ERITREA





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." 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,

2007

National legislation criminalizing FGM/C passed

SELECTED STATISTICS ON WOMEN'S STATUS

13%	of women 20-24 years were married or
1370	in union before age 15

4 1 7/0	of women 20-24 years were married or
	in union before age 18

25 %	of women 20-24 years old who have
	given birth by age 18

51 %	Percentage of women 15-49 years old
	who think that a husband/partner is
	justified in hitting/beating his wife
	under certain circumstances

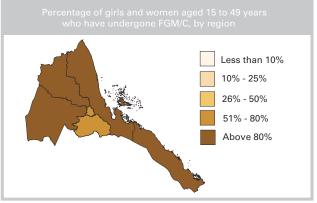
of women 15-49 years make use of at least one type of information media at least once a week (newspaper, magazine, television, or radio)

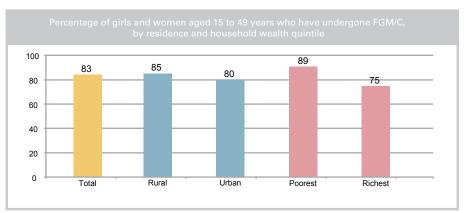
Source: DHS 2002 and Population and Health Survey 2010

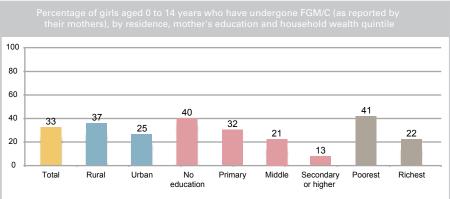


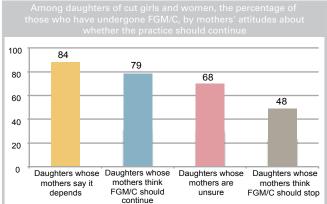
HOW WIDESPREAD IS THE PRACTICE?

FGM/C is highly prevalent among all girls and women of reproductive age living in Eritrea





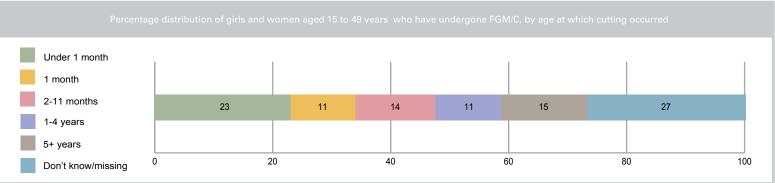


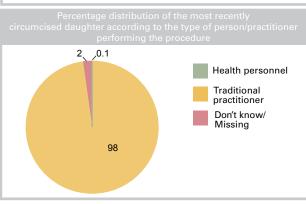


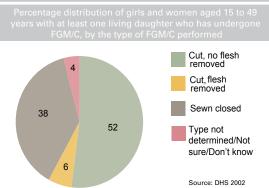
Source: DHS 2002

WHEN AND HOW IS FGM/C PERFORMED?

Almost half of women were cut during the first year of life, and more than one in three daughters have experienced the most invasive form of the practice





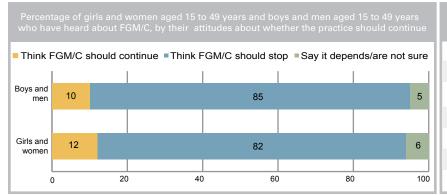


Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. Data on prevalence of FGM/C among daughters of mothers who are unsure about the continuation of the practice 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.

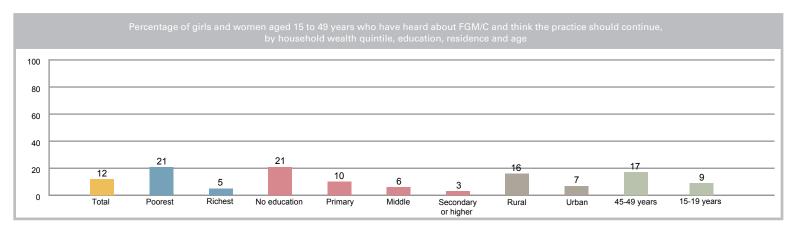
Source for all charts on this page: Population and Health Survey 2010, unless otherwise noted

WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?

A majority of people in Eritrea think that FGM/C should stop

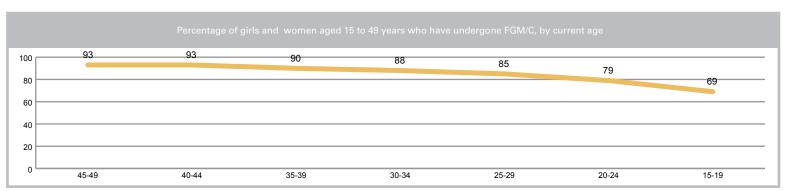


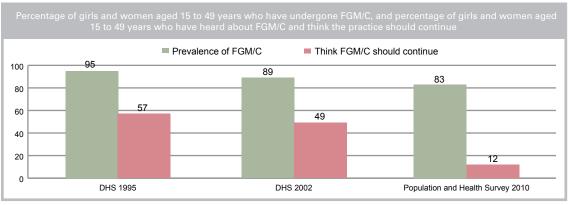




IS THE PRACTICE OF FGM/C CHANGING?

In Eritrea, there has been some decline in the prevalence of FGM/C over time



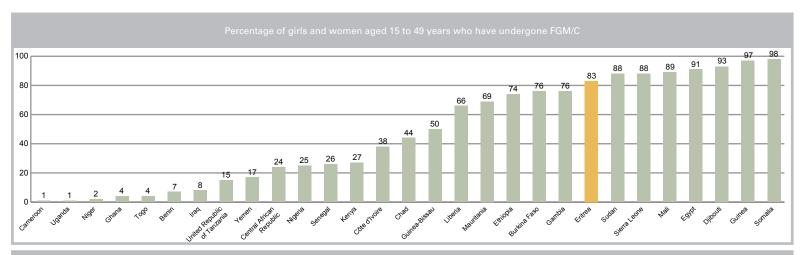


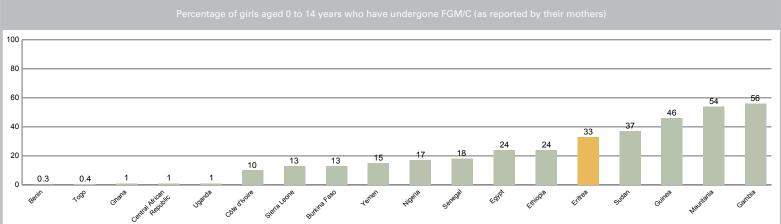
Source for all of the above charts: Population and Health Survey 2010, unless otherwise noted

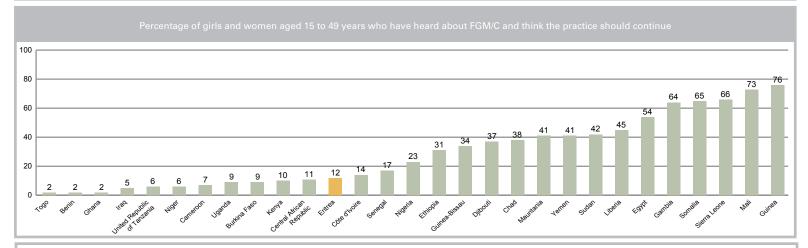
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INTER-COUNTRY STATISTICAL OVERVIEW







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. Egypt data refer to girls aged 0-17 years who have undergone FGM/C. Data on attitudes for Ghana are from MICS 2006 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, Population and Health Survey, SHHS and Welfare Monitoring Survey, 1997-2013

Updated July 2014



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.

FOR MORE INFORMATION

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