DJIBOUTI





STATISTICAL PROFILE ON FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) 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."1 While the exact number of girls and women worldwide who have undergone FGM remains unknown, at least 200 million girls and women have been cut in 30 countries with representative data on prevalence. FGM 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 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 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.

1995

National decree/legislation banning FGM passed (amended in 2009)

SELECTED STATISTICS ON WOMEN'S STATUS

2 %	of women 20-24 years were married or in union before age 15
5 %	of women 20-24 years were married or in union before age 18

90%	Females as a percentage of males
	enrolled in primary school

80 %	Females as a percentage of males
OU 70	enrolled in secondary school

18 %	of women 15-49 years in union currently using any contraceptive method
	method

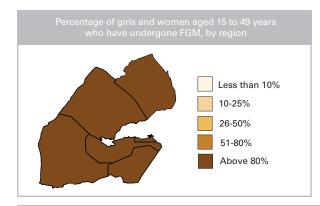
Source: MICS 2006, Rapport Annuel 2008 - DSME, UNESCO Institute for Statistics 2012

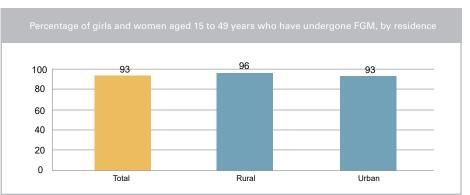


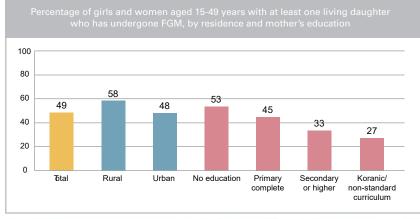


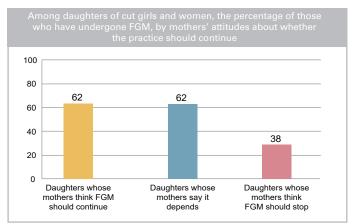
HOW WIDESPREAD IS THE PRACTICE?

FGM is nearly universal in Djibouti among girls and women of reproductive age, with little variation by place of residence



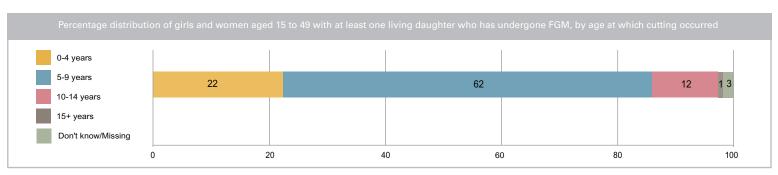


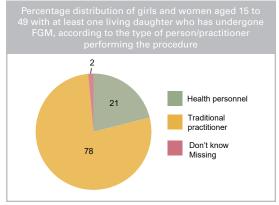


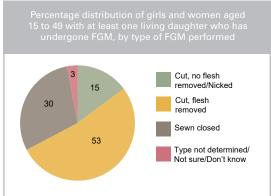


WHEN AND HOW IS FGM PERFORMED?

In Djibouti, 30 per cent of girls experience the most severe form of cutting, involving the cutting and sewing of genital parts





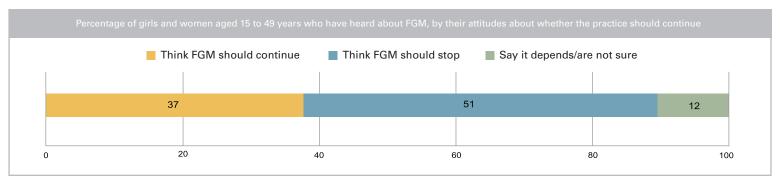


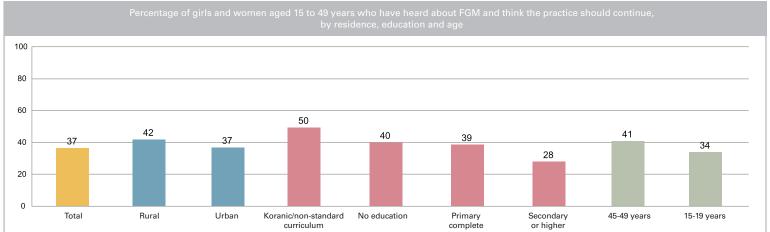
Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. There are no ethnicity, religion or wealth index data for Djibouti. Data on the prevalence of FGM among daughters of mothers with 'Koranic/nonstandard curriculum' are based on 25-49 unweighted cases. 'Health personnel' includes doctors, nurses, midwives and other health workers; 'Traditional practitioner' includes traditional circumcisers, traditional birth attendants, traditional midwives and other types of traditional practitioners.

Source for all charts on this page: MICS 2006

WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM?

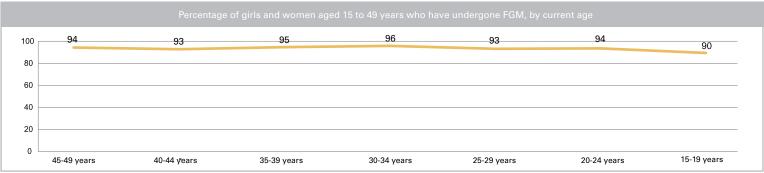
Over one third of women in Djibouti think FGM should stop, with girls and women with secondary education or above less likely to support the practice

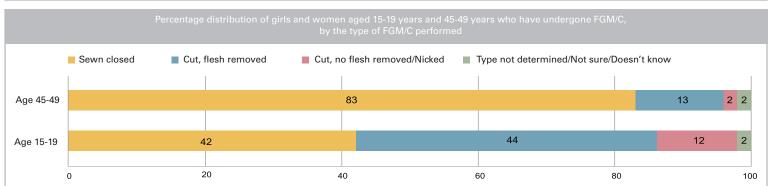




IS THE PRACTICE OF FGM CHANGING?

There has been no significant change in the prevalence of FGM/C across generations, but there is a trend towards less severe types of cutting

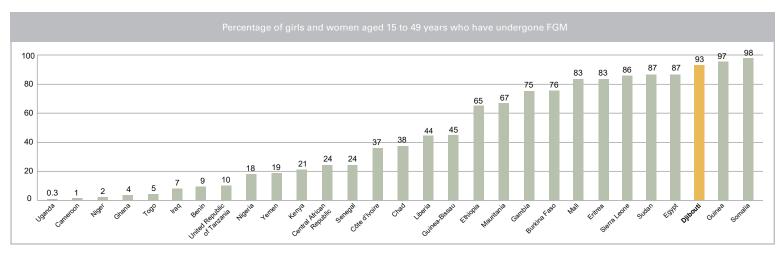


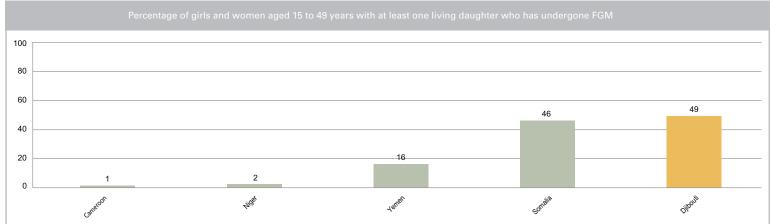


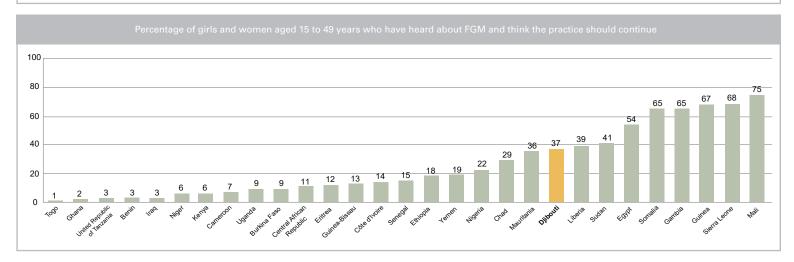
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INTER-COUNTRY STATISTICAL OVERVIEW







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 since it is performed during initiation into the society. MICS data for Ghana (2011) could not be used to report on attitudes towards FGM due to the fact that information is missing for girls and women with no living daughters; data from MICS 2006 are used instead. In Liberia, only cut girls and women were asked about their attitudes towards FGM; since girls and women from practicing communities are more likely to support the practice, the level of support in this country as captured by DHS 2013 is higher than would be expected had all girls and women been asked their opinion. Prevalence data on FGM for girls and women aged 15 to 49 years and data on attitudes towards FGM are not available for Indonesia.

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