

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, UNAIDS, WHO, Geneva, 2008, p. 4

2011

National decree/legislation banning FGM/C passed in Kurdistan Region

SELECTED STATISTICS ON WOMEN'S STATUS

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

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

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

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

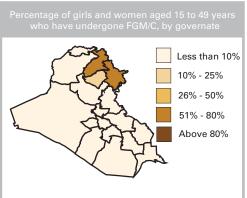
of women 15-49 years in union currently using any contraceptive method

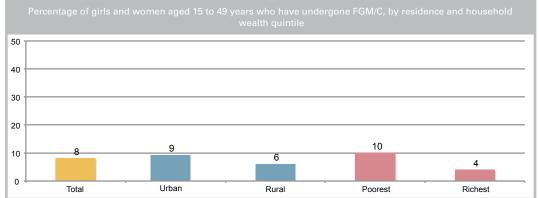
Source: MICS 2011

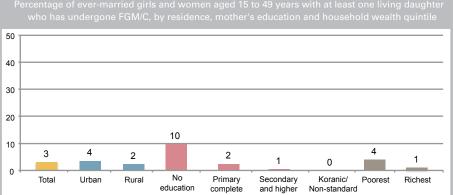


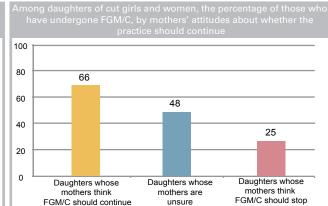
HOW WIDESPREAD IS THE PRACTICE?

In Iraq, the practice of FGM/C is concentrated in a few northern regions



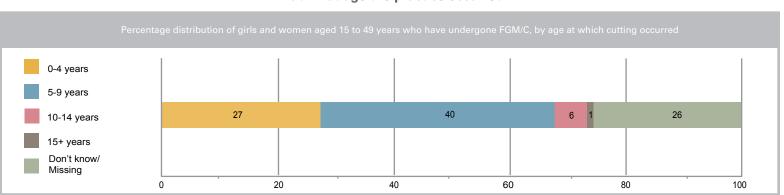


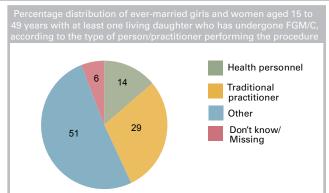




WHEN AND HOW IS FGM/C PERFORMED?

Approximately half of girls and women underwent FMG/C after age 5, but for one in four women it is unclear at what age the practice occurred



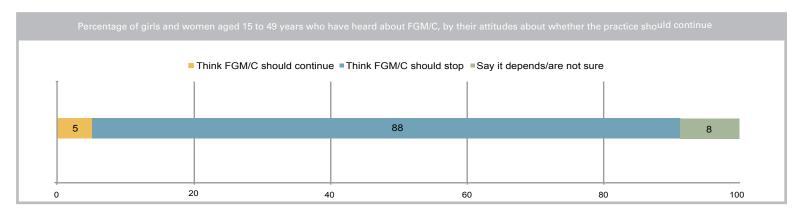


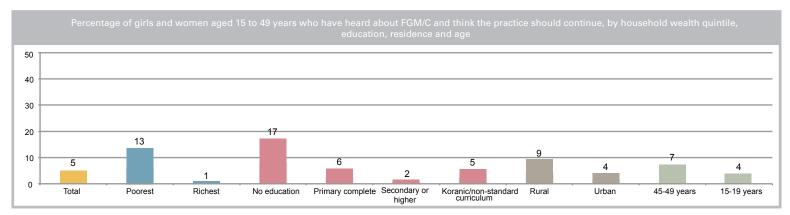
Notes: The boundaries and the names shown and the designations used on the majo on oil imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. There is no ethnicity or religion data for Iraq. Health personnel includes doctors, nurses, midwives and other health workers; Traditional practitioner refers to 'traditional (unlicensed) birth attendant/grandmother'; 'Other' refers to the combined categories 'other' and 'relative/friend'.

Source for all charts on this page: MICS 2011

WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?

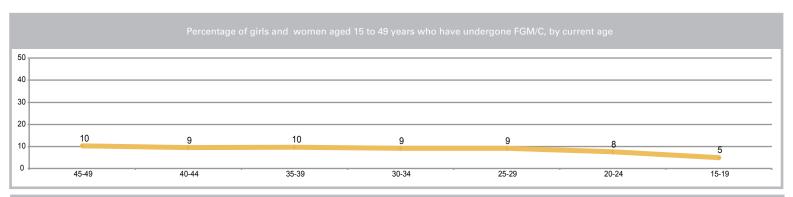
Almost all girls and women in Iraq think that FGM/C should stop

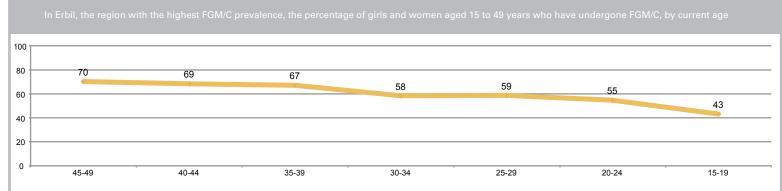




IS THE PRACTICE OF FGM/C CHANGING?

In Erbil, the region with the highest level of FGM/C, the prevalence has dropped significantly over time

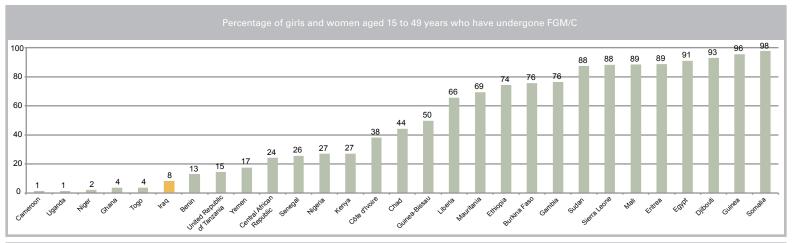


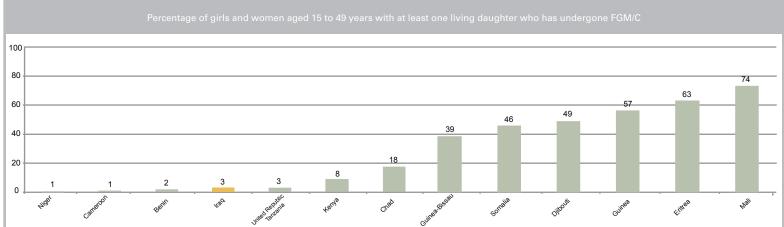


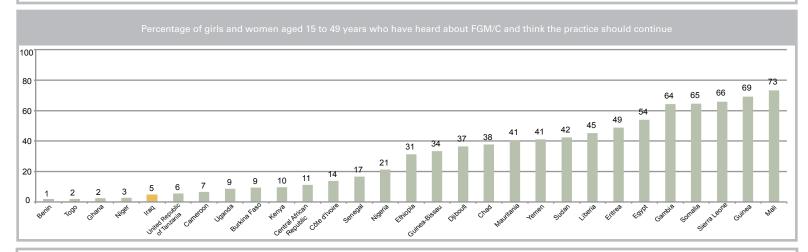
IRAQ



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. 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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