



# FEMALE GENITAL MUTILATION/CUTTING: What might the future hold?

The mutilation or cutting of female genitals, also known as FGM/C, has been practised for centuries among population groups in Africa, Asia and the Middle East. The practice is also found in pockets of Europe and North America, which have been destinations for migrants from countries where the cutting of girls is a tradition. Today FGM/C is recognized as a human rights violation and is one of many manifestations of gender inequality. In addition to excruciating pain, cutting can cause girls to bleed profusely. It may also lead to infections, including HIV, since typically the same unsterilized blade is used for all girls being cut. Other risks include infertility and complications during childbirth. Directly or indirectly, FGM/C can lead to death.

The last 25 years have seen a surge in activities to bring about an end to FGM/C. This has been accompanied by extensive data collection efforts to better understand the practice and assess progress to eliminate it.

This is what the data tell us.

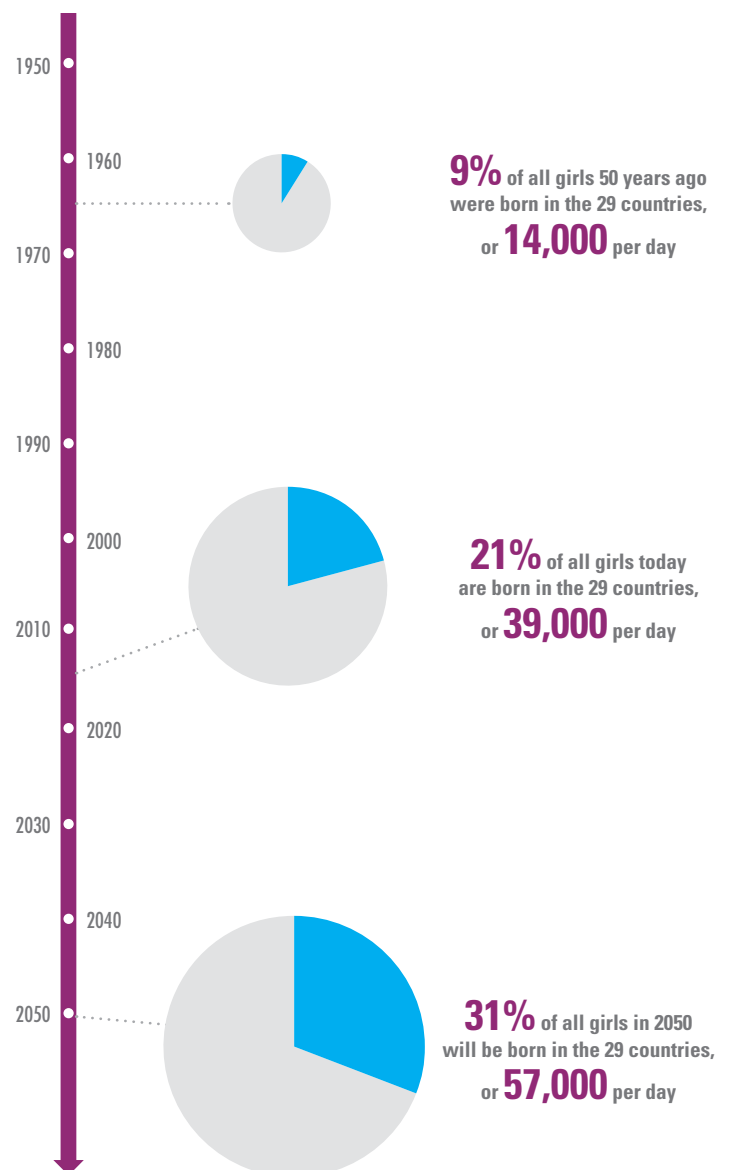
Overall, the chance that a girl will be cut today is about one third lower than it was around three decades ago. Still, the pace of change is uneven, both within and among countries. The decline is particularly striking in some very-low-prevalence countries including Benin, Cameroon, Ghana and Togo. Among countries with higher prevalence, the most dramatic reductions in the practice of FGM/C have been found in Kenya and the United Republic of Tanzania. Thirty years ago, prevalence levels among adolescents in these two countries were three times higher than they are today. In the Central African Republic, Iraq, Liberia and Nigeria, prevalence has dropped by as much as half.

In other countries, however, FGM/C remains almost universal. This is true for Djibouti, Egypt, Guinea and Somalia, where the practice continues to affect more than 90 per cent of the female population. Even in some lower-prevalence countries such as Chad, Gambia and Guinea-Bissau, no noticeable decline has been found.

Despite overall progress, if action against FGM/C is not accelerated, as many as 30 million more girls alive today may be cut in the next decade alone. And this number will continue to grow as the population of girls in affected countries rises.

By 2050, nearly 1 in 3 births worldwide will occur in the 29 countries in Africa and the Middle East where FGM/C is concentrated, and nearly 500 million more girls and women will be living in these countries than there are today. In Somalia alone, where FGM/C prevalence stands at 98 per cent, the number of girls and women will more than double. In Mali, where prevalence is 89 per cent, the female population will nearly triple.

### The number and global share of girls born in the 29 countries in Africa and the Middle East where FGM/C is concentrated will continue to increase

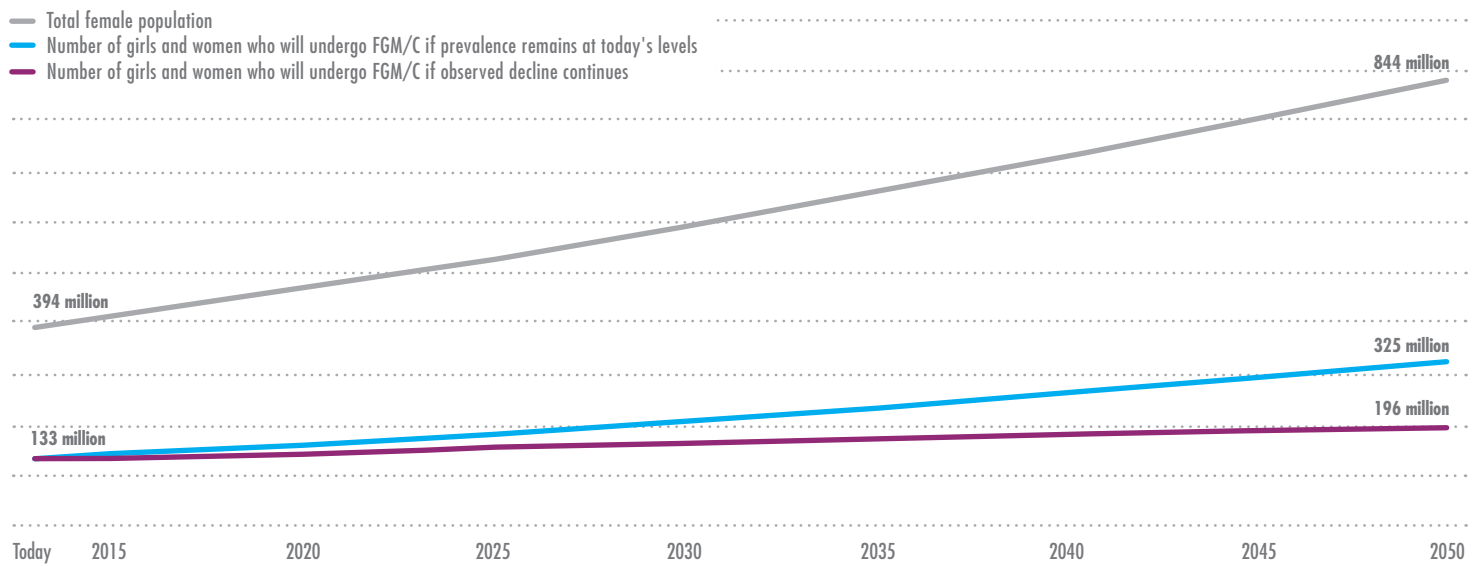


If there is no reduction in the practice between now and 2050, the number of girls cut each year will grow from 3.6 million in 2013 to 6.6 million in 2050. But if the rate of progress achieved over the last 30 years is maintained, the number of girls affected annually will go from 3.6 million today to 4.1 million in 2050.

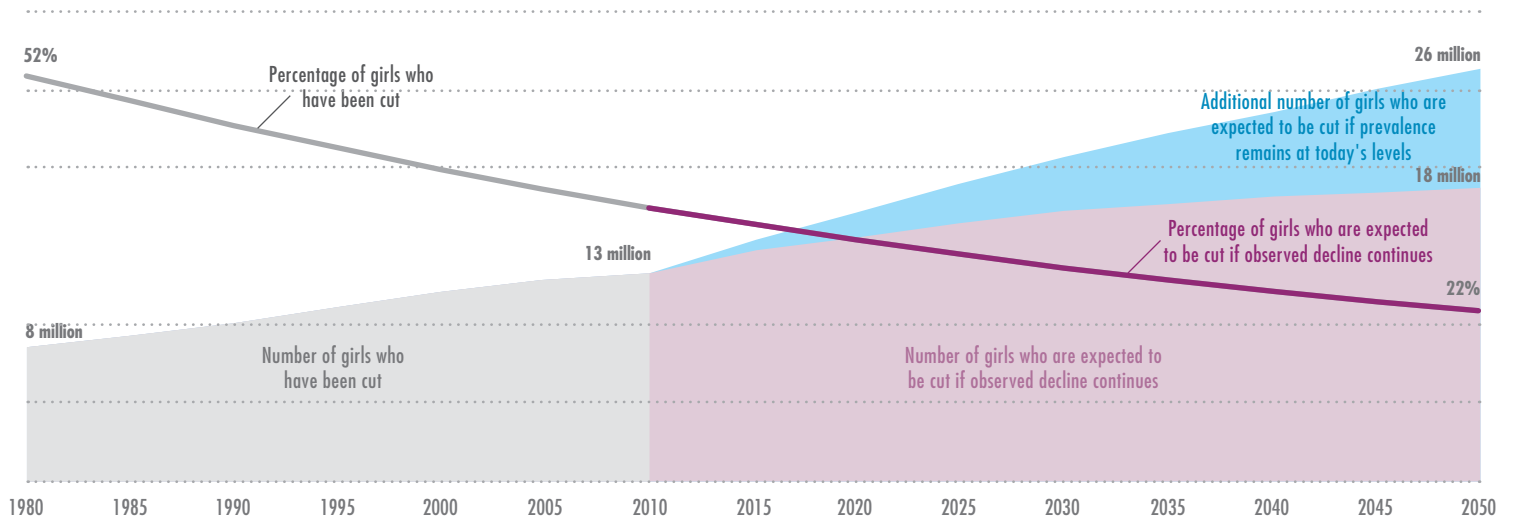
In either scenario, the total number of girls and women

cut will continue to increase due to population growth. If nothing is done, the number of girls and women affected will grow from 133 million today to 325 million in 2050. However, if the progress made so far is sustained, the number will grow from 133 million to 196 million in 2050, and almost 130 million girls will be spared this grave assault to their human rights.

### A growing population in the 29 countries means the number of girls and women cut will increase, even if prevalence levels decline



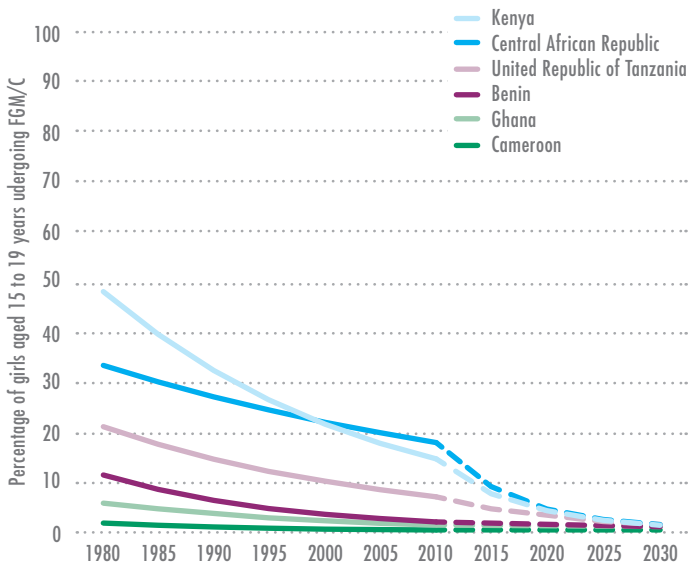
### While the proportion of girls aged 15 to 19 who undergo FGM/C may continue to decline, their absolute numbers will increase



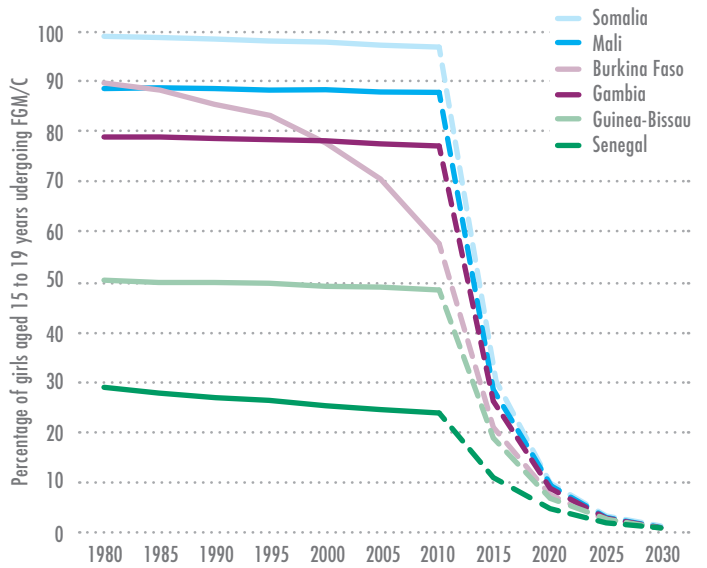
But the future looks different depending on where a girl lives. In Ghana, for example, the prevalence of FGM/C among girls aged 15 to 19 years is now 2 per cent, one quarter of what it was 30 years ago. At the current rate of progress, the practice in that country will be virtually eliminated before 2030. In Kenya, half of adolescent girls were subjected to cutting 30 years ago. The figure could be as low as 10 per cent by the

end of this decade, and with minimal acceleration the practice could be eliminated within a generation. In contrast to Ghana and Kenya, some countries are not on track to eliminate the practice without substantial acceleration. This includes both countries in which the practice has stayed nearly universal over time as well as countries with moderate prevalence that have made little or no progress.

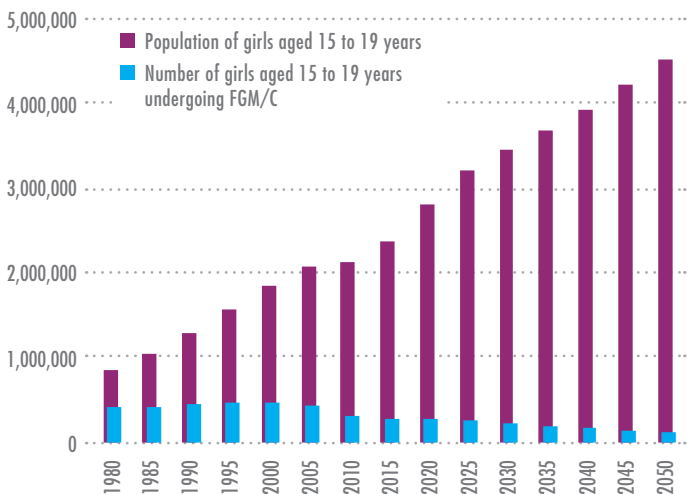
**Eliminating FGM/C by 2030 is within reach for some countries...**



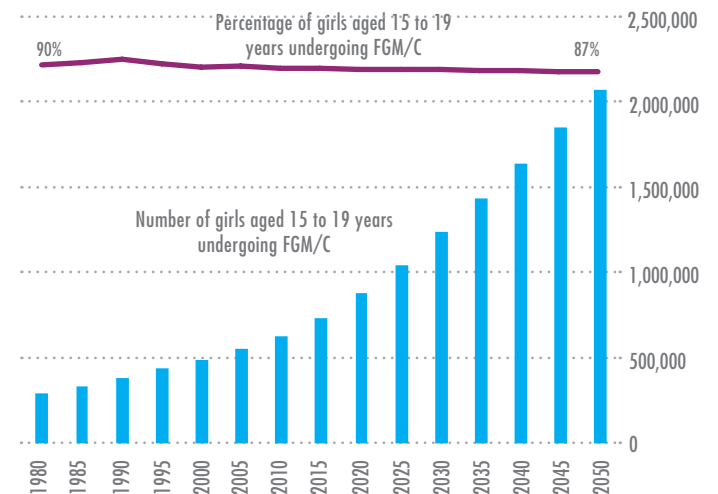
**...while for others, it will require major acceleration**



**The example of Kenya shows it is possible to offset population growth with steadily decreasing prevalence**



**In Mali, consistently high prevalence coupled with a rapidly growing population means millions more girls will be subjected to FGM/C**



What is the path moving forward? When attitudes towards FGM/C were explored in household surveys, it was found that two thirds of women and almost two thirds of men living in the 29 countries think that the cutting of girls should stop. Even within practising communities, in almost all of the countries surveyed, the share of girls and women who support the practice is substantially lower than the share who have been cut.

These data provide clues about how the practice can be eliminated. If public dialogues can be initiated, people may begin to see that social expectations about the practice are no longer valid. Finding ways to make hidden attitudes favouring the abandonment of FGM/C more visible and opening the practice up to public scrutiny in a respectful manner, as is being done in many programmes throughout Africa, can provide the spark for community-wide change.

## Two out of three people living in the 29 countries think the practice should stop



## Even in countries where a majority of girls and women have undergone FGM/C, the level of support is lower than the prevalence level

- Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, in countries with an FGM/C prevalence above 50 per cent
- Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue



**Data sources:** UNICEF global databases, 2014, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys, 1997-2013. Population data are from: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2012 revision*, CD-ROM edition, United Nations, New York, 2013.

**Notes:** Data presented in this brochure cover the 29 countries in Africa and the Middle East where FGM/C is concentrated and for which nationally representative data are available. The practice is also found in countries including Colombia, Islamic Republic of Iran, Jordan, Oman, Saudi Arabia, parts of Indonesia and Malaysia and pockets of Europe and North America, but reliable data on the magnitude of the phenomenon in these other contexts are largely unavailable.

**Suggested citation:** United Nations Children's Fund, *Female Genital Mutilation/Cutting: What might the future hold?*, UNICEF, New York, 2014.



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