UNFPA RESEARCH
ON FGM HIGHLIGHTS INCREASED RISK

A CALL FOR EVIDENCE AND ACTION TO END FEMALE GENITAL MUTILATION BY 2030

UNFPA TECHNICAL BRIEF

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Surveys from 24 countries and statistical analysis reveal insights that can strengthen programming to end female genital mutilation (FGM). Significant progress has been made and the practice is declining in most countries where it is prevalent. However, most of these countries have a high rate of population growth – meaning that the number of girls who undergo FGM will continue to grow if the practice continues at current levels. If efforts to end FGM remain the same, the number of girls at risk will increase from 4.3 million in 2023 to 4.6 million by 2030. Getting to zero demands data to inform action to halt and reverse this trend.

KEY RESEARCH FINDINGS

Statistical analysis and technical research by UNFPA, the United Nations Population Fund, makes four key points that can help accelerate progress:

1 **We can identify where FGM incidence risk is declining and where progress is stagnating.** This can be done using cohort-based analyses of FGM incidence data that draw on both self-reporting and proxy reporting from women of reproductive age.

2 **The age at FGM incidence varies notably between countries.** Age at FGM incidence is important because it shapes the nature and entry points of programmatic intervention.

3 **Heightened subnational risk of FGM incidence is heavily concentrated in cross-border areas in Ethiopia, Kenya, Somalia and other countries*.** Subnational analysis is critical to understand the highly clustered nature of FGM incidence risk.

4 **Future population dynamics and growth are likely to result in increasing numbers of girls at risk of FGM incidence if current FGM practices continue.** Rising numbers show 4.6 million girls at risk of FGM in 2030. Expected future population dynamics are likely to push us farther from the commitment to zero harmful practices.

These findings are from research pioneered by the Technical Division, UNFPA, in its Population and Development Branch and Gender and Human Rights Branch. Conducted in 2018, 2019 and 2020, the research has been published in peer-reviewed scientific journals and UNFPA technical publications.

* The three countries are the focus of the UNFPA-UNICEF Joint Programme on the Elimination of FGM.

FGM is widely recognized as a harmful practice because it violates the human rights of women and girls and can result in immediate and long-term health risks for those who are mutilated. One of the main goals of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation has been to **generate new and accurate information on this harmful practice** in order to continue to tailor its interventions and strengthen its advocacy activities at the global, regional and country levels.

IN 2023, AN ESTIMATED 4.3 MILLION GIRLS ARE AT RISK OF EXPERIENCING FGM

Knowing that the estimated number of girls and women affected by FGM has been the subject of debate, in 2018, the Population Development Branch developed a new estimate of this indicator based on a robust scientific methodology. The estimation primarily uses data from the Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) of 24 countries (Weny et al., 2018).

METHODOLOGY

The estimation of girls at risk of FGM uses the probability of girls aged 0–14 years experiencing FGM in each year of life. The estimation is based on the risk of FGM at age 0, age 1, age 2, etc. between 2015 and 2030 via the application of the Kaplan-Meier technique of survival analysis considering the growth of the population of girls. The estimate of FGM incidence is based on expected future population dynamics in countries where FGM is widely practiced (Weny et al., 2018).

$$\text{Probability of being cut in year i} = \frac{\text{Girls being cut in year i of their life}}{\text{Number of girls not having been cut at the start of year i and older than i}}$$

PROJECTIONS FROM THE MODEL

4.3 million girls are at risk of FGM in 2023

4.6 million girls will be at risk of FGM by 2030 if efforts remain the same

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Projections from the model show 4.3 million girls at risk of FGM in 2023 and 4.6 million by 2030 (Figure 1). Population growth and stagnating efforts to end FGM are factors driving this increase. The statistical analysis also highlights how the risk of FGM incidence varies by age from country to country (Figure 2). In Ethiopia, FGM incidence risk begins almost immediately after birth (whereby 25 per cent of girls experience FGM by age 0). In Kenya, FGM incidence risk begins around age 5 (whereby 25 per cent of girls experience FGM by age 7). These findings have been important in guiding FGM programme interventions and community consultations.

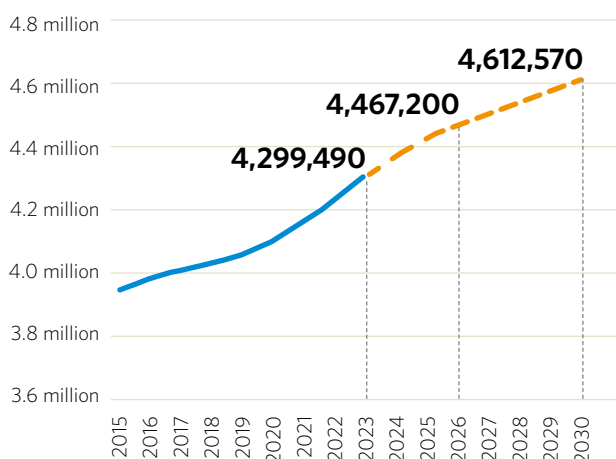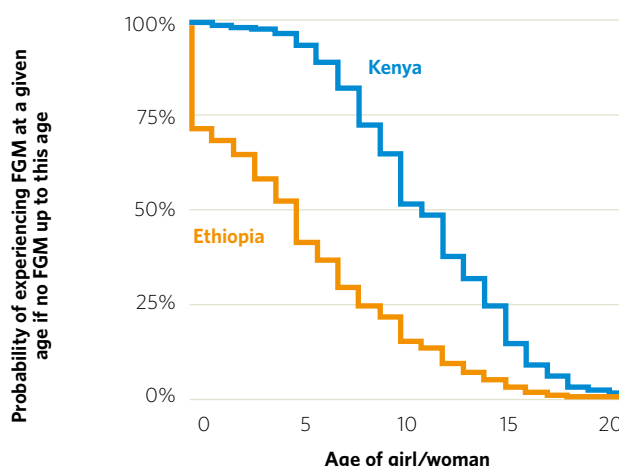**Figure 1:** Projected number of girls at risk of FGM incidence, 2015–2030

Figure 2: Risk of FGM incidence in Ethiopia and Kenya, by age of girls and women
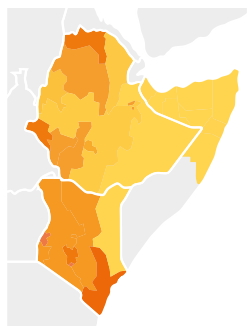

SUBNATIONAL DISPARITIES IN FGM INCIDENCE RISK HAVE INCREASED

UNFPA analysis of FGM incidence risk from 1970 to 1994 has highlighted increasing subnational inequalities in Ethiopia, Kenya and Somalia. Elevated FGM incidence risk remains highly clustered, particularly in the border regions of these countries, despite some notable reductions at the national level.
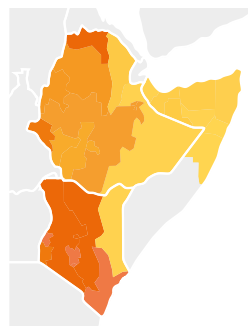
Regions experiencing a decline in FGM risk are often adjacent to one another in the Central and Western regions of Ethiopia and Kenya. Regions with no decline spanned adjacent regions across the Northeast in Kenya, the East in Ethiopia and within Somalia (Weny et al. 2023). These findings highlight that national-level estimates must be treated with caution. These insights also provide a strong basis for context-specific programming and cross-national cooperation to ensure no girl or woman is left behind in efforts to eliminate harmful practices.

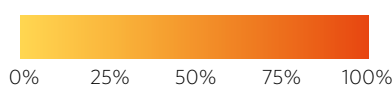**Figure 3:** FGM incidence over time in Ethiopia, Kenya and Somalia

1970–1974

1995–1999

Probability of survival at age 20

0%   25%   50%   75%   100%

The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations or UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

METHODOLOGY

In 2019, UNFPA research used multiple high-quality household surveys in Ethiopia, Kenya and Somalia.
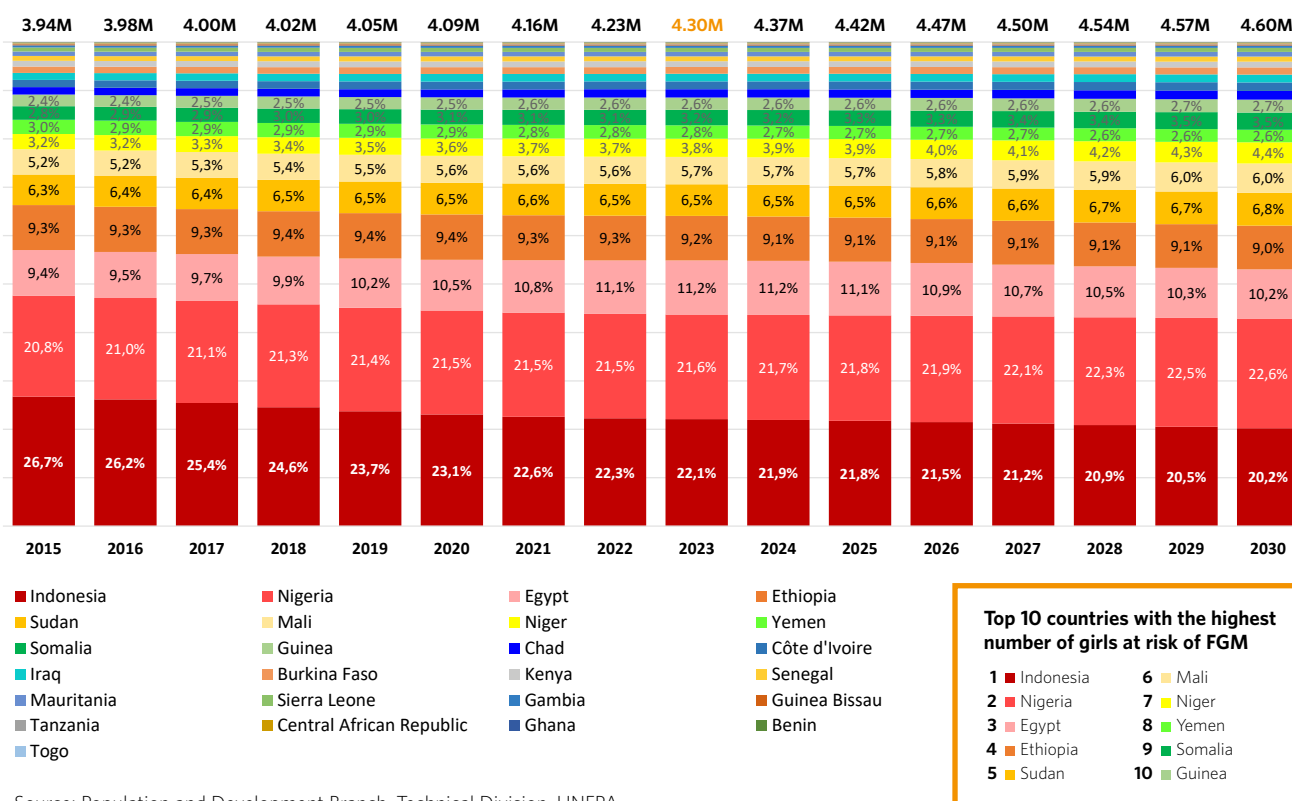
FINDINGS

Subnational risk of FGM incidence risk before age 20 is particularly heightened in the cross-border areas between Ethiopia, Kenya and Somalia. This highlights the increasing subnational inequalities within countries and serves as a reminder that national-level estimates of FGM incidence and prevalence should be treated with caution.

HOW MANY GIRLS ARE AT RISK OF FGM IN THE DECADE OF ACTION LEADING UP TO 2030?

UNFPA estimates made in 2018 were reconfirmed in 2020. As of 2023, they remain the most robust estimates on FGM. **The estimates demonstrate that more girls will be affected each year due to the underlying population growth in high-risk countries.**

Figure 4: **Number of girls expected to have FGM per year, in millions, and contribution by country**

Source: Population and Development Branch, Technical Division, UNFPA

METHODOLOGY

In 2020, UNFPA experts conducted a statistical review of the previous 2018 estimates. The objective of the review was to inform efforts to eliminate FGM by 2030. The evaluation confirmed the robustness of the methodology as well as its importance (Weny et al., 2020).

FINDINGS

Estimates by UNFPA imply that even if the probability of FGM stays constant, globally, more girls will be affected each year due to the underlying population growth in high-risk countries. This equation highlights the importance of factoring-in underlying population dynamics when estimating FGM risk. It also demonstrates that increased efforts are required to halt this trend.

FGM estimates developed by UNFPA directly and indirectly provide an opportunity to point out areas of progress, areas where more attention and improved interventions are needed, and areas where recent interventions have been effective. The research also points towards countries where no progress has been made and where the elimination of FGM by 2030 will not be achieved if the country stays on its current trajectory. The expert review in 2020 issued five recommendations that can be used to strengthen the use of data and evidence as countries strive to accelerate progress towards zero FGM by 2030.

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RECOMMENDATIONS FOR BETTER FGM DATA

Better research is needed in order to inform more effective advocacy and strategic programming by and with countries where girls are most affected.

1

CLOSE DATA GAPS

Data collection between the DHS and MICS, which are conducted every three to five years, is an essential part of the solution to the problem of gaps in timely data.

2

IMPROVE DATA QUALITY

National-level survival analyses are subject to data quality issues; therefore, mechanisms should be put in place to systematically allow validation of analyses at all levels.

3

USE BASELINE DATA

Baseline data for programmatic interventions allow modelling FGM decline at smaller geographic levels and statistical progress assessment.

4

STRENGTHEN ROUTINE DATA

Routine data collection in the health sector can enlarge the variety of data sources that current FGM estimates are based on.

5

INCREASE SURVEY DATA

More representative surveys are needed, including in countries that are traditionally not covered by DHS and MICS surveys.

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