TOGO





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 thatof 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.

1998

National decree/legislation banning FGM passed

SELECTED STATISTICS ON WOMEN'S STATUS

6 %	of women 20-24 years were married or in union before age 15
25 %	of women 20-24 years were married or in union before age 18
17 %	of women 20-24 years have given birth by age 18
28%	of women 15-49 years think that a husband/partner is justified in hitting/ beating his wife/partner under certain circumstances
59 %	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)

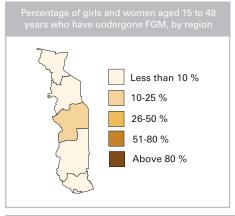
Source: MICS 2017

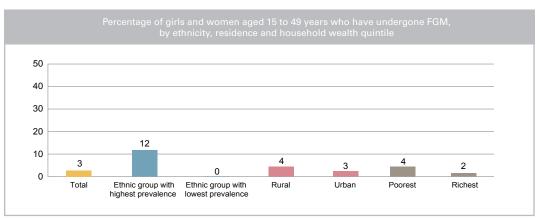


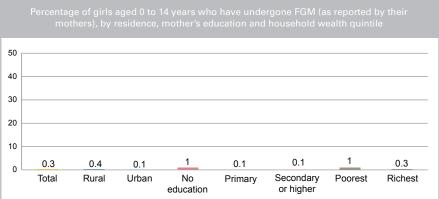


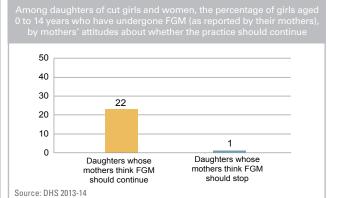
HOW WIDESPREAD IS THE PRACTICE?

National prevalence of FGM is low in Togo, but certain ethnic groups are more likely to practice it than others



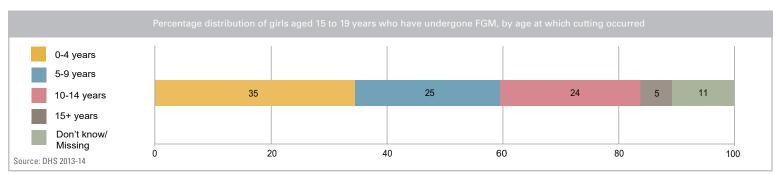


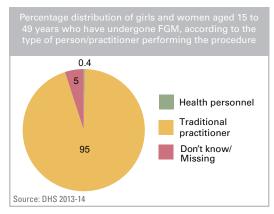


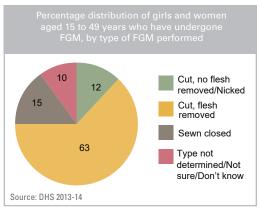


WHEN AND HOW IS FGM PERFORMED?

Two in three girls and women who underwent FGM had their genital area cut with some flesh removed





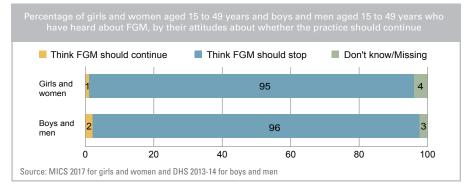


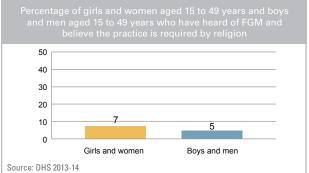
Notes: The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. Percentage distributions of girls aged 15 to 19 are based on 25-49 unweighted cases. 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. Data for girls and women are used to report on person/practitioner performing the procedure and type of FGM since data on daughters are based on less than 25 unweighted cases. 'Health personnel' includes doctors, nurses, midwives and other health workers; 'Traditional practitioner' includes traditional circumcisers, traditional birth attendants and other types of traditional practitioners.

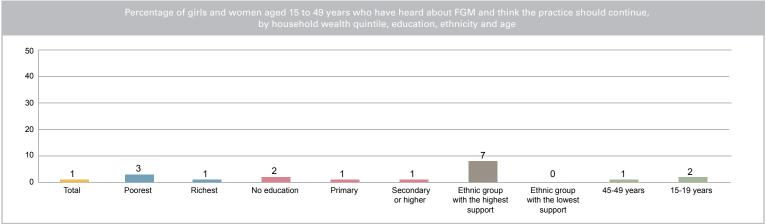
Source for all charts on this page: MICS 2017, unless otherwise noted.

WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM?

Most people in Togo think the practice should stop

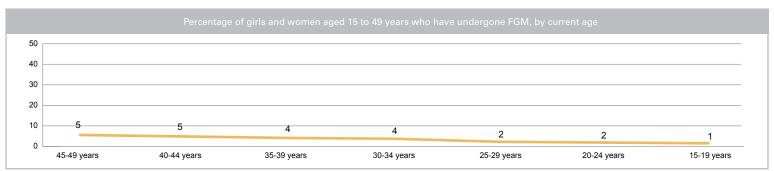


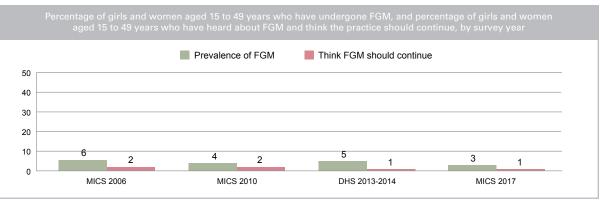




IS THE PRACTICE OF FGM CHANGING?

The practice of FGM has been systematically very low throughout the years



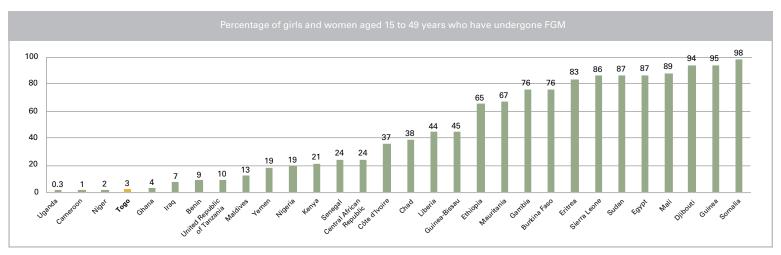


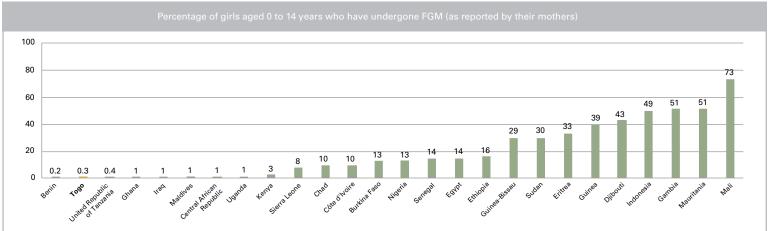
Source for all of the above charts: MICS 2017, unless otherwise noted.

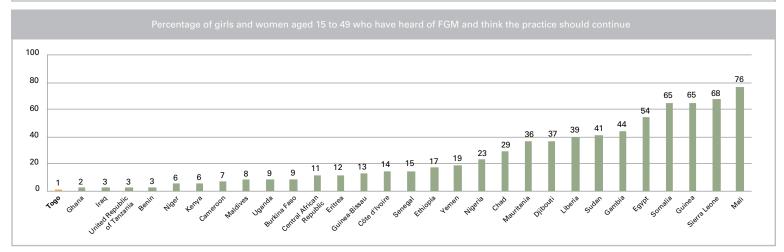
TOGO



INTER-COUNTRY STATISTICAL OVERVIEW







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 (DIAS 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.

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