

Beyond the crossing

FEMALE GENITAL MUTILATION ACROSS BORDERS

Ethiopia, Kenya, Somalia, Tanzania and Uganda



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FOREWORD

Globally, it is estimated that at least 200 million girls and women alive today have undergone female genital mutilation (FGM) in 30 countries, including Ethiopia, Kenya, Somalia, Tanzania and Uganda.

The practice is generally rooted in traditional beliefs, values and attitudes and is valued in many countries as a rite of passage into womanhood and child marriage.

Yet, FGM is one of the manifestations of gender inequality and human rights violations and has adverse effects on women and girls' health, especially sexual and reproductive health, education and empowerment. The practice can cause short and long-term health complications, including chronic pain, infections, increased risk of HIV transmission, anxiety and depression, birth complications, infertility and, in the worst cases, death. It is internationally recognized as an extreme violation of the rights of women and girls.

In 2012, the United Nations General Assembly unanimously adopted the first-ever resolution calling for intensified global efforts for the elimination of FGM. Ending FGM is also a fundamental step towards achieving the Sustainable Development Goals (SDGs). In 2015, FGM was included in the [Sustainable Development Goals](#) under Target 5.3, which calls for the elimination of all harmful practices, including FGM. Ending this harmful practice can accelerate progress in other SDGs that focus on good health and well-being, safe motherhood, quality education, inclusive societies and economic growth.

While there are clear evidences of social norms changes due to efforts by stakeholders, there are still challenges to address if we are to end FGM. The cross-border practice of FGM is one of these challenges.



Photo: Narok, Kenya – Georgina Goodwin for UNFPA

The cross-border practice is common in the East Africa Region, in particular in Ethiopia, Kenya, Somalia, Tanzania and Uganda (in some sub national areas), where there is still a high prevalence of FGM. These countries share borders and have, in some areas, the same communities and ethnic groups, which leads to cross-border practices of FGM.

This report brings to light the cross-border dimension of FGM. It describes the practice, as well as the socio factors and dynamics that contribute to FGM across borders, and presents the legal and policy frameworks, as well as the positive trends in programming aimed at eliminating FGM. The report concludes by suggesting a series of recommendations to address cross-border FGM practice, which requires bringing together regional-level solutions and inter-country programmes.

On the pathway to achieving the Sustainable Development Goals, UNFPA is committed to help countries delivering three transformative results: ending maternal deaths; addressing unmet need for family planning; and ending harmful practices, including FGM. The growing number of public commitments to end FGM as well as its abandonment by communities show that it is possible to abandon FGM.

We hope that this report can inform further interventions and efforts to address FGM globally so the practice can indeed become a vestige of the past.

Benoit Kalasa

Director, Technical Division, UNFPA

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WHAT ARE THE DATA TELLING US?

1.1 KEY FACTS

ETHIOPIA

- 65 per cent of girls and women aged 15 to 49 who have undergone FGM (DHS 2016).
- Secular decline: half of girls aged 15 to 19 (47 per cent) have undergone FGM compared to three quarters of women older than 30 (DHS 2016).
- Prevalence in rural area (68 per cent) is higher than in urban area (54 per cent) (DHS 2016).
- Recent estimates indicate that between 2015 and 2030, about 6.3 million girls are at risk of undergoing FGM (UNFPA 2018).
- Among women who have heard of FGM, 24 per cent believe that the practice is required by their religion, and 18 per cent believe that the practice should be continued (DHS 2016).

KENYA

- 21 per cent of girls and women aged 15 to 49 years have undergone FGM (DHS 2014).
- Prevalence of FGM varies in the country and is concentrated in the Eastern regions of the country.
- The practice of FGM seems to undergo rapid changes, with decreased prevalence by 72 per cent between the women aged 45 to 49 and girls aged 15 to 19 years old (DHS 2014).
- Recent estimates indicate that between 2015 and 2030, about 800,000 girls are at risk of undergoing FGM (UNFPA 2018).
- 11 per cent or less of women and men believe that the practice should continue (DHS 2014).

SOMALIA

- FGM remains near universal in the country, with 98 per cent of girls and women aged 15 to 49 years having undergone FGM (MICS 2006).
- Recent estimates indicate that 2.2 million girls are at risk of undergoing FGM between 2015 and 2030 (UNFPA 2018).

TANZANIA

- In the 2015-2016 DHS, 10 per cent of women aged 15 to 49 reported FGM, a decline from 18 per cent compare to 1996 (DHS 1996).
- The prevalence in rural areas (13%) is more than double that in urban areas (5%) (2015-16 DHS).
- The highest percentages of circumcised women are in Morogoro and Dodoma regions (58 per cent and

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