

# DJIBOUTI



## 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.”<sup>1</sup> 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.

**1995** National decree/legislation banning FGM/C passed (amended in 2009)

### SELECTED STATISTICS ON WOMEN'S STATUS

**2%** of women 20-24 years were married or in union before age 15

**5%** of women 20-24 years were married or in union before age 18

**90%** Females as a percentage of males enrolled in primary school

**80%** Females as a percentage of males enrolled in secondary school

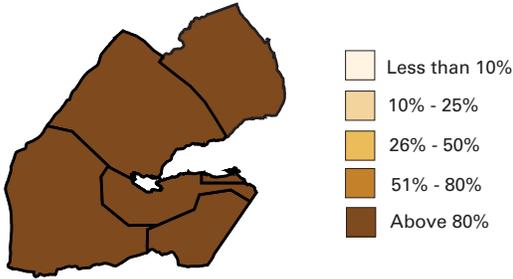
**23%** of women 15-49 years in union currently using any contraceptive method

Source: MICS 2006, Rapport Annuel 2008 - DSME, UNESCO Institute for Statistics 2012

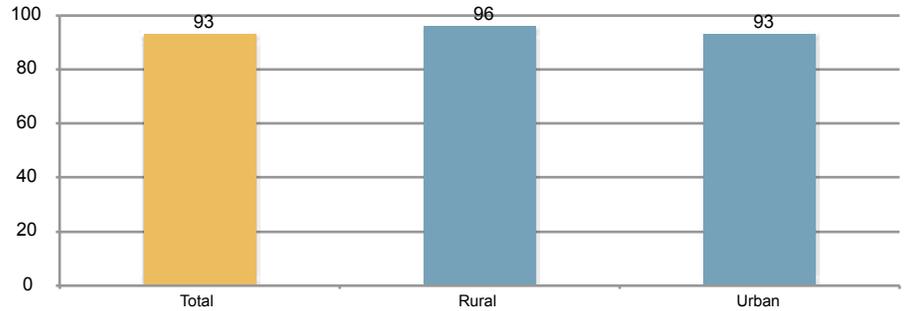
## HOW WIDESPREAD IS THE PRACTICE?

FGM/C is nearly universal in Djibouti among girls and women of reproductive age, with little variation by place of residence

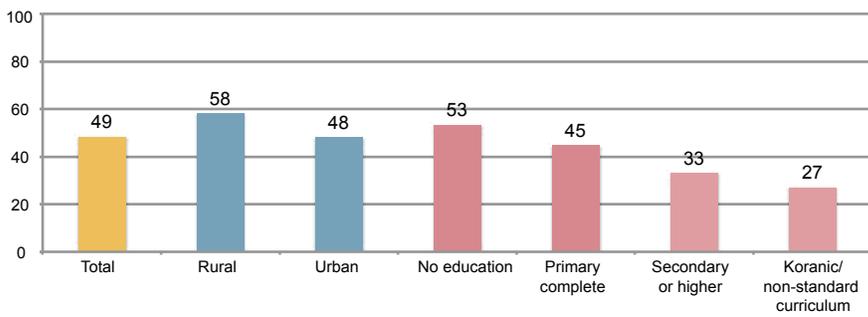
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by region



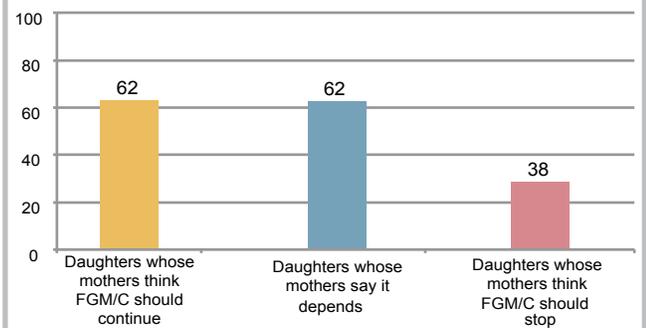
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by residence



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



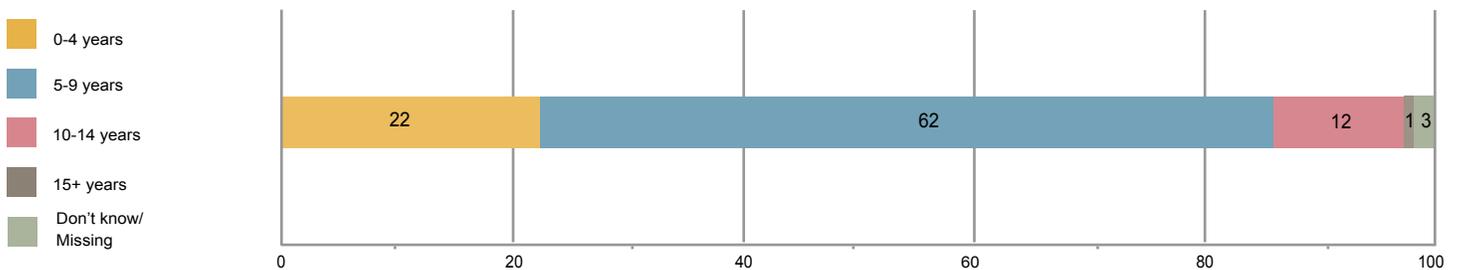
Among daughters of cut girls and women, the percentage of those who have undergone FGM/C, by mothers' attitudes about whether the practice should continue



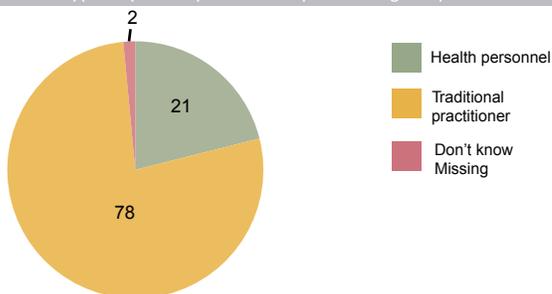
## WHEN AND HOW IS FGM/C PERFORMED?

In Djibouti, 30 per cent of girls experience the most severe form of cutting, involving the cutting and sewing of genital parts

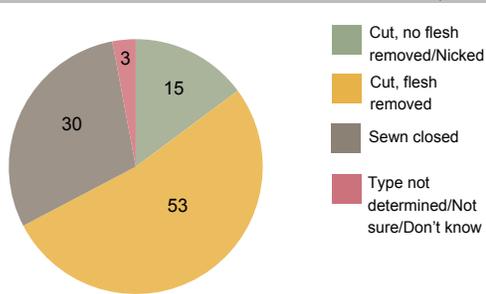
Percentage distribution of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C, by age at which cutting occurred



Percentage distribution of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C, according to the type of person/practitioner performing the procedure



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



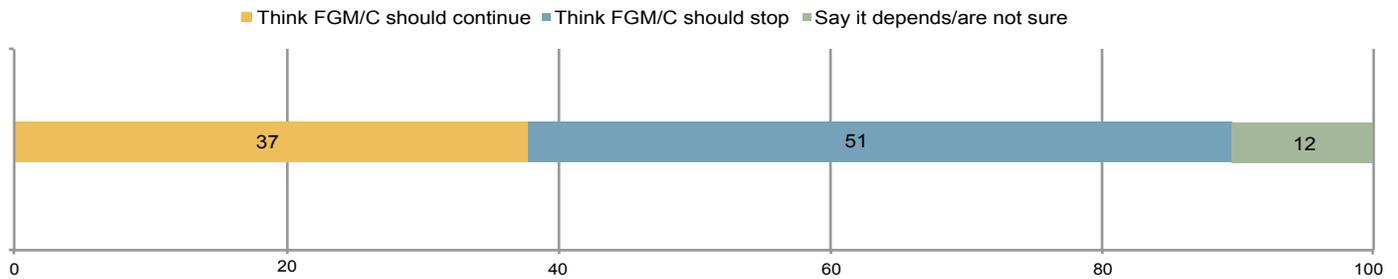
Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. There are no ethnicity, religion or wealth index data for Djibouti. Data on the prevalence of FGM/C among daughters of mothers with 'Koranic/non-standard curriculum' are based on 25-49 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.

Source for all charts on this page: MICS 2006

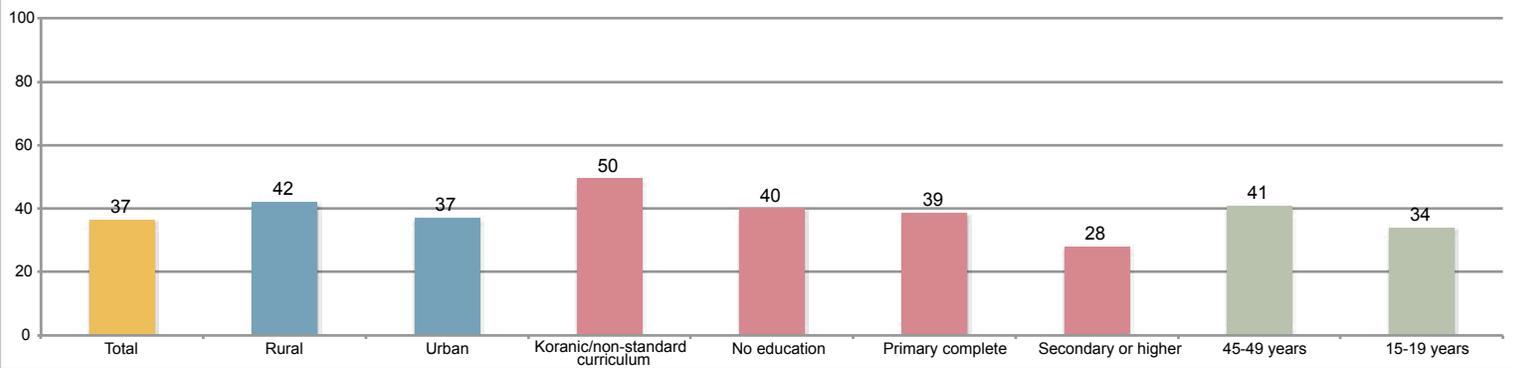
## WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?

Over one third of women in Djibouti think FGM/C should stop, with girls and women with secondary education or above less likely to support the practice

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



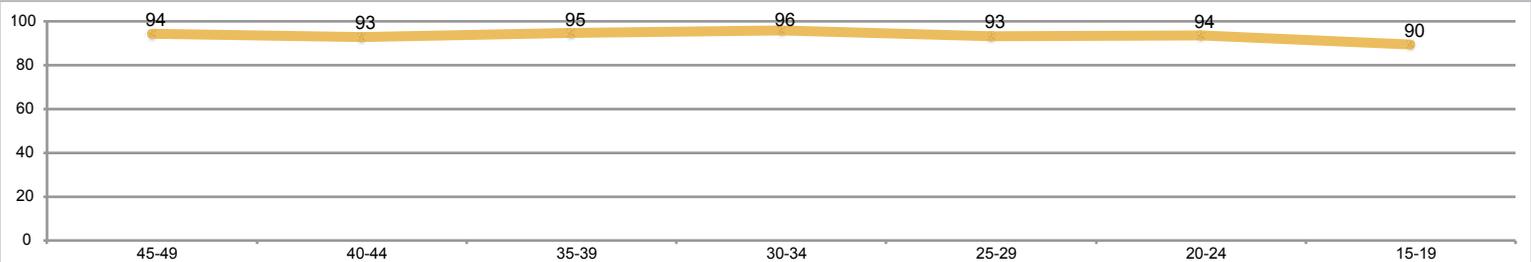
Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue, by residence, education and age



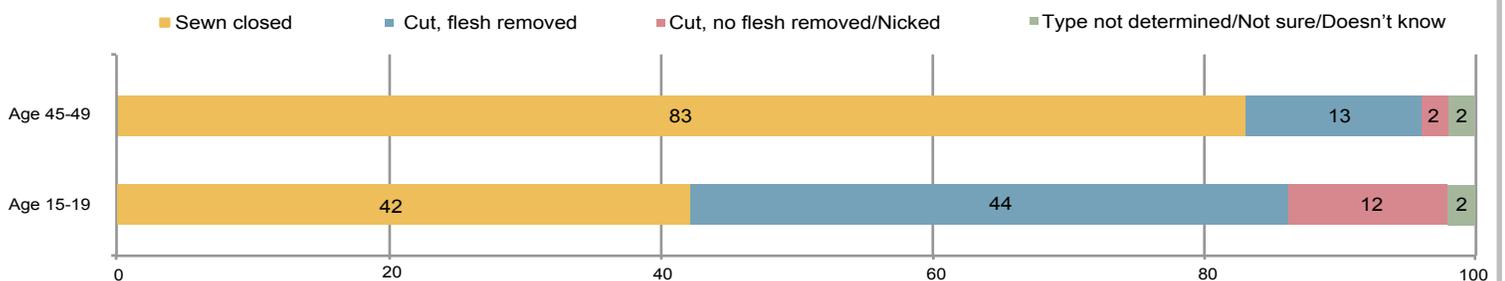
## IS THE PRACTICE OF FGM/C CHANGING?

There has been no significant change in the prevalence of FGM/C across generations, but there is a trend towards less severe types of cutting

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



Percentage distribution of girls and women aged 15-19 years and 45-49 years who have undergone FGM/C, by the type of FGM/C performed

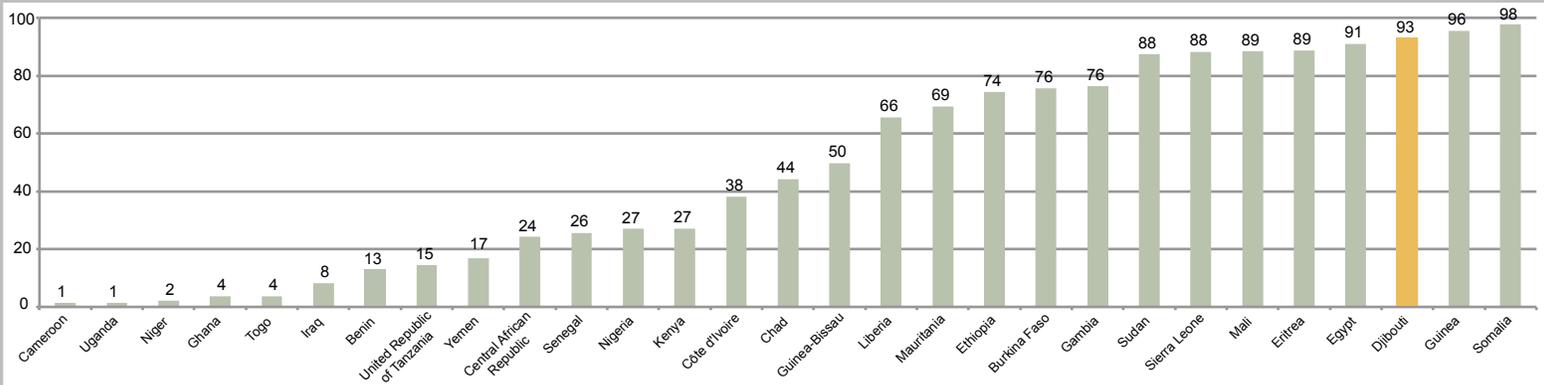


# DJIBOUTI

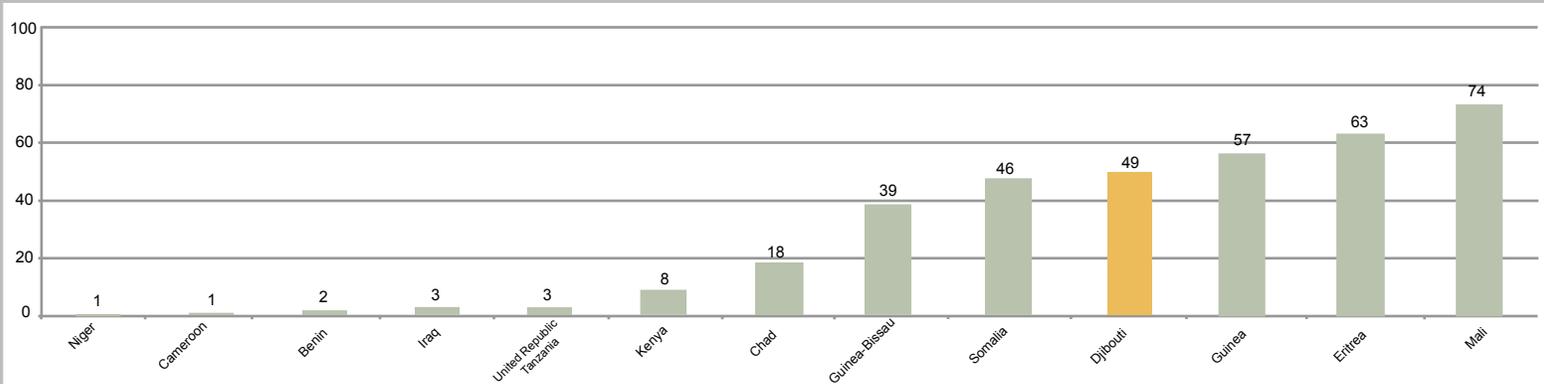


## INTER-COUNTRY STATISTICAL OVERVIEW

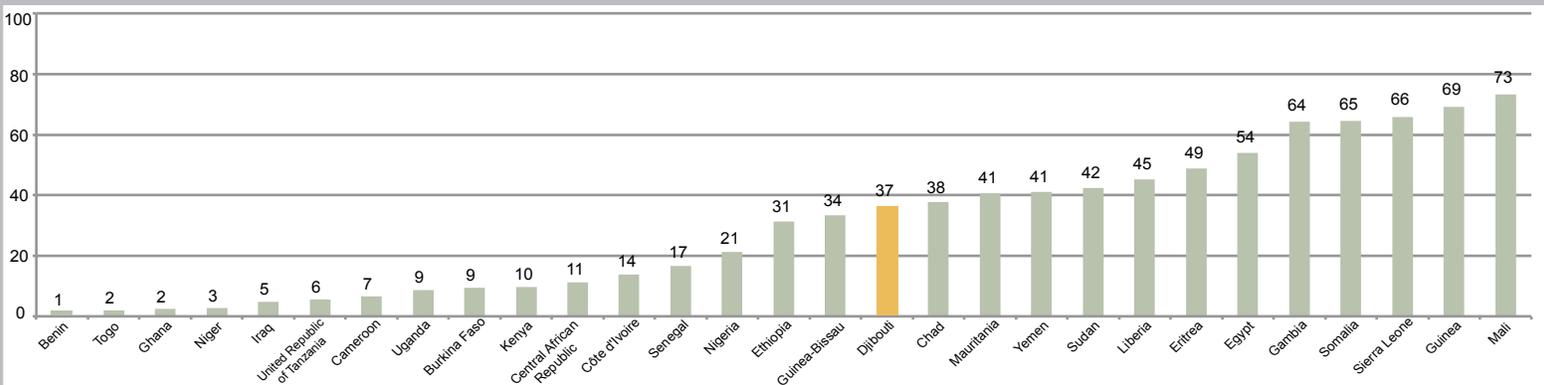
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C



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 practicing 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

Released December 2013



These country profiles were made possible through core funding to UNICEF and financial assistance of the European Union. The contents of these country profiles are the sole responsibility of UNICEF and can in no way reflect the views of the European Union.

The Data and Analytics Section gratefully acknowledges inputs shared by UNICEF country offices.

**FOR MORE INFORMATION**

Data and Analytics Section - Division of Policy and Strategy  
UNICEF, 3 UN Plaza, New York, 10017  
Website: [www.childinfo.org](http://www.childinfo.org) Email: [childinfo@unicef.org](mailto:childinfo@unicef.org)