ETHIOPIA



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."¹More than 125 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East where FGM/C is concentrated. As many as 30 million girls are at risk of being cut before their 15th birthday if current trends continue. 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. 2004 National decree/legislation banning FGM/C passed

SELECTED STATISTICS ON WOMEN'S STATUS

24%	of women 20-24 years were married or in union before age 15
49%	of women 20-24 years were married or in union before age 18
28%	of women 20-24 years have given birth by age 18
81%	of women 15-49 years think that a husband/partner is justified in hitting/beating his wife under certain circumstances
20%	of women 15-49 years make use of at least one type of information media at least once a week (newspaper, magazine, television, radio)

Source: DHS 2005



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HOW WIDESPREAD IS THE PRACTICE?

The practice of FGM/C is nonexistent among certain ethnic groups and universal in others



WHEN AND HOW IS FGM/C PERFORMED?



0-4 years 5-9 years 3 1 10 64 22 10-14 years 15+ years Don't know/ Missing 20 40 60 80 0 100 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. Data on the ethnic group with the lowest 1 2 and highest FGM/C prevalence are based on 25-49 Health personnel 4 Sewn closed unweighted cases. The category for 'Other Christians includes 'Orthodox,' which represents the majority of the population. The total prevalence among girls aged 0 to 14 Traditional Other type years is from the Welfare Monitoring Survey, 2011. Disaggregated data are from the DHS 2005 since this data practitioner Don't know/ were not available from the Welfare Monitoring Survey. 'Health personnel' includes doctors, nurses, midwives and Missing other health workers: 'Traditional practitioner' includes traditional circumcisers, traditional birth attendants 96 98 traditional midwives and other types of traditional differentiated infibulation from non-infibulating forms of FGM/C.

Source for all charts on this page: DHS 2008, unless otherwise noted

Almost two in three girls and women think FGM/C should stop



Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue, by household wealth quintile, education, ethnicity and age



Source for all of the above charts: DHS 2005

IS THE PRACTICE OF FGM/C CHANGING?

There has been some decline in the prevalence of FGM/C in Ethiopia, with fewer adolescents having undergone the practice compared to older women



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100 80 69 66 64 65 49 45 42 41 41 38 40 31 21 11 10 9

Notes: Data on attitudes for Yemen refer to ever-married girls and women. In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM/C since it is performed during initiation into the society. Egypt data refer to girls aged 0-17 years who have undergone FGM/C. Data on attitudes for Ghana are from MCS 2006, for Nigeria from DHS 2008, and for Sierra Leone from DHS 2008 as data from the most recently available MICS surveys are not comparable. 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 DHS 2007 is higher than would be anticipated had all girls and women been asked their opinion.

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Sources: DHS, MICS, National Social Protection Monitoring Survey, SHHS and Welfare Monitoring Survey, 1997-2012

Released December 2013

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These country profiles were made possible through core funding to UNICEF and financial assistance of the European Union. The contents of these country profiles are the sole responsibility of UNICEF and can in no way reflect the views . of the European Union.

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