

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 31 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

1%

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

100%

Females as a percentage of males enrolled in primary school

94%

Females as a percentage of males enrolled in secondary school

19%

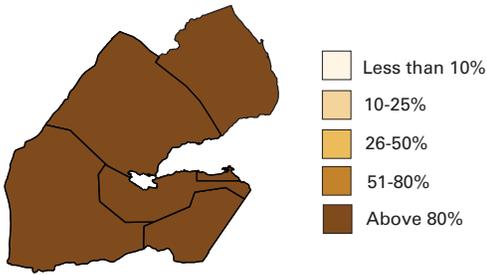
of women 15-49 years in union currently using any contraceptive method of ever-married women 15-49 years using any contraceptive method

Source: EDSF/PAPFAM 2012, UNESCO Institute for Statistics 2020

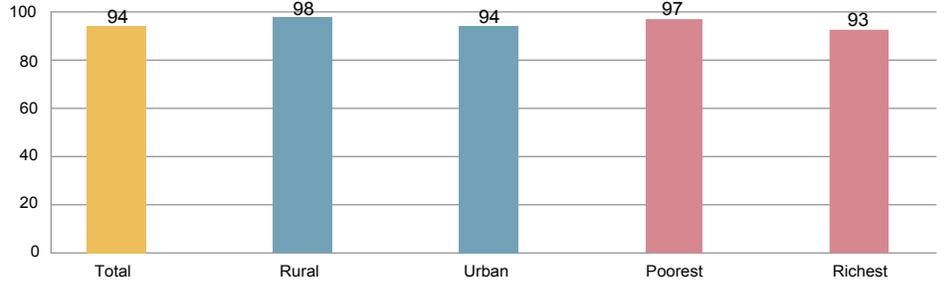
HOW WIDESPREAD IS THE PRACTICE?

FGM is nearly universal among girls and women in Djibouti

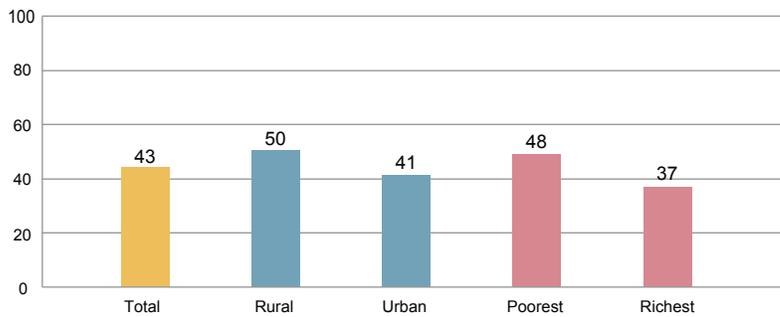
Percentage of girls and women aged 15 to 49 years who have undergone FGM, by region



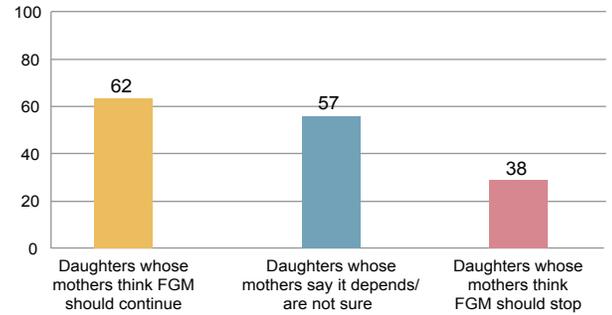
Percentage of girls and women aged 15 to 49 years who have undergone FGM, by residence and household wealth quintile



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



Percentage of cut girls and women aged 15 to 49 years who have at least one daughter who has undergone FGM, by mothers' attitudes about whether the practice should continue

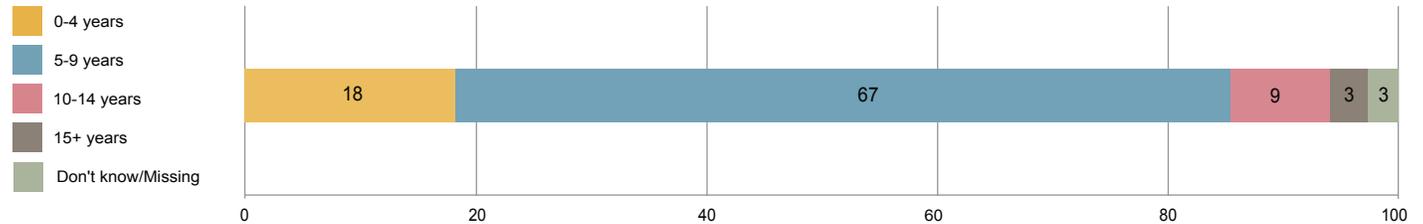


Source: MICS 2006

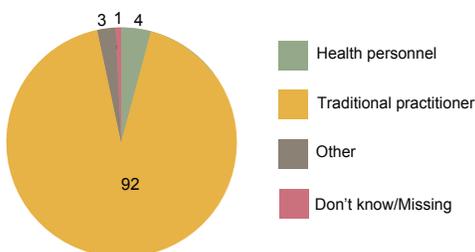
WHEN AND HOW IS FGM PERFORMED?

In Djibouti, the majority of girls were cut by traditional practitioners

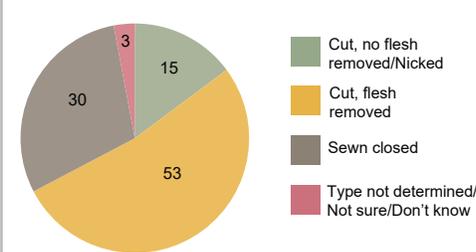
Percentage distribution of girls aged 15 to 19 years who have undergone FGM, by age at which cutting occurred



Percentage distribution of girls aged 0 to 14 years who have undergone FGM (as reported by their mothers), according to the type of person/practitioner performing the procedure



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



Source: MICS 2006

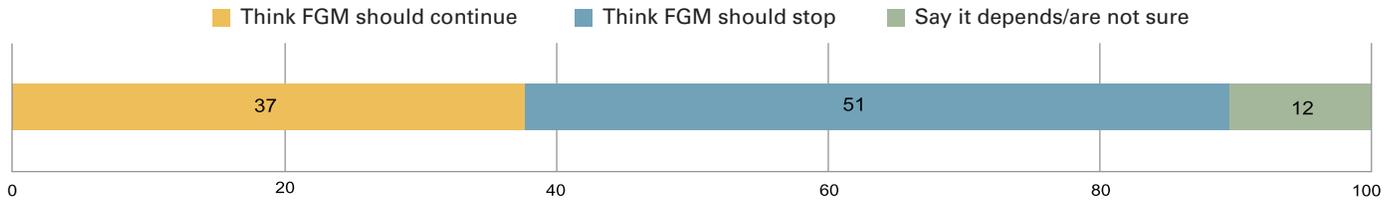
Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. There is no ethnicity or religion data for Djibouti. 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 for girls under age 15 is actually an underestimation of the true extent of the practice. Since age at cutting varies among settings, the amount of underestimation 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 practitioner' refers to 'traditional circumciser,' 'traditional birth attendant,' and 'barber surgeon'; and 'Other' includes 'family member' and 'other.'

Source for all charts on this page: EDSF/PAPFAM 2012, unless otherwise noted.

WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM?

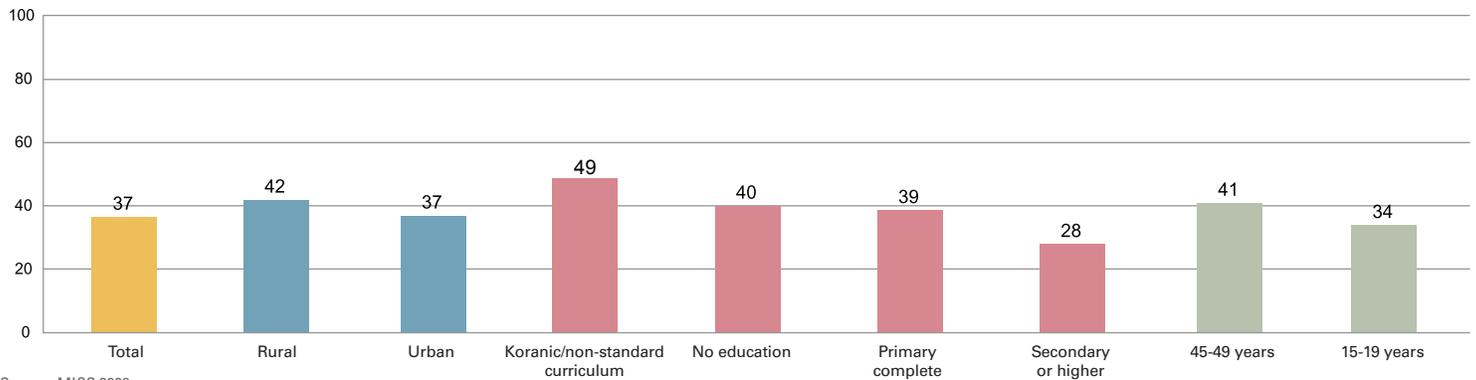
Over one third of women in Djibouti think FGM should stop, with girls and women with secondary education or above less likely to support the practice

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



Source: MICS 2006

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

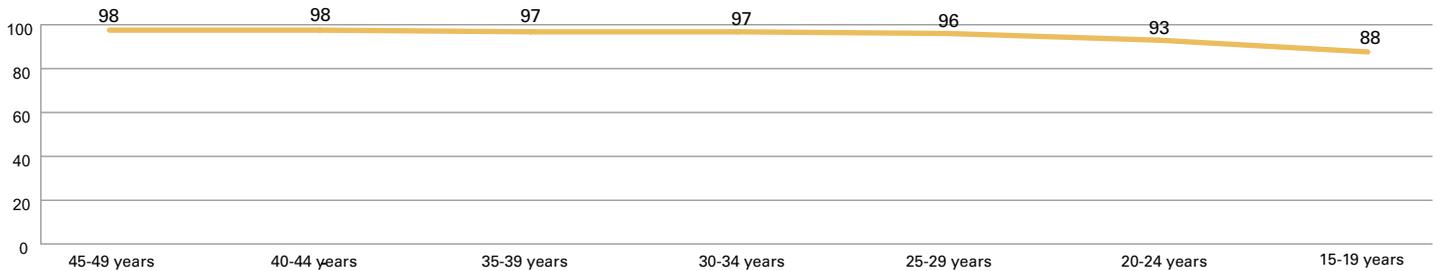


Source: MICS 2006

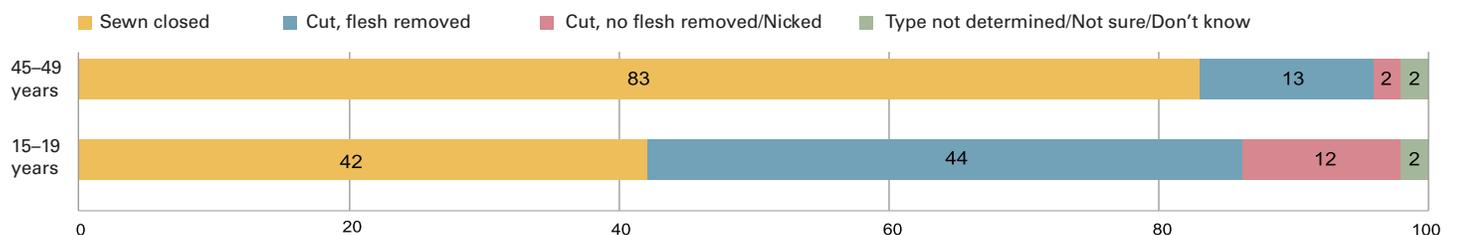
IS THE PRACTICE OF FGM CHANGING?

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

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



Percentage distribution of girls and women aged 15 to 19 years and 45 to 49 years who have undergone FGM, by the type of FGM performed



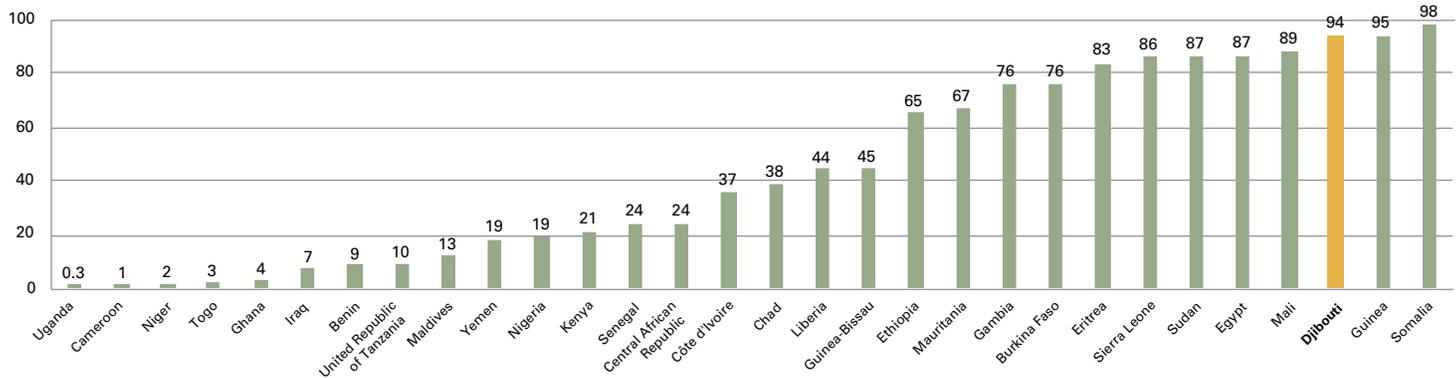
Source: MICS 2006

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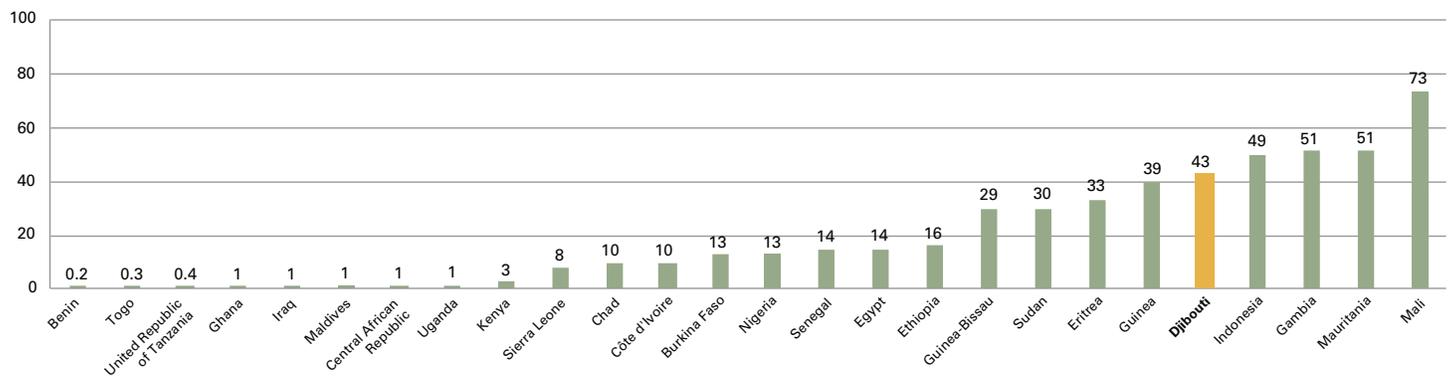


INTER-COUNTRY STATISTICAL OVERVIEW

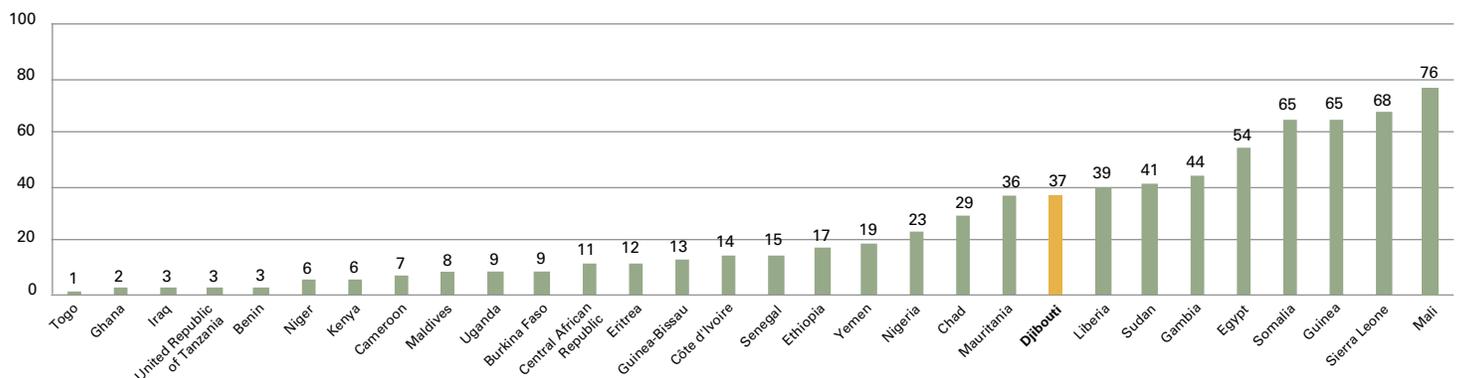
Percentage of girls and women aged 15 to 49 years who have undergone FGM



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



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



Notes: 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. Data on girls' prevalence in Egypt refer to girls aged 6 months to 14 years and in Indonesia refer to girls aged 0 to 11 years. An older source is used to report on the prevalence of FGM among girls and on the percentage of support for FGM in Uganda (DHS 2011) since the latest source did not collect these data. Data on the prevalence among girls refer to an older source in Nigeria (MICS 2016-17) due to an anomaly in the results in the most recent source. 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. EDSF/PAPFAM data for Djibouti (2012) could not be used for attitudes towards FGM since the question is different from the standard; 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. In Egypt and Somalia, the support for FGM was calculated among all girls and women, since respondents were not first asked whether they had heard of the practice. Prevalence data for girls and women aged 15 to 49 years and data on attitudes towards FGM are not available for Indonesia.