

Female Genital Mutilation: PREVALENCE AND DISTRIBUTION

Due to the sensitivity of the subject, and neglect by the scientific community, systematic surveys have not been undertaken and there are no comprehensive, country-by-country data available on female genital mutilation (FGM). The only nationwide survey data available are from the Sudan, Ivory Coast and Central African Republic. As part of the National Demographic and Health Surveys, a module has been developed to investigate FGM and is available for use by countries. On the basis of the information available from a few small scale studies, it is estimated that around the world there are between 100 and 132 million girls and women who have been subjected to FGM. Each year, a further 2 million girls are estimated to be at risk of the practice. Most of them live in 28 African countries, a few in the Middle East and Asian countries, and increasingly in Europe, Canada, Australia, New Zealand and the United States of America.

ESTIMATED PREVALENCE OF FEMALE GENITAL MUTILATION IN AFRICA

Country	Estimated Prevalence	Number of Women (000's)**	Sources of the Prevalence Rate
Benin*	50 %	1,370	
Burkina Faso	70 %	3,650	Report of the National Committee (1995)
Cameroon	20 %	1,330	Estimated prevalence based on a study (1994) in southwest and far north provinces by the Inter-African Committee, Cameroon section.
Central Africa Republic	43 %	740	National Demographic and Health Survey (1994/1995). Signs of decline amongst younger age groups. Secondary or higher education can be associated with reduced rates of FGM. No significant variations between rural and urban rates. The prevalence of FGM is highest amongst the Banda and Mandjia groups where 84% and 71% of women respectively have undergone FGM.
Chad	60 %	1,930	1990 and 1991 UNICEF sponsored studies in three regions.
Côte d'Ivoire	43 %	3,020	National Demographic and Health Survey (1994). A reduced rate of FGM amongst younger women. No significant variations occurred between urban and rural rates. Secondary and higher education can be associated with reduced rates of FGM. The highest prevalence of FGM appears amongst the Muslim population 80% compared with 15% amongst Protestants and 17% of Catholics.

Djibouti*	98%	290	Type III widely practiced, UN ECOSOC Report (1991)
Egypt *	80 %	24,710	Muslims and Christians. Type III Infibulation, reported in areas of south Egypt closer to Sudan.
Eritrea*	90 %	1,600	
Ethiopia	85 %	23,240	A 1995 UNICEF sponsored survey in five regions and an Inter-African Committee survey in twenty administrative regions. Type I and Type II commonly practiced by Muslims and Coptic Christians as well as by the Ethiopian Jewish population, most of whom now live in Israel. Type III is common in areas bordering Sudan and Somalia.
Gambia	80 %	450	A limited study by the Women's Bureau (1985). Type II commonly practiced.
Ghana	30 %	2,640	Pilot studies in the Upper East region (1986) and amongst migrant settlement in Accra (1987) by the Ghana Association of Women's Welfare,
Guinea*	50 %	1,670	
Guinea-Bissau	50 %	270	Limited 1990 survey by the Union démocratique des Femmes de la Guinée-Bissau.
Kenya	50 %	7.050	A 1992 Maendele Ya Wanawake survey in four regions. Type I and II commonly practiced. Type III by a few groups. Decreasing in urban areas, but remains strong in rural areas.
Liberia*	60 %	900	
Mali *	75 %	4,110	
Mauritania *	25 %	290	
Niger *	20 %	930	
Nigeria	50 %	28,170	A study by the Nigerian Association of Nurses and Nurse-midwives conducted in 1985-1986 showed that 13 out of the 21 States had populations practicing FGM, prevalence ranging 35% to 90%. Type I and II commonly practiced.
Senegal	20 %	830	Report of a national study by ENDA (1991)
Sierra Leone	90 %	2,070	All ethnic groups practice FGM except for Christian Krios in the western region and in the capital, Freetown. Type II commonly practiced.
Somalia	98 %	4,580	FGM is generally practiced; approximately 80 % of the operations are infibulation.

Sudan	89 %	12,450	National Demographic and Health Survey (1989/1990). A very high prevalence, predominantly infibulation, throughout most of the northern, north-eastern and north-western regions. Along with a small overall decline in the 1980's there is a shift from infibulation to clitoridectomy.
Togo *	50 %	1,050	
Uganda *	5 %	540	
United Republic of Tanzania *	10 %	1,500	
Zaire*	5 %	1,110	
Total		132,490	

* Anecdotal information only; no published studies.

** Number of women calculated by applying the prevalence rate to the 1995 total female population reported in the United Nations Population Division population projections (1994 revision). Totals may not add due to rounding.

Sources

Estimated prevalence rates have been developed from national surveys, small studies and from the following:

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