

## Female genital mutilation/cutting and child, early and forced marriage

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### Female genital mutilation/cutting (FGM/C)

FGM/C is the forcible removal of a girl's external genitals. In half of the countries that practice FGM/C, the majority of girls are cut before age 5; elsewhere, cutting occurs between 5 and 14 years of age. Female genital mutilation/cutting contravenes human, health, child and women's rights and there are severe, negative impacts to cutting a girl.

### Child, early and forced marriage (CEFM)

Child marriage is a formal marriage or informal union before age 18 and imposes adult roles and responsibilities before a girl is physically, psychologically and emotionally prepared. Child marriage restricts girls' freedom and decision-making power; causes social isolation; leads to unwanted or coerced sexual intercourse; and physical, emotional or sexual violence. A child bride may become pregnant before her body is ready, and experience complications during pregnancy resulting in disability or even death.

### FGM/C and CEFM

- Of 29 countries for which there is national data on FGM/C prevalence, every single one practices CEFM
- 22 out of the 29 feature on UNFPA's list of countries with a worryingly high rate of CEFM (over 30%)
- A similar set of social pressures and belief govern both FGM/C and CEFM, in particular the need to safeguard a girl's 'purity' prior to marriage
- A community which supports FGM/C is also likely to push its children into early marriage since beliefs about the need to ensure a girl's virginity and 'purity' are strengthened by following FGM/C with CEFM
- When women's and girls' sexual rights are realised, and when they have autonomy and control over their bodies, FGM/C, CEFM and other harmful practices may decrease.

### FGM/C, CEFM, maternal health and infant mortality

- The highest rates of maternal and infant mortality occur in FGM/C and CEFM practising regions
- Early and frequent pregnancies and forced continuation of pregnancy are all common in child marriages. They are closely linked to high maternal and infant morbidity and mortality rates and can have an adverse effect on girls' sexual and reproductive health.
- In 2006, WHO found that women who have undergone more extreme forms of FGM/C are 70% more likely to suffer post-partum haemorrhage and 30% more likely to require a caesarean section than other women. There are also likely to be 1 or 2 infant deaths per 100 births among women who have undergone FGM/C, largely as a result of obstructed labour. This study only examined women with access to hospitals; the number of women affected is likely to be much higher.
- A 2013 review by the Norwegian Knowledge Centre for the Health Services backed up WHO findings and concluded: "the increased risk of harm is unmistakable... the increase in obstetric suffering and morbidity is too high to justify continuing the practice."

| Factor                           | FGM/C <sup>1</sup>   | CEFM <sup>2</sup>  |
|----------------------------------|--|--|
| <b>Scale</b>                     | 30 million girls at risk over the next decade (excluding Indonesia and others). Over 130 million girls and women affected.   | Girls Not Brides estimates that 15 million girls are married before the age of 18 each year. One in five girls in developing world is married by the age of 18. One in nine before 15. 38% in Sub-Saharan Africa, 14.3 million girls. 142 million girls at risk over next decade. Girls disproportionately affected.   |
| <b>Impacts</b>                   | Shock, fear, pain and psychological trauma, infection, septicaemia, tetanus and septic shock, HIV transmission, lacerations, urine retention. Highest rates of maternal/infant mortality occur in practicing regions, women 70% more likely to suffer PPH, twice as likely to die during childbirth, more likely to give birth to a stillborn, largely as a result of obstructed labour <sup>3</sup> . Often results in missed school classes. | Linked to health risks, notably due to early first pregnancy. Mother under 18, infant's risk of dying in first year 60% greater than that born to a mother 19+. Child more likely to suffer low birth weight, under nutrition & late development. Risk of violence, abuse & exploitation. Separation from family and friends & lack of freedom, consequences on girls' mental & physical well-being. Often results in an end to education. |
| <b>Highest prevalence</b>        | Egypt, Ethiopia, Nigeria (women affected), Somalia, Guinea, Djibouti (prevalence)  | Mali, Niger, Uganda, Burkina Faso and Cameroon   |
| <b>Where</b>                     | National prevalence data in 27 countries in Africa, Yemen and Iraq. Elsewhere in the Middle East and Asia, e.g. Oman, Indonesia & Malaysia but no national data exist.   | Nearly everywhere. Particularly widespread in South Asia and in sub-Saharan Africa.  |
| <b>Reasons</b>                   | Social norm, preservation of virginity, social acceptance, marriageability   | Social norm, gender inequality, poverty, negative traditional practices, failure to enforce laws, conflict   |
| <b>Internationally</b>           | Indicator 5.3.2 within the SDGs <sup>4</sup> . On December 21st 2012, UNGA passed a resolution calling for intensified efforts towards ending FGM/C globally.  | Indicator 5.3.1 within the SDGs. Violates Article 16 of the UN of Human Rights & several other human rights treaties.  |
| <b>Data</b>                      | Becoming less common in slightly more than half of 29 countries studied. Decline is striking in some countries with low prevalence. In most practicing countries (19/29) the majority of girls and women think FGM/C should end.   | Data from 47 countries shows median age is gradually increasing but improvement is limited to families with higher incomes and pace of change slow.  |
| <b>Large Scale Interventions</b> | The Girl Generation, UNFPA-UNICEF Joint Programme on FGM/C   | Girls not Brides, Because I am a Girl  |
| <b>Prevention</b>                | Education and empowerment. Involvement of whole community  | Education; when a girl receives 7+ years of education, marries average 4 years later.  |

<sup>1</sup> [http://www.unicef.org/media/files/UNICEF\\_FGM\\_report\\_July\\_2013\\_Hi\\_res.pdf](http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf)

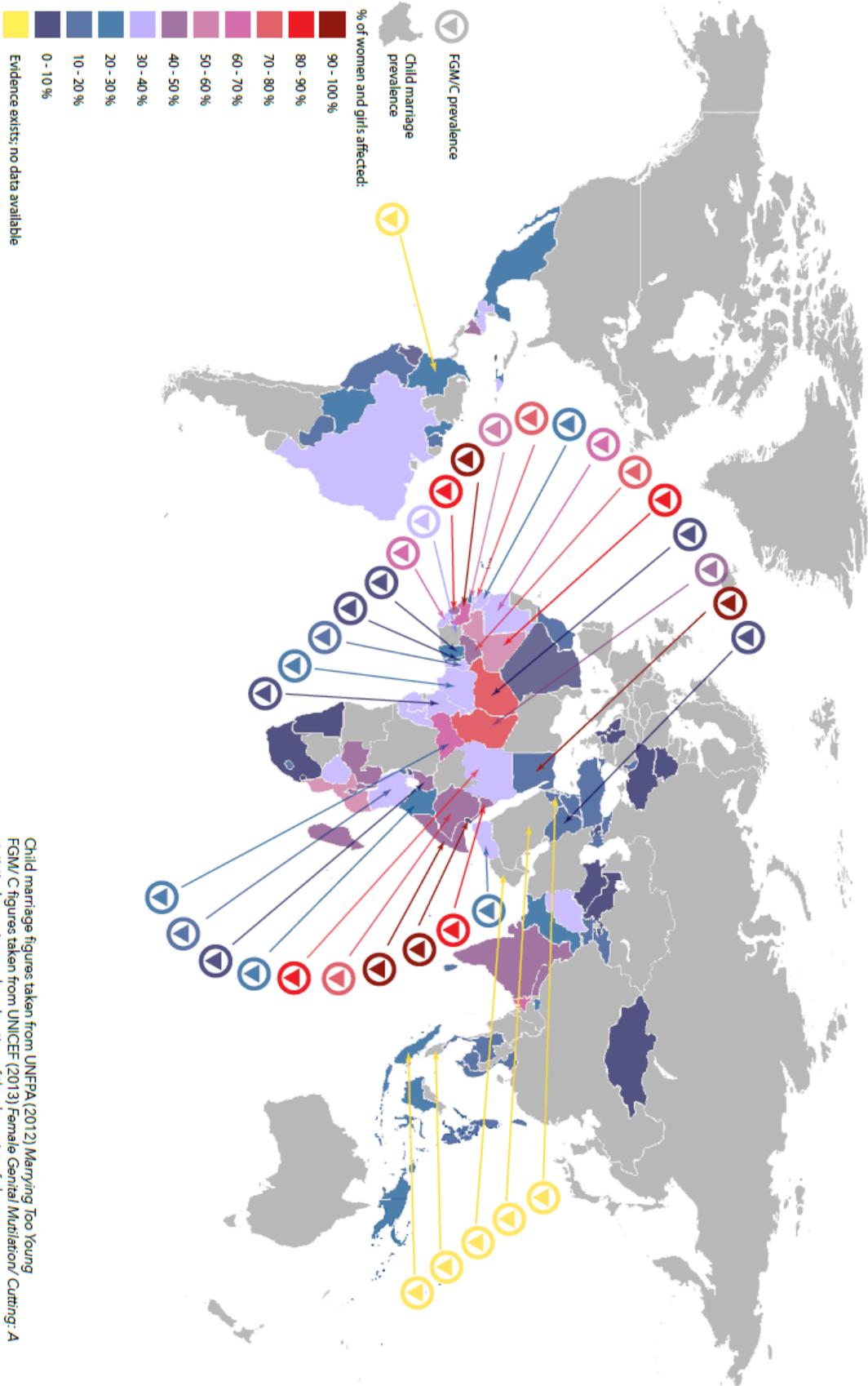
<sup>2</sup> <http://www.girlsnotbrides.org/about-child-marriage/>  
<http://www.plan-uk.org/because-i-am-a-girl/early-and-forced-marriage/>

Preventing and eliminating child, early and forced marriage, Report of the Office of the United Nations High Commissioner for Human Rights (2014)

<sup>3</sup> WHO 2006, [http://www.who.int/reproductivehealth/publications/fgm/obstetric\\_costs/en/](http://www.who.int/reproductivehealth/publications/fgm/obstetric_costs/en/)

<sup>4</sup> <http://unstats.un.org/sdgs/>

Prevalence of Women 20-24 Married/In Union before age 18 and FGM/C among girls and Women around the World



Child marriage figures taken from UNFPA(2012) *Marrying Too Young*  
FGM/C figures taken from UNICEF (2013) *Female Genital Mutilation/ Cutting: A statistical overview and exploration of the dynamics of change*  
A number of HTTs affect diaspora communities in the UK and beyond. See pg 22 for more details