SIERRA LEONE



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."1 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.

No national decree/legislation banning FGM/C

SELECTED STATISTICS ON WOMEN'S STATUS

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

39 %	of women 20-24 years were married or
	in union before age 18

63 %	of women 15-49 years old think that a husband/partner is justified in hitting/
	beating his wife/partner under certain circumstances

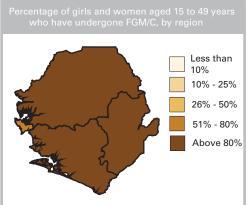
6	of women 15-49 years old who make use of at least one type of information	
	media at least once a week (newspaper, magazine, television, radio)	

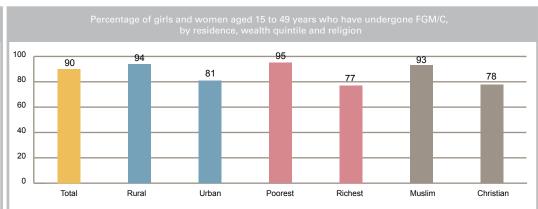
Source: DHS 2013

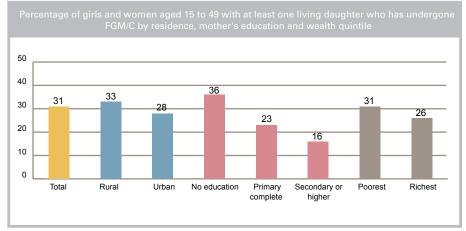


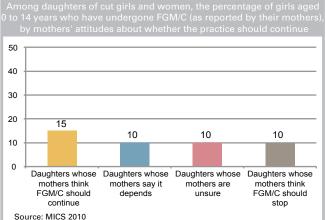
HOW WIDESPREAD IS THE PRACTICE?

9 in 10 girls and women in Sierra Leone have undergone FGM/C



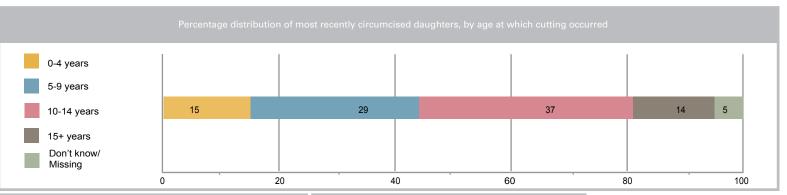


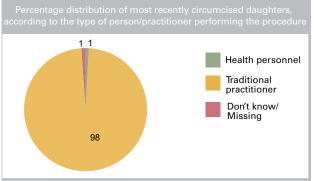


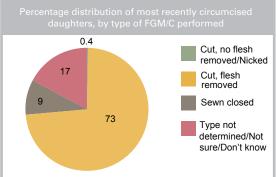


WHEN AND HOW IS FGM/C PERFORMED?

Two in three girls experienced the practice between ages 5 and 14





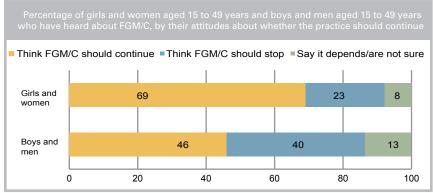


Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. 'Health personnel' includes doctors, nurses, midwives and other health workers; 'Traditional practitioner' includes that the control process of traditional practitioners, traditional midwives and other types of traditional practitioners.

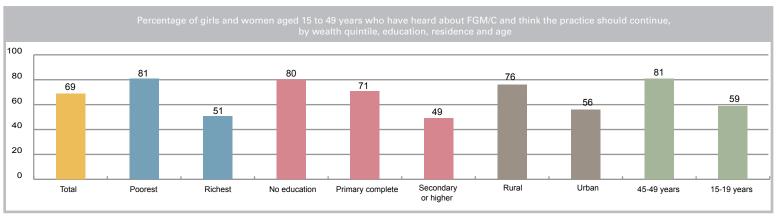
Source for all charts on this page: DHS 2013, unless otherwise noted

WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?

Women are more likely than men to support the continuation of the practice



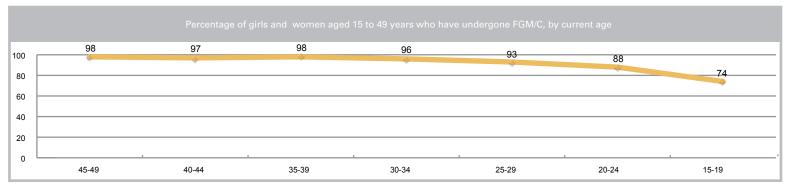


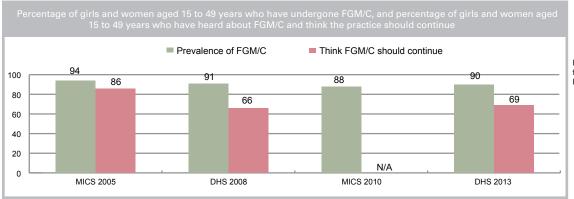


Source for all the above charts: DHS 2013

IS THE PRACTICE OF FGM/C CHANGING?

There is evidence of some decline in the prevalence of FGM/C in Sierra Leone, and attitudes towards the practice have also changed over time



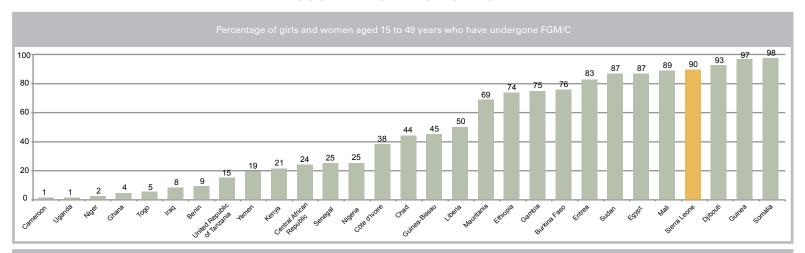


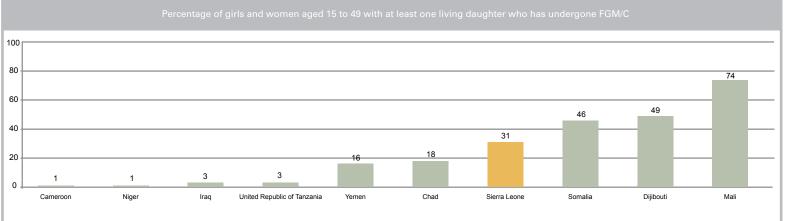
Source: DHS 2013

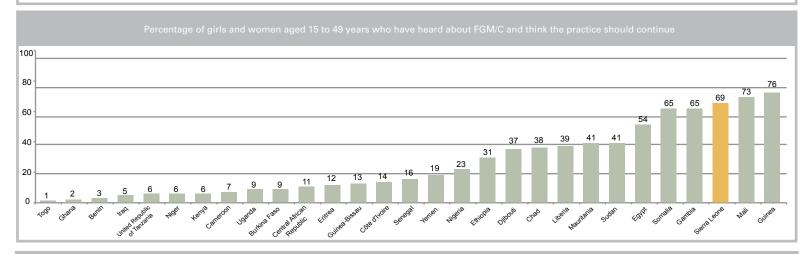
Notes: N/A = not available. Data on attitudes from the 2010 MICS are excluded due to a lack of comparability.

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INTER-COUNTRY STATISTICAL OVERVIEW







Notes: Data for Iraq and Yemen refer to ever-married girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C. MICS data for Ghana (2011) could not be used to report on attitudes towards FGM/C due to the fact that information is missing for girls and women with no living daughters; data from MICS 2006 are used instead. 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 2013 DHS is higher than would be expected had all girls and women been asked their opinion.

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Sources: DHS, MICS, Population and Health Survey, 2004-2015.

FOR MORE INFORMATION