200 million girls and women have been subjected to FGM. New data from the Maldives add this country to the list of those with nationally representative data on the practice, bringing the total to 31. Additionally, local and small-scale research studies indicate that the practice exists in communities in over 20 countries across Eastern Europe, Latin America, the Middle East and South-eastern Asia,¹ as well as among immigrant communities in Australia, North America and Western Europe. The exact number of girls and women who have undergone FGM in these places remains largely unknown.

AN EMERGING TREND

FGM has become increasingly medicalized. Around one in four girls and women who have undergone it (26 per cent or 52 million) were cut by health personnel. This proportion is twice as high among adolescents (34 per cent among those aged 15 to 19 years) compared to older women (16 per cent among those aged 45 to 49 years). Medicalization is extremely common in Egypt, where almost 80 per cent of girls who have undergone FGM were cut by medical personnel compared to 17 per cent of women aged 45 to 49 years.

There is no medical justification for FGM. Trained health professionals who perform the practice violate girls' rights to life, physical integrity and health. Medicalizing the practice does not make it safer, as it still removes and damages healthy, normal tissue, and interferes with the natural functions of girls' bodies. Further, if medical professionals are seen to perform and uphold the practice, this may strengthen its legitimacy and the social expectation that it will and should continue.

For information on the data in this brochure:

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Data sources:

UNICEF global databases, 2020, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys, 2004–2018. For detailed source information by country, please see data.unicef.org.

¹ Cappa, Claudia, Luk Van Baelen and Els Leye, 'The Practice of Female Genital Mutilation Across the World: Data availability and approaches to measurement', *Global Public Health*, vol. 14, no. 8, 2019, pp. 1139–1152.