

ERITREA



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.”¹ More 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.

2007 National legislation criminalizing FGM/C passed

SELECTED STATISTICS ON WOMEN'S STATUS

13% of women 20-24 years were married or in union before age 15

41% of women 20-24 years were married or in union before age 18

25% of women 20-24 years old who have given birth by age 18

51% Percentage of women 15-49 years old who think that a husband/partner is justified in hitting/beating his wife under certain circumstances

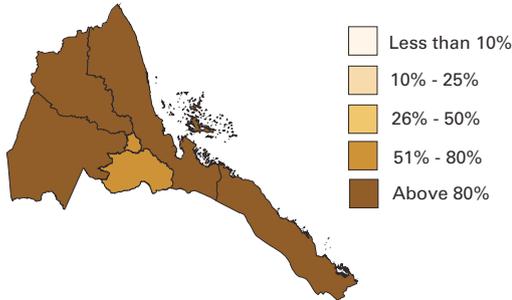
47% of women 15-49 years make use of at least one type of information media at least once a week (newspaper, magazine, television, or radio)

Source: DHS 2002 and Population and Health Survey 2010

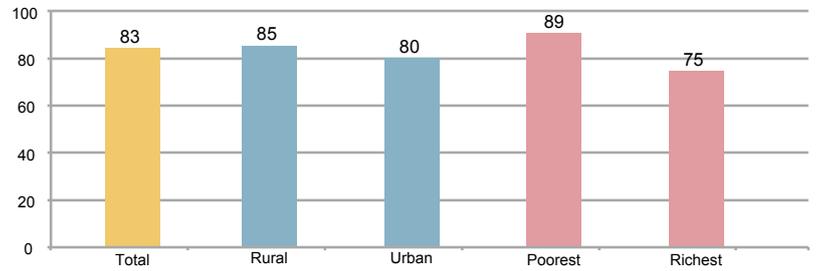
HOW WIDESPREAD IS THE PRACTICE?

FGM/C is highly prevalent among all girls and women of reproductive age living in Eritrea

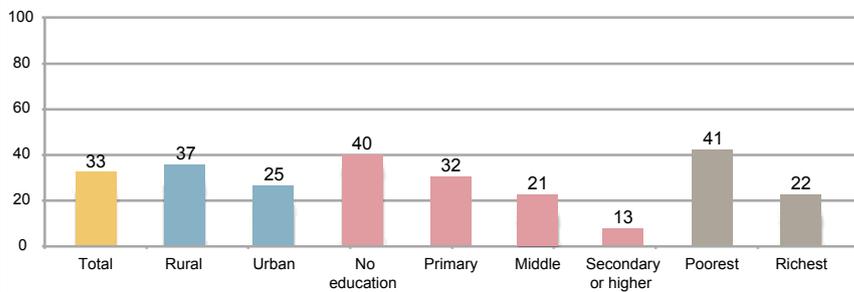
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by region



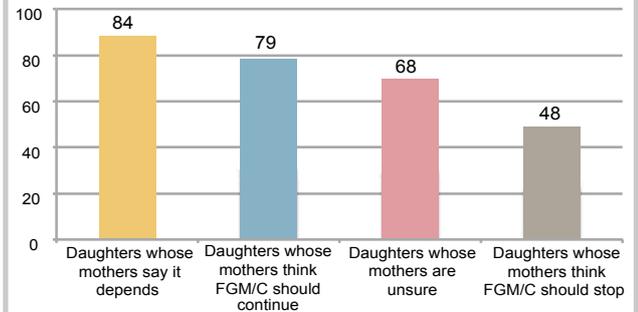
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by residence and household wealth quintile



Percentage of girls aged 0 to 14 years who have undergone FGM/C (as reported by their mothers), by residence, mother's education and household wealth quintile



Among daughters of cut girls and women, the percentage of those who have undergone FGM/C, by mothers' attitudes about whether the practice should continue

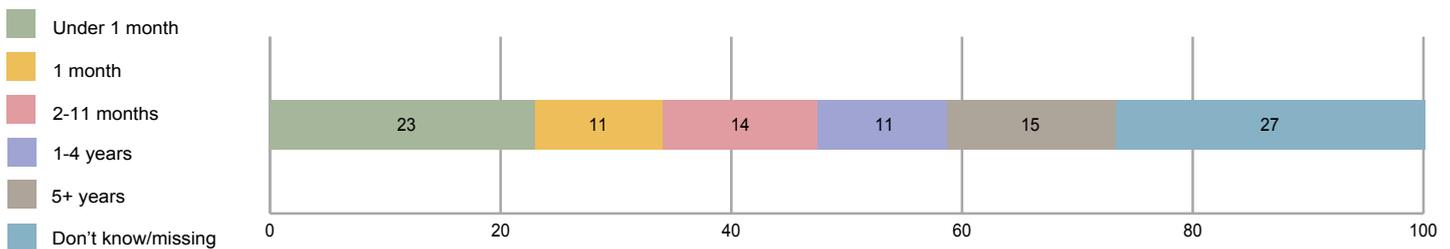


Source: DHS 2002

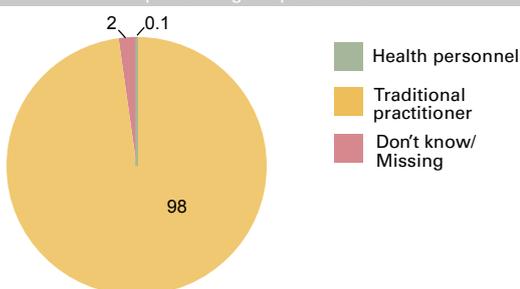
WHEN AND HOW IS FGM/C PERFORMED?

Almost half of women were cut during the first year of life, and more than one in three daughters have experienced the most invasive form of the practice

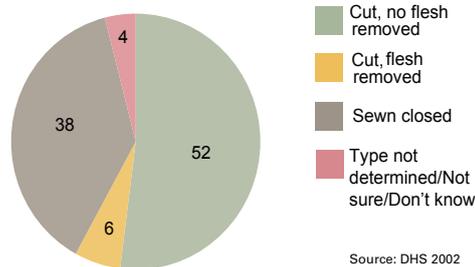
Percentage distribution of girls and women aged 15 to 49 years who have undergone FGM/C, by age at which cutting occurred



Percentage distribution of the most recently circumcised daughter according to the type of person/practitioner performing the procedure



Percentage distribution of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C, by the type of FGM/C performed



Source: DHS 2002

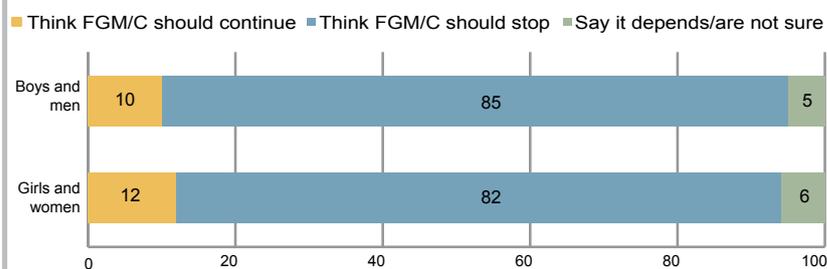
Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. Data on prevalence of FGM/C among daughters of mothers who are unsure about the continuation of the practice 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: Population and Health Survey 2010, unless otherwise noted

WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?

A majority of people in Eritrea think that FGM/C should stop

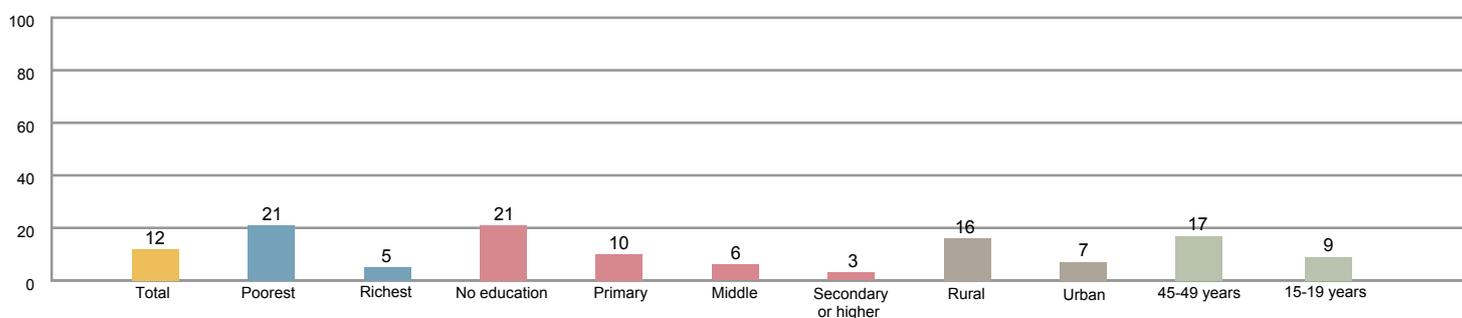
Percentage of girls and women aged 15 to 49 years and boys and men aged 15 to 49 years who have heard about FGM/C, by their attitudes about whether the practice should continue



Among girls and women aged 15 to 49 years who have heard about FGM/C, the percentage who cite specific benefits or advantages for a girl to undergo the procedure

No benefits	77
Cleanliness/Hygiene	6
Social acceptance	10
Better marriage prospects	3
Preservation of virginity	6
Required by religion	1
Other	5

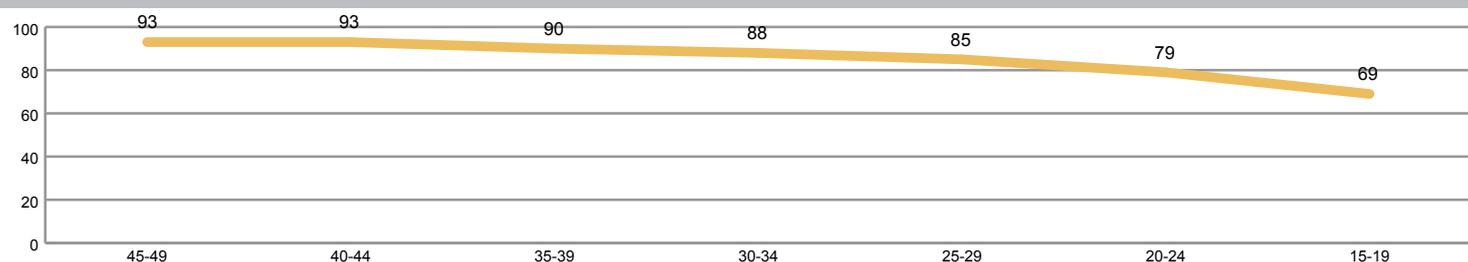
Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue, by household wealth quintile, education, residence and age



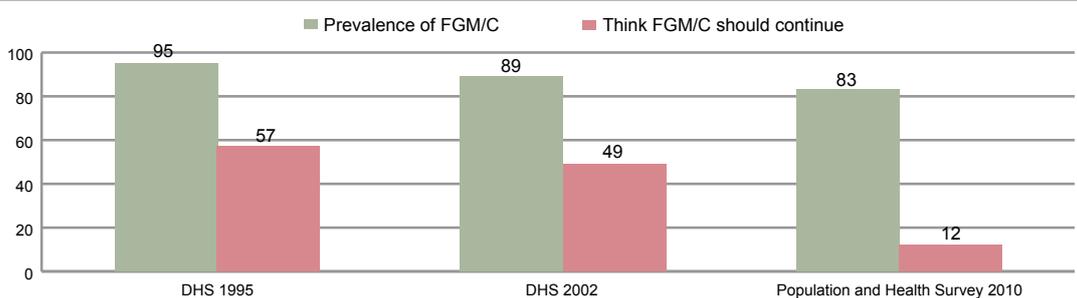
IS THE PRACTICE OF FGM/C CHANGING?

In Eritrea, there has been some decline in the prevalence of FGM/C over time

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by current age



Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, and percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue



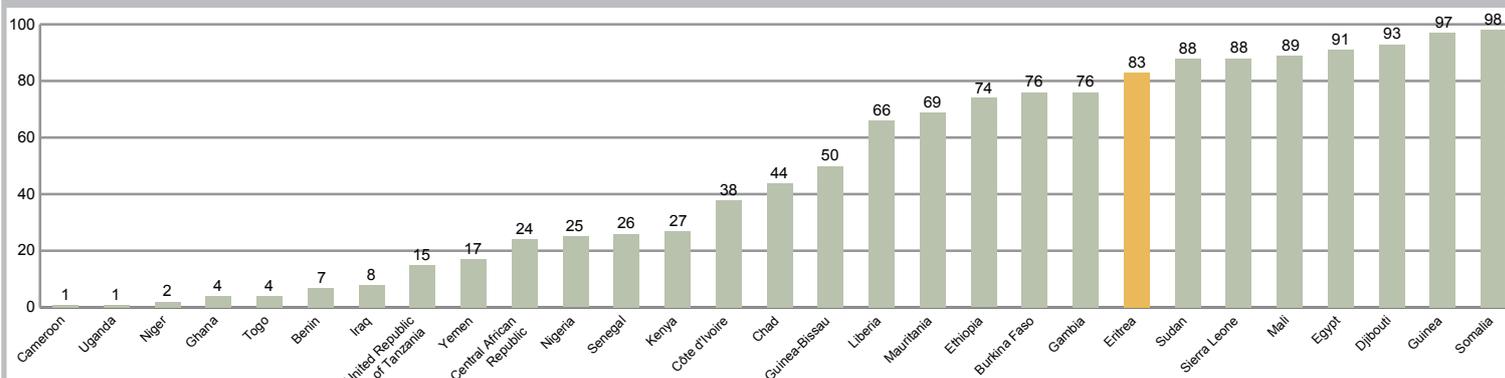
Source for all of the above charts: Population and Health Survey 2010, unless otherwise noted

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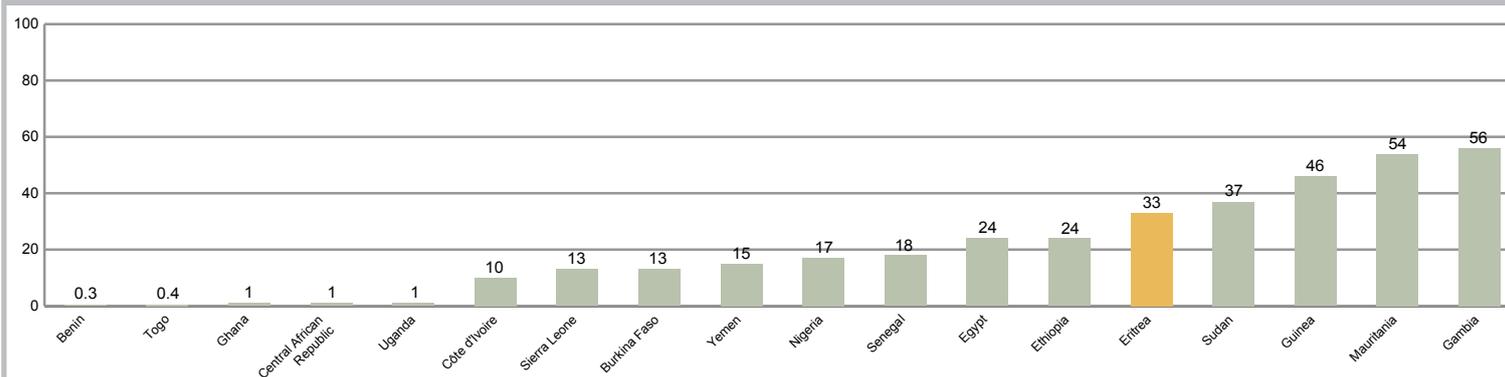


INTER-COUNTRY STATISTICAL OVERVIEW

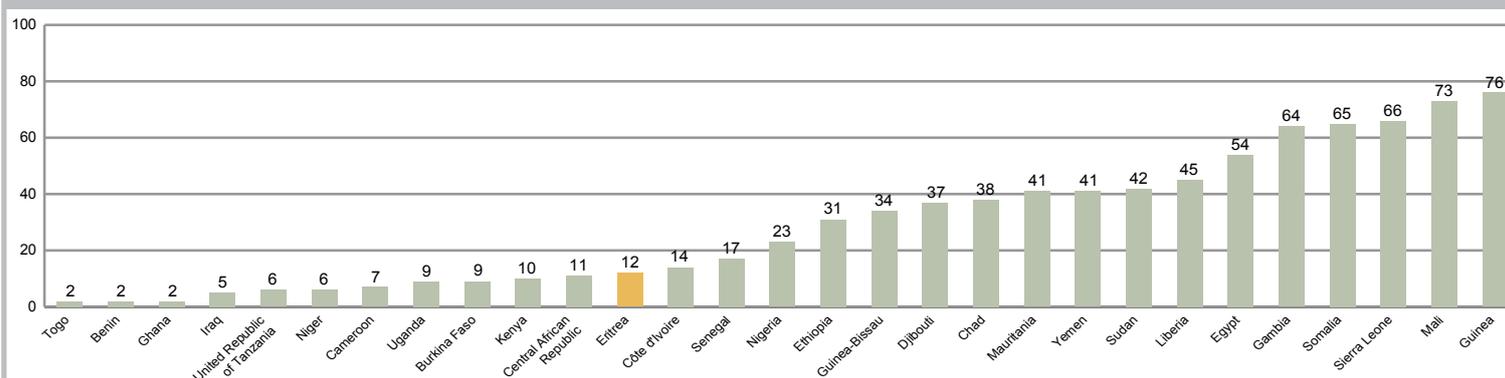
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C



Percentage of girls aged 0 to 14 years who have undergone FGM/C (as reported by their mothers)



Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue



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 MICS 2006 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.

Sources: DHS, MICS, National Social Protection Monitoring Survey, Population and Health Survey, SHHS and Welfare Monitoring Survey, 1997-2013

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FOR MORE INFORMATION

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