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FEMALE GENITAL MUTILATION

A GLOBAL CONCERN

2024 UPDATE

COVER PHOTO:

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Asiya Abdu waits for an antenatal visit in Amibara, Ethiopia. As a child, she underwent female genital mutilation, which can cause complications during pregnancy and delivery.

Thirteen-year-old **Salamatu Jalloh** had her whole life to look forward to. But in January 2024, her lifeless body was found wrapped in a pink and blue shroud on an earthen floor in a village in northwest Sierra Leone. She and two other girls, **Adamsay Sesay**, 12, and **Kadiatu Bangura**, 17, are presumed to have bled to death after participating in a secret Bondo Society initiation into womanhood. The weeks-long ceremony began with a sense of excitement and anticipation – a rare occasion in this rural community to celebrate girls. But at its core was a violent act: the cutting and removal of the girls' external genitalia.

Around the world, over 230 million girls and women have survived female genital mutilation, known as FGM, but live with its consequences. Beyond excruciating pain and severe bleeding, long-term physical and psychological damage can result from the procedure, including infection, infertility and post-traumatic stress disorder. Many girls and women who have been cut also face childbearing complications, including postpartum haemorrhage, stillbirth and infant mortality.

The ages at which girls typically experience genital mutilation extend from infancy to adolescence, and the types of cutting performed also vary. In the most severe form, infibulation, the cut edges of the labia are sewn together, and must be reopened for sexual intercourse or childbirth. In contrast, the genitals can be pricked or nicked, drawing blood, but with no permanent alteration to the genitalia – a largely symbolic procedure sometimes performed in a doctor's office or hospital. Regardless of the type or consequences, FGM is a violation of universal human rights principles.

Several countries are making tremendous strides in reducing the practice of female genital mutilation. Still, the fragility of such progress cannot be overstated. Assaults on women's and girls' rights in countries around the globe have meant that hard-won gains are in danger of being lost. Advancements in some countries have stalled or even been reversed due to changing ideologies as well as the fallout from instability and conflict, which can disrupt services to support those who have been cut and programmes aimed at preventing the practice.

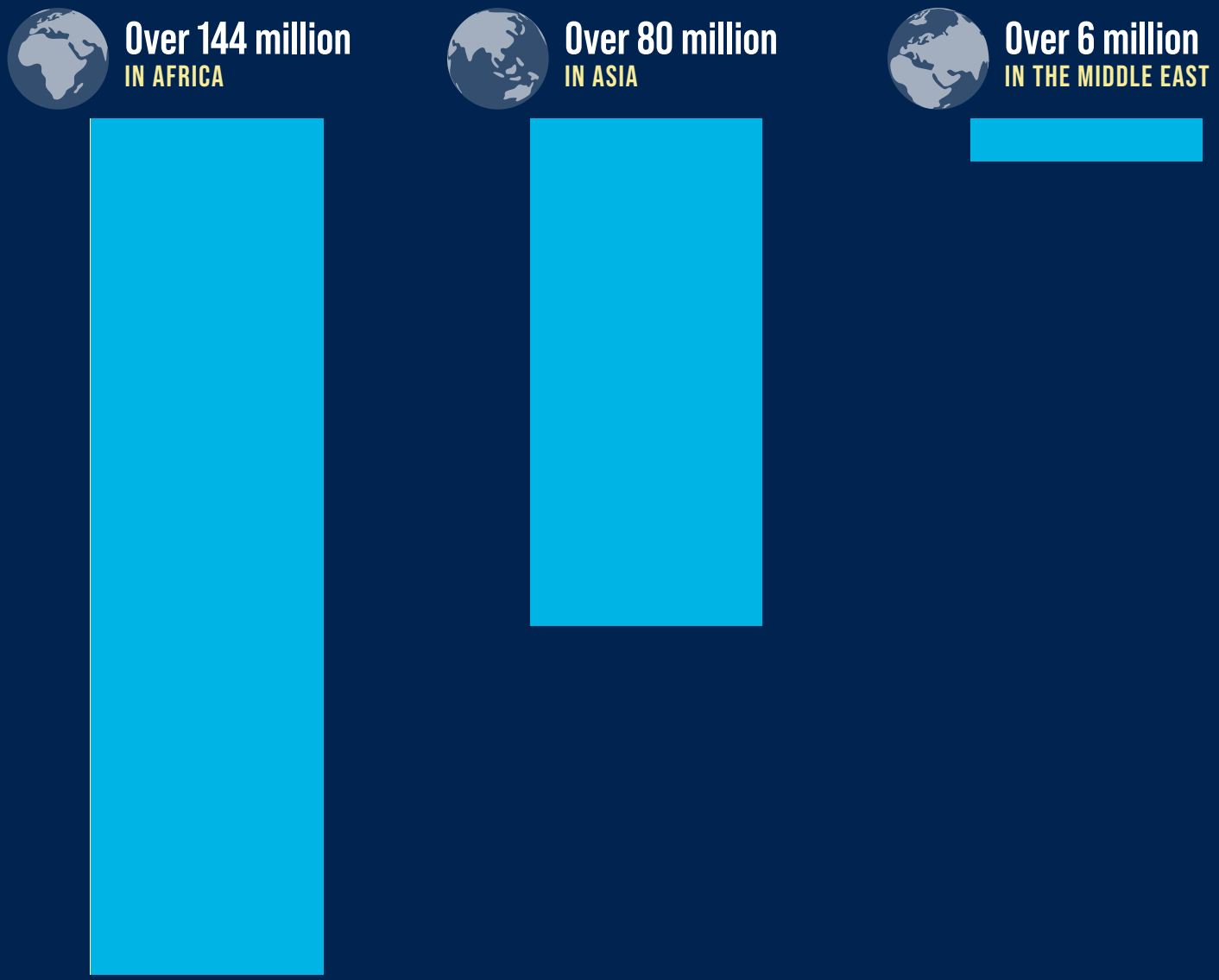
This publication provides the latest data available on the status of female genital mutilation. It narrates through numbers the stories of million of girls and women who, unlike the three adolescents in Sierra Leone, survived the practice and the millions more who remain at risk.

The international community and member states of the United Nations have committed to creating a world in which no girl dies of female genital mutilation, and no girl has to endure its consequences, by pledging to eliminate FGM by 2030 in the Sustainable Development Goals. Ending this harmful practice is possible, as the following pages show. But it will take sustained and concerted engagement with practising communities along with an in-depth understanding of the complex social and cultural forces that fuel its continuation.

OVER 230 MILLION GIRLS AND WOMEN WORLDWIDE HAVE UNDERGONE FEMALE GENITAL MUTILATION

Around 4 million girls are subjected to the practice every year.

Fig. 1: Number of girls and women of all ages who have undergone female genital mutilation



Between 1-2 million

IN SMALL PRACTISING COMMUNITIES AND DESTINATION COUNTRIES FOR MIGRATION IN THE REST OF THE WORLD

Female genital mutilation occurs in countries and isolated communities around the globe.[1] Thanks to large-scale data collection, much is known about the extent of the practice in countries most affected. In other countries, however, the precise number of cases remains unknown.

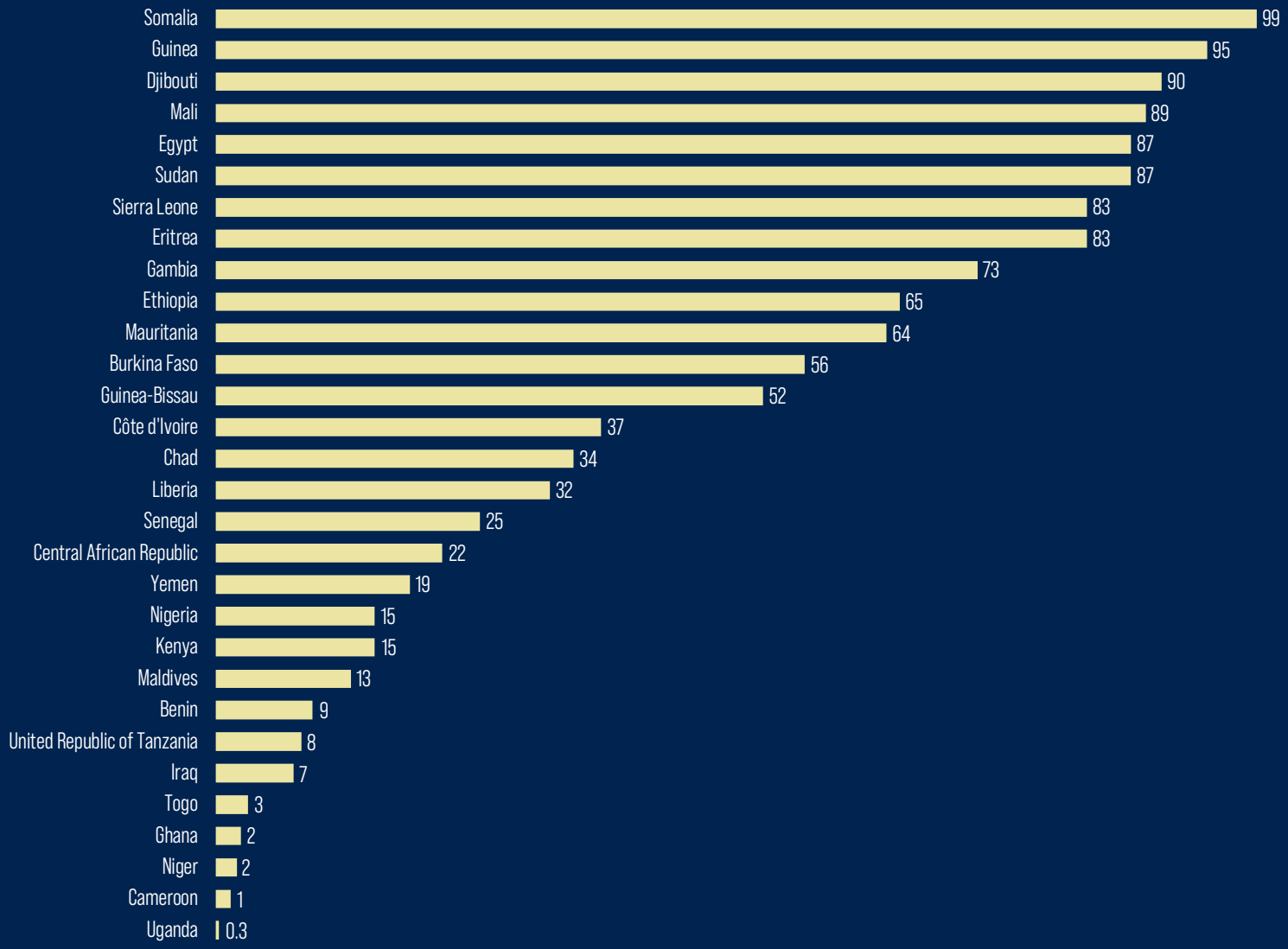
Data are not routinely collected in countries where the practice is limited to small communities, or in other countries that are destinations for migrants. Still, considering the potential size of such populations – and the damage the practice can inflict – it is important to take them into account.

Botege Sancha (left) supports young girls in Silt'e, Ethiopia, and intervened to prevent Mekiya Mude from undergoing female genital mutilation.

THE PREVALENCE OF FEMALE GENITAL MUTILATION VARIES GREATLY ACROSS COUNTRIES, WITH THE HIGHEST LEVELS FOUND IN SOMALIA, GUINEA AND DJIBOUTI

The opening section of this report presents a global estimate of the number of girls and women affected by female genital mutilation (see Figure 1). The remaining pages focus on the 31 countries that have collected nationally representative and internationally comparable data on the practice. Such data allow for relevant analysis of the prevalence of female genital mutilation, the circumstances under which it is carried out, and communities' attitudes towards the practice.

Fig. 2: Percentage of girls and women aged 15 to 49 years who have undergone female genital mutilation

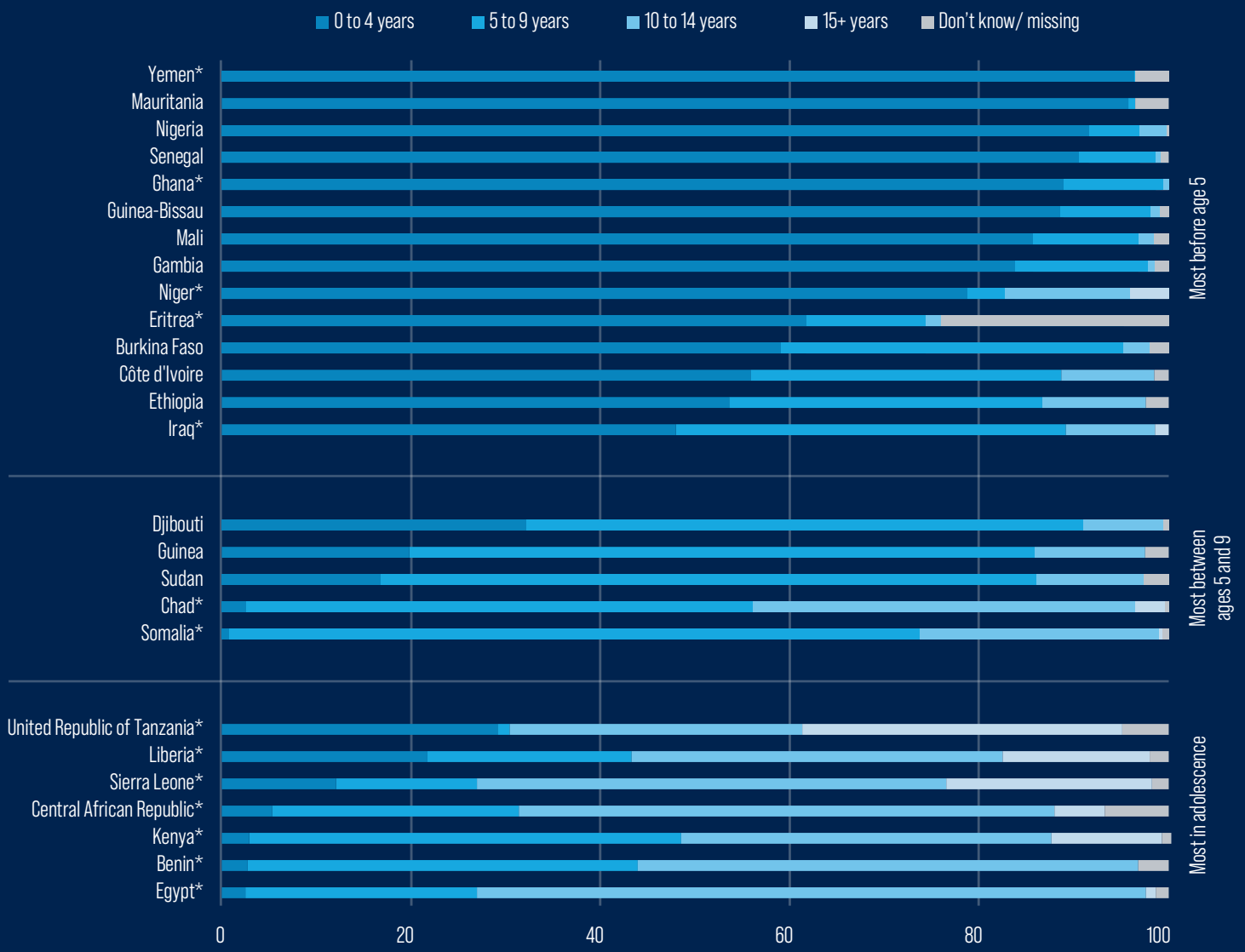


A social worker in Mali counsels a girl who underwent female genital mutilation.

IN SOME COUNTRIES, FEMALE GENITAL MUTILATION IS PERFORMED VERY EARLY IN LIFE, WHILE IN OTHERS IT OCCURS DURING ADOLESCENCE

Every year, over 2 million girls are subjected to female genital mutilation before their fifth birthday. In many contexts, the procedure is performed in the first days or weeks of life, leaving only a brief span of time for possible intervention.

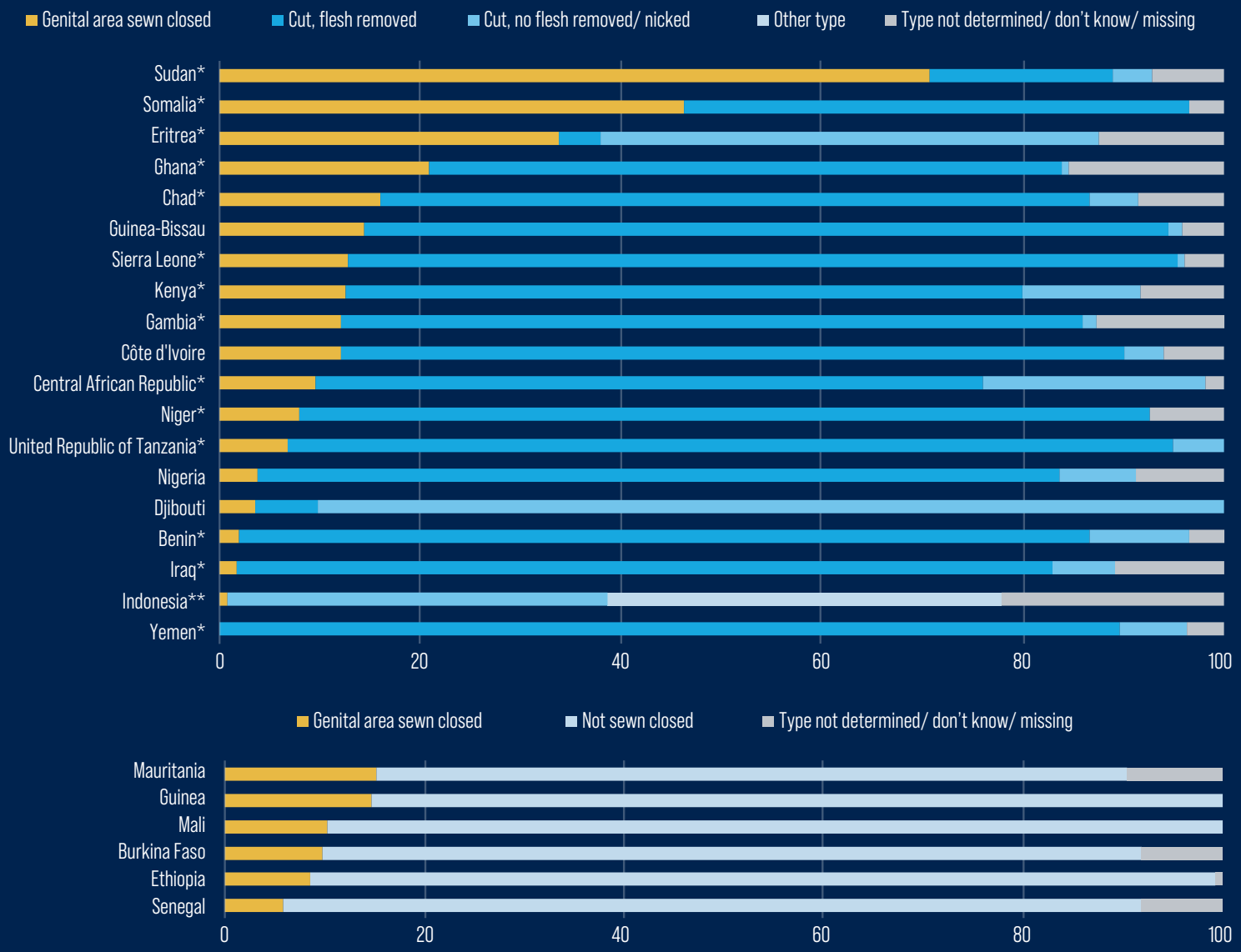
Fig. 3: Percentage distribution of girls aged 10 to 14 years (or 15 to 19 years*) who have undergone female genital mutilation, by age at cutting



THE TYPE OF FEMALE GENITAL MUTILATION PERFORMED VARIES BY COUNTRY, BUT MOST GIRLS EXPERIENCE CUTTING WITH REMOVAL OF FLESH

Every year, over half a million girls experience the most severe form of female genital mutilation, in which the genital area is sewn closed.

Fig. 4: Percentage distribution of girls aged 10 to 14 years (or 15 to 19 years*) who have undergone female genital mutilation, by type

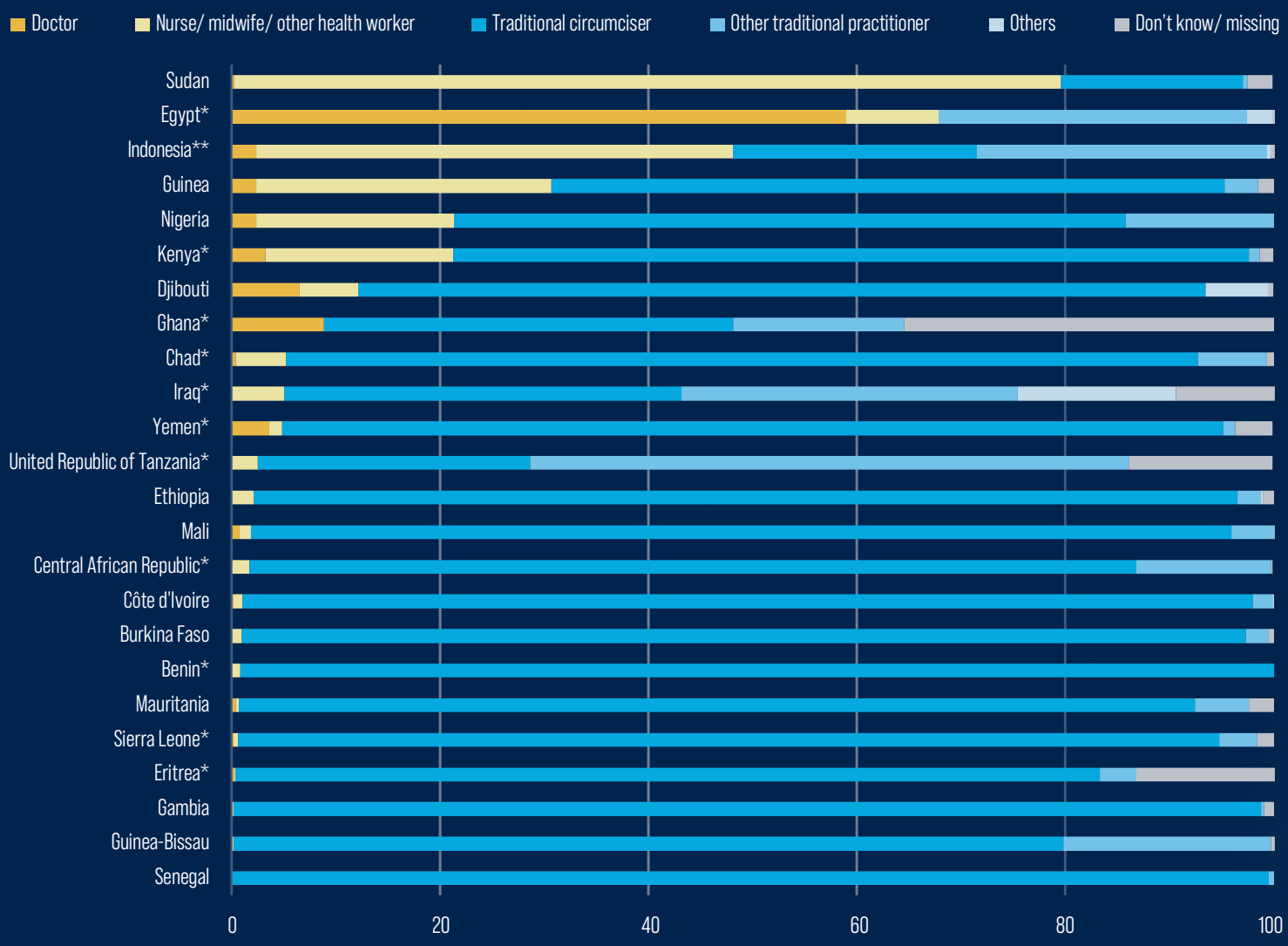


Notes: For Indonesia (**), the reference population are all daughters of girls and women surveyed. The chart is shown in two sections, since those in the lower group of countries had limited data on the type of cutting.

IN ALL COUNTRIES EXCEPT SUDAN AND EGYPT, TRADITIONAL PRACTITIONERS PERFORM MOST CASES OF FEMALE GENITAL MUTILATION

In total, 66 per cent of recently cut girls experienced FGM at the hands of health personnel. The countries in which medicalization of the practice is most common are also home to a large share of the burden of the practice.

Fig. 5: Percentage distribution of girls aged 10 to 14 years (or 15 to 19 years*) who have undergone female genital mutilation, by practitioner



Note: For Indonesia (**), the reference population are all daughters of girls and women surveyed.

Chekoi Margret is a former practitioner of female genital mutilation who stopped after witnessing girls dying from the procedure. She is now a vocal opponent of the practice in her community in Nakapiripirit District, Uganda.

Fig. 6: Percentage of girls and women aged 15 to 49 years who have undergone female genital mutilation and think the practice should stop, and percentage of boys and men aged 15 to 49 years who live in a household with at least one person who has undergone female genital mutilation and think the practice should stop

Notes: Countries are grouped according to their prevalence of female genital mutilation, defined as the percentage of girls and women aged 15 to 49 years who have undergone the practice. For females in Uganda, an older source is used for this figure compared to that used for other figures, since the latest source did not collect data on attitudes. For males, the countries presented in this chart include the subset that have collected data on boys' and men's attitudes towards female genital mutilation and for which the available data allowed for cross-referencing men's attitudes with the FGM status of their household members. Due to data availability, data on boys and men are from an older source than data for girls and women for the following countries, and thus should not be considered directly comparable: Benin, Chad, Côte d'Ivoire, Sierra Leone and Togo.

IN PRACTISING COMMUNITIES, A LARGE SHARE OF BOTH WOMEN AND MEN OPPOSE THE CONTINUATION OF FEMALE GENITAL MUTILATION

In total, 400 million people – two thirds of the population – in practising countries in Africa and the Middle East say they want the practice to end.

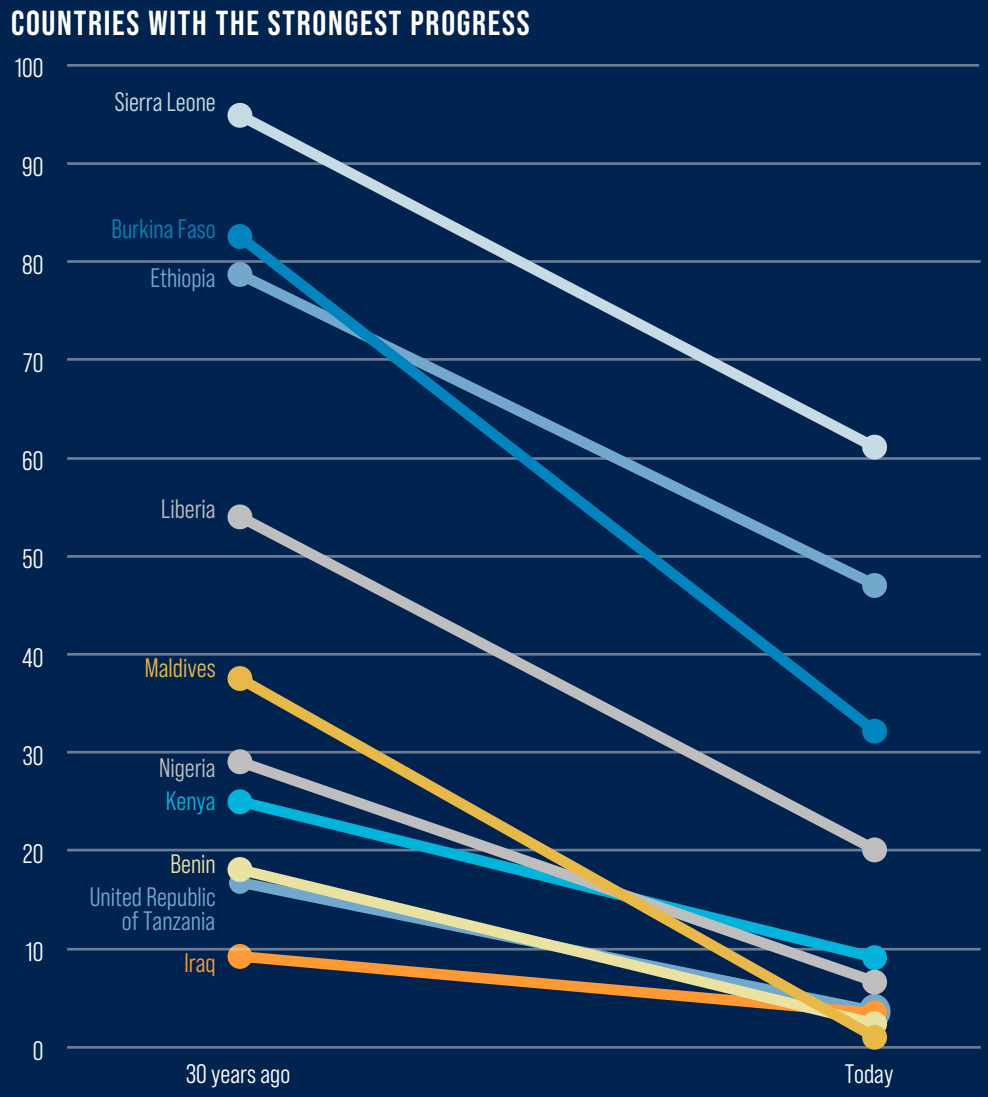
Meaza Garedu advocates against female genital mutilation in her village in Cheha District, Ethiopia, after undergoing the practice herself at age 10.

IN MANY COUNTRIES, COMMUNITIES ARE MOVING TOWARDS ABANDONMENT OF THE PRACTICE, ALTHOUGH PROGRESS TAKES DECADES; IN OTHER COUNTRIES, LEVELS HAVE STAGNATED

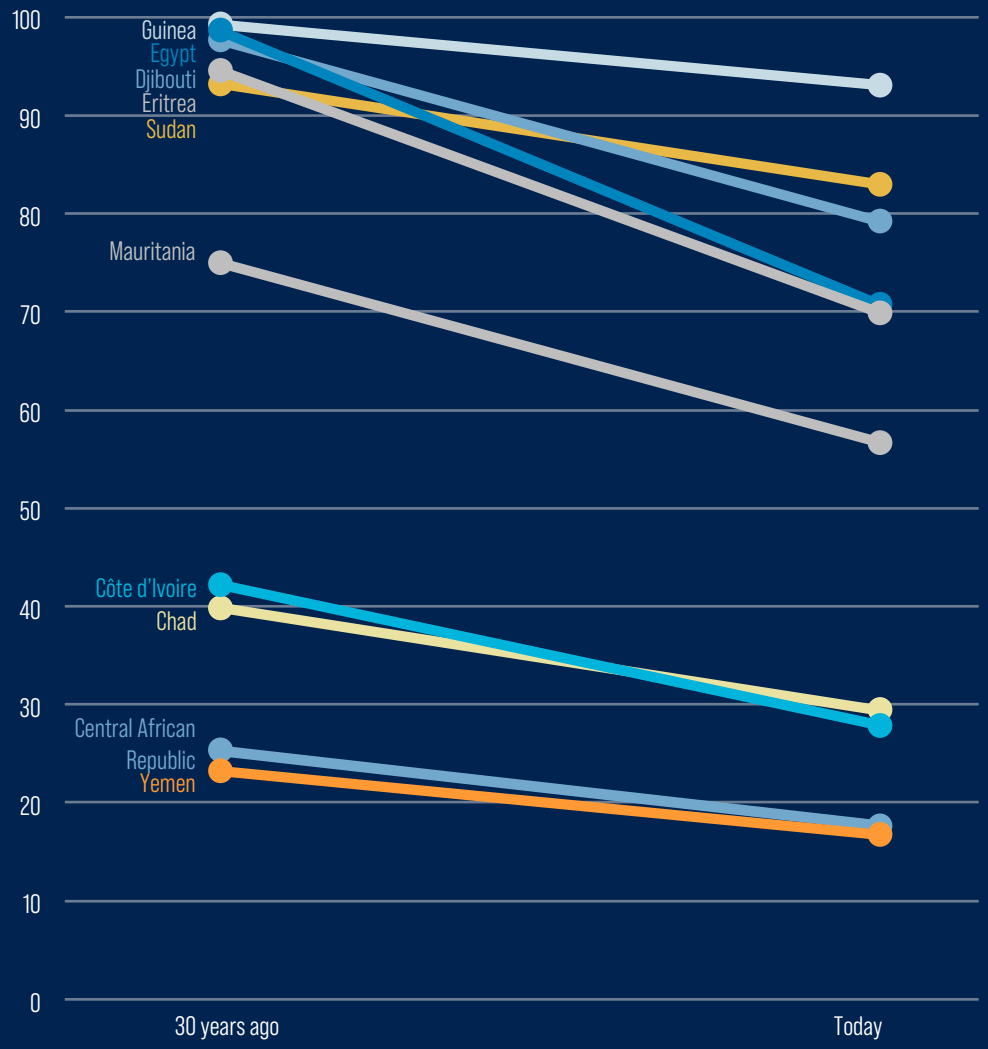
Where there are declines, the pace has increased in recent years: Half of the progress over the last 30 years has been achieved in the last decade.

Changes are also evident in the circumstances in which female genital mutilation is carried out. It is being performed at increasingly younger ages, closing the window of opportunity for intervention and prevention. Today, health personnel are more likely than in the past to be the ones performing the procedure.

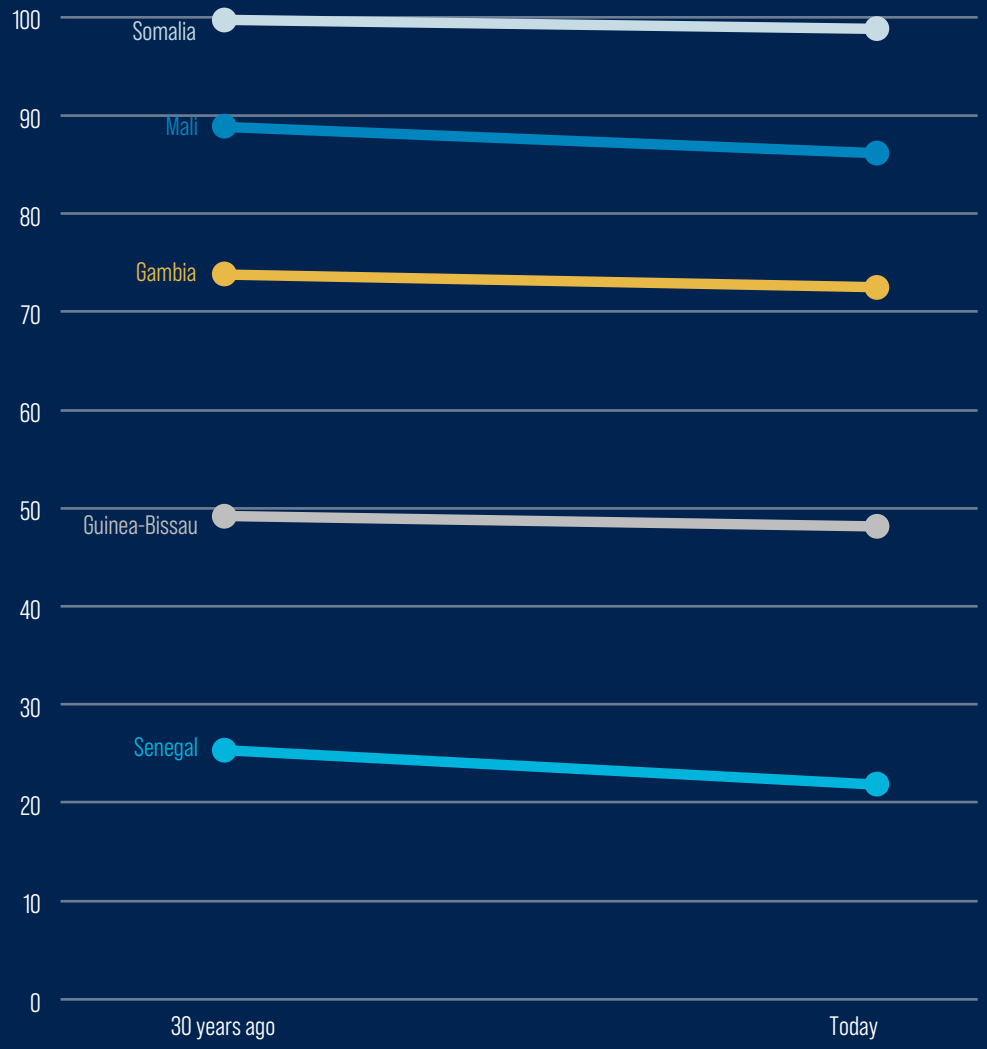
Fig. 7: Percentage of adolescent girls aged 15 to 19 years who have undergone female genital mutilation



COUNTRIES WITH SOME PROGRESS



COUNTRIES WITH NO PROGRESS

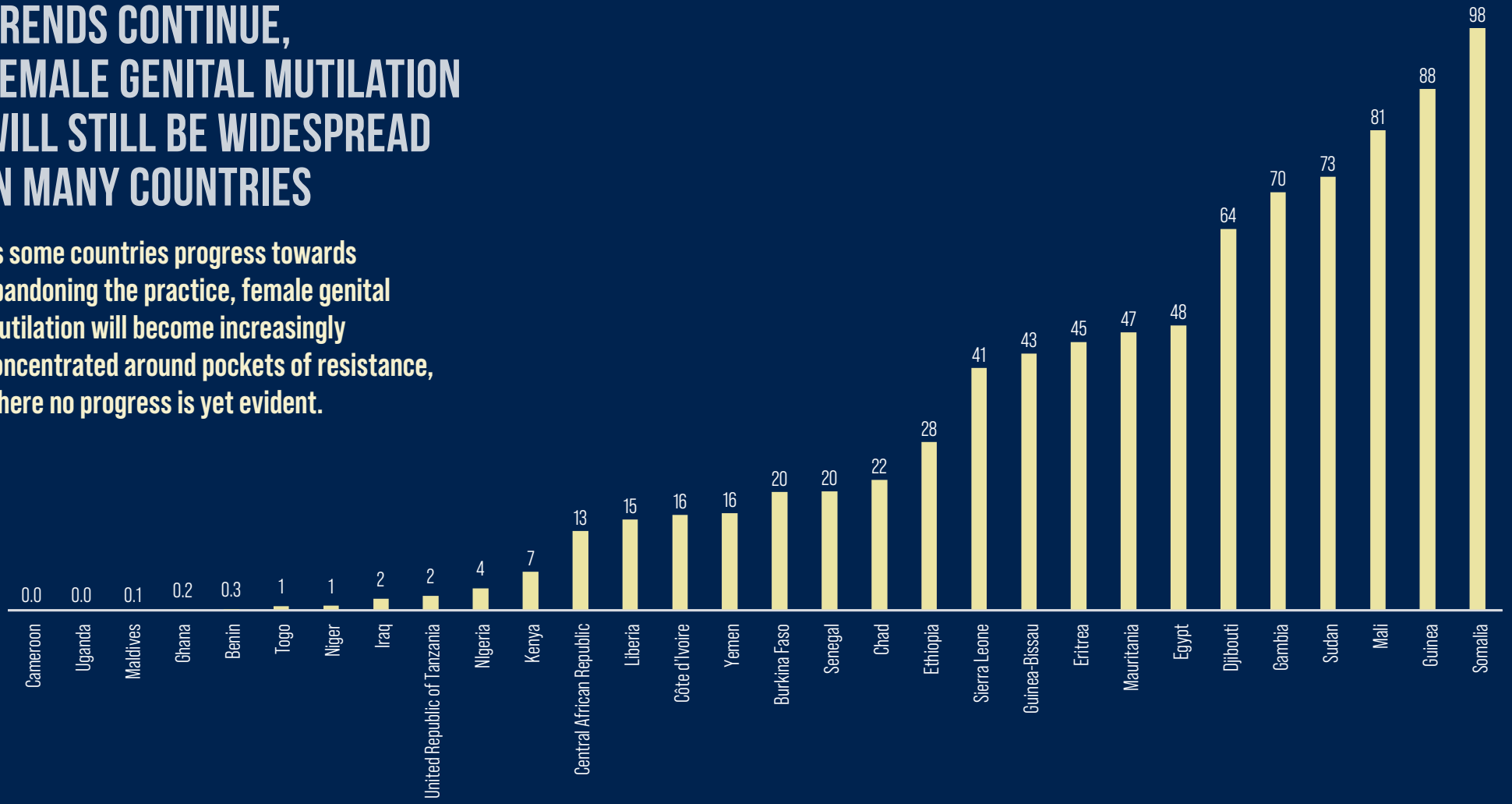


Notes: The chart on the left includes countries in which prevalence has been halved and/or has dropped by 30 percentage points in the past 30 years. The chart in the middle includes countries with a significant decline in prevalence, but that do not meet the criteria for the first category. The chart on the right includes countries without a significant decline in the practice. All three charts exclude countries with a national prevalence below 5 per cent.

IN 2030, IF CURRENT TRENDS CONTINUE, FEMALE GENITAL MUTILATION WILL STILL BE WIDESPREAD IN MANY COUNTRIES

As some countries progress towards abandoning the practice, female genital mutilation will become increasingly concentrated around pockets of resistance, where no progress is yet evident.

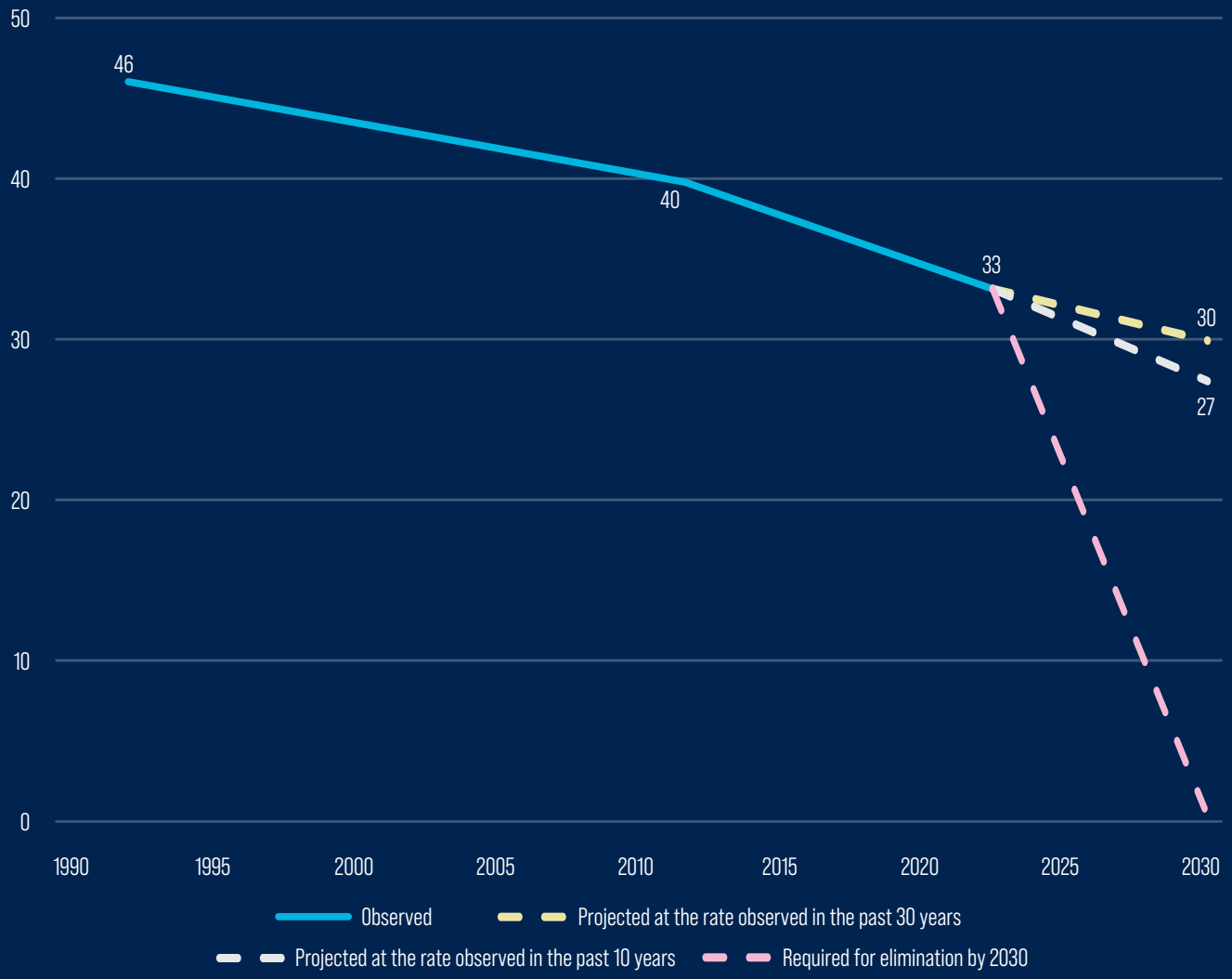
Fig. 8: Percentage of adolescent girls aged 15 to 19 years who have undergone female genital mutilation, projected value in 2030



Notes: Projections are calculated on the basis of a continuation of observed progress in each country over the latest 10-year period with data. In cases where the change over this period is not statistically significant, these projections may overestimate the amount of progress that can be expected by 2030.

THOUGH THE PACE OF PROGRESS IS PICKING UP, THE RATE OF DECLINE WOULD NEED TO BE 27 TIMES FASTER TO MEET THE TARGET OF ELIMINATING FEMALE GENITAL MUTILATION BY 2030

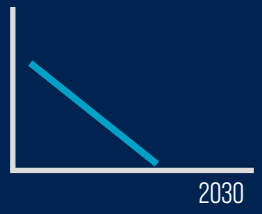
Fig. 9: Percentage of adolescent girls aged 15 to 19 years who have undergone female genital mutilation in countries making progress over the past 30 years, observed and projected



Note: See Technical notes for details on the calculation of projections.

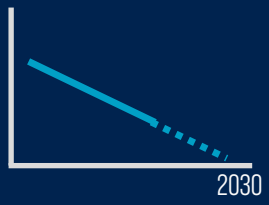
Fig. 10: Classification of countries according to their progress towards reaching the target of eliminating female genital mutilation by 2030

Target achieved before 2030



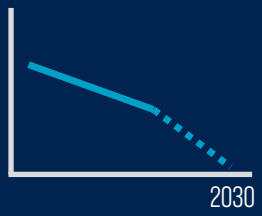
Cameroon
Ghana
Uganda

On track to achieve target by 2030



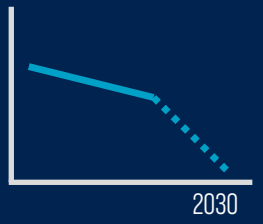
Benin
Togo
Niger
Maldives

Acceleration is required. Progress must be:
At least 2 times faster



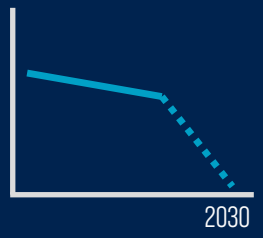
Iraq
Nigeria
United Republic of Tanzania

At least 5 times faster



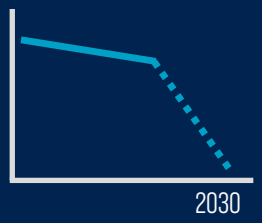
Burkina Faso
Kenya
Ethiopia
Eritrea
Sierra Leone

At least 10 times faster



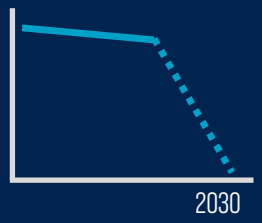
Central African Republic
Liberia
Egypt
Chad
Yemen

At least 20 times faster



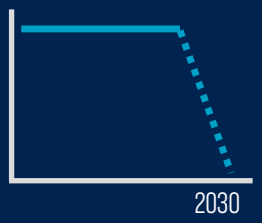
Djibouti
Mauritania
Sudan

At least 100 times faster



Guinea

No progress to date,
must overcome stagnation



Somalia
Mali
Gambia
Guinea-Bissau
Senegal

ELIMINATING FEMALE GENITAL MUTILATION BY 2030 WILL REQUIRE BENDING THE CURVE, IN SOME COUNTRIES VERY SHARPLY

The practice of female genital mutilation is declining, but not fast enough. If each country were able to match the pace of its best-performing peer, over a million cases could be averted each year. Still, even this level of achievement would leave millions more at risk of cutting. In some countries, progress would need to be 10 times faster than the best progress observed in history in order to reach the target by 2030.

A girl at her school in Amudat District, Uganda, attends a mentoring programme for students affected by harmful practices such as child marriage and female genital mutilation.

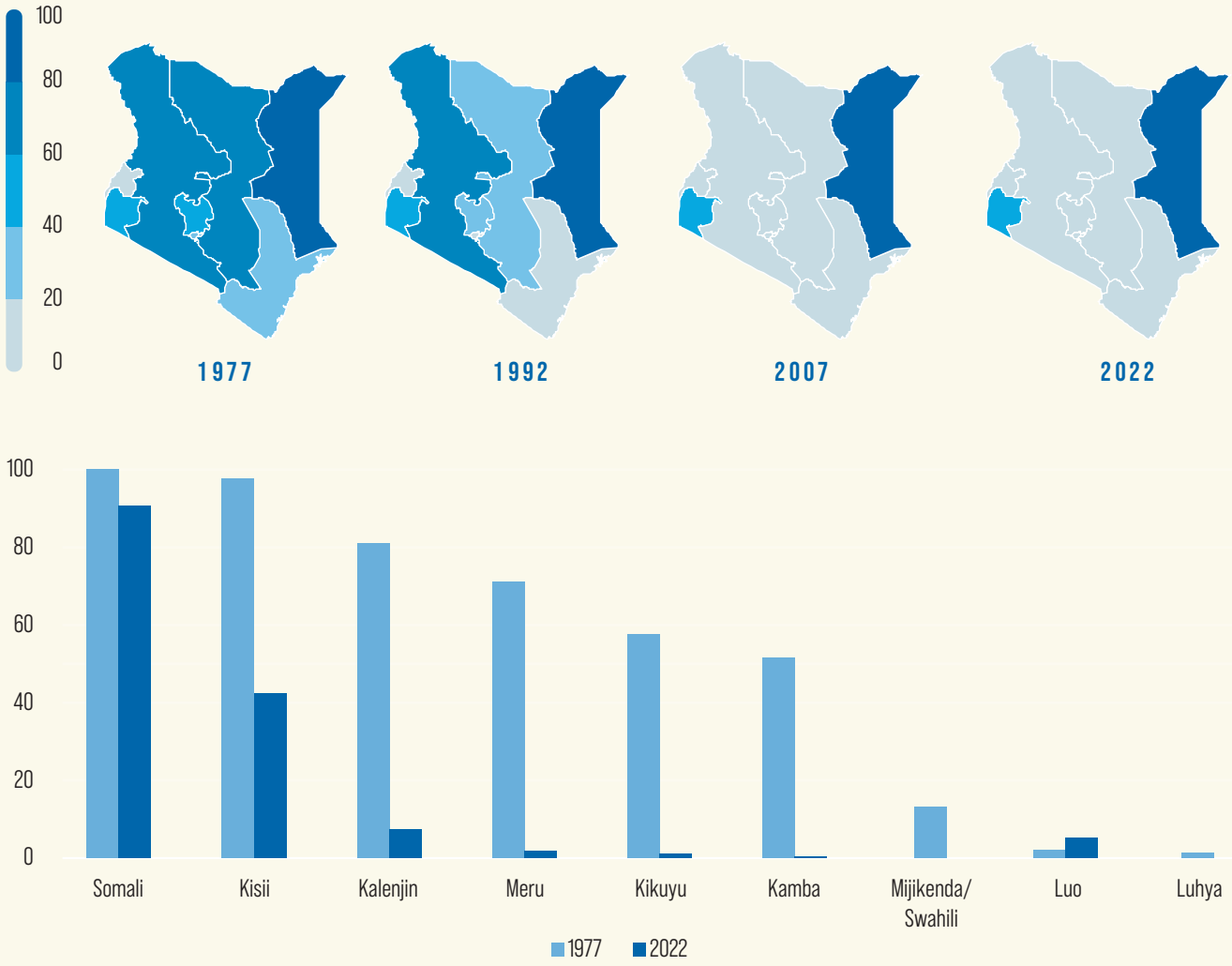
THE SOMALI COMMUNITY IN KENYA CONTINUES TO PRACTISE FEMALE GENITAL MUTILATION AT NEAR-UNIVERSAL LEVELS, IN CONTRAST TO TRENDS IN THE REST OF THE COUNTRY

Some countries have achieved tremendous progress in reducing levels of female genital mutilation, while others have advanced more slowly or stagnated (see Figure 8). The same pattern is evident *within* many countries, with some population groups moving towards abandonment of the practice even as others continue on as before.

Trends are often localized by geographic areas and among ethnic groups. This is not unexpected, since the reasons for upholding the practice often revolve around cultural significance, social acceptance and marriageability. In other words, families weigh heavily the expectations of their communities when deciding whether or not to cut their daughters. Where social expectations continue to require a girl to be cut to gain acceptance in the community, pockets of resistance can be strong, even if the rest of the country is abandoning the practice.

A clear example of this can be seen in Kenya, where over the last half century a remarkable transformation has occurred. While female genital mutilation was once widespread, most of the country has now abandoned the practice. Yet among the Somali community, concentrated in the North Eastern province of the country, there has been little change, and the practice remains nearly universal.

Fig. 11: Percentage of adolescent girls aged 15 to 19 years who have undergone female genital mutilation, by province and by ethnic group



Notes: This analysis included ethnic groups for which data were available for the entire reference period and that had a sufficient number of cases to perform the analysis. The apparent increase in prevalence in the Luo group is not statistically significant.

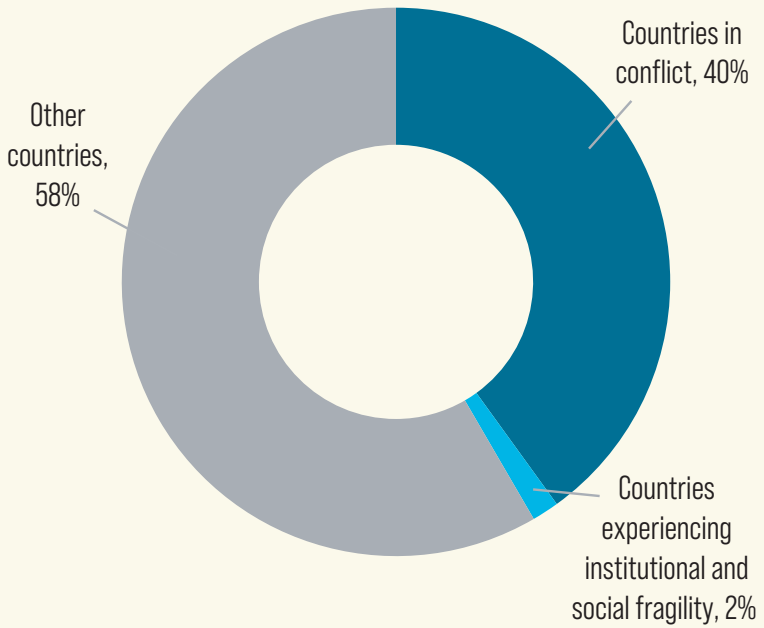
A group of young girls from Wajir County in North Eastern Kenya attend an open dialogue session on the abandonment of FGM in the Somali community.

AROUND 4 IN 10 GIRLS AND WOMEN WHO HAVE UNDERGONE FEMALE GENITAL MUTILATION LIVE IN COUNTRIES AFFECTED BY CONFLICT OR FRAGILITY

Female genital mutilation occurs in broad areas and isolated communities around the globe, including in countries experiencing conflict and other crises. In fact, substantial overlap is seen between countries in which female genital mutilation is most common and those classified as conflict-affected or experiencing institutional and social fragility.[2]

Such settings pose exceptional challenges, since the context makes it more difficult to address the needs of girls who have undergone the procedure and to implement programmes and policies known to help prevent the practice.

Fig. 12: Percentage distribution of the number of girls and women of all ages (pie chart) and percentage of girls and women aged 15 to 49 years (bar chart) who have undergone female genital mutilation, according to fragility classification



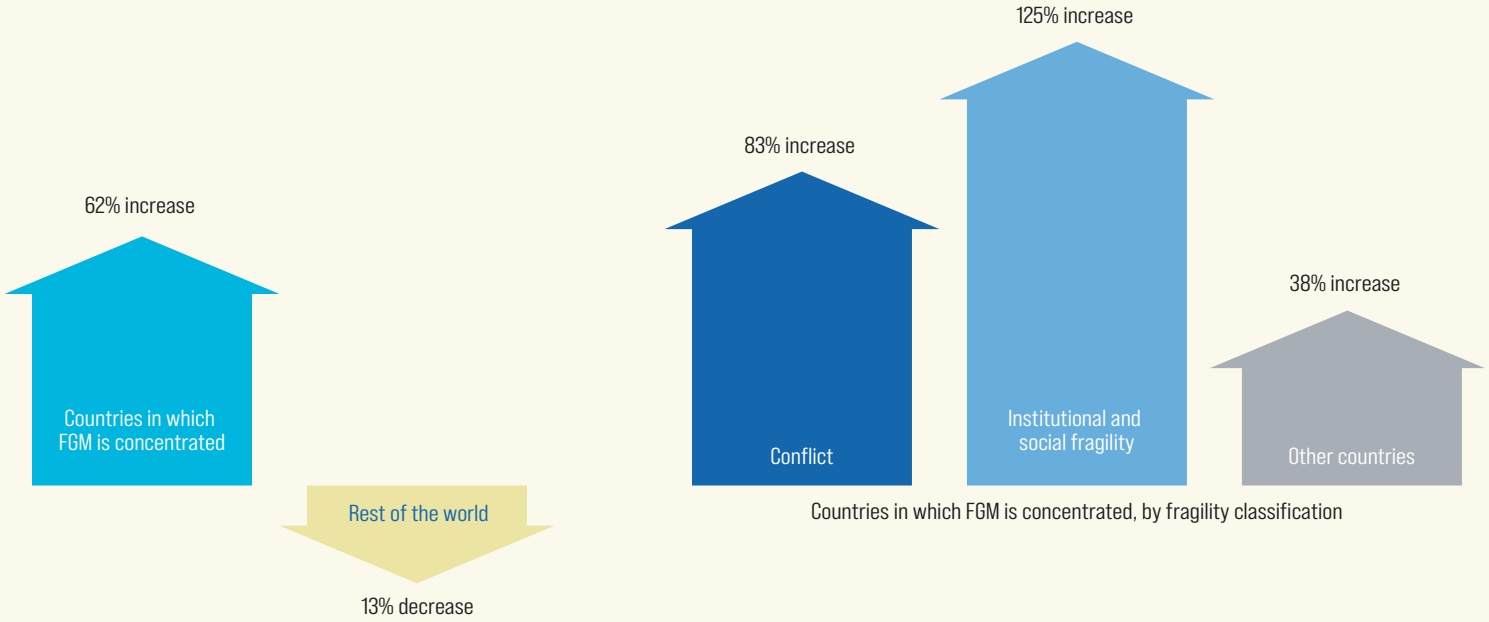
Ethiopia, Nigeria and Sudan account for the largest numbers of girls and women who have undergone female genital mutilation in conflict-affected countries.

The prevalence of female genital mutilation is similar across these country groupings:

COUNTRIES IN WHICH FEMALE GENITAL MUTILATION IS CONCENTRATED ARE PROJECTED TO SEE A RAPIDLY GROWING POPULATION

THIS GROWTH TREND IS EVEN MORE PRONOUNCED IN COUNTRIES AFFECTED BY BOTH FEMALE GENITAL MUTILATION AND FRAGILITY

Fig. 13: Percentage change in the number of girls born annually, 2000-2050



Notes: The countries represented in this chart are limited to the 31 countries in which female genital mutilation is concentrated, and are split into three groups according to the World Bank fragility classification. See Endnotes for more details and references on this classification.

The number of girls who undergo female genital mutilation depends not only on how common it is, but also on the size of the population at risk. Even in communities that are slowly shifting away from the practice, the total number of girls cut can remain the same or even increase if the population is growing rapidly.

This phenomenon is foremost among the reasons why the total number of girls and women worldwide affected by female genital mutilation has grown, and now stands at over 230 million, 30 million more than the last estimate issued in 2016.

Looking ahead, the number of girls born into affected countries is projected to continue growing at a rapid pace, meaning that future prevention efforts will need to address a larger at-risk population. This trend underscores the urgent need to work towards the elimination of the practice, removing the risk for girls in the future.

TECHNICAL NOTES

The global number of girls and women alive today who have undergone female genital mutilation includes girls and women of all ages who have experienced any form of the practice. The estimate draws upon nationally representative and internationally comparable data from 31 countries, representing 90 per cent of the population of girls and women in the countries in Africa, Asia and the Middle East where female genital mutilation is known to be widely practised. The total also includes an estimate of the affected numbers in countries with missing data, in smaller practising communities elsewhere in the world where national-level data collection is not warranted, and among migrant communities whose numbers are difficult to quantify.

To assess the prevalence of female genital mutilation, this analysis used Sustainable Development Goal (SDG) indicator 5.3.2 – the proportion of girls and women aged 15 to 49 years who have undergone the practice. An age disaggregate of this indicator is also used, referring to the prevalence among adolescent girls aged 15 to 19 years. While the standard SDG indicator captures how common the experience of female genital mutilation is among all girls and women of reproductive age, disaggregating for the youngest group limits the analysis to the population exposed to the risk most recently, and thus represents a more current assessment of prevalence.

In Figures 3 to 5, data on the circumstances around female genital mutilation are presented for girls aged 10 to 14 years, where possible. This age cohort is preferred for analysis since it provides information on cutting that has occurred relatively recently, as opposed to data on female genital mutilation among older women, which reflect cutting that occurred many decades ago. Alternatively, the age group 15 to 19 years is used for some countries in cases where data on the preferred age group are not available or if a substantial proportion of cutting is performed after age 10. Such countries are marked with an asterisk (*) in these charts.

In Figure 6, analysis is limited to girls and women who have undergone female genital mutilation, and boys and men who live in a household with at least one person who has undergone the procedure. By restricting the analysis in this way, these results are meant to illustrate the situation within practising communities. Across contexts, people who are not part of practising communities are exceedingly likely to oppose the practice and very unlikely to have their daughters cut.

Trends in the prevalence of female genital mutilation are evaluated by comparing the level among adolescent girls aged 15 to 19 at the time of the latest survey with the level among those aged 45 to 49 years – that is, women who were adolescents 30 years earlier.

Projected values based on a continuation of observed progress, as shown in Figures 8 and 9, apply the average annual rate of reduction in the prevalence of female genital mutilation over the past 10 years or past 30 years, as noted. For statistical purposes, 'elimination' of female genital mutilation is defined here as prevalence of less than 1 per cent.

Confidence intervals are not shown in this publication. Caution is therefore warranted in interpreting the results since apparent differences among groups may not be significant. All messages were developed in light of the confidence intervals, so where a difference among groups is mentioned in the text, it has been confirmed as statistically significant.

In all figures that show national-level data, the selection of countries includes all those that have collected comparable data on the indicator and have a sufficient number of cases to reliably perform the analysis.

DATA SOURCES

UNICEF global databases, 2024, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys that use comparable methodology, 2004–2022. For detailed source information by country, please see <data.unicef.org>. Demographic data are from the United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects 2022*, Online Edition.

ENDNOTES

[1] Cappa, Claudia, Luk Van Baelen and Els Leye, 'The Practice of Female Genital Mutilation across the World: Data availability and approaches to measurement', *Global Public Health*, vol. 14, no. 8, 2019, pp. 1139–1152.

[2] The list of fragile and conflict-affected situations is sourced from the World Bank and includes countries "affected by violent conflict, identified based on a threshold number of conflict-related deaths relative to the population," and countries with "high levels of institutional and social fragility, identified based on indicators that measure the quality of policy and institutions, and manifestations of fragility." For more details, see: https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/harmonized-list-of-fragile-situations

A girl looks on at an awareness-raising campaign to end female genital mutilation in Assaba District, Mauritania.

In Kankan, Guinea, three sisters pose with a sign that reads 'No to the excision of girls,' referring to a term for female genital mutilation commonly used in French-speaking countries. Their mother is a community advocate against the practice.

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Not everything we inherit is a gift to be passed on,
We gain more than we lose when we choose to move on

— Justina Kehinde, artist and activist

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