

CAMEROON



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STATISTICAL PROFILE ON FEMALE GENITAL MUTILATION/CUTTING

Female genital mutilation/cutting (FGM/C) 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 More than 125 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East where FGM/C is concentrated. As many as 30 million girls are at risk of being cut before their 15th birthday if current trends continue. FGM/C 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 practised FGM/C 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 government and civil society partners towards the elimination of FGM/C in countries where it is still practised.

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.

No national decree/legislation banning FGM/C

SELECTED STATISTICS ON WOMEN'S STATUS

13% of women 20-24 years were married or in union before age 15

38% of women 20-24 years were married or in union before age 18

30% of women 20-24 years have given birth by age 18

47% of women 15-49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances

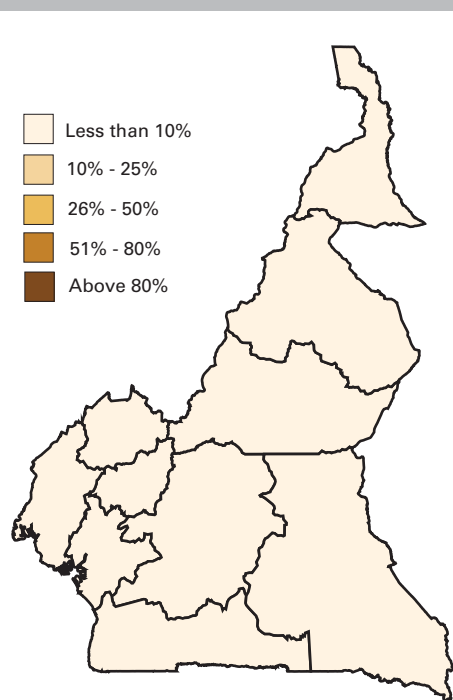
60% of women 15-49 years make use of at least one type of information media at least once a week (newspaper, magazine, television, or radio)

Source: DHS/MICS 2011

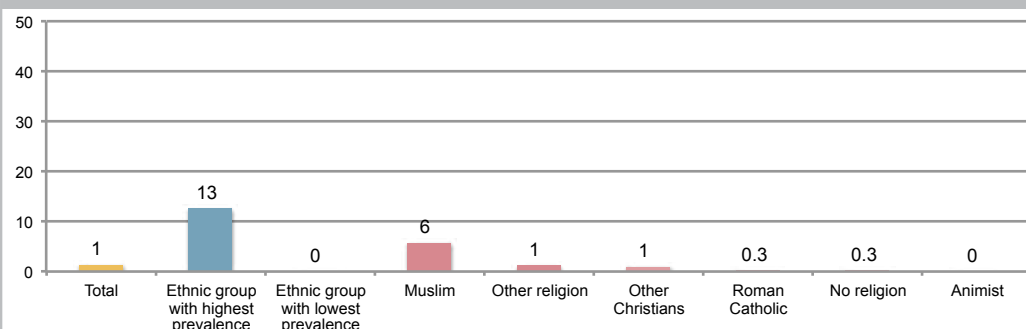
HOW WIDESPREAD IS THE PRACTICE?

The prevalence of FGM/C in Cameroon is very low across all regions and population groups

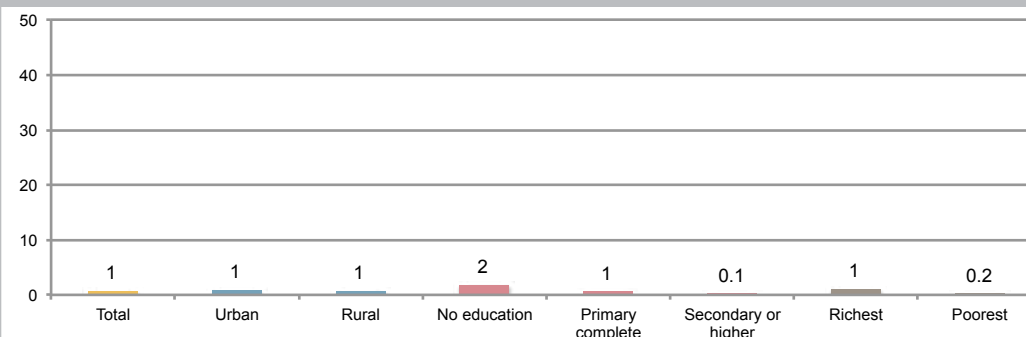
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by region



Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by ethnicity and religion



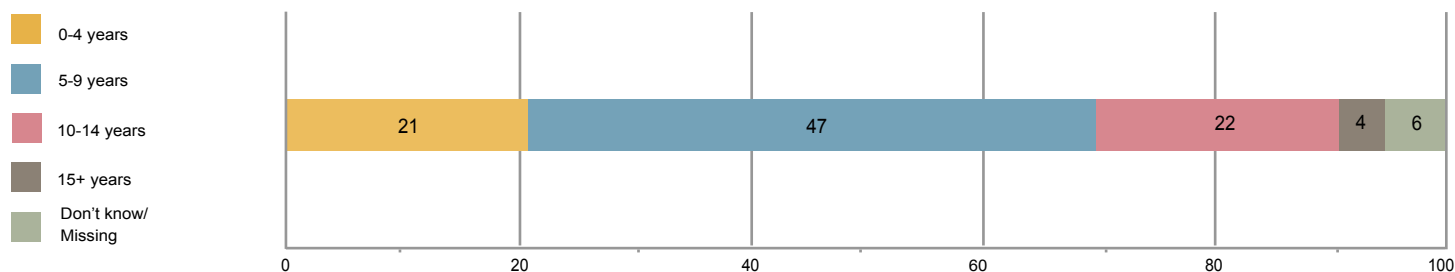
Percentage of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C, by residence, mother's education and household wealth quintile



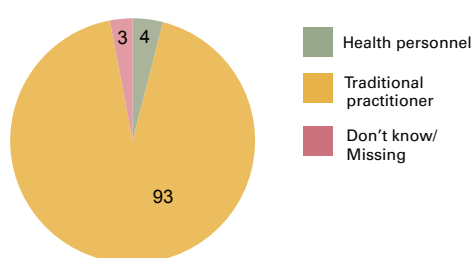
WHEN AND HOW IS FGM/C PERFORMED?

Almost 3 out of 4 girls and women were cut between the ages of five and fourteen

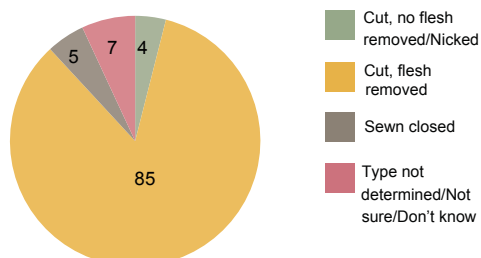
Percentage distribution of girls and women aged 15 to 49 years who have undergone FGM/C, by age at which cutting occurred



Percentage distribution of girls and women aged 15 to 49 years who have undergone FGM/C, according to the type of person/practitioner performing the procedure



Percentage distribution of girls and women aged 15 to 49 years who have undergone FGM/C, by type of FGM/C performed

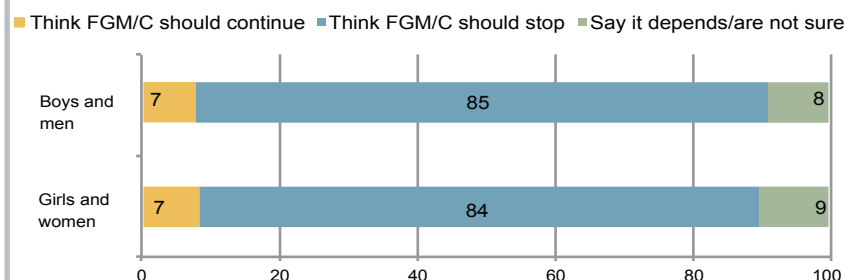


Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. Data for girls and women are used to report on age at cutting, person/practitioner performing the procedure and type of FGM/C since data on daughters are based on less than 25 unweighted cases. 'Health personnel' includes doctors, nurses, midwives and other health workers; 'Traditional practitioner' includes traditional circumcisers, traditional birth attendants, traditional midwives and other types of traditional practitioners. Data on the ethnic group with the lowest support and prevalence among age groups 40-44 and 45-49 in the Extreme North are based on 25-49 unweighted cases.

WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?

While the overall level of support for the practice is low, there is a wide variation in attitudes by ethnicity

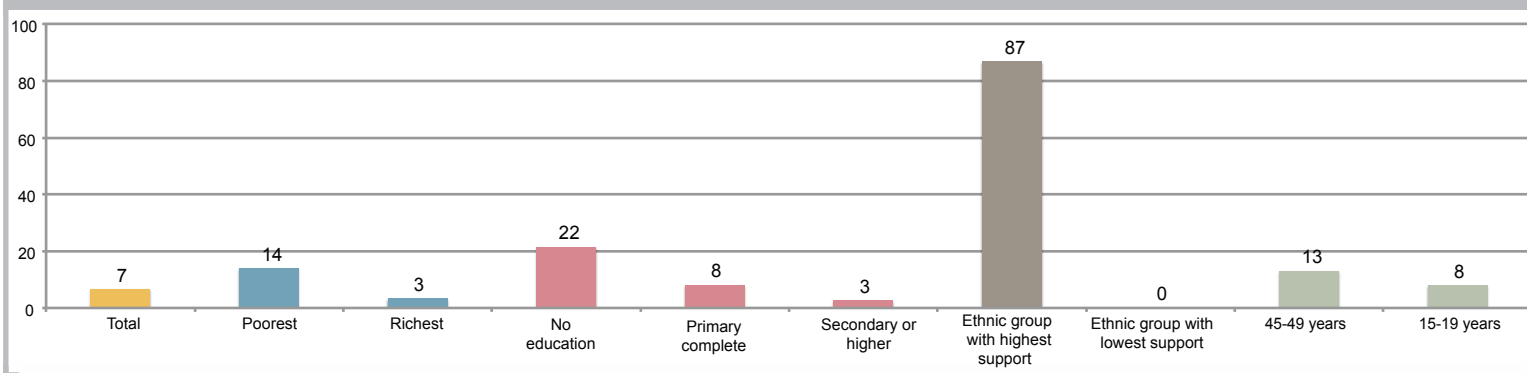
Percentage of girls and women aged 15 to 49 years and boys and men aged 15 to 49 years who have heard about FGM/C, by their attitudes about whether the practice should continue



Among girls and women aged 15 to 49 years who have heard about FGM/C, the percentage who cite specific benefits or advantages for a girl to undergo the procedure

No benefits	50
Cleanliness/Hygiene	0
Social acceptance	1
Better marriage prospects	1
Preservation of virginity	4
More sexual pleasure for the man	0.4
Required by religion	2
Other	2
Don't know	40

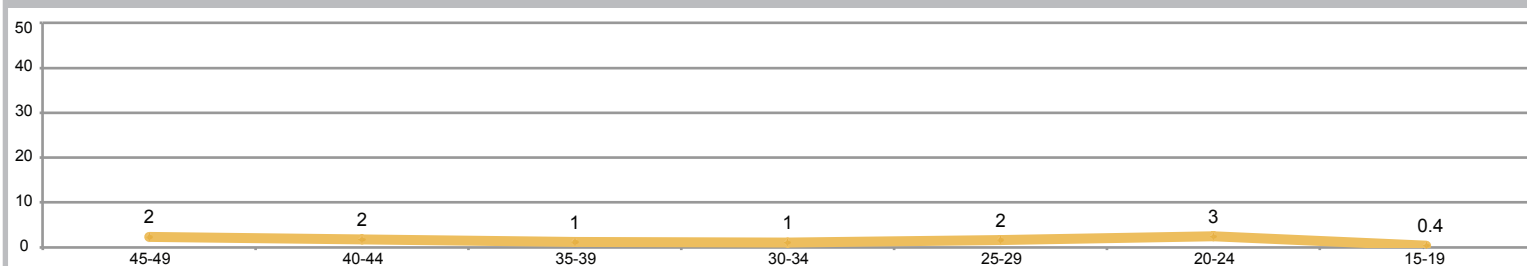
Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue, by household wealth quintile, education, ethnicity and age



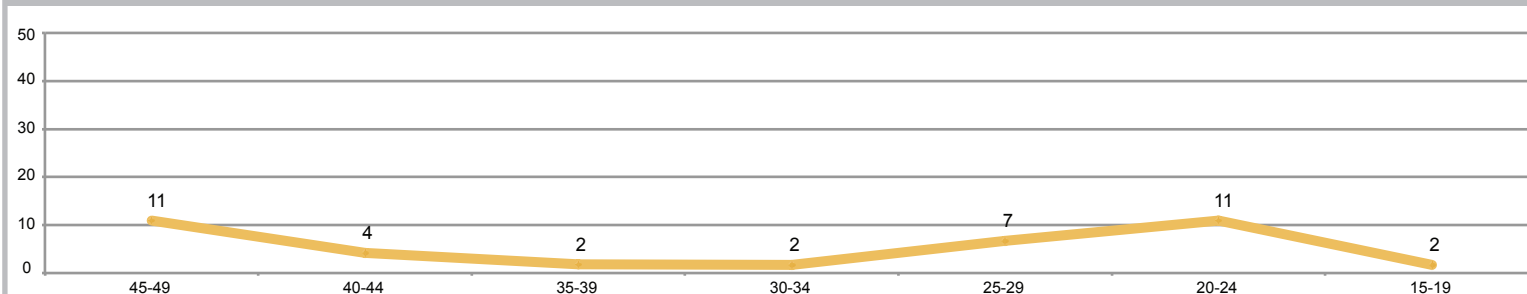
IS THE PRACTICE OF FGM/C CHANGING?

The practice of FGM/C has been systematically very low throughout the years

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by current age



Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by current age, in Extreme North, the region with the highest FGM/C prevalence

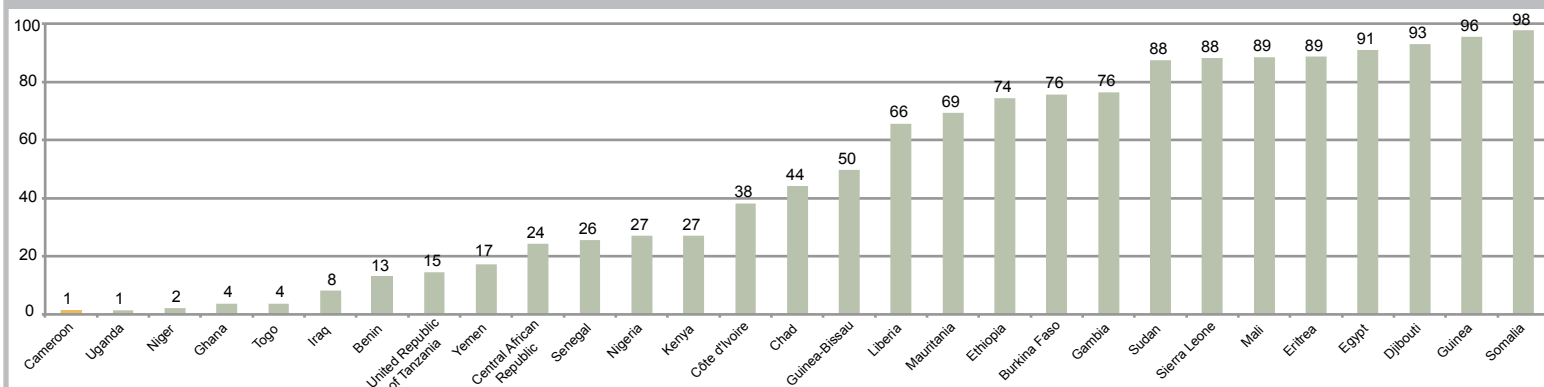


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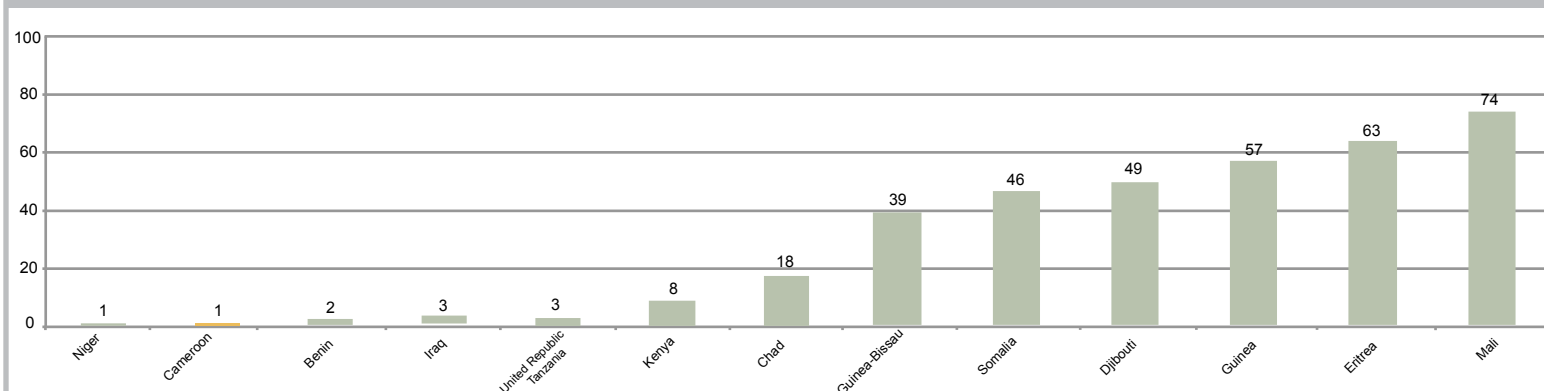


INTER-COUNTRY STATISTICAL OVERVIEW

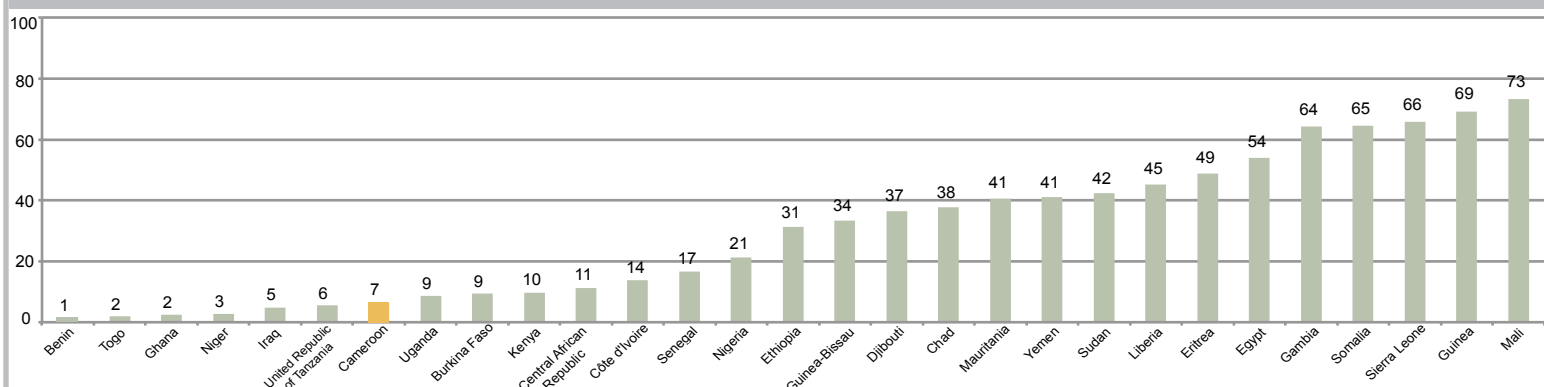
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C



Percentage of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C



Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue



Notes: Data on attitudes for Yemen refer to ever-married girls and women. In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM/C since it is performed during initiation into the society. Data on daughters for Iraq refer to ever-married girls and women with at least one daughter who has undergone FGM/C. Data on attitudes for Ghana are from MICS 2006, for Nigeria from DHS 2008, and for Sierra Leone from DHS 2008 as data from the most recently available MICS surveys are not comparable. 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 support in this country as captured by the DHS 2007 is higher than would be anticipated had all girls and women been asked their opinion.

Sources: DHS, MICS, National Social Protection Monitoring Survey and SHHS, 1997-2012

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FOR MORE INFORMATION

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