# A Profile of Female Genital Mutilation in Ethiopia

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for every child

# Female genital mutilation in the national and global development agenda

Every girl and woman has the right to be protected from female genital mutilation (FGM), a manifestation of entrenched gender inequality with devastating consequences. FGM is a violation of human rights and has been prohibited in Ethiopia's criminal code since 2004. FGM is now firmly on the global development agenda, most prominently through its inclusion in Sustainable Development Goal (SDG) target 5.3, which aims to eliminate the practice by 2030.

**SDG 5**

**Achieve gender equality and empower all women and girls**

### TARGET 5.3

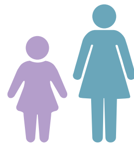
Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

### INDICATOR 5.3.2

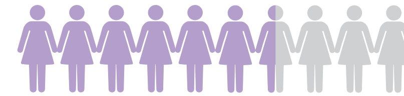
Proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation

# KEY FACTS

## about FGM



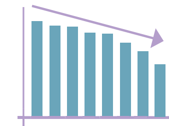
In Ethiopia, **25 million** girls and women have undergone FGM, the largest absolute number in Eastern and Southern Africa



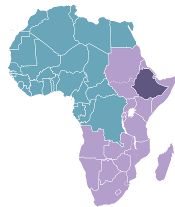
Overall, **65 per cent** of girls and women aged 15 to 49 years have been subjected to FGM. Among adolescent girls aged 15 to 19 years, **47 per cent** have undergone the practice

The risk of FGM depends on certain background characteristics. Girls and women from **rural areas** and those with **less education** are at greater risk

Most people in Ethiopia think **FGM should stop**. The proportion of those opposing FGM has **significantly increased** since 2000



FGM is **less common today** than in previous generations, now affecting **5 in 10 adolescent girls** aged 15 to 19 years compared to nearly 9 in 10 around 1970. Since 2000, the country has seen faster progress in abandoning the practice



Ethiopia's progress towards ending FGM has been faster than other high-prevalence countries in Eastern and Southern Africa. Still, **eliminating FGM by 2030** will require accelerated action. Progress must be eight times faster than that observed in the past 15 years in order to reach SDG target 5.3

Meskerem Muleta, 16, is a Grade 7 student in SNNP region. She is well known in her neighbourhood for advocating against FGM.

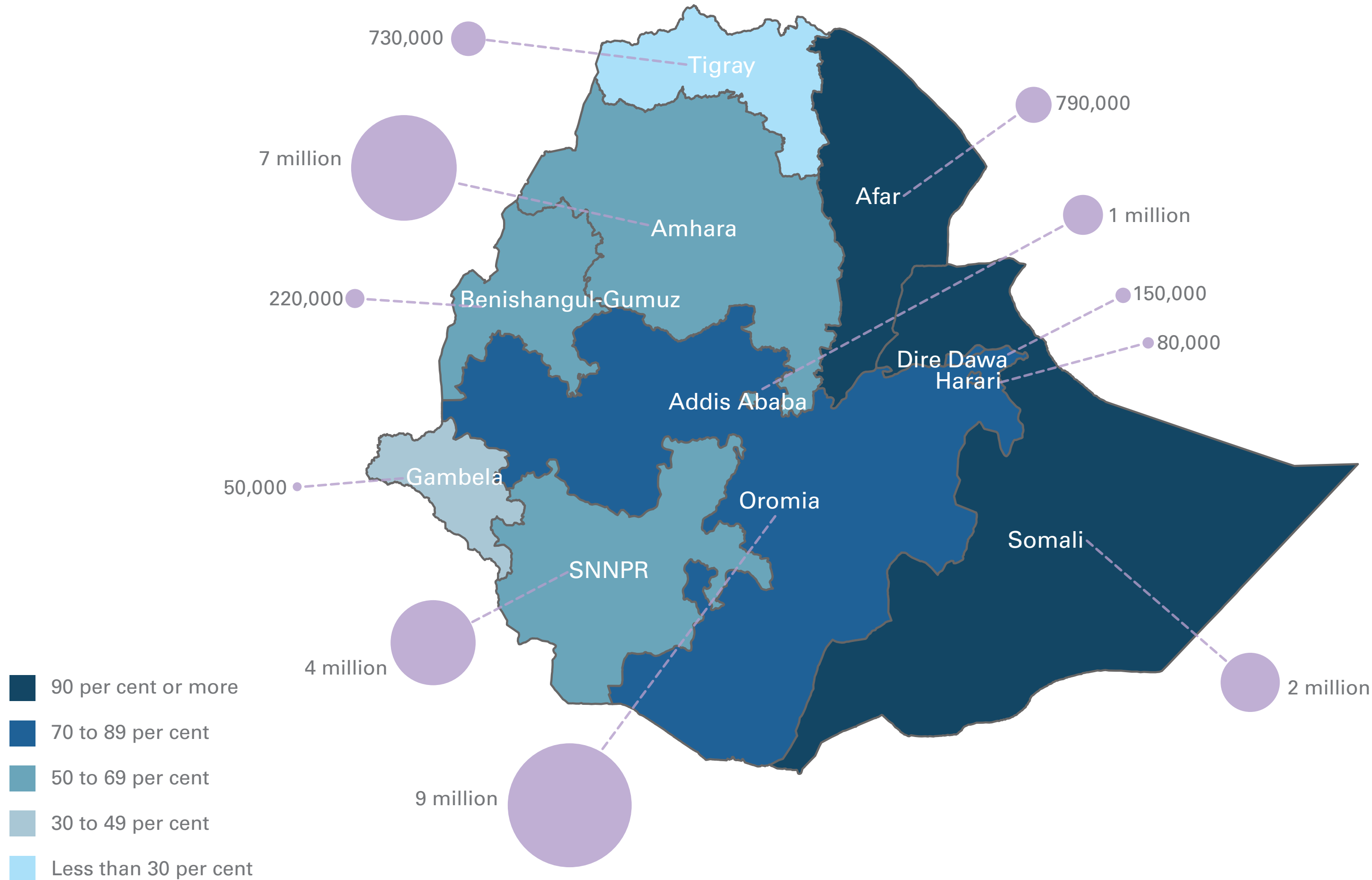
Meskerem uses the gender club at her school to speak about her story of avoiding FGM, and her family's transformation into advocates against the practice.

She wants to be a women's rights activist, and hopes to find more platforms to speak against FGM and empower girls in Ethiopia.

# Current levels of FGM

Ethiopia is home to **25 million** girls and women who have experienced FGM. More than half are in the regions of Oromia and Amhara. Overall, **65 per cent** of girls and women aged 15 to 49 have undergone FGM. The highest prevalence is in the Somali (99 per cent) and Afar (91 per cent) regions

**FIG. 1** Percentage of girls and women aged 15 to 49 years who have undergone FGM (map) and number of girls and women of all ages who have undergone FGM (circles)



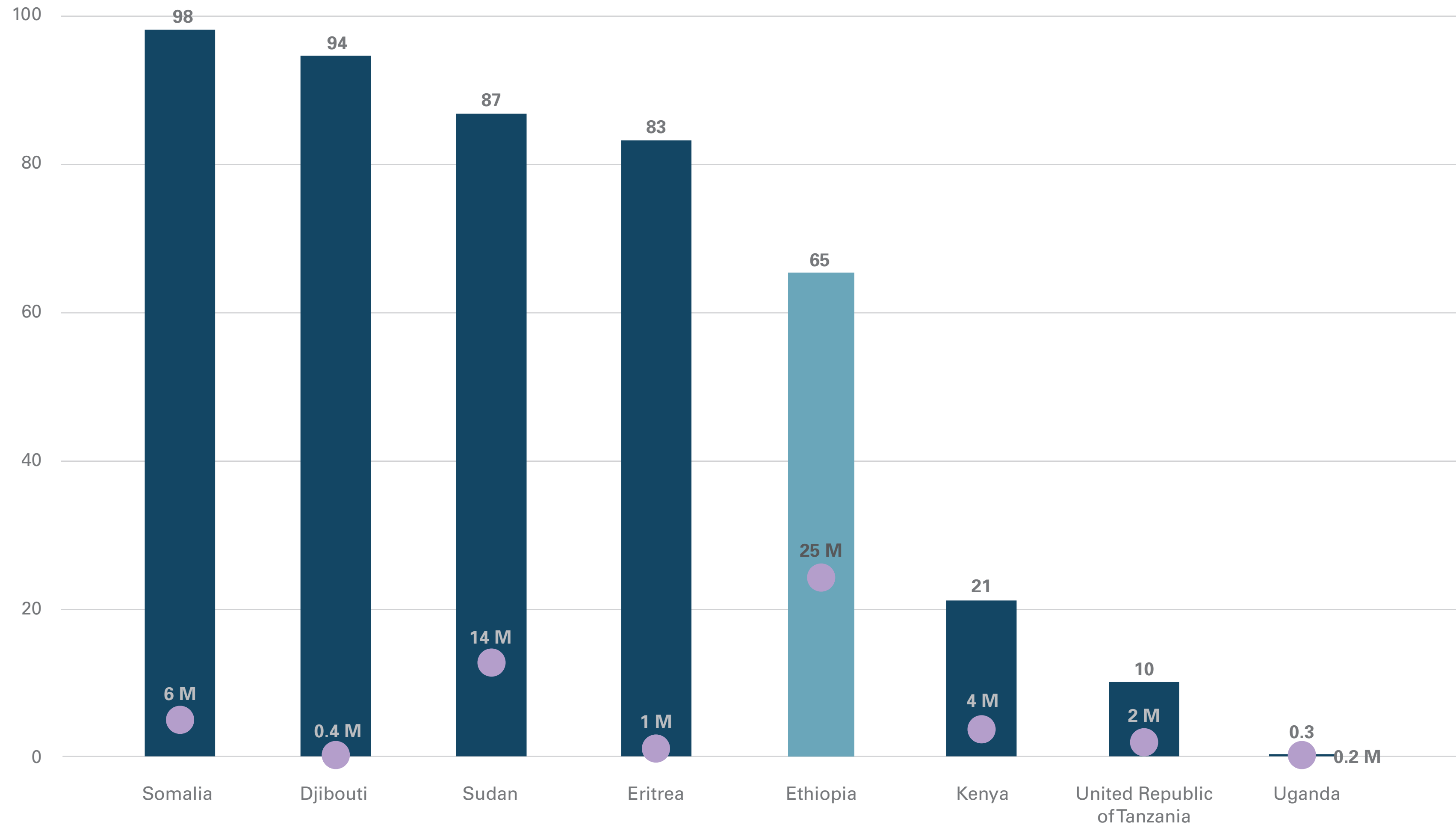

Across Ethiopia, **16 per cent of girls under age 15** have undergone FGM.

Information collected on FGM among girls under age 15 reflects their current but not final FGM status. Some girls who have not been cut may still be at risk once they reach the customary age for cutting. Therefore, the data on prevalence for this age group are an underestimation of the true extent of the practice. Since age at cutting varies among settings, the amount of underestimation also varies (see Figure 5).

Notes: The boundaries, names and designations used on the map do not imply official endorsement or acceptance by the United Nations. SNNPR stands for Southern Nations, Nationalities, and People's Region. Due to rounding, individual figures may not add up to total.

## Ethiopia does not rank among the countries with the **highest levels** of FGM in Eastern and Southern Africa, but it is home to the **largest absolute number** of girls and women who have undergone the practice in the region

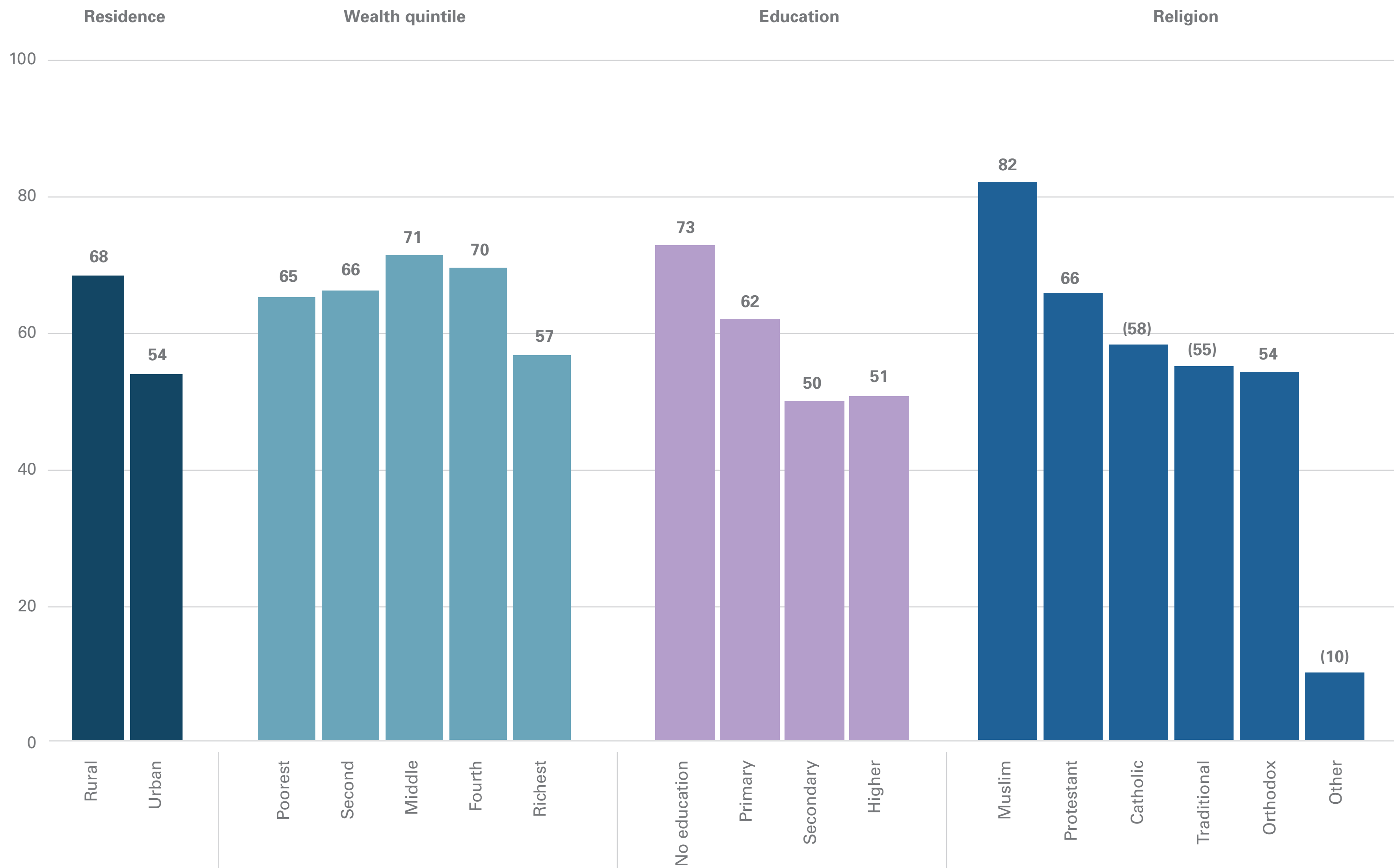
**FIG. 2** Percentage of girls and women aged 15 to 49 years (bars) and number of girls and women of all ages (dots) who have undergone FGM in countries in Eastern and Southern Africa




Notes: M stands for million. The chart includes all countries in Eastern and Southern Africa with available data on the prevalence of FGM. See technical notes for details.

## Girls and women from **rural areas**, with **less education** or **who identify as Muslim** are more likely to have undergone FGM

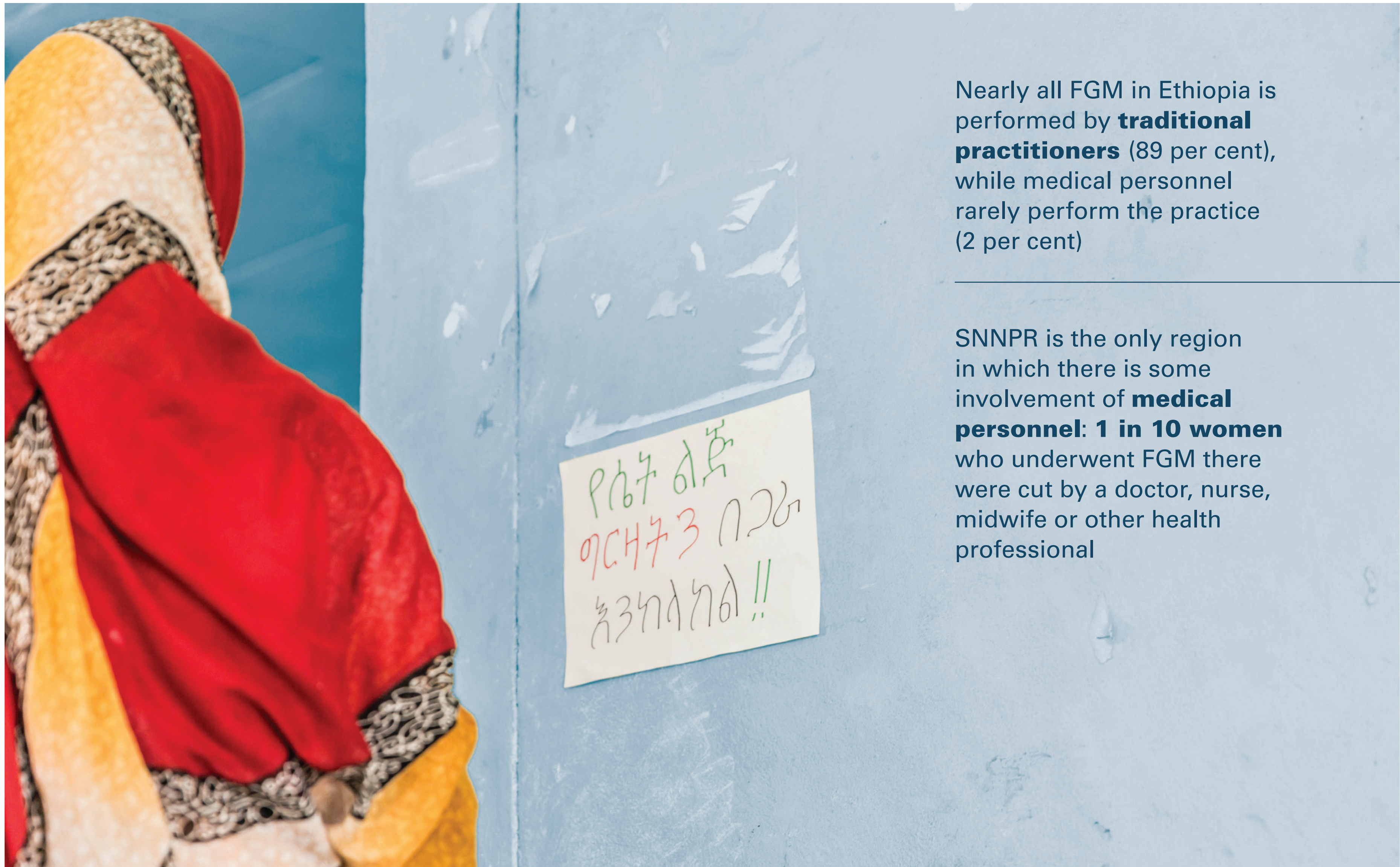
**FIG. 3** Percentage of girls and women aged 15 to 49 years who have undergone FGM, by residence, wealth quintile, education and religion




Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

# Circumstances around FGM

## Practitioners, types of FGM, and age at cutting



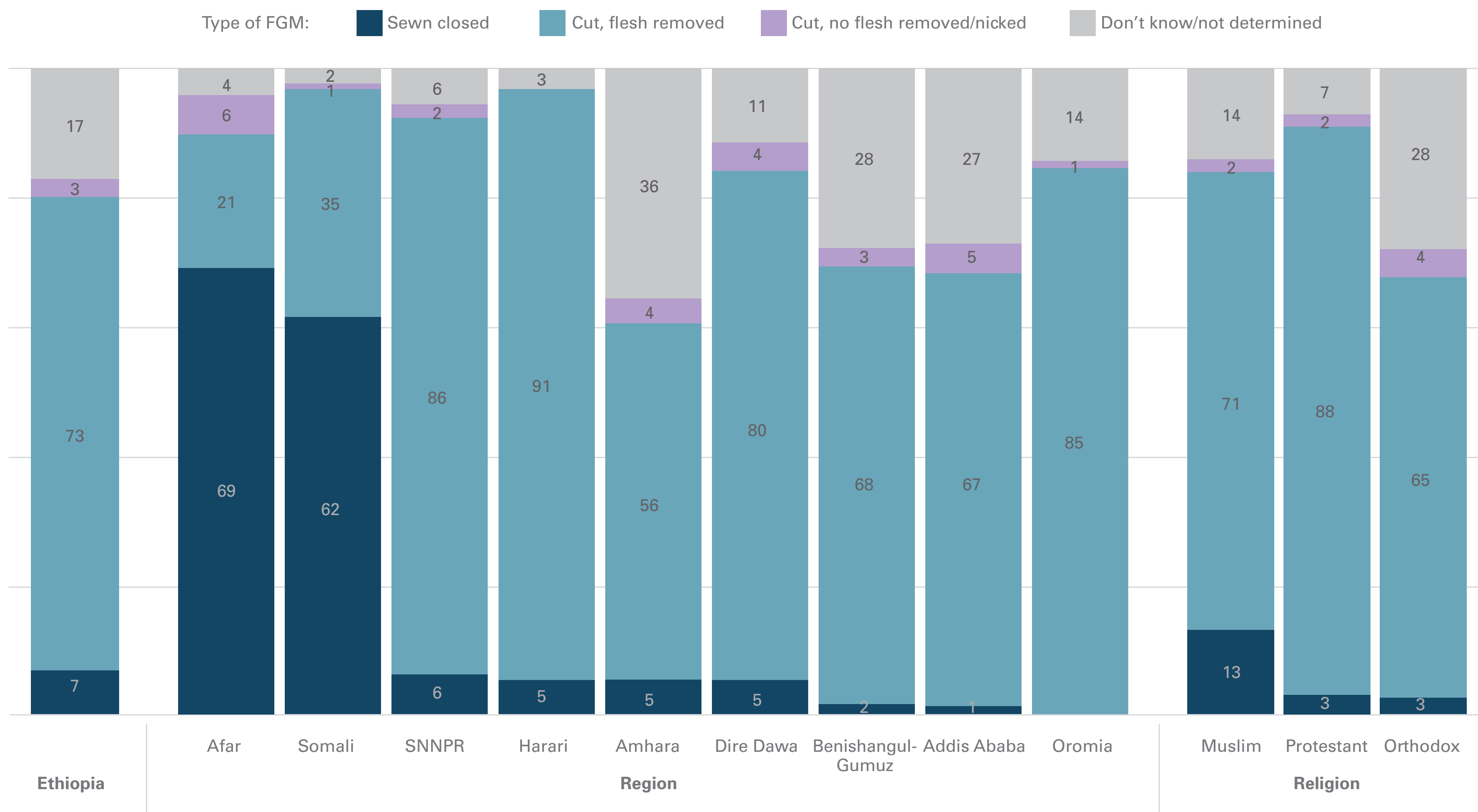

Nearly all FGM in Ethiopia is performed by **traditional practitioners** (89 per cent), while medical personnel rarely perform the practice (2 per cent)

SNNPR is the only region in which there is some involvement of **medical personnel**: **1 in 10 women** who underwent FGM there were cut by a doctor, nurse, midwife or other health professional

Note: Values on this page refer to the percentage of cut women aged 20 to 24 years who were cut by specific types of practitioners.

## **Removing flesh is the most common form** of FGM in Ethiopia. The most severe form of FGM, in which the vaginal opening is sewn closed, is common in the Somali and Afar regions, but rare elsewhere

**FIG. 4** Percentage distribution of women aged 20 to 24 years who have undergone FGM by type of FGM performed, by region and religion

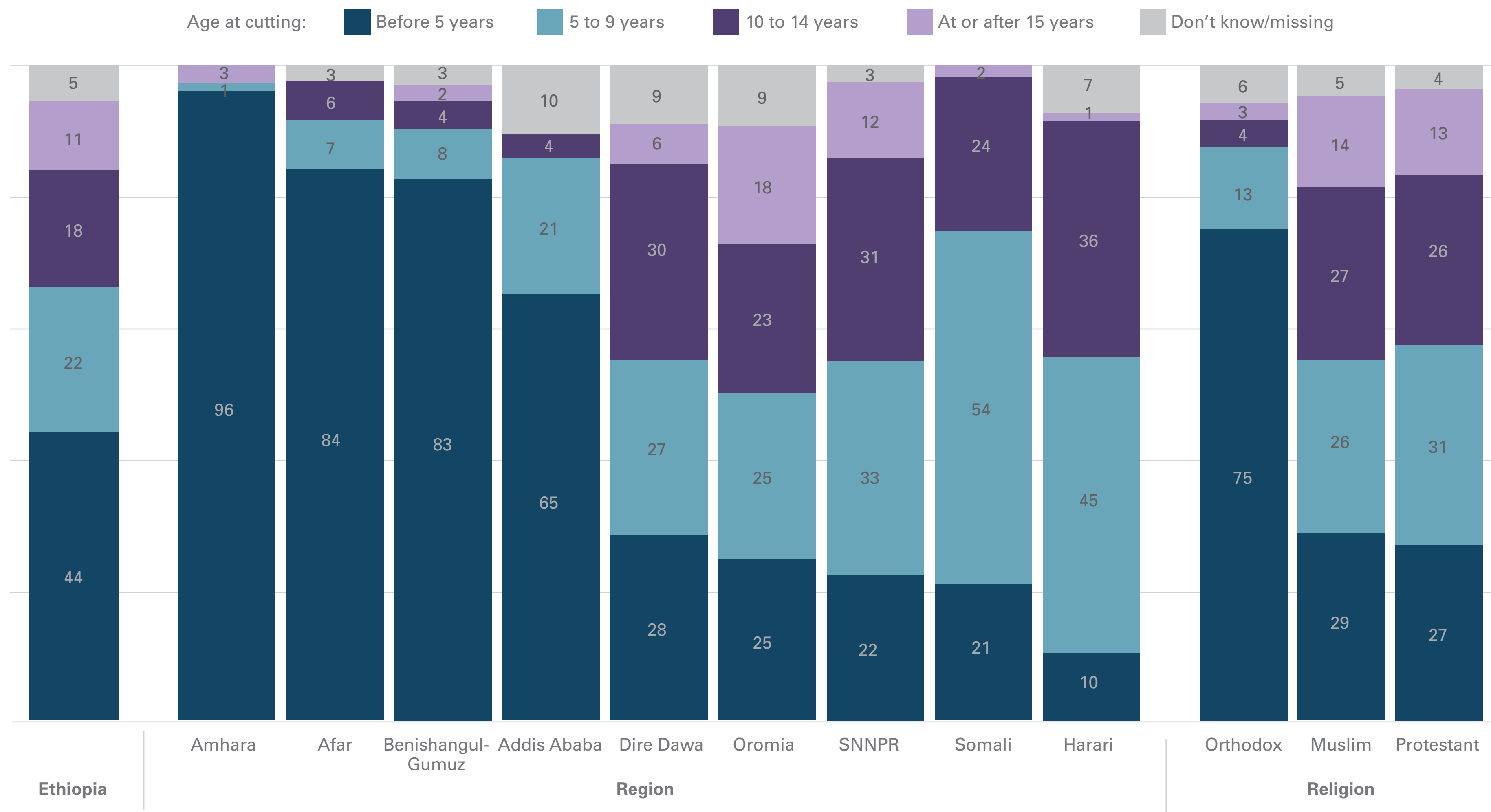



**How to read this figure:** Among young women in Ethiopia who have been cut, 7 per cent were sewn closed, 73 per cent were cut with flesh removed, 3 per cent were nicked, or cut with no flesh removed, and for the remaining 17 per cent the type of cutting was not determined.

Notes: Values presented here are based on at least 25 unweighted cases. Data for some regions and religious groups are suppressed due to insufficient numbers of cases to perform the analysis. Due to rounding, individual figures may not add up to 100.

## Nearly half of cut women underwent FGM when they were **younger than 5 years old**, whereas nearly 3 in 10 were cut after age 10; age at cutting varies substantially by region and religion

**FIG. 5** Percentage distribution of women aged 20 to 24 years who have undergone FGM by age at cutting, by region and religion




**How to read this figure:** Among young women in Ethiopia who have been cut, 44 per cent were cut before age 5 years, 22 per cent were cut between ages 5 and 9 years, 18 per cent were cut between ages 10 and 14 years, 11 per cent were cut at age 15 years or older, and for the remaining 5 per cent the age at cutting was unknown.

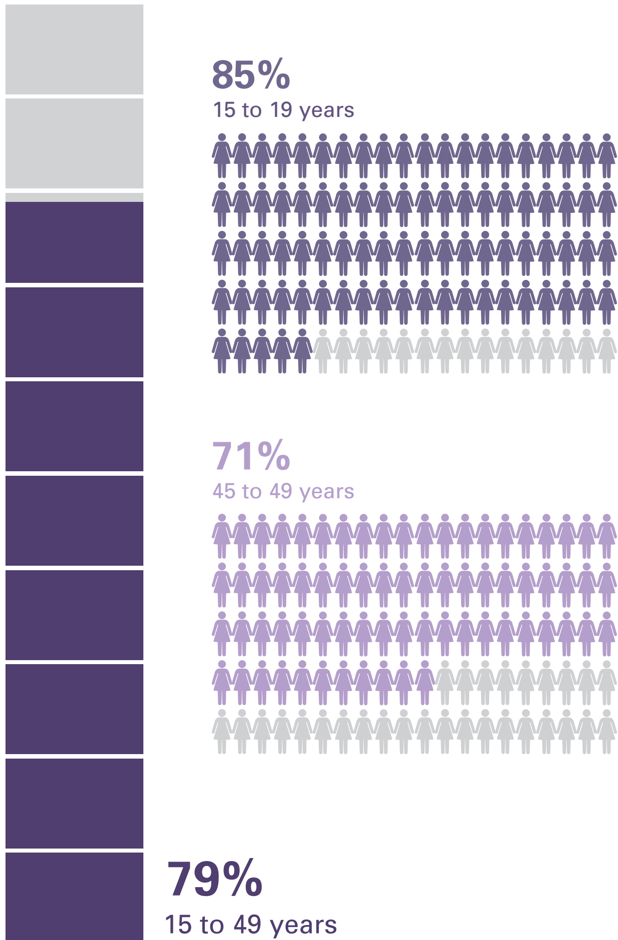
Notes: Values presented here are based on at least 25 unweighted cases. Data for some regions and religious groups are suppressed due to insufficient numbers of cases to perform the analysis. Due to rounding, individual figures may not add up to 100.

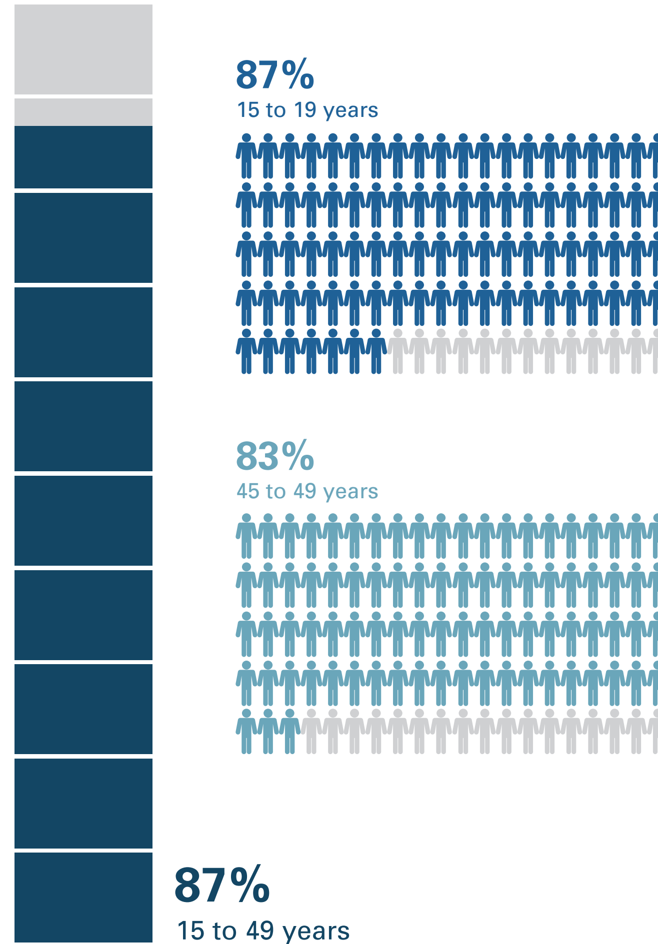
Alemnesh Bekele, gender club leader, with club members during a discussion on ending harmful practices affecting girls at Gesa Primary School, Hula Woreda, SNNP region.

# Opinions on FGM

## The majority of Ethiopians think **FGM should stop**

**FIG. 6** Percentage of girls and women and boys and men aged 15 to 49 years who have heard of FGM and think the practice should stop, by age




One in four girls and women and one in six boys and men believe FGM is a religious requirement. This belief is most likely among older women, and in the Afar and Somali regions. It is more common among Muslims than Christians.

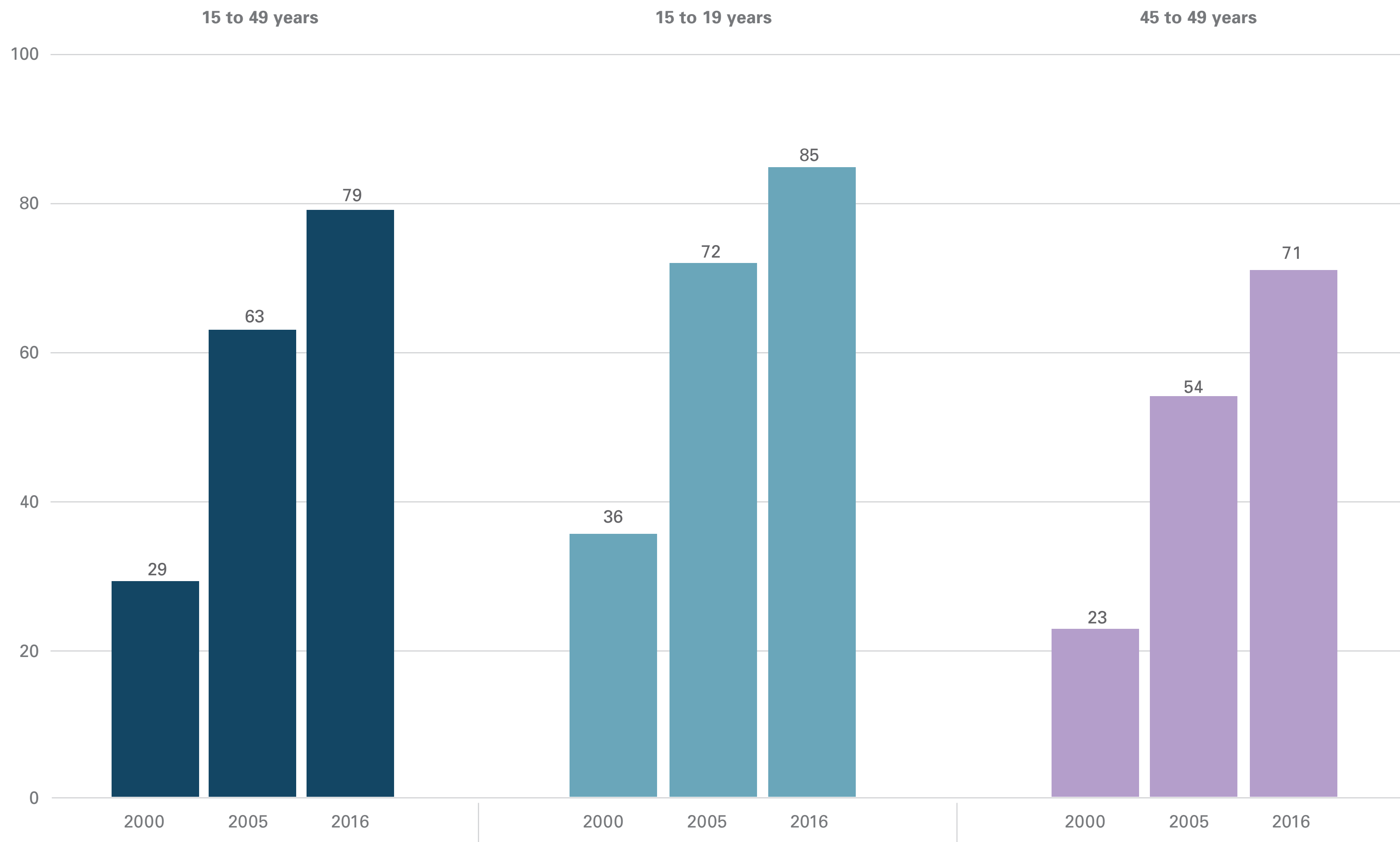
Note: Data on opinions by age cohort should not be interpreted as trends, since they represent opinions at the moment of the survey that are subject to change through a respondent's lifetime.

## Opposition to FGM is common across population groups, though those in urban areas, in richer households and with more education are **most likely to oppose it**

**FIG. 7** Percentage of girls and women and boys and men aged 15 to 49 years who have heard of FGM and think the practice should stop, by residence, wealth quintile and education

## While only 3 in 10 girls and women opposed FGM in 2000, **8 in 10 girls and women in 2016 reported the practice should stop**

**FIG. 8** Percentage of girls and women aged 15 to 49 years who have heard of FGM and think the practice should stop, by age

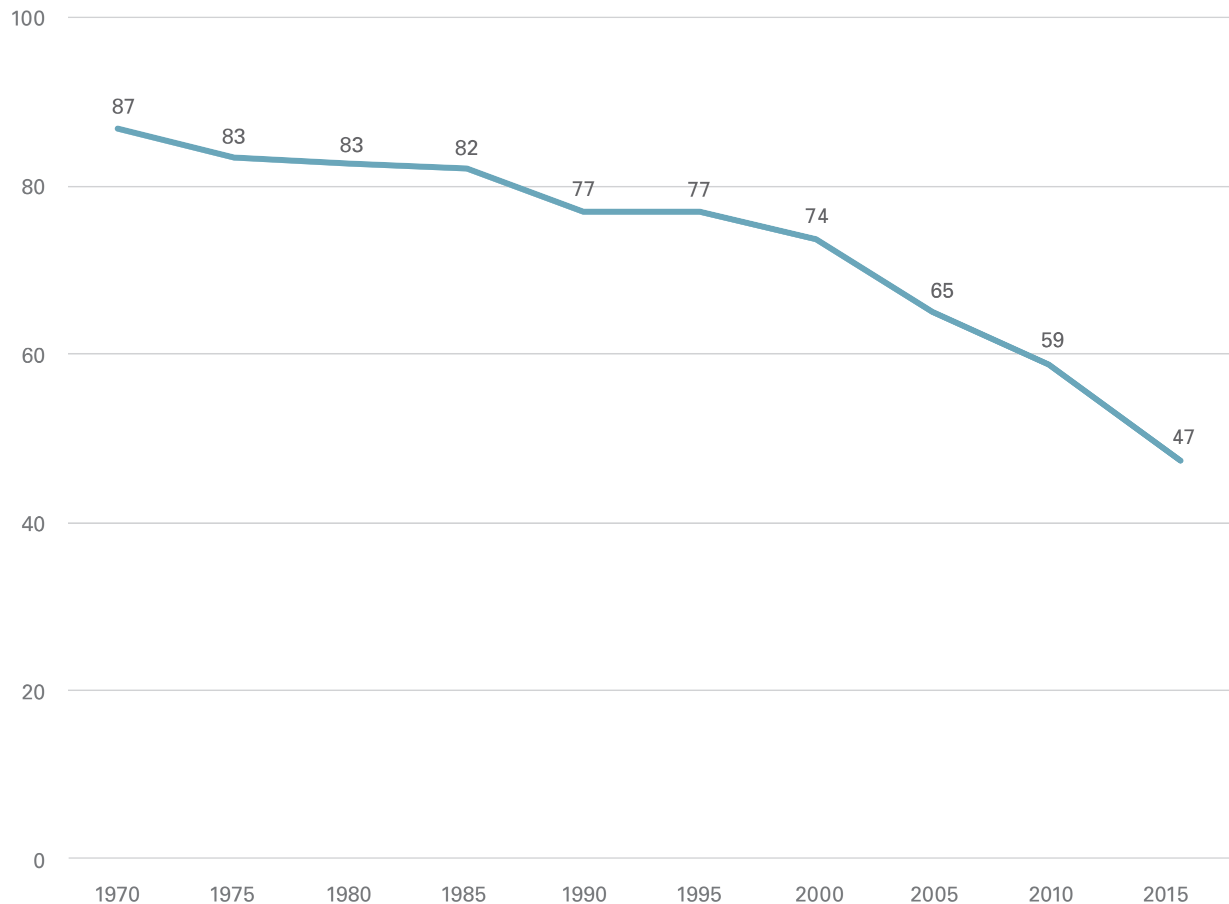


Hasna Ahmed, 16, Lek’o Ali, 19, and Fatuma Ali, 15, attend an adolescent gender club in Afar, discussing harmful practices. Lek’o says, “I want to teach the public. FGM has to end in my community.”

# Generational trends in reducing FGM

## The prevalence of FGM among adolescent girls aged 15 to 19 has **dropped from nearly 9 in 10 to fewer than 5 in 10** since the 1970s, with an acceleration after 2000

**FIG. 9** Percentage of adolescent girls aged 15 to 19 years who have undergone FGM




As shown in Figure 5, about 11 per cent of cutting occurs after age 15.

Thus the percentage of adolescent girls aged 15 to 19 years who have undergone FGM is unlikely to reflect the complete prevalence of the practice among this cohort, as some girls are still at risk of FGM.

Note: See technical notes for details.

## **Ethiopia's progress towards ending FGM in the past three decades has been faster than** other high-prevalence countries in Eastern and Southern Africa

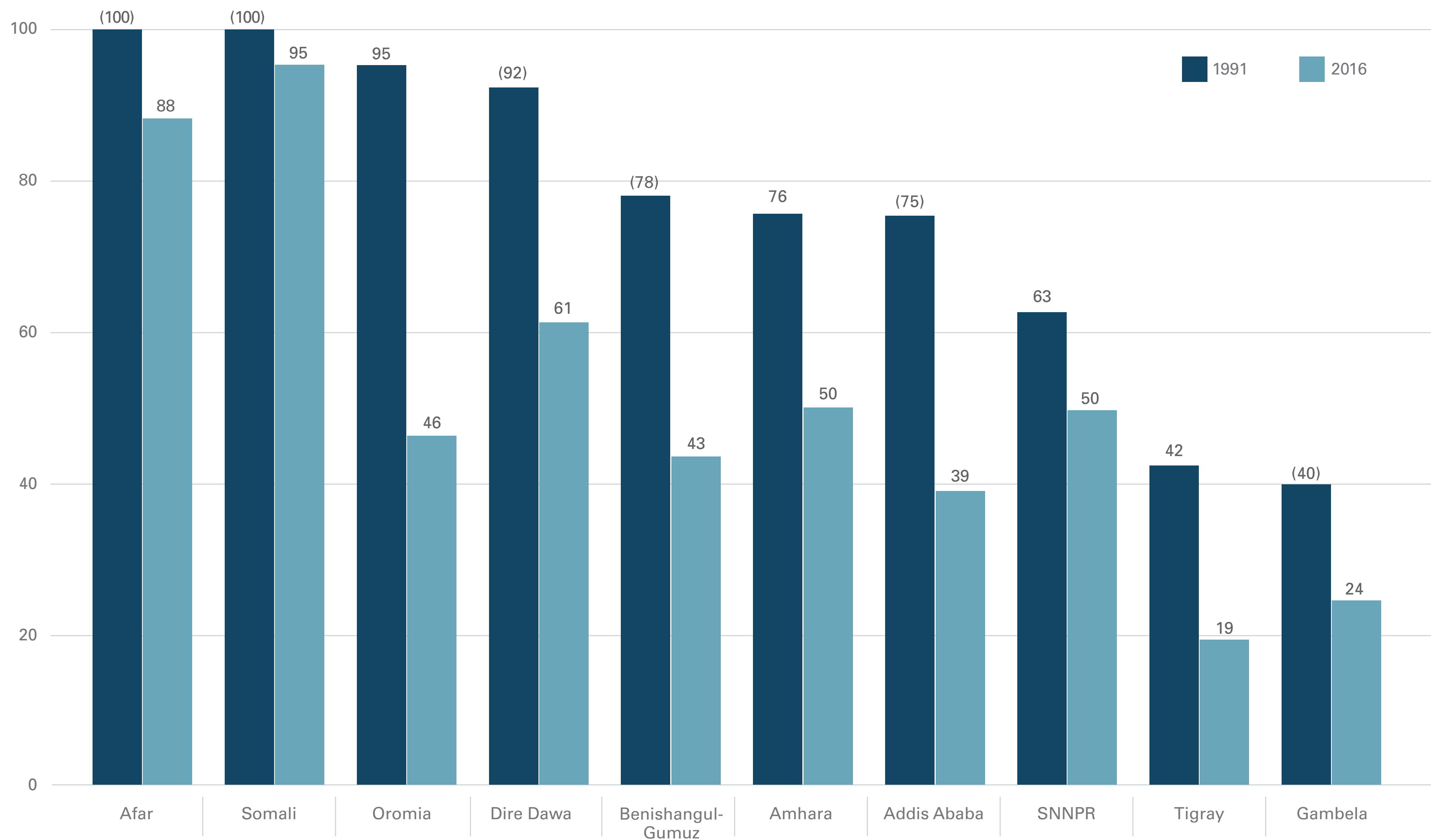
**FIG. 10** Average annual rate of reduction and current prevalence of FGM, i.e. the percentage of girls and women aged 15 to 49 who have undergone FGM

| Country | Average annual rate of reduction of FGM (%) | Current prevalence of FGM (%) |
|---|---|---|
| Uganda | 4.6 | 0.3 |
| United Republic of Tanzania | 4.6 | 10 |
| Kenya | 4.3 | 21 |
| Ethiopia | 1.7 | 65 |
| Eritrea | 1.0 | 83 |
| Sudan | 0.4 | 87 |
| Djibouti | 0.4 | 94 |
| Somalia | 0.1 | 98 |

Notes: This figure includes all countries in Eastern and Southern Africa with nationally representative data on the prevalence of FGM. Countries are ranked from highest to lowest according to the 30-year average annual rate of reduction.

## The greatest reduction in the prevalence of FGM has been in **Oromia and Addis Ababa**; levels have not changed significantly in Afar, Somali, SNNPR and Gambela

**FIG. 11** Percentage of adolescent girls aged 15 to 19 years who have undergone FGM, by region

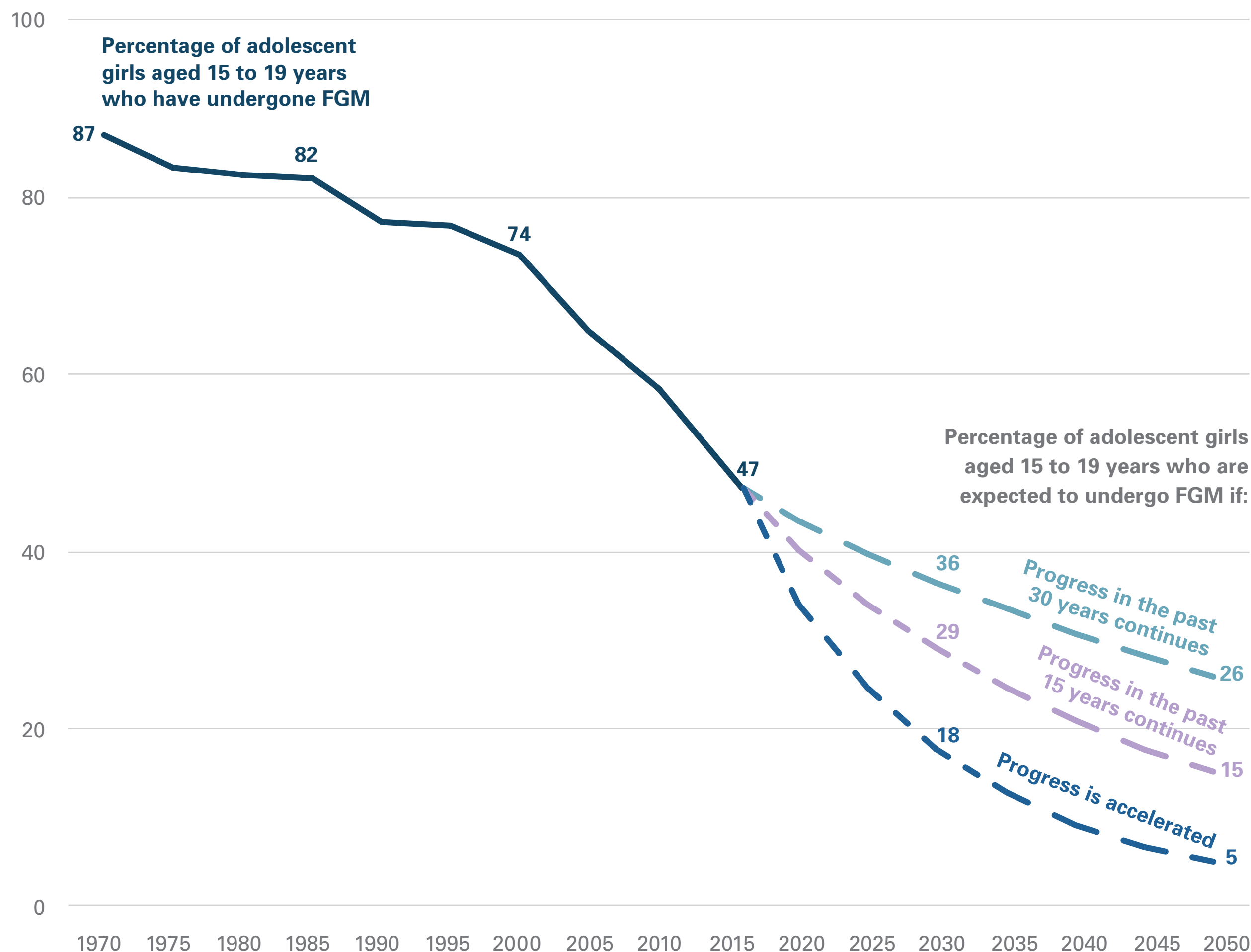



Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Those with fewer than 25 unweighted cases at one or both points in time are suppressed. Regions identified in the title as having no significant change have values for the two points in time that are not significantly different from one another.

# Looking ahead towards elimination

## If progress in the past 15 years continues, **the prevalence of FGM could fall to beneath 30 per cent** by 2030

**FIG. 12** Observed and projected percentage of adolescent girls aged 15 to 19 years who have undergone FGM




Note: See technical notes for details.

### How to read the projections

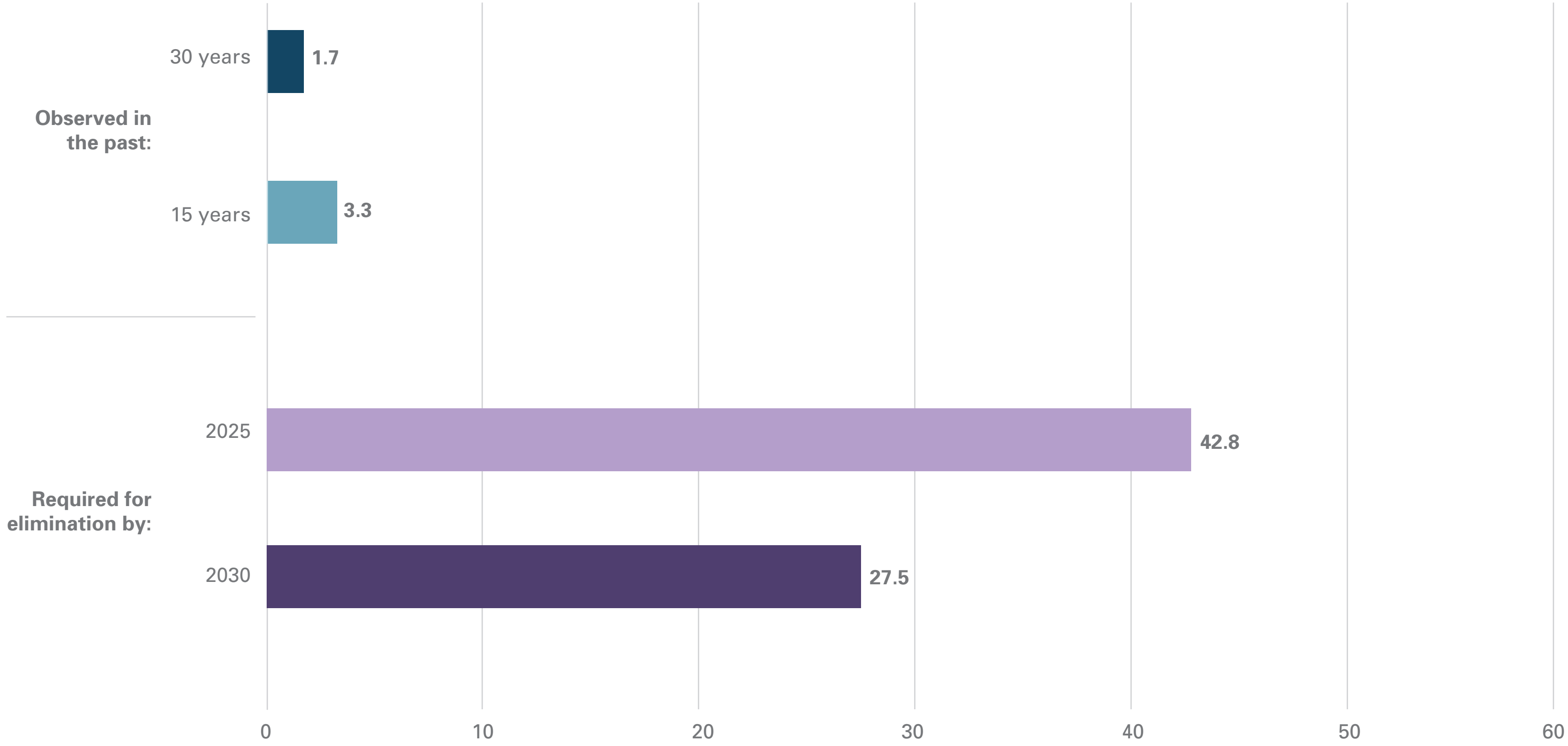
Figures 12 to 14 show how the prevalence of FGM has changed since around 1970, as well as scenarios that could occur in the future. Figure 12 highlights how the percentage of girls and women who have undergone FGM has changed and could continue to change through 2050. Figures 13 and 14 show progress in observed rates of reduction and rates required to meet elimination targets.

In Figure 12, the projections build on existing trends to show expected values if progress from the past 30 years continues (in light blue), or if progress from the past 15 years continues (in purple). The slower progress in the past 30 years makes this the less ambitious of the two scenarios. A more ambitious scenario (in dark blue) projects an acceleration at twice the rate of progress observed over the past 15 years.

In Figures 13 and 14, the observed average annual rates of reduction quantify the rate of progress over each period. A higher rate indicates faster progress. Required rates are calculated to illustrate what would be necessary to eliminate the practice by 2025 – the Government of Ethiopia's target – or by 2030, target 5.3 of the SDGs. In each case, the rate required to eliminate the practice by 2025 is higher than the corresponding rate for 2030, since a faster rate would be needed to reach the same level in a shorter period.

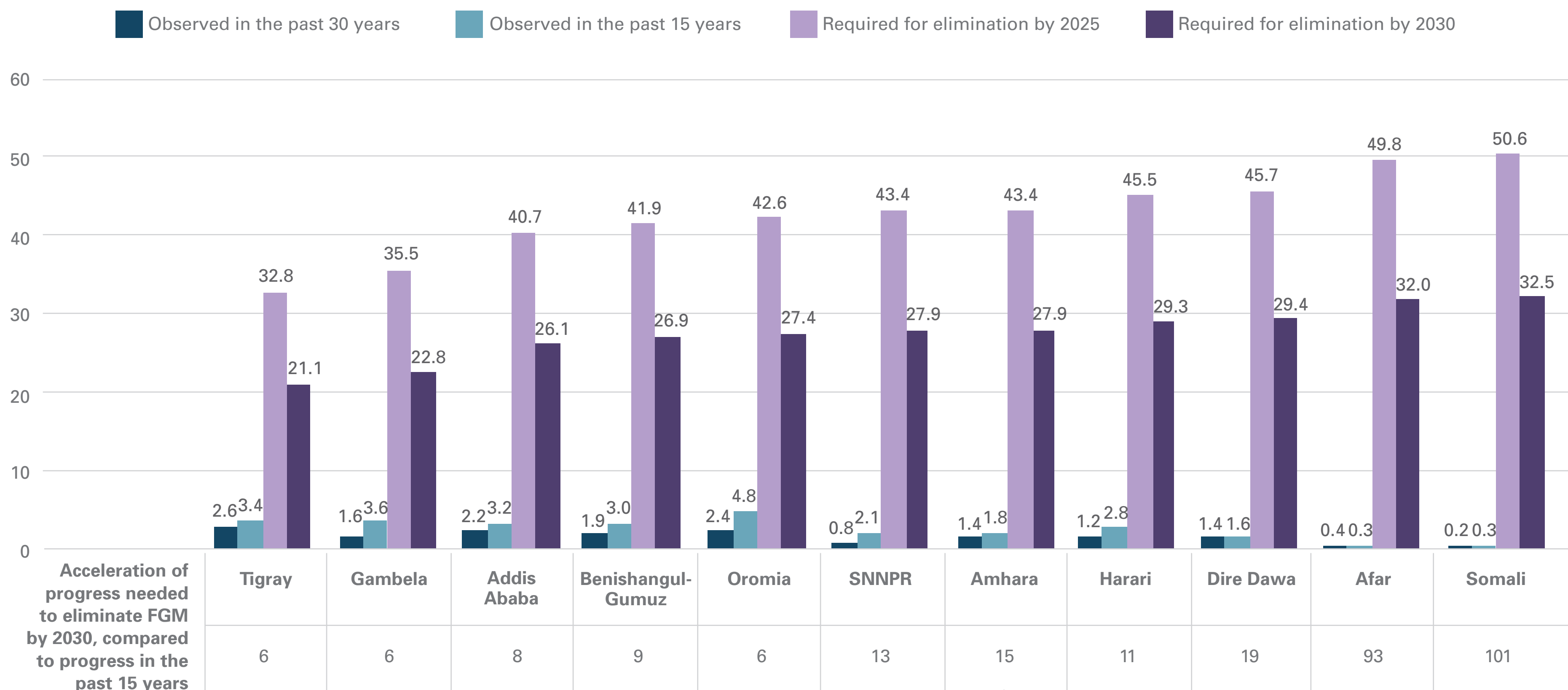
## Compared to the rate of decline in the last 15 years, progress would need to be **eight times faster** to eliminate the practice by 2030, and **13 times faster** to eliminate the practice by 2025

**FIG. 13** Average annual rate of reduction (per cent) in the percentage of adolescent girls aged 15 to 19 years who have undergone FGM, observed and required for elimination



## Ending FGM by 2030 calls for **accelerating progress in all regions**; however, the least acceleration will be needed in Tigray, Gambela and Addis Ababa, and the most acceleration will be needed in Somali, Afar and Dire Dawa

**FIG. 14** Average annual rate of reduction (per cent) in the percentage of adolescent girls aged 15 to 19 years who have undergone FGM, observed and required for elimination, by region




| | Tigray | Gambela | Addis Ababa | Benishangul-Gumuz | Oromia | SNNPR | Amhara | Harari | Dire Dawa | Afar | Somali |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Acceleration of progress needed to eliminate FGM by 2030, compared to progress in the past 15 years** | 6 | 6 | 8 | 9 | 6 | 13 | 15 | 11 | 19 | 93 | 101 |

**How to read this figure:** In Amhara, for example, progress would need to be 15 times faster than the rate observed over the past 15 years in order to eliminate FGM by 2030.

Even though their prevalence levels are not among the highest in the country, some populous regions are home to large numbers of affected girls and women (Figure 1). They will need urgently to address FGM for Ethiopia to reduce the total number of affected girls and women.

# Ethiopia's programme to end FGM

Ethiopia's programme to end FGM contributes to the national commitment to end child marriage and FGM by 2025, and to achieve SDG target 5.3 by 2030. The programme is led by the Ministry of Women, Children and Youth as well as the National Alliance to End FGM and Child Marriage, which engages other ministries, civil society, non-governmental organizations and UN entities. Building on the country's Constitution and strong legal framework to promote and protect girls' and women's rights, a National Costed Roadmap to End Child Marriage and Female Genital Mutilation/Cutting (2020-2024) was developed. It has five evidence-based strategies:

1. **Empowering adolescent girls to express and exercise their choices, and their families to protect their children from FGM.** Through clubs and platforms for girls in and out of school, adolescent girls are supported to improve their legal literacy, knowledge and life skills, and aquire information on the harmful social and health impacts of FGM. This will help ensure that they have support networks and role models who increase their confidence, voice and agency to resist harmful practices.

2. **Strengthening community engagement (including faith and traditional leaders) for increased social action to support girls and generate shifts in social expectations relating to the elimination of FGM.** This is done through interpersonal and community-level communication, mass media outreach on the adverse health and social impacts of FGM, and approaches that address the root causes of gender inequality and advance the rights of girls. Community elders and religious leaders, institutions, the social service workforce, health extension workers, teachers, women's groups and community-based organizations are mobilized to reach families and caregivers. Boys and men are specifically engaged on positive masculinities and healthy relationships. Eventually these efforts should be reflected in communities' readiness to abandon harmful practices as assessed by the Ministry. Such gender and social norms change within communities is critical to prevent the practice from going underground given its criminalization.

3. **Enhancing systems, accountability and services across sectors that are responsive to the needs of girls at risk of or affected by FGM.** This includes access to adolescent-friendly health and sexual and reproductive health and rights information and services, and to services including legal, psychosocial support and referral linkages for survivors. Mothers, especially adolescent mothers, should be engaged and supported to access learning opportunities. The capacity of service providers to respond to cases of FGM and to act as advocates against FGM is also strengthened.

4. **Creating and strengthening an enabling environment that protects the rights of girls and supports national efforts to end FGM.** Law enforcement is reinforced with efforts to raise legal awareness and prosecute those who violate the law. These measures are supported by effective multi-sectoral coordination and accountability mechanisms at all levels (from federal to *kebele*), including through platforms such as Anti-Harmful and Traditional Practices committees, community surveillance mechanisms and women's development groups, which contribute to following newborn girls to ensure that they remain uncut, and to report cases. At the federal level, this includes the National Alliance to End FGM and Child Marriage. Increased budget allocations and enhanced expenditure tracking systems are also promoted. Given the cross-border dimensions of FGM, engagement with neighbouring countries is important.

5. **Increasing data and evidence generation and use for advocacy, programming, learning and tracking progress to end FGM.** This includes implementing a comprehensive monitoring and evaluation framework encompassing administrative data collection, the Ethiopian Demographic and Health Surveys, and the development and application of measurement tools to monitor social norms change at the community level. Partnerships with research entities and basic and applied research are supported for documentation, publication and dissemination of good practices.

# Technical Notes

To assess the prevalence of FGM, this analysis used SDG indicator 5.3.2 – the proportion of girls and women aged 15 to 49 years who have undergone the practice.

The number of girls and women who have undergone FGM is calculated based on the population in 2018. Data presented according to religion are based on self-reported religious identities of respondents, including those who identify their religion as 'traditional'. Confidence intervals are not shown in this publication. Caution is therefore warranted in interpreting the results since apparent differences among groups may not be significant. Key message titles for figures were developed in light of the confidence intervals for all values. Where the title indicates that there is a difference among groups, it has been confirmed as statistically significant.

Data on the circumstances around FGM in Ethiopia are presented here as measured among women aged 20 to 24 years. Yet cutting can occur well into adolescence, so any estimates among girls or women under age 20 would exclude populations that tend to perform FGM when girls are older.

Data on attitudes towards FGM from DHS 2000 and 2005 have been recalculated to exclude the opinions of women who have never heard of the practice, thus results may differ from those presented in the DHS reports.

Trends in the national prevalence of FGM in Figures 10 and 13 were calculated with data from the Ethiopia Demographic and Health Surveys in 2000, 2005, 2011 and 2016. Calculations of the average annual rate of reduction over the last 30 years and the last 15 years in Figures 14 and 15 relied on an age-cohort analysis based on data from the latest available Demographic and Health Survey in 2016.

Projected values based on a continuation of observed progress apply the average annual rate of reduction in the prevalence of FGM, or the percentage of girls aged 15 to 19 years who have undergone FGM, over the past 30 years and over the past 15 years. The acceleration scenario assumes a doubling of the observed annual rate of reduction over the past 15 years. For statistical purposes, 'elimination' is defined as a prevalence of less than 1 per cent.

# Data Sources

FGM data are from the Demographic and Health Surveys in 2000, 2005, 2011 and 2016. Demographic data are from the United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects 2019, Online Edition*, 2019, and the Federal Democratic Republic of Ethiopia Population Census Commission, *Report of the 2007 Population and Housing Census: Population Size by Age and Sex*.

# Acknowledgements

This data brief was prepared by the Data and Analytics Section of UNICEF (Claudia Cappa, Colleen Murray and Hyunju Park) with inputs from the Ethiopia Country Office, the Ministry of Women, Children and Youth, and members of the National Alliance to End FGM and ECM.

# Suggested Citation

United Nations Children's Fund, *A Profile of Female Genital Mutilation in Ethiopia*, UNICEF, New York, 2020.

# Photo Credits

Cover: © UNICEF/UN0140827/Mersha
Aisha Ousman,14 years old, is from Erubti Woreda in Afar. Aisha has been cut and infibulated. She is the oldest girl in her family, and among her sisters, it is only Aisha who was cut. After Aisha suffered severe medical complications, her parents decided not to subject her sisters to FGM.

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