

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 UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDŞ WHO, Geneva, 2008, p. 4.

2010

National decree/legislation banning FGM/C passed

SELECTED STATISTICS ON WOMEN'S STATUS

| 10% | of women 20-24 years old were married or in union before age 15 |
|-------------|---|
| 40% | of women 20-24 years old were married or in union before age 18 |
| 33 % | of women 20-24 years old have given birth by age 18 |

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

Circumstances

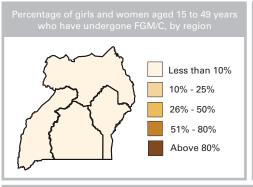
of women 15-49 years old make use of at least one type of information media at least once a week (newspaper, magazine, television, radio)

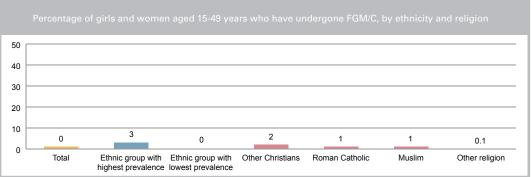
Source: DHS 2011

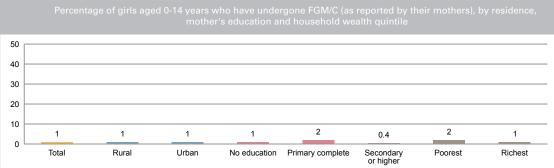


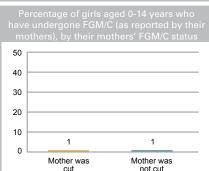
HOW WIDESPREAD IS THE PRACTICE?

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



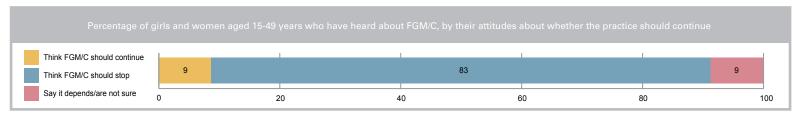






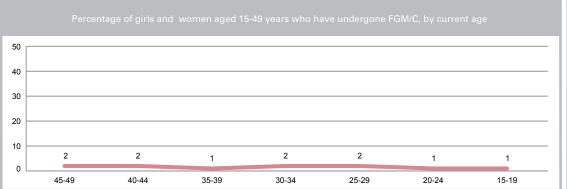
What are the prevailing attitudes towards FGM/C?

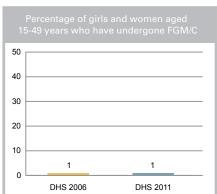
Most girls and women in Uganda think FGM/C should stop



Is the practice of FGM/C changing?

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





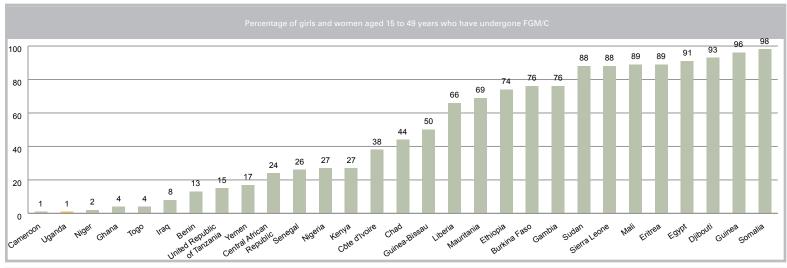
Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. Prevalence data for girls aged 0 to 14 reflect their current, but not final, FGM/C status since some girls who have not been cut may still be at risk of experiencing the practice once they reach the customary age for cutting. Therefore, the data on prevalence for girls under age 15 is actually an underestimation of the true extent of the practice. Since age at cutting varies among settings, the amount of underestimation also varies and this should be kept in mind when interpreting all FGM/C prevalence data for this age group. Trends in attitudes towards the practice could not be reported since data on attitudes towards FGM/C were not collected in DHS 2006.

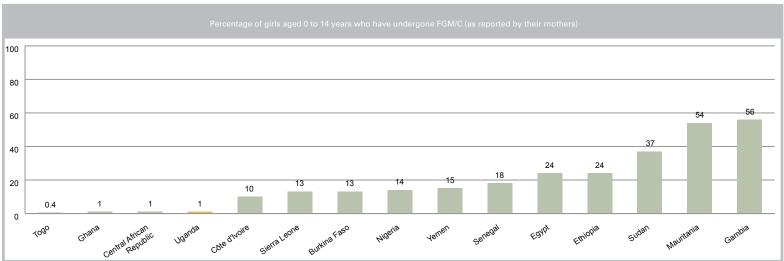
Source for all of the above charts: DHS 2011

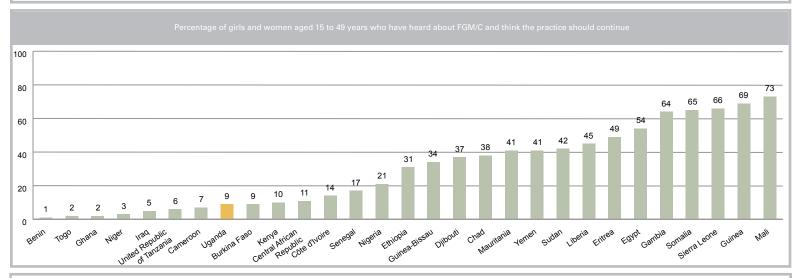
UGANDA



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, 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.

