

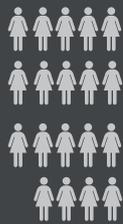
Female Genital Mutilation in Africa

Status Fact Sheet

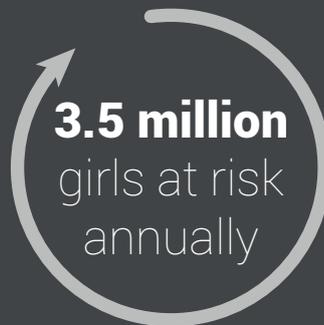


What is Female Genital Mutilation?

According to the World Health Organisation (WHO), Female Genital Mutilation (FGM) encompasses “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”. FGM has no known health benefits to girls or women and in-fact causes more harm, trauma and life-long complications.



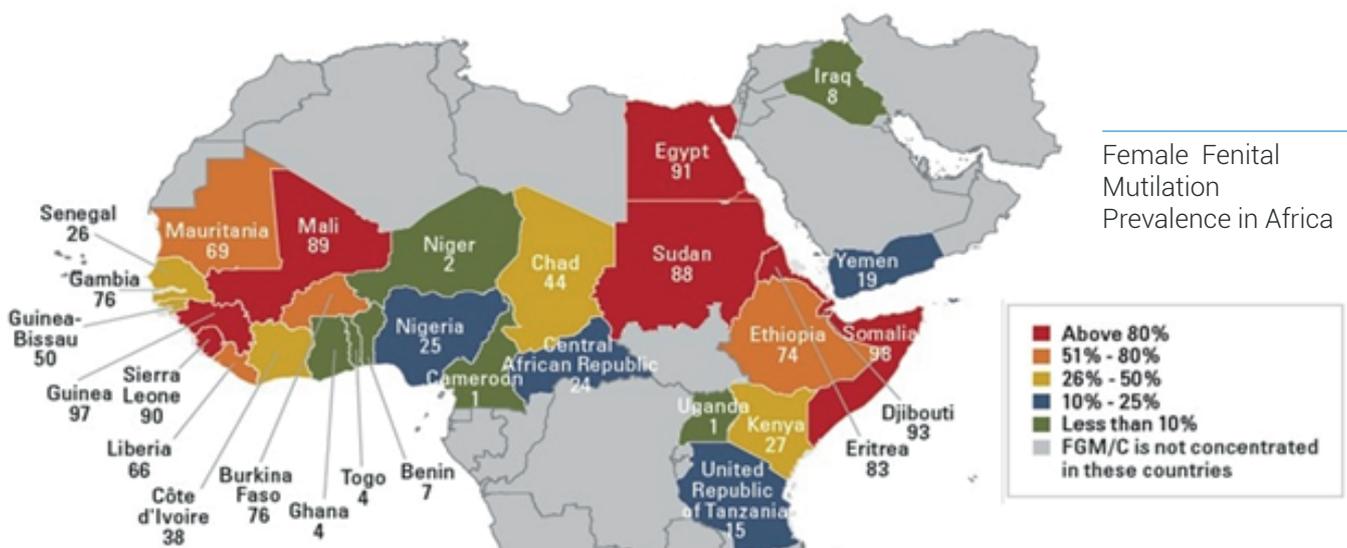
200 million girls and women have experienced FGM



57 million girls 0 - 14 years at risk by 2030

Africa has adopted a number of important legal instruments and commitments that ban and call for the elimination of harmful practices, including FGM. Central to these include the African Charter on the Rights and Welfare of the Child - 1990, the African Charter on Human and People’s Rights – 1981, and its Protocol related to the Rights of Women in Africa (the Maputo Protocol – 2003), the Maputo Plan of Action (2016 – 2030), Agenda 2063 (under aspiration 6) and the 2030 Agenda (under goal 5, target 5.3). These call for legislative action and an end to all forms of gender violence and elimination of harmful practices, including female genital mutilation.

Female Genital Mutilation is usually performed on girls during childhood and before puberty. However, it is even carried out on adult women. The age at which a girl may experience FGM (from a few days after birth to just prior to marriage), as well as the type and severity of the procedure is very different between the communities where the practice is prevalent.



Types of Female Genital Mutilation

Female Genital Mutilation is performed in different ways. There can be partial or total removal of parts of the external female genitalia. According to the WHO, there are four types of FGM, with several sub categories to further distinguish the practice between the types.

Type I: Clitoridectomy

Partial or total removal of the clitoris and/or the prepuce (or foreskin).

This means;

- a) removal of the clitoral hood or prepuce only and or;
- b) removal of the clitoris with the prepuce.

Type II: Excision

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. This can include;

- a) removal of the labia minora only;
- b) partial or total removal of the clitoris and the labia minora;
- c) partial or total removal of the clitoris, the labia minora and the labia majora.

Type III: Infibulation¹

This is the narrowing of the vaginal orifice (opening) with creation of a covering seal by cutting and bringing together the inner and outer vaginal folds, with or without removal of the clitoris.

Type IV: Others

Harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

Types I and II are the most common, but there is variation among countries. Most women report "cut, some flesh removed". According to Mackie in 2003, Type II is more common in Egypt while a 2011 study identified Type I as more common. In Nigeria, Type I is usually found in the south and the more severe forms in the north.

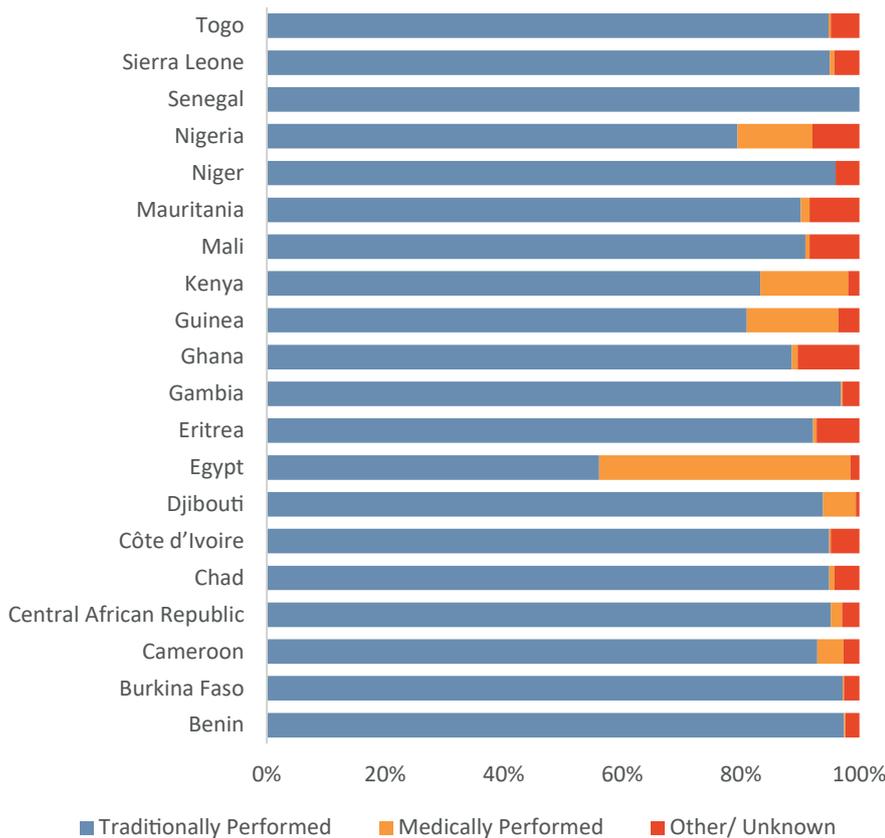
Type III (Infibulation) is concentrated in North Eastern Africa, particularly Djibouti, Eritrea, Somalia and Sudan. In surveys from 2002–2006, 30% of cut girls in Djibouti, 38% in Eritrea, and 63% in Somalia had experienced Type III. There is also a high prevalence of infibulation among girls in Niger and Senegal, and in 2013 it was estimated that in Nigeria 3% of girls in the 0–14 age group had been infibulated.

Type IV involves procedures that are often linked to ethnicity. In Eritrea, for example, a survey in 2002 found that all Hedareb girls had been infibulated, compared with 2% of the Tigrinya, most of whom fell into the "cut, no flesh removed" category.

More girls in Africa experience female genital mutilation between the ages of 0 - 14 years than other age brackets.

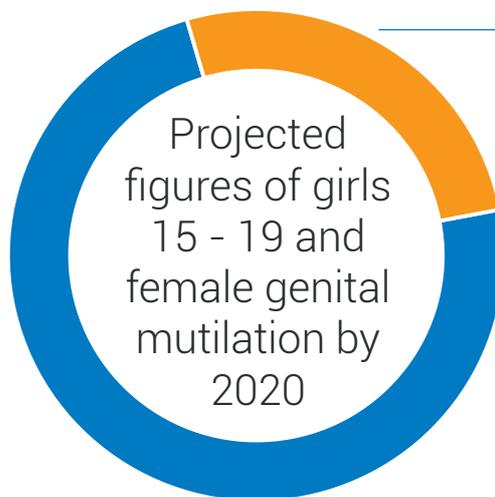
¹ Girls and women who undergo this type of FGM can have re-constructive surgery called "Defibulation" that is said to lessen some of the complications resulting from the practice.

Who Performs Female Genital Mutilation?



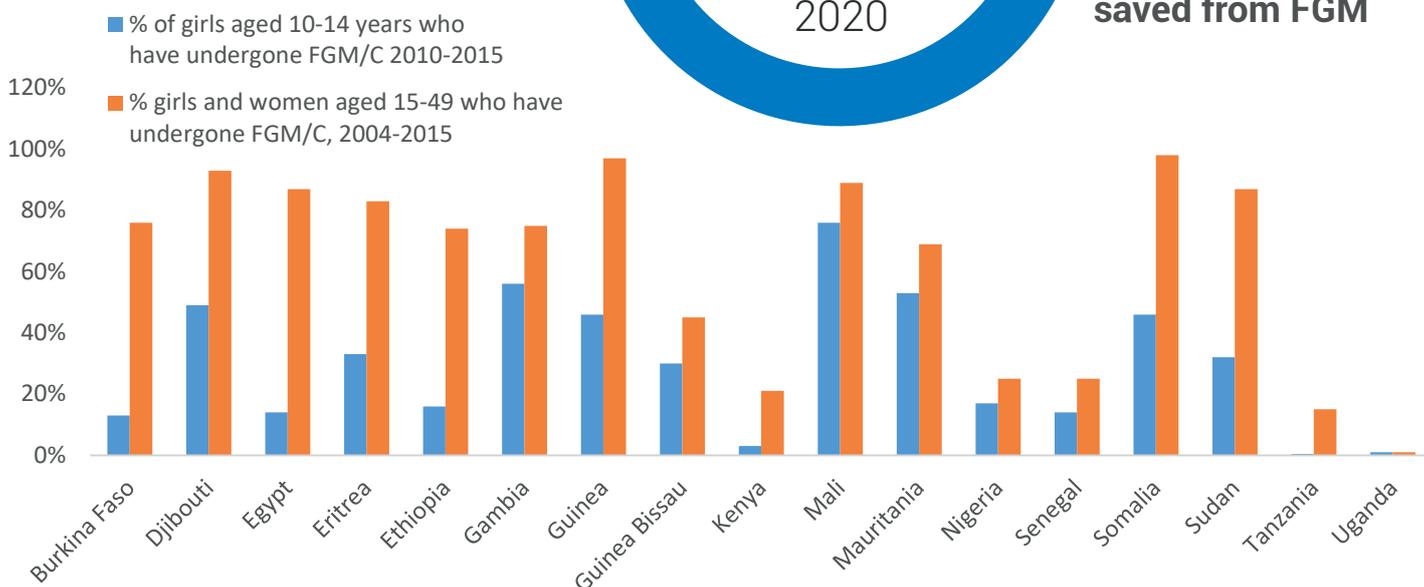
Female Genital Mutilation is still predominantly performed by "traditional" female excisors (94% in Côte d'Ivoire, 92% in Eritrea and 90% in Mali). Typically, it is performed with sharp stones, broken glass, scissors, or unsterilized razor blades without anesthesia. In some cases, medical professionals perform FGM. This is referred to as the "medicalization" of FGM. According to WHO, the medicalization of FGM is when FGM is performed by a health-care provider, such as a community health worker, midwife, nurse or doctor.

About 1 in 5 girls who have been subjected to FGM had the procedure performed by a trained medical professional. In some countries, this number is as high as 3 in 4 girls.



10.8 million girls undergo FGM

3.9 million girls saved from FGM



Critical progress is being made. Today, a girl is about 1/3 less likely to be cut than 30 years ago. The challenge is sustaining these achievements.

Eliminating FGM - Key Actions

- Ensure a strong legal framework to pursue and prosecute individuals, groups and work with communities to eliminate FGM.
- Where not in place, establish a recurring government budget allocation on FGM to support action and service provision alleviate.
- End the medicalisation of FGM, where medical and health providers perform the practice, through working with medical bodies, authorities and associations to ensure ethical standards are observed and a relevant training package is implemented.
- Work with communities to determine the common thread in the traditions and norms perpetuating harmful practices and, through collective efforts, take action towards abandoning FGM and protecting girls and women.
- Providing care and support services for the girls and women who have experienced FGM and are at risk of the associated obstetric, gynaecological and psychological complications.

UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerate Change

The United Nations Population Fund (UNFPA), in a joint programme with the United Nations Children's Fund (UNICEF), are implementing a holistic and integrated approach in 16 African countries, collaborating with government, civil society and communities to promote legal and policy reform, support service provision and work with communities to eliminate female genital mutilation (FGM).

The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerate Change was first launched in 2008. The programme has helped expand and accelerate existing change processes towards FGM abandonment at the national, sub-national and community levels, as well as strengthen the momentum for change at the global level.

The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerate Change focuses on 16 countries – Burkina Faso, Djibouti, Uganda, Egypt, Ethiopia, Eritrea, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Sudan and Somalia in Africa – while also supporting regional (i.e., Africa and the Arab States) and global efforts to eliminate FGM.



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