Flygtningenævnets baggrundsmateriale

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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.

2011

National decree/legislation banning FGM passed in Kurdistan Region

SELECTED STATISTICS ON WOMEN 'S STATUS

7% of women 20-24 years were married or in union before age 15

28% of women 20-24 years were married or in union before age 18

14% of women 20-24 years have given birth by age 18

of women 15-49 years think that a husband/partner is justified in hitting

husband/partner is justified in hitting or beating his wife under certain circumstances

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

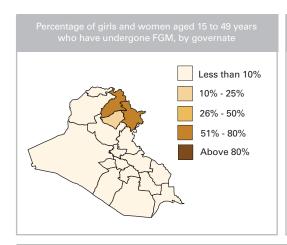
Source: MICS 2018



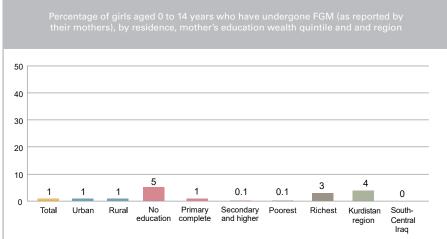


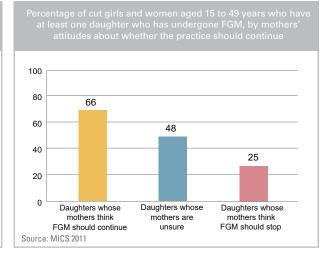
HOW WIDESPREAD IS THE PRACTICE?

In Iraq, the practice of FGM is concentrated in a few northern regions



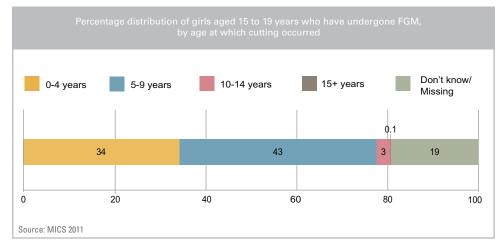


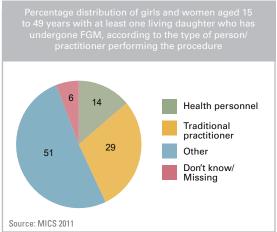




WHEN AND HOW IS FGM PERFORMED?

Approximately half of adolescent girls who underwent FGM were cut after age 5, but for one in five it is unclear at what age the practice occurred

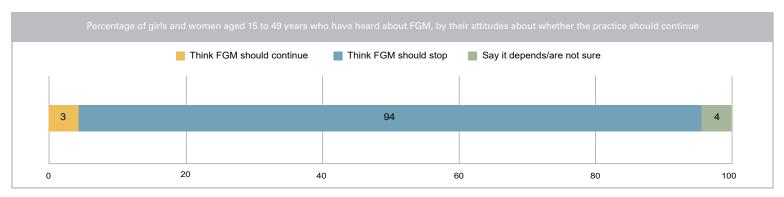


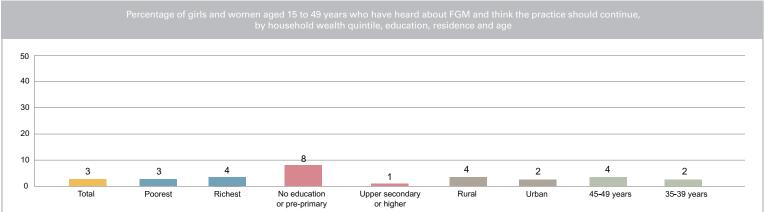


Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. All figures from MICS 2018 are based on the Iraq MICS 2018 Snapshot, and may be subject to updates or revisions when the final datasets become available. 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 is no ethnicity or religion data for Iraq. Prevalence data for girls aged 0 to 14 reflect their current, but not final, FGM status since some girls who have not been cut may still be at risk of experiencing the practice once they reach the customary age for cutting. Therefore, the data on prevalence of the data on prevalence are understimation also varies and this should be kept in mind when interpreting all FGM prevalence data for this age group. 'Health personnel' includes doctors, nurses, midwives and other health workers; 'Traditional' (unlicensed) birth attendant/grandmother'; 'Other' refers to the combined categories 'other' and 'relative/friend'.

WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM?

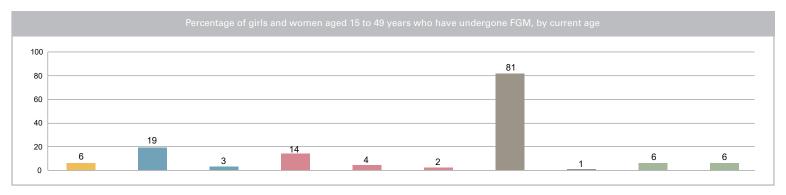
Almost all girls and women in Iraq think that FGM should stop

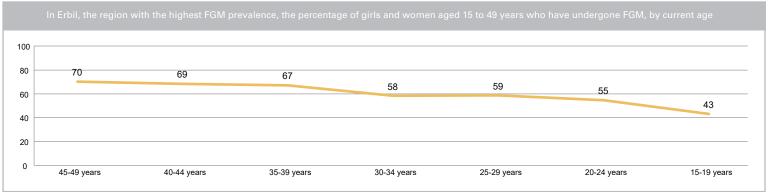




IS THE PRACTICE OF FGM CHANGING?

In Erbil, the region with the highest level of FGM, the prevalence has dropped significantly over time

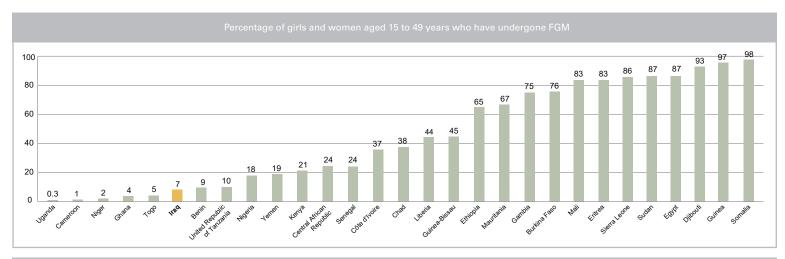


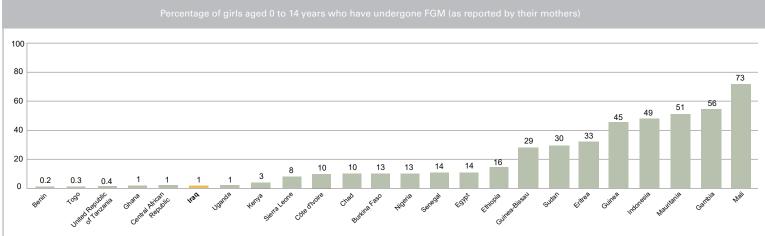


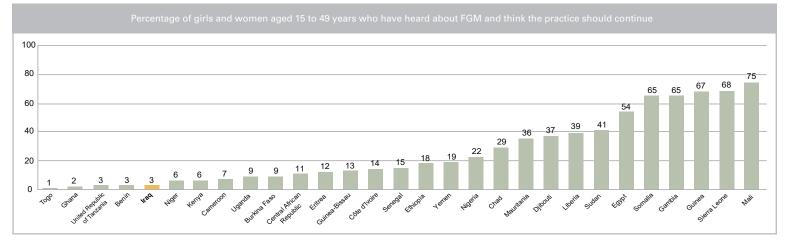
IRAQ



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/C since it is performed during initiation into the society. Egypt data refer to girls aged 1 to 14 years and Indonesia data refer to girls aged 0 to 11 years. An older source is used to report on the prevalence of FGM among girls aged 0 to 14 years for Gambia (MICS 2010) and Uganda (DHS 2011) since the latest source did not collect these data. 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.

Updated January 2019