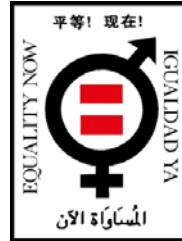




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Using routine data to estimate numbers of women with female genital mutilation / cutting in European countries

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Definition

Female Genital Mutilation / Cutting (FGM / C comprises all procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or non-any other non-therapeutic reasons (WHO 1995).

Female genital mutilation

Undertaken in girls aged under 15 and mostly before the age of five.

Adverse obstetric, gynaecological, psychosexual and psychosocial consequences

An estimated over 25 million women affected in 29 practising countries.

Also practised in migrant communities and increasingly found in western countries.

Most practising countries and many western countries have legislation against it but this is difficult to enforce.

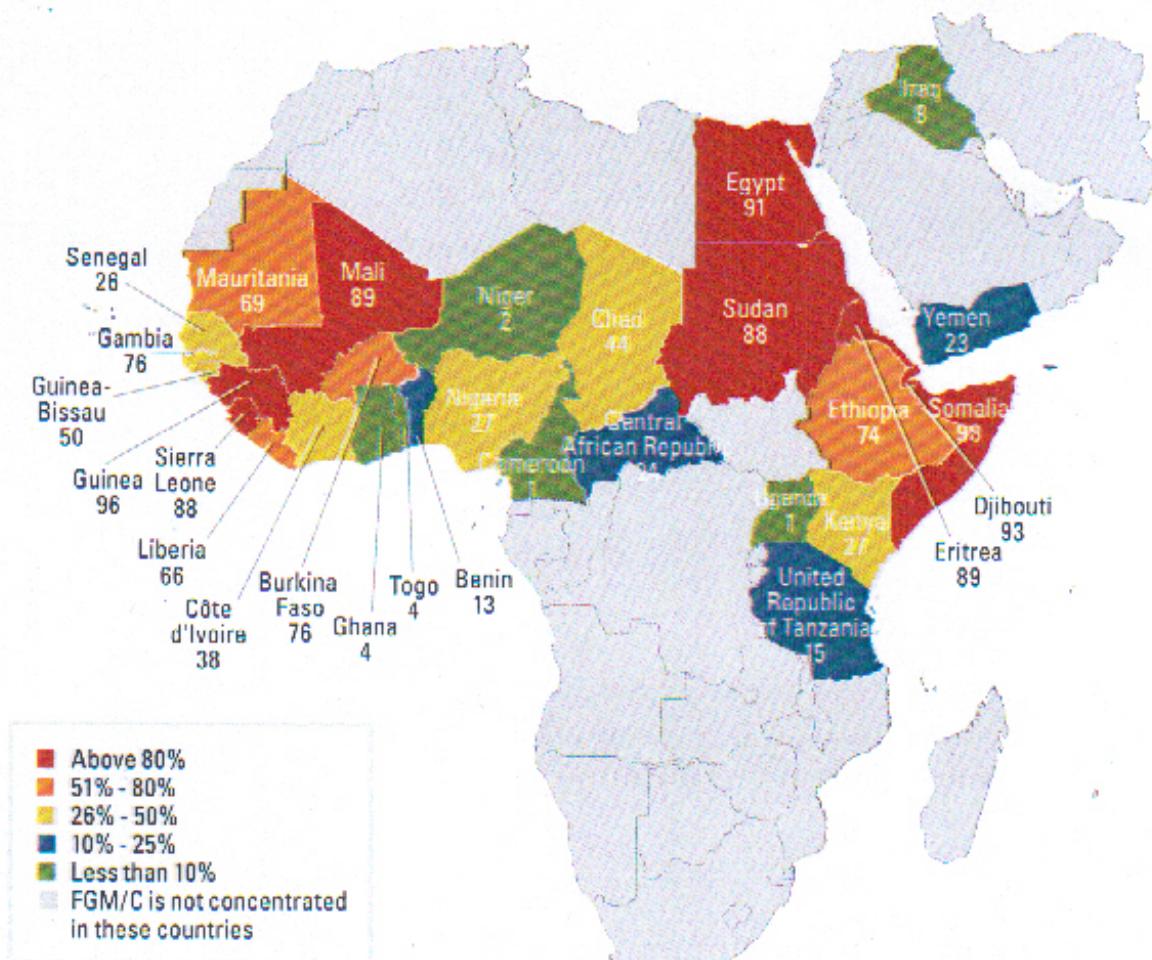
Data about prevalence in European countries needed:

To plan care for affected women

To plan protection for girls born in practising communities and attempts to enforce legislation

Map 4.1 FGM/C is concentrated in a swath of countries from the Atlantic Coast to the Horn of Africa

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country



Source: UNICEF: Female Genital Mutilation/Cutting:
A statistical overview and exploration of the dynamics of change. 2013

WHO 1995 classification of FGM types

- I Excision of the prepuce, with or without excision of part of the clitoris
- II Excision of the clitoris with partial or total removal of the labia minora
- III Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation)
- IV Practices including piercing, pricking and incising of the clitoris and/or labia, cauterisation by burning of the clitoris and surrounding vaginal orifice (angurya cuts) or cutting of the vagina to cause bleeding or for the purposes of tightening or narrowing it.

FGM country groups

1.1

Almost universal FGM,
over 30% WHO Type
III

Sudan (north), Somalia, Eritrea, Djibouti

1.2

High national
prevalence of FGM,
WHO Types I and II

Egypt, Ethiopia, Mali, Burkina Faso,
Gambia, Guinea, Sierra Leone

2

Moderate national
prevalence of FGM,
WHO Types I and II

Central African Republic, Chad, Cote
D'Ivoire, Guinea Bissau, Iraq (Kurdistan),
Kenya, Liberia, Mauritania, Nigeria,
Senegal, Togo

3

Low national
prevalence of FGM,
WHO Types FGM I and
II

Benin, Cameroon, Ghana, Niger,
(Democratic Republic of Congo), United
Republic of Tanzania, Togo, Uganda,
Yemen

Indirect estimates of prevalence of FGM

Use data on age specific prevalence from surveys in FGM practising countries:

Demographic and Health Surveys (DHS) implemented by Macro International for USAID.

Multiple Cluster Indicator Surveys (MCIS) undertaken by governments with help from UNICEF or other UN agencies.

Apply to demographic data for countries to which women migrate:

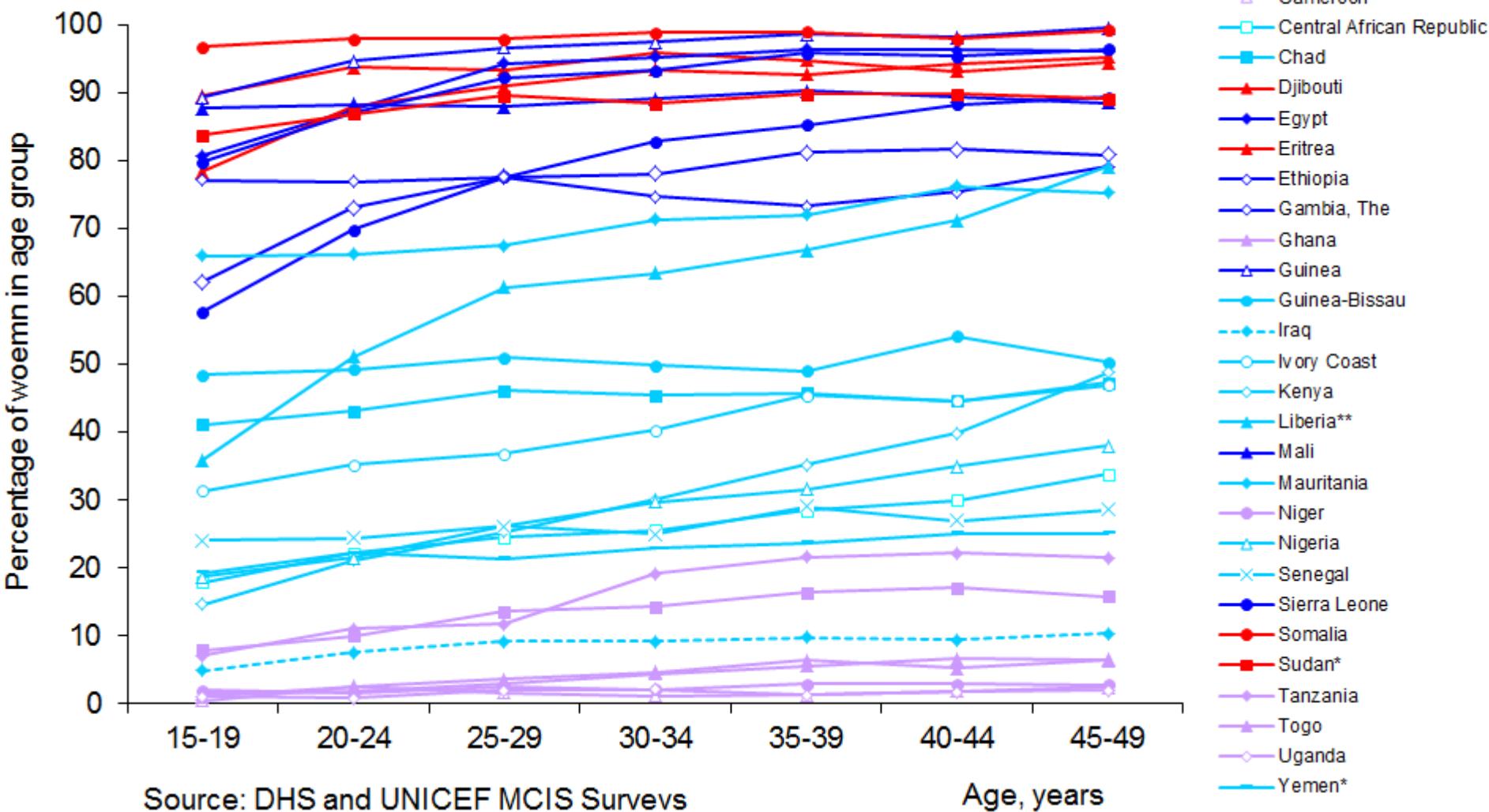
Population prevalence:

Use data from population censuses or registers

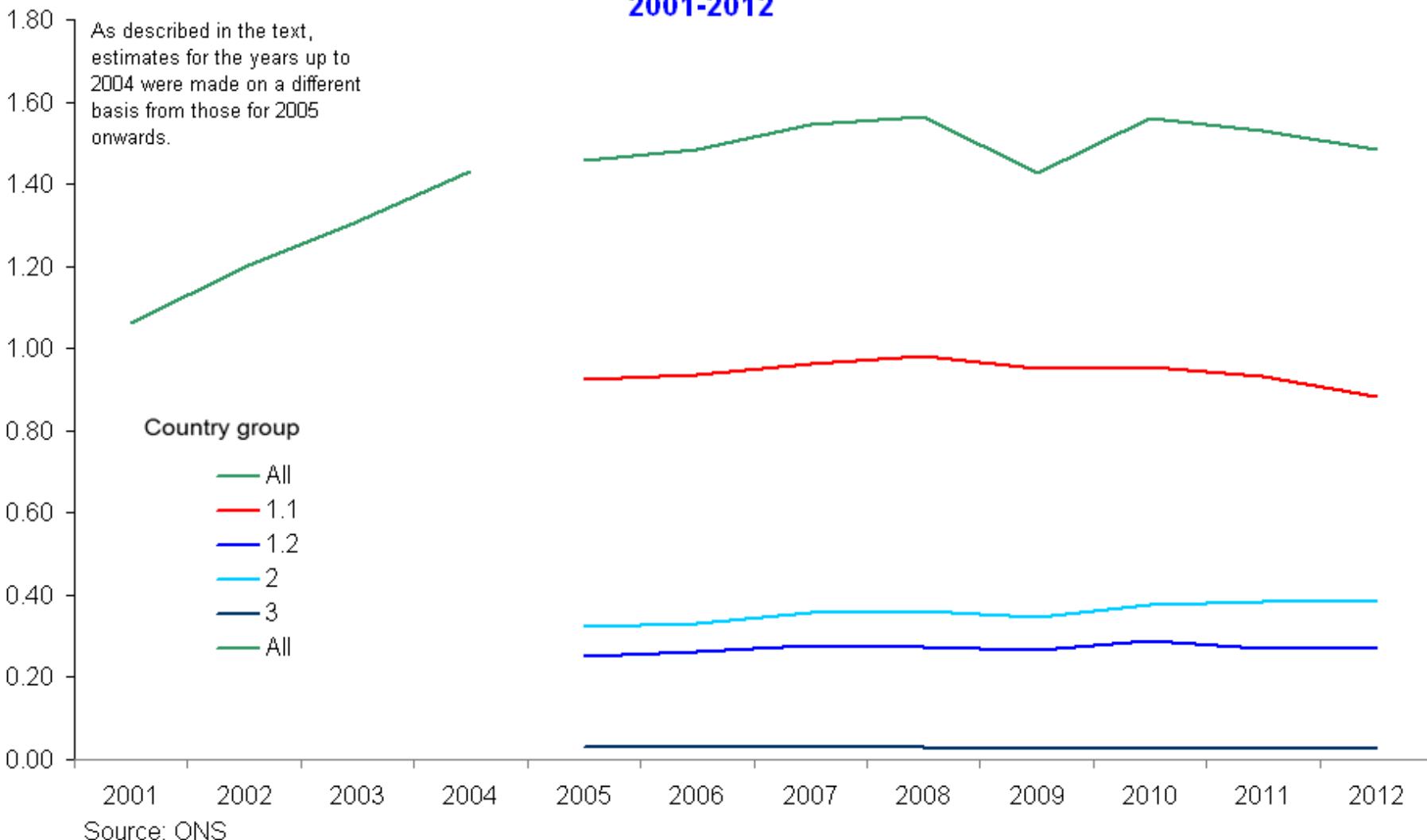
Prevalence at delivery and numbers of girls at risk:

Use data from birth registration or birth registers.

Percentages of women with FGM by age and country



Estimated percentage of all maternities in England and Wales to women with FGM, 2001-2012



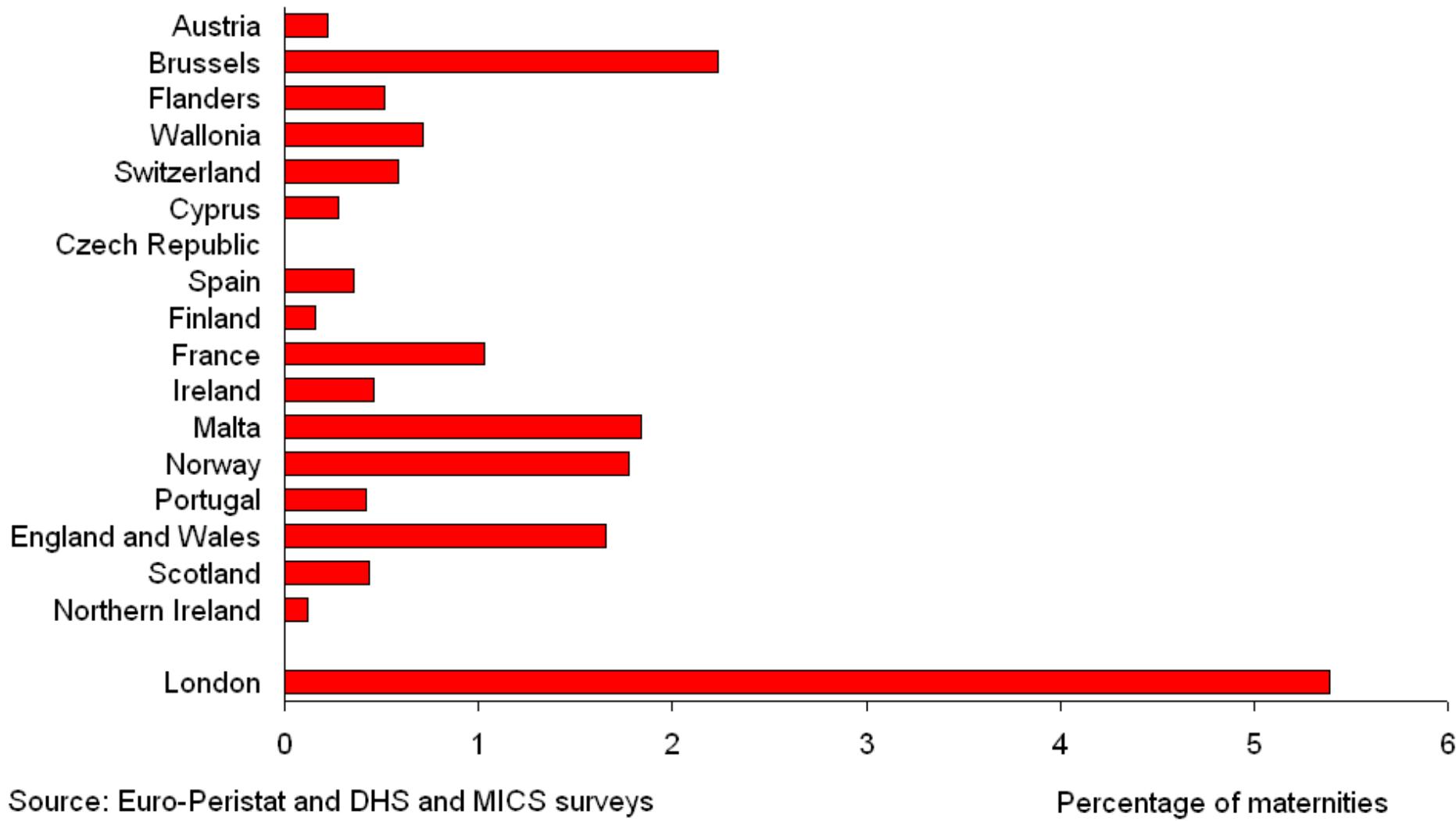
Source: ONS

Euro-Peristat Indicator

R11 Mother's country of birth

Data available	Number of countries
Mother's country of birth	19
Detailed	17
Grouped	2
Nationality	6
Ethnicity	3
Other	1
None	5

Estimated prevalence of FGM at delivery, 2010



Updated estimates

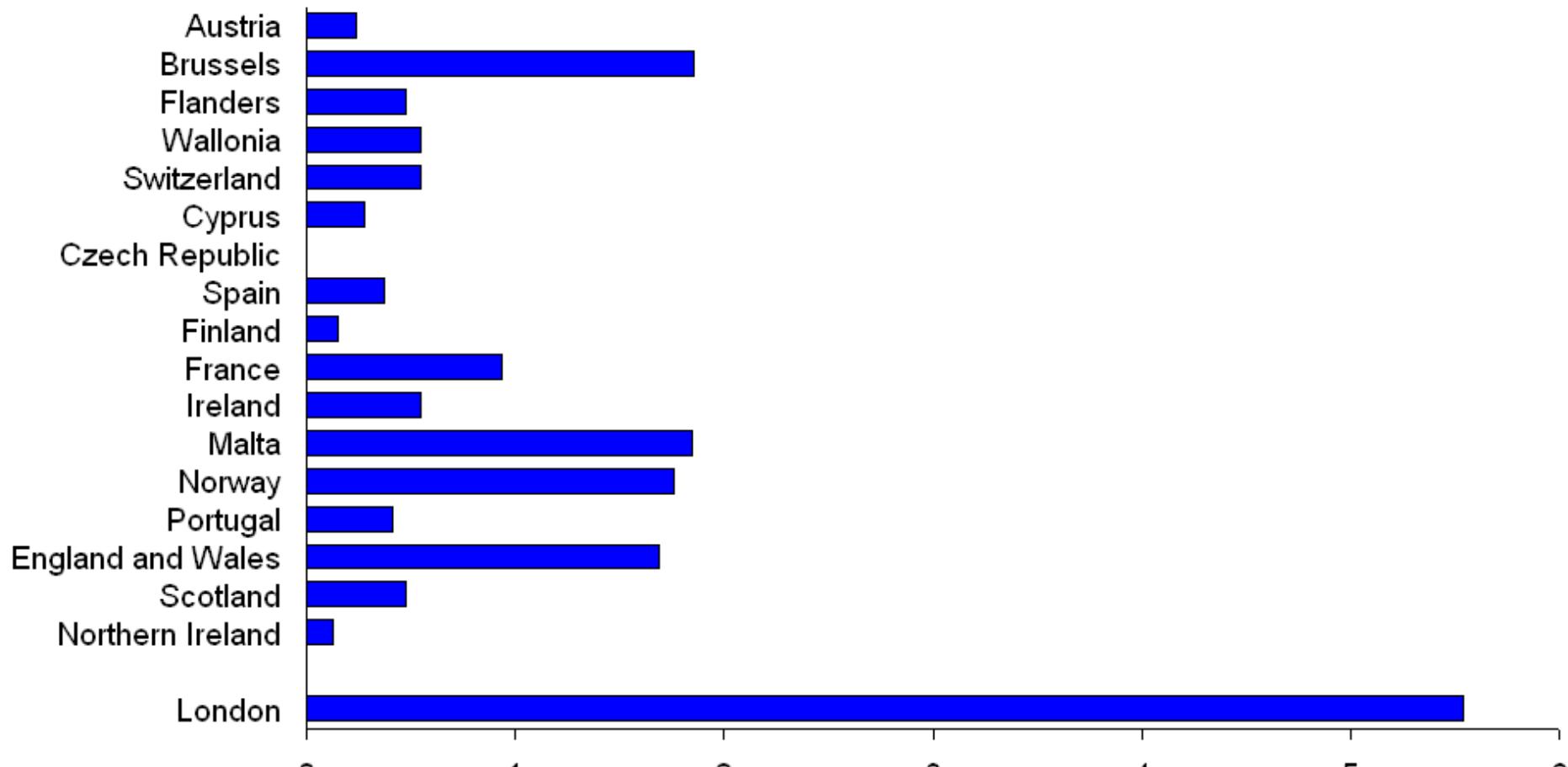
Used

EuroPeristat data for 2010

More recent survey data from FGM practising countries

Practice of FGM declining in some countries

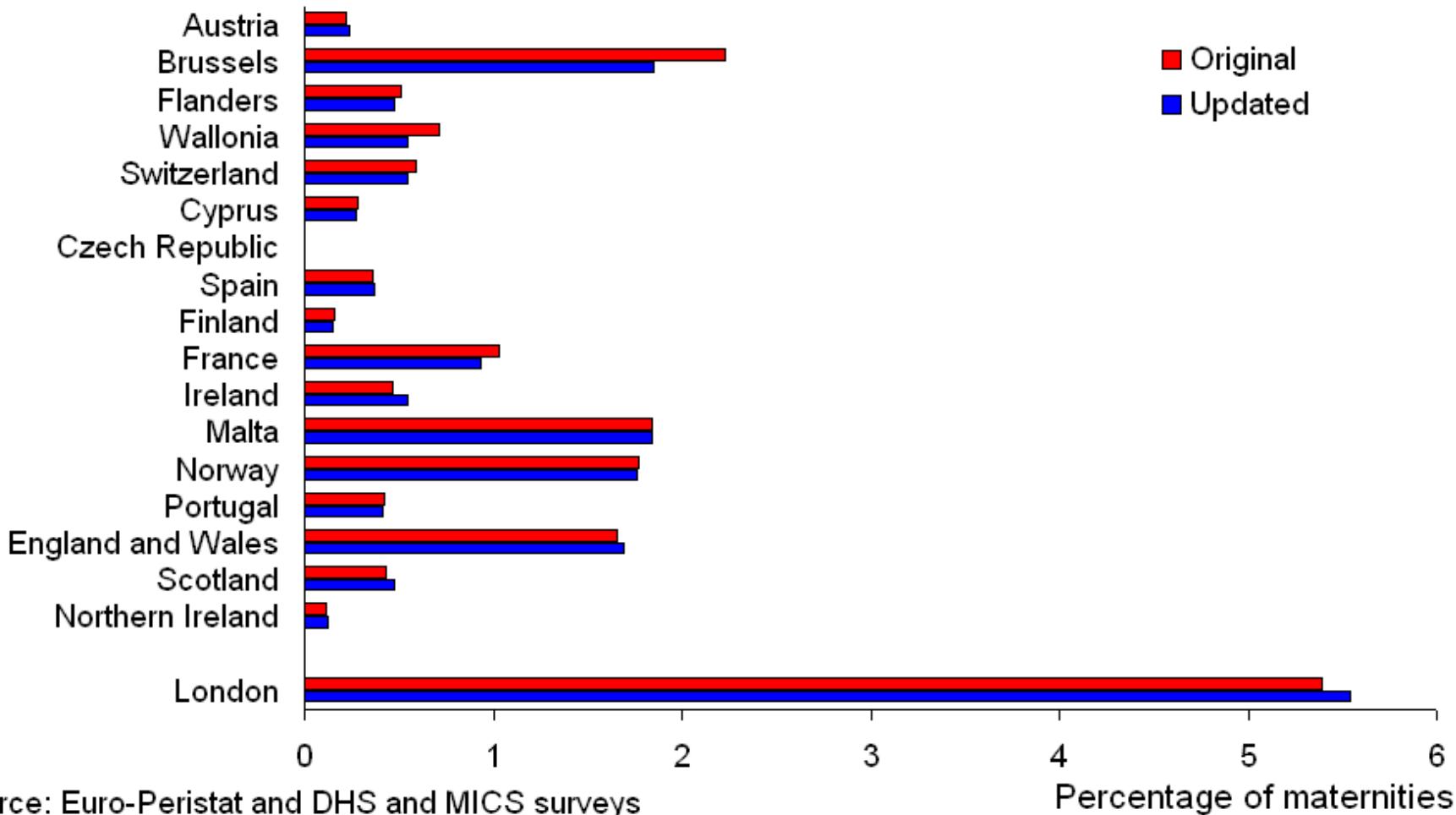
Updated prevalence of FGM at delivery, 2010



Source: Euro-Peristat and DHS and MICS surveys

Percentage of maternities

Original and updated estimates of prevalence of FGM at delivery, 2010



Source: Euro-Peristat and DHS and MICS surveys

Percentage of maternities

Limitations

Method assumes women who migrate are typical of population as a whole

Unlikely, for example high proportion of graduates among migrants

Migration of South Asians from Uganda, Tanzania and Kenya.

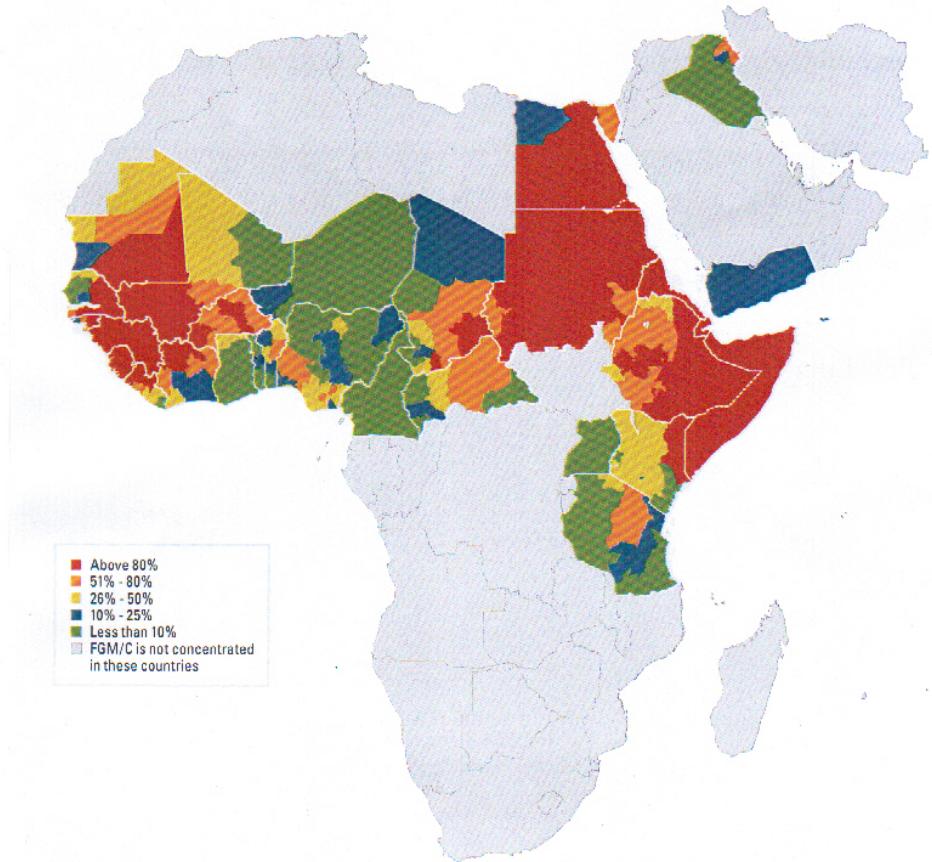
Secondary migration:

women of Somali ethnicity from Kenya, Eritrea, Netherlands and Nordic countries

Prevalence in practising countries varies by region

Map 4.7 Similar prevalence levels for FGM/C extend across national boundaries

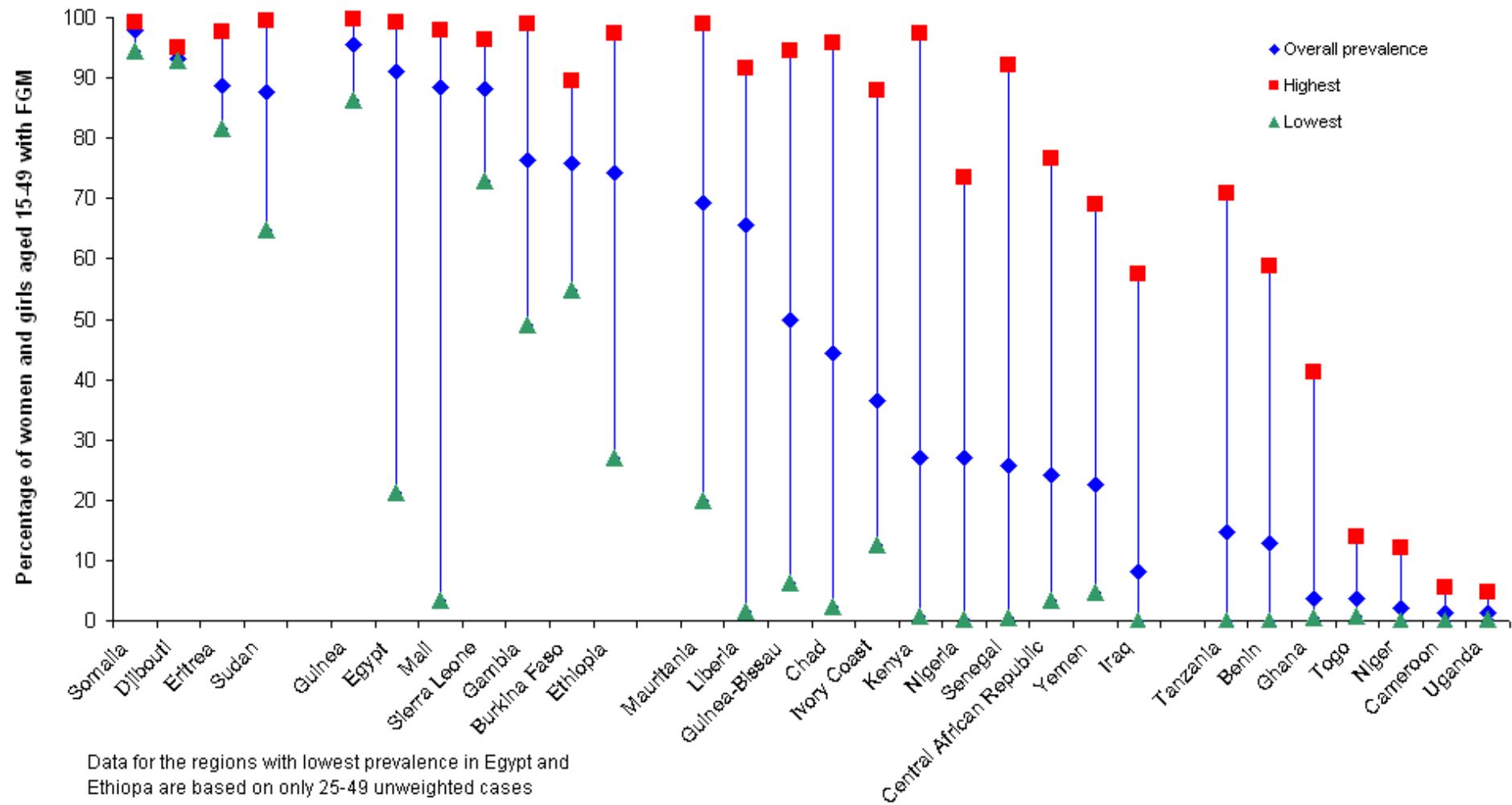
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by regions within countries



Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. Subnational data for Yemen could not be displayed due to discrepancies between the regional groupings in DHS and those available in the software used to create the map. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.
Sources: DHS, MICS and SHHS, 1997-2011.

Source: UNICEF: Female Genital Mutilation/Cutting:
A statistical overview and exploration of the dynamics of
change. 2013

Differences between regions with lowest and highest prevalences of FGM by country



Source: UNICEF and DHS surveys

Daughters of migrants

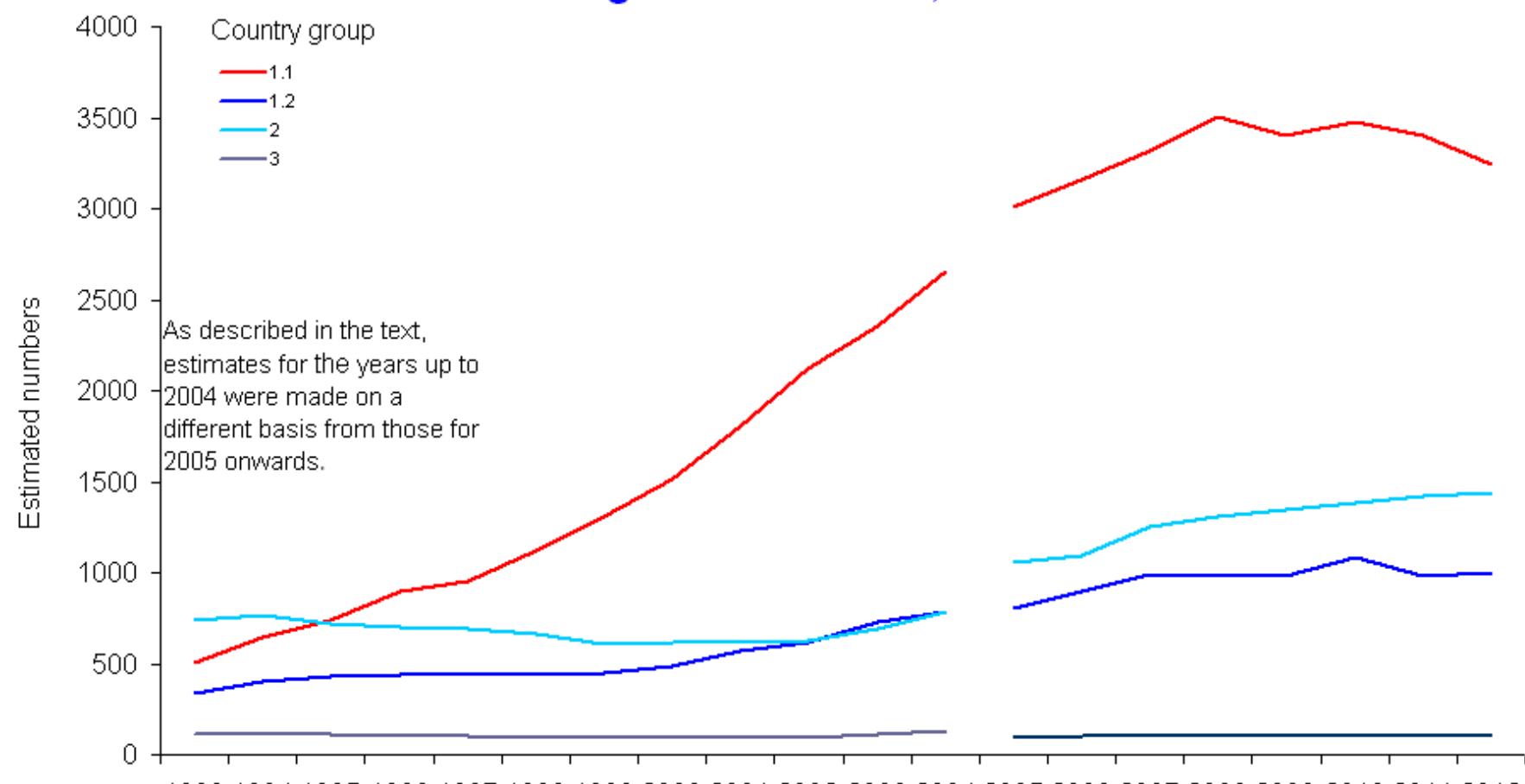
Attitudes to FGM may change on migration,
especially as practise is illegal and concerted
efforts are being made to stop FGM

Qualitative studies are likely to selectively recruit
people whose attitudes have changed

Some studies attempt to estimate risk to
daughters.

Study commissioned by European Institute
for Gender Equality out soon estimates risk to
girls.

Estimated numbers of girls born to women with FGM, England and Wales, 1993-2012



Source: ONS

Conclusions

Directly collected data are needed to assess prevalence in the second generation but not easy to collect as the practice is illegal in most countries.

Despite their limitations, these estimates suggest that the numbers of women living in some migrant communities with FGM are substantial.

Action is needed
to improve services for women who have undergone FGM
to prevent FGM in the younger generation

Next steps

Work with Euro-Peristat collaborators to improve estimates and obtain data to extend them to other countries