Understanding the Relationship between Child Marriage and Female Genital Mutilation:

A statistical overview of their co-occurrence and risk factors
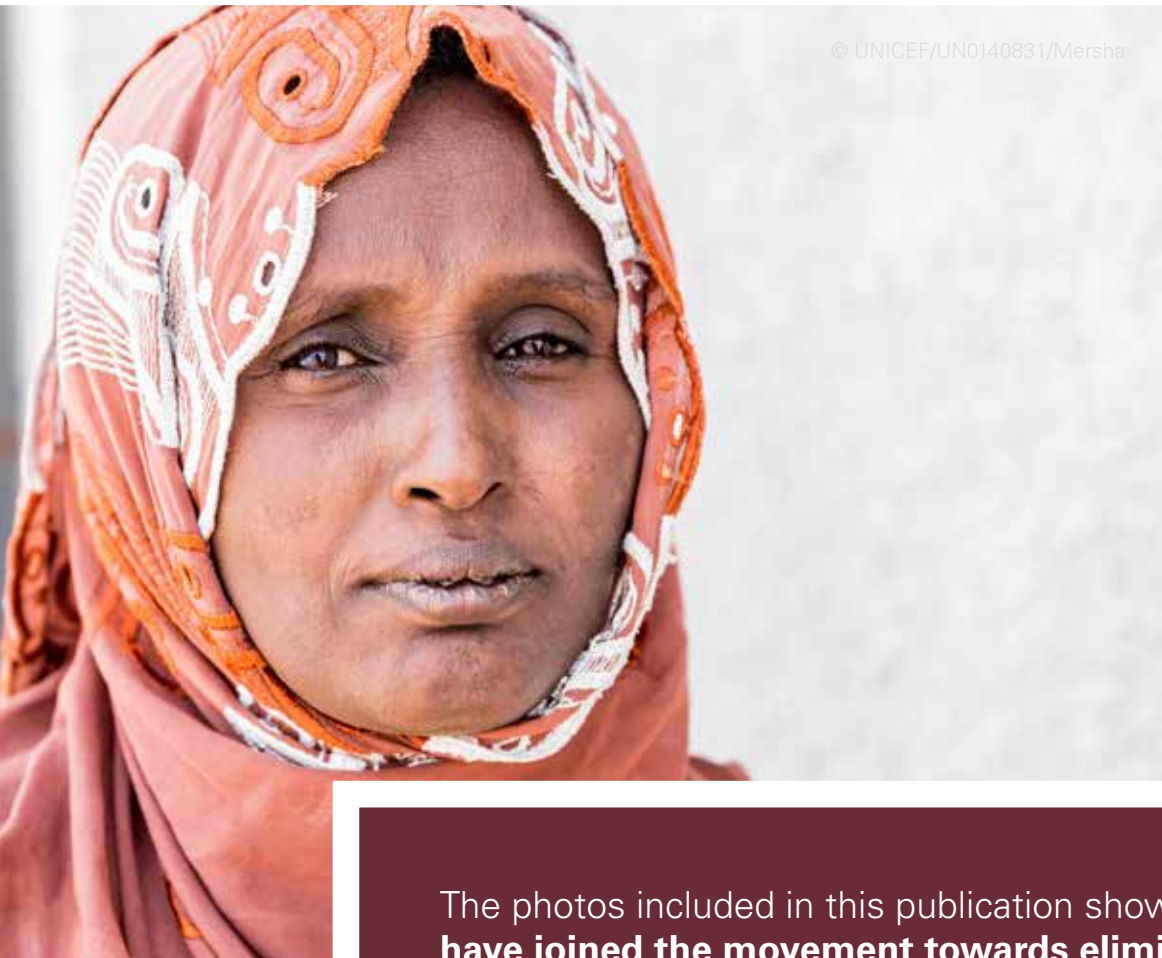
unicef ✿

for every child

Photo: UNICEF @ UN0140851

In countries where child marriage and female genital mutilation (FGM) are common, **women, men, girls and boys have taken a stand to call for the elimination of these harmful practices.**

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The photos included in this publication show **the faces of those who have joined the movement towards elimination.** The cover is of a 15-year-old Ugandan girl who, along with six others, sought refuge at a local police station to avoid FGM, a common rite of passage in her culture, and an impending marriage. Her father, who arranged the match, subsequently became an advocate against child marriage. Others have joined the movement by participating in activities such as community declarations for the abandonment of FGM, clubs focusing on girls' rights, and awareness-raising campaigns.

The harmful practices of child marriage and FGM threaten the well-being of millions of girls around the world. Both have existed for generations, as manifestations of gender inequality, and have been propagated by discriminatory norms that devalue girls. Both have been used to control female sexuality, with justifications including the preservation of 'purity' and virginity, and the safeguarding of family 'honour'.[1]

In some cases, the two harmful practices are linked. For instance, a girl's marriageability may be tied to whether she has been cut, or FGM may be performed as a rite of passage into womanhood and as a precursor to marriage, often in early adolescence.[2] However, each practice also has its own distinct drivers. Child marriage is more closely associated with poverty: Poorer families may choose to marry off a daughter to relieve financial stress or in the belief that it will secure for her a more stable future. Marriage is sometimes regarded as a viable choice when other paths in a girl's future are limited.[3] In contrast, FGM is closely associated with identity and as a representation of shared values. Whether or not a girl has been cut may be viewed as a marker of belonging to a particular population group.[4]

In many countries where both child marriage and FGM are common, girls most at risk for each practice tend to share certain characteristics, such as low levels of education, rural residence, and living in poorer households. Yet distinct drivers are also found, and many communities in which one practice is common will not practise the other.

The analysis presented on the following pages seeks to identify the extent to which child marriage and FGM co-exist.

An overview is presented for all countries in which both practices have been documented, followed by an in-depth analysis for nine countries (Burkina Faso, Chad, Ethiopia, Guinea, Kenya, Mali, Senegal, Sierra Leone and Yemen). The intersection of these two practices – that is, the share of women who underwent FGM and were married in childhood – is reviewed over time, to determine whether girls' likelihood of experiencing both of them has changed across generations. Lastly, the analysis identifies the characteristics that most commonly distinguish the girls who experience one practice from those who experience both.

Contents

Overview of **child marriage** and **female genital mutilation**

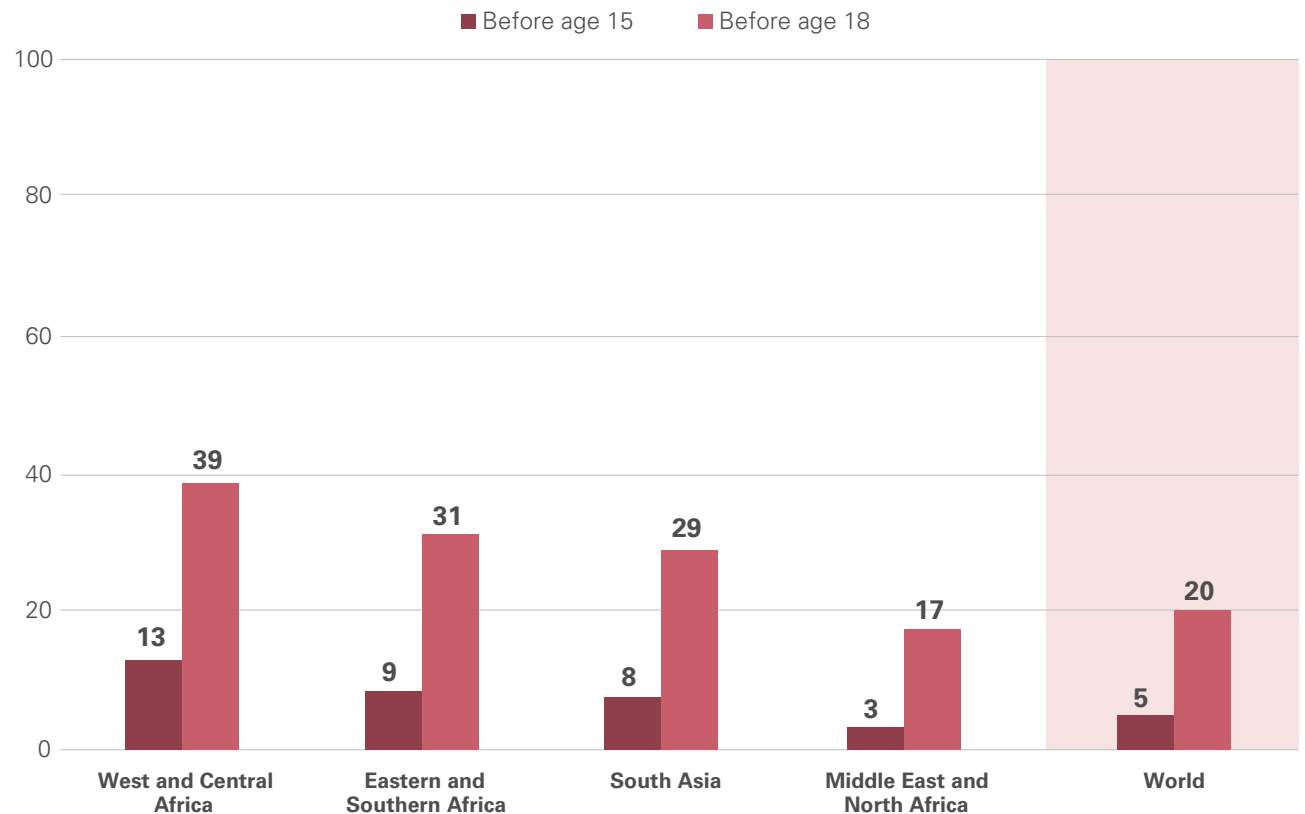Worldwide, **650 million girls and women were married in childhood**.[5] The practice is most common in West and Central Africa, where 39 per cent of young women were married before age 18, followed by Eastern and Southern Africa and South Asia, where prevalence is around 30 per cent.

The girls most at risk of child marriage tend to be from the poorest households and live in rural areas. Child marriage is commonly associated with a lack of education, with marriage often paired with an exit from schooling.

The world is making inroads against child marriage, with an acceleration of progress over the last 10 years. Yet to end the practice by 2030 – the target set in the Sustainable Development Goals (SDGs) – global progress must be 17 times faster than the progress observed over the last decade.

One in five young women were married in childhood, with the highest levels found in sub-Saharan Africa

Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18

■ Before age 15   ■ Before age 18

Region	Before age 15	Before age 18
West and Central Africa	13	39
Eastern and Southern Africa	9	31
South Asia	8	29
Middle East and North Africa	3	17
World	5	20

Notes: Estimates are based on a subset of 91 countries covering 77 per cent of the population of women aged 20 to 24. Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage was insufficient to calculate regional estimates for East Asia and the Pacific, Europe and Central Asia, Latin America and the Caribbean, and North America.

Source: UNICEF global databases, 2020, based on DHS, MICS and other national surveys, 2013–2019.

At least **200 million girls and women have undergone FGM** in 31 countries with representative data on prevalence.[6]

Girls face different risks of FGM across countries and based on certain background characteristics, with those on the lower end of the socioeconomic spectrum facing higher risk. The practice is also closely tied to ethnicity, with FGM status serving as a marker of identity among certain communities.

The practice has become less common over the last three decades, though not all countries have made progress and the pace of decline has been uneven. Most practising countries are not on track to eliminate FGM by 2030, the target established by the SDGs. Even in countries where the practice has become less common, progress must be at least 10 times faster to eliminate FGM by 2030.

FGM is nearly universal in some countries in Africa

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

- Above 80%
- 51–80%
- 26–50%
- 10–25%
- Less than 10%
- No data/FGM is not concentrated in these areas
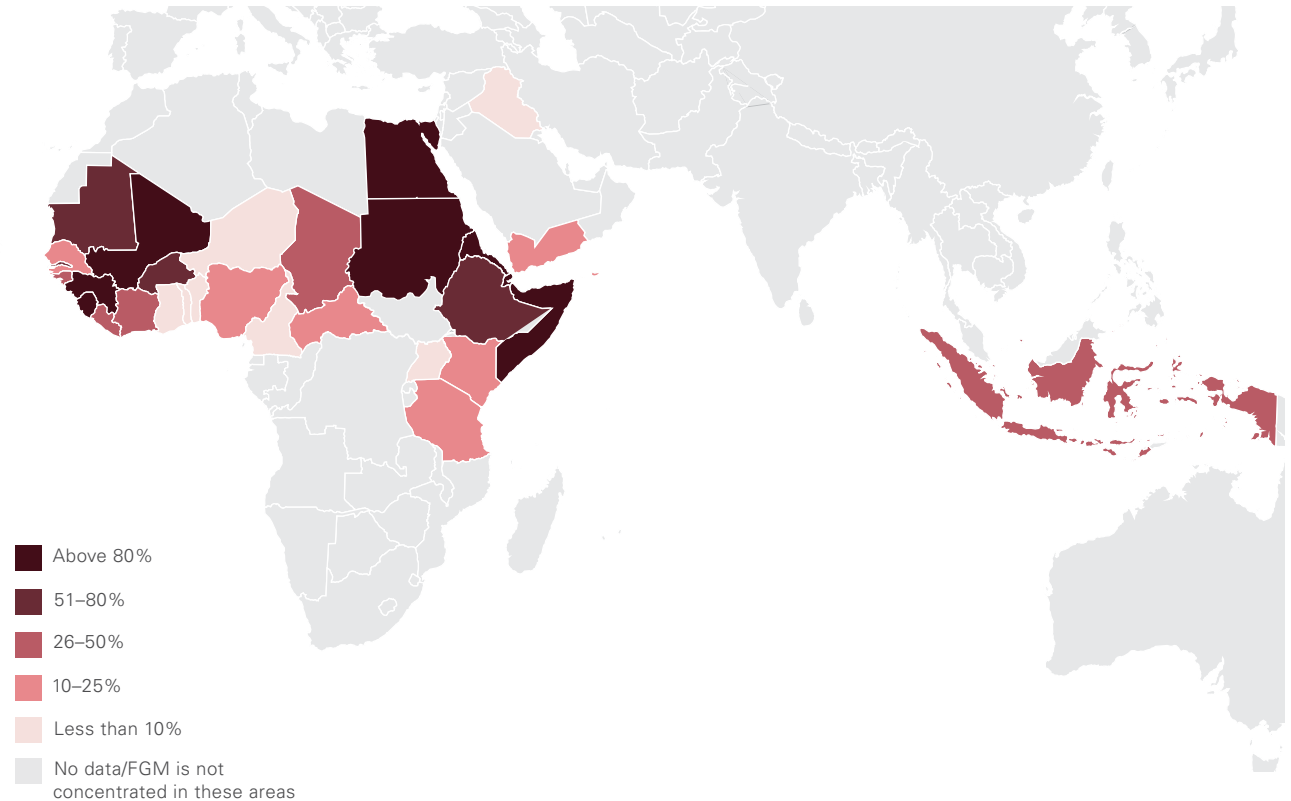
Notes: In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM since it is performed during initiation into the society. Data for Indonesia refer to girls aged 0 to 11 years since prevalence data on FGM among girls and women aged 15 to 49 years are not available. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: UNICEF global databases, 2020, based on DHS, MICS and other national surveys, 2004–2018.

ENDCHILD MARRIA

Do the two **practices co-exist?**

A high level of one harmful practice is not predictive of a similarly high level of the other; among the top 10 countries for each practice, only three are found in both groups

Percentage of women aged 18 to 49 years who experienced child marriage and who experienced FGM

Top 10 countries where child marriage is most common

Top 10 countries where FGM is most common

■ Child marriage ■ FGM
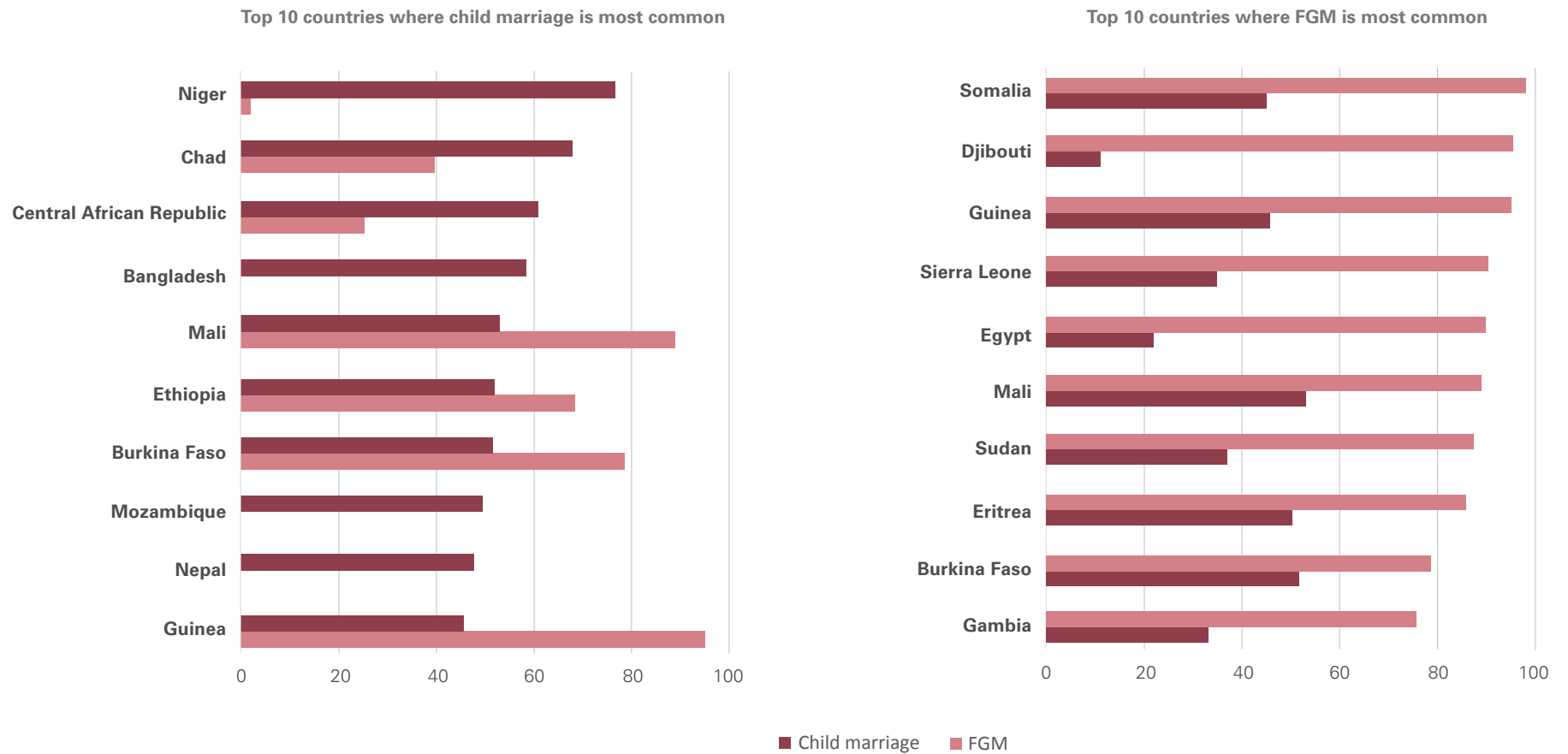
Note: Mozambique and Nepal do not have nationally representative data on FGM as it is not a common practice.

Source: UNICEF global databases, 2020, based on MICS, DHS and other nationally representative sources, 2010–2018.

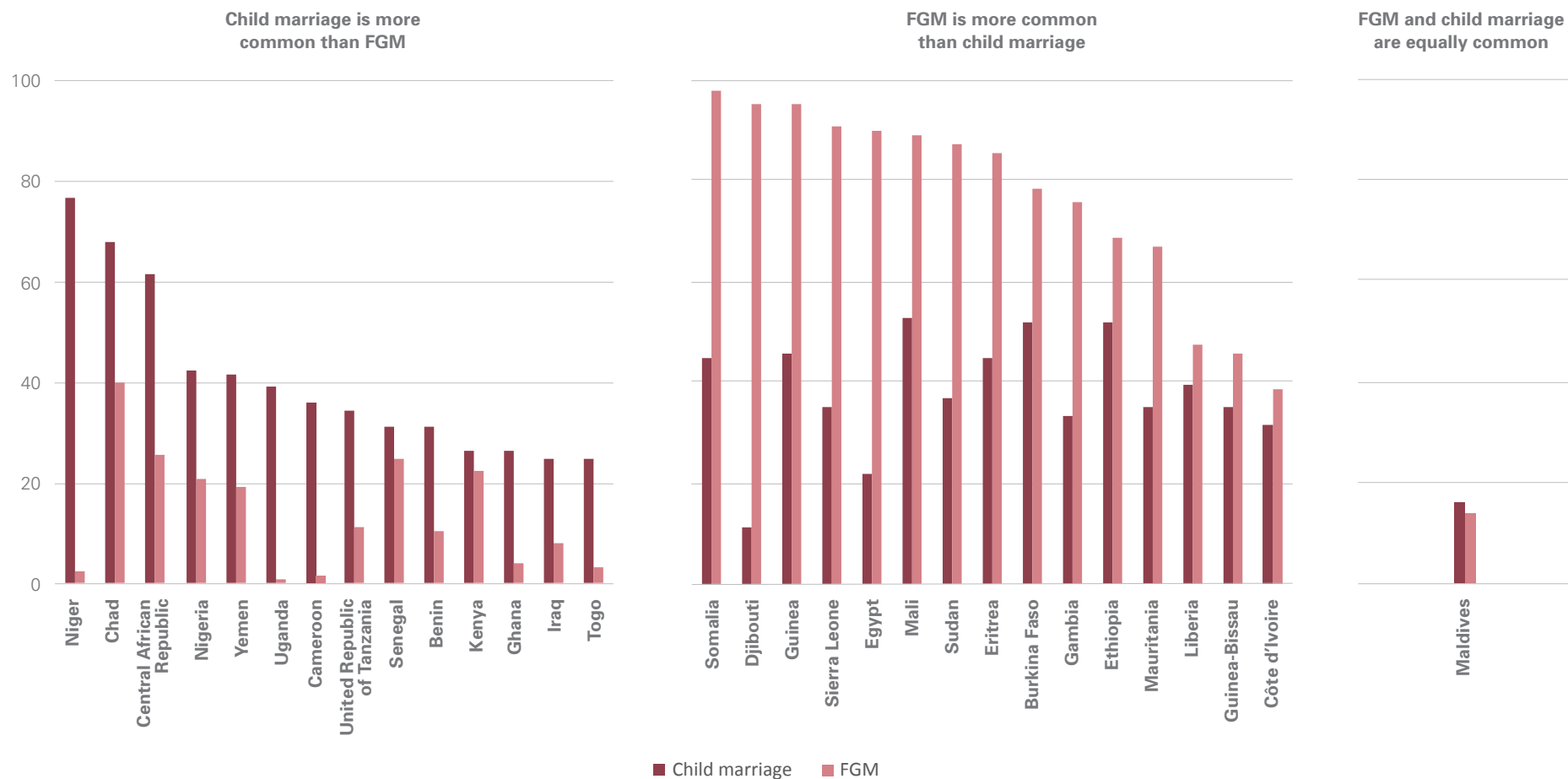## In about half of the countries analysed, child marriage is more common than FGM, while the opposite is true in the remaining countries

Percentage of women aged 18 to 49 years who experienced child marriage and who experienced FGM

Child marriage is more common than FGM

FGM is more common than child marriage

FGM and child marriage are equally common

■ Child marriage   ■ FGM

Notes: Data for all countries are based on the latest available source for each indicator; this is a single data source per country for all countries except Egypt, which has a more recent source for FGM (2015) than child marriage (2014), and Cameroon, which has a more recent source for child marriage (2014) than FGM (2004). Data for Indonesia are not shown here since nationally representative data on the prevalence of FGM are unavailable for women aged 18 to 49 years.

Source: UNICEF global databases, 2020, based on MICS, DHS and other nationally representative sources, 2004–2018.

In countries affected by both practices, most women experience neither practice or only one of the two

Percentage distribution of women aged 18 to 49 years according to their experience of child marriage and of FGM
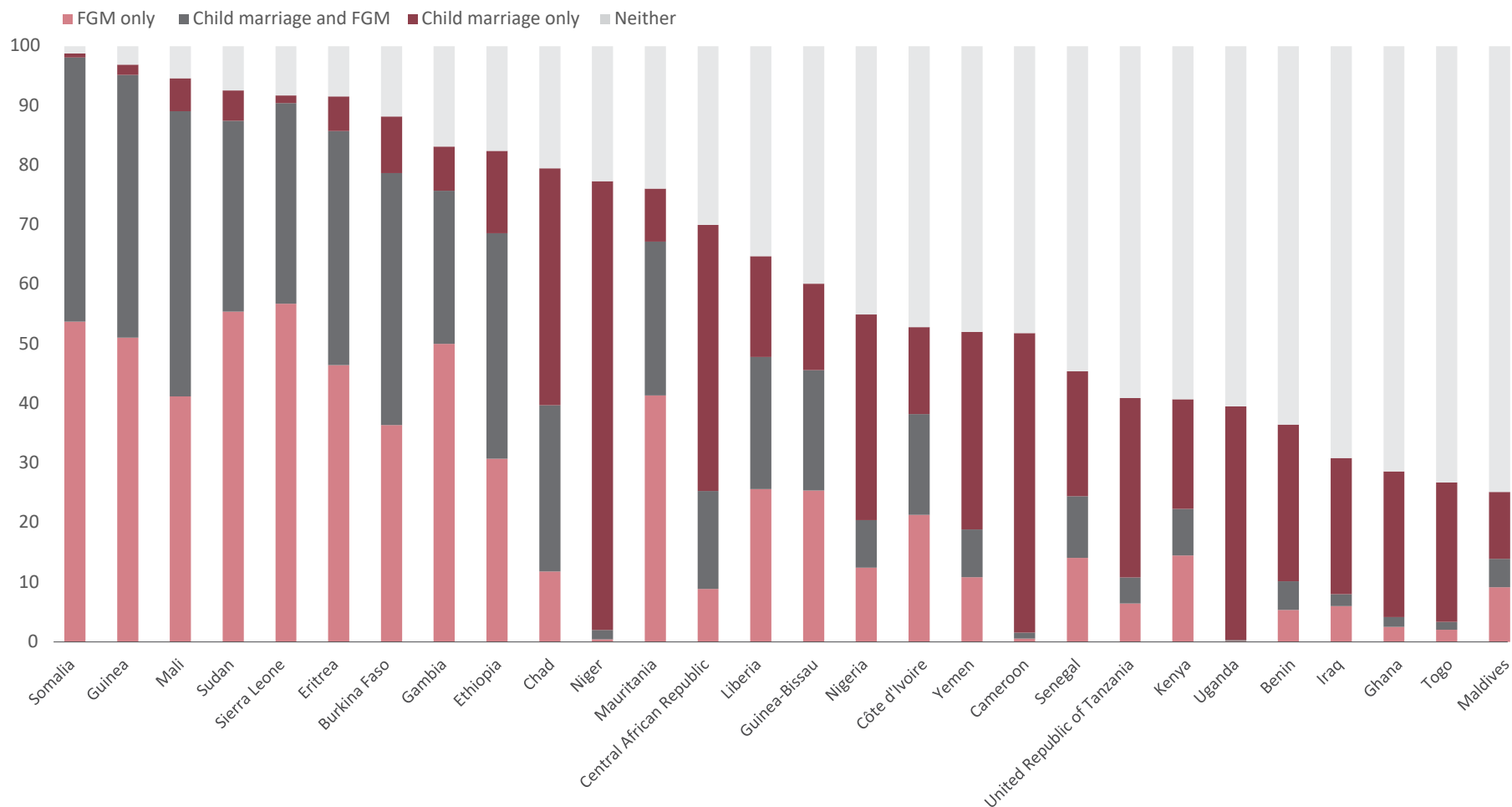
Notes: Data for Djibouti, Egypt and Indonesia are not included in this figure. In Djibouti's PAPFAM 2012 survey, child marriage information was collected among ever-married women and FGM was collected among all women; therefore, the intersection of both practices can be identified only among ever-married women, which is not comparable to other countries. In Egypt, HIS 2015 did not collect child marriage data and DHS 2014 collected both child marriage and FGM data among ever-married women; thus the data are also not comparable to other countries. Indonesia only has nationally representative data on the prevalence of FGM among girls aged 0 to 11 years; thus analysis on the intersection of this practice with child marriage was not possible.

TAKEAWAYS:

- While child marriage and FGM are both practised in 31 countries, either one practice or the other tends to predominate.

- The degree of intersection between child marriage and FGM – that is, the percentage of women who have experienced both practices – varies considerably.

- Yet in all countries but one, this intersection is not the predominant outcome; rather, women are more likely to have experienced only one practice, or neither.

Photo: UNICEF @UN0140908

Is the likelihood of **experiencing both practices** changing?

Differences in the prevalence of child marriage and FGM by age group reflect the prevailing risk of the practices at different points in time. Since both child marriage and FGM occur in childhood, younger women would have experienced them more recently than older women, whose experiences would have occurred decades earlier. Thus, comparing the prevalence of harmful practices across age groups allows for an assessment of whether the risk has changed across generations.

The following pages focus on a subset of nine countries (Burkina Faso, Chad, Guinea, Ethiopia, Kenya, Mali, Senegal, Sierra Leone and Yemen), with in-depth analyses of women who experienced both practices and the background characteristics of such women. These countries were selected to represent three regions where both child marriage and FGM are common – the Middle East, West and Central Africa, and Eastern and Southern Africa – and where prevalence varies across the two practices.

Burkina Faso shows no change in the prevalence of child marriage across generations, but FGM has become less common; thus the percentage of women who have experienced both practices has also declined slightly

Percentage of women aged 18 to 49 years who experienced child marriage, FGM, either practice or both practices, by age group

Burkina Faso

Legend: Either, FGM, Child marriage, Both

Age in years
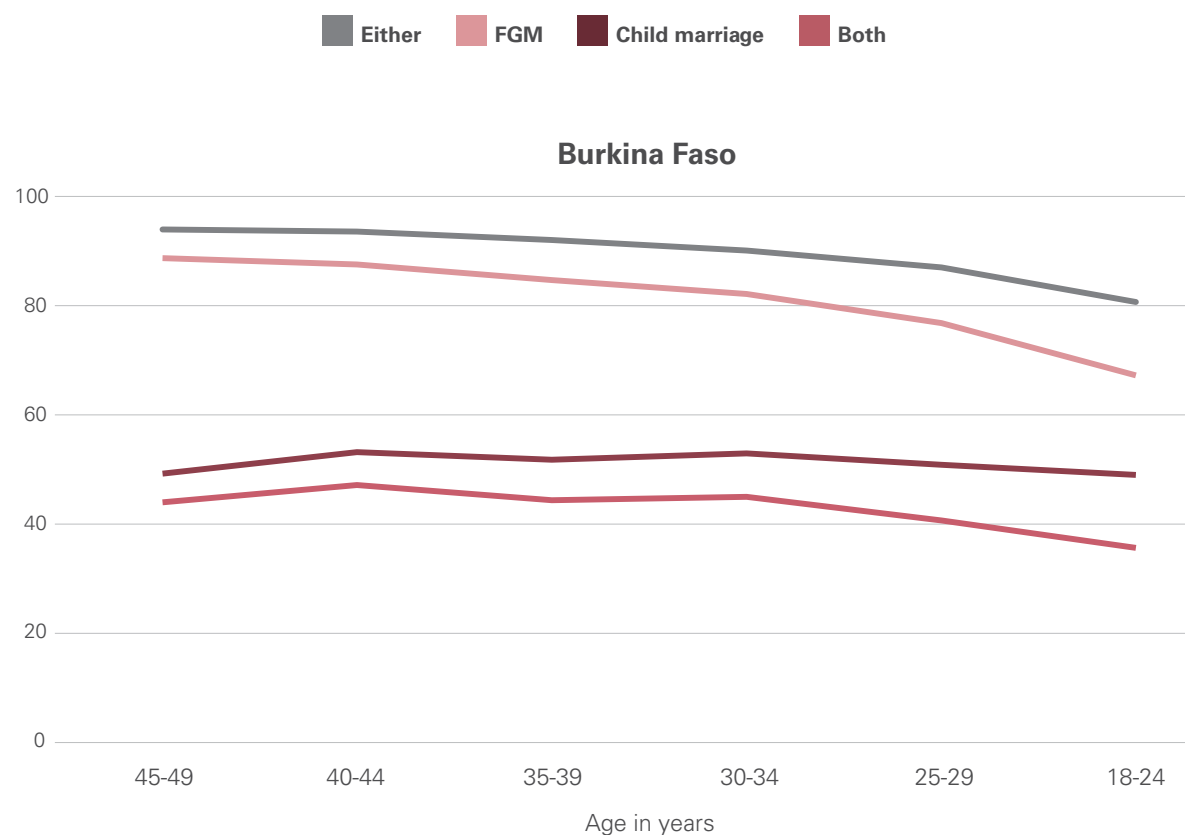
In 4 of the 9 countries, younger women are less likely than older women to have experienced both practices since child marriage and FGM have become less common

Percentage of women aged 18 to 49 years who experienced child marriage, FGM, either practice or both practices, by age group

Either ■ FGM ■ Child marriage ■ Both

Ethiopia

Kenya

Yemen

Sierra Leone

Age in years
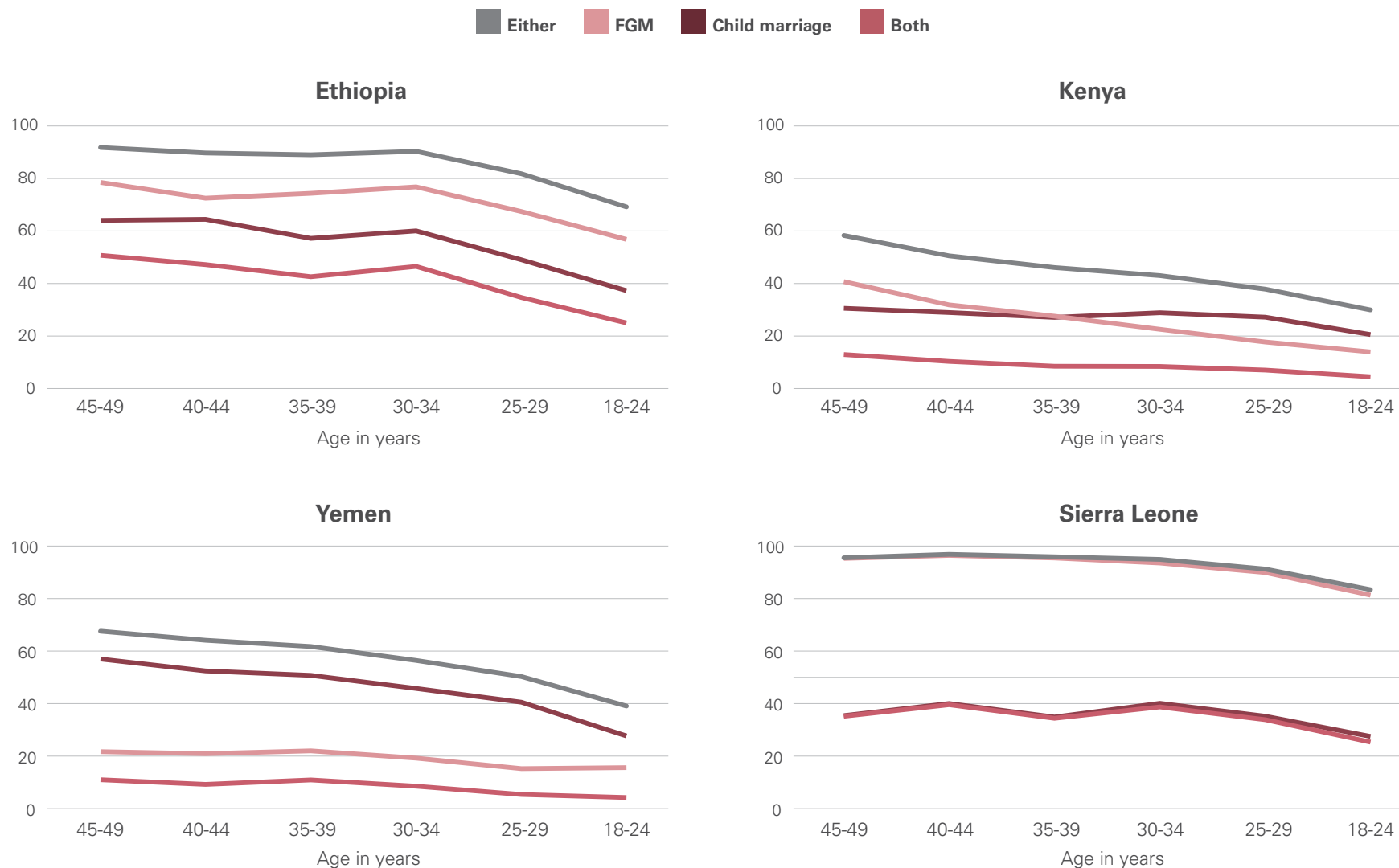
In the remaining four countries, no significant decline was found in either practice

Percentage of women aged 18 to 49 years who experienced child marriage, FGM, either practice or both practices, by age group

Either **FGM** **Child marriage** **Both**

Mali
Age in years

Guinea
Age in years

Senegal
Age in years

Chad
Age in years
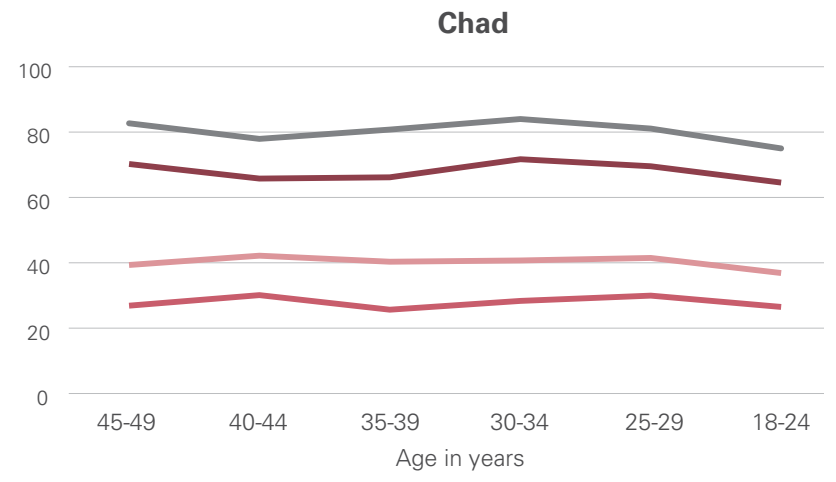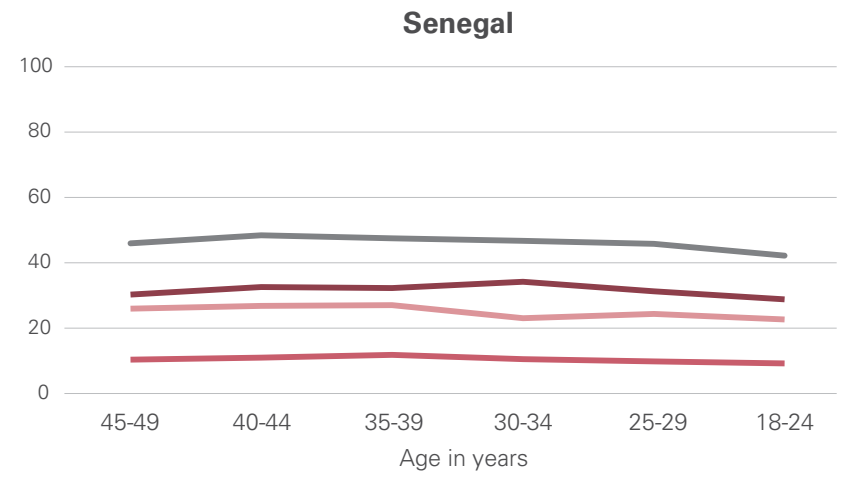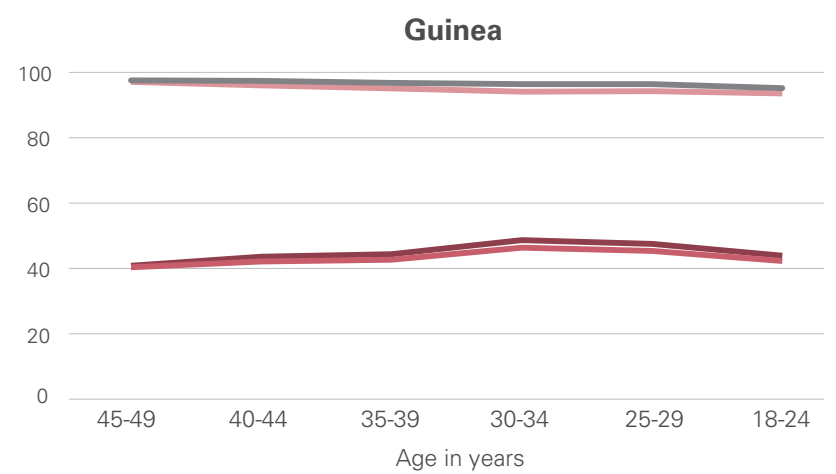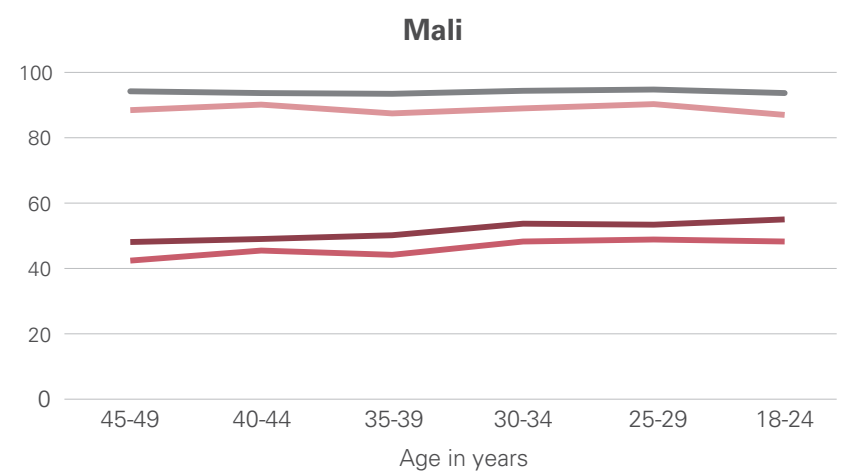
TAKEAWAYS:

- The share of women having experienced child marriage, FGM, or both practices across generations provides an indication of trends.

- In five of the nine countries, the youngest women were less likely to have experienced both practices, illustrating a decline over time.

- This can be explained by child marriage and FGM declining in tandem in four of the five countries. In Burkina Faso, however, this is due to a decrease in FGM while the level of child marriage has remained constant.

Which **populations** are **most at risk** of experiencing both practices?

Burkina Faso

Women in Burkina Faso without any education are over four times more likely to have experienced both FGM and child marriage than women with a secondary education or higher

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

- 51–75%
- 26–50%
- 11–25%
- 0–10%

Category		Value
Total		42
Residence	Rural	48
	Urban	26
Wealth quintile	Poorest	50
	Second	50
	Middle	47
	Fourth	45
	Richest	25
Education	None	48
	Primary	31
	Secondary or higher	11
Religion	Traditional/ Animist	48
	Muslim	47
	Other	32
	Protestant	31
	Catholic	30
Ethnicity	Fulfudé / Peul	62
	Lobi	54
	Sénoufo	52
	Gourmantché	46
	Mossi	41
	Dioula	38
	Other	38
	Bissa	38
	Bobo	38
	Gourounsi	32
	Dagara	32
	Touareg/ Bella	20
	Pays CEDEAO	17
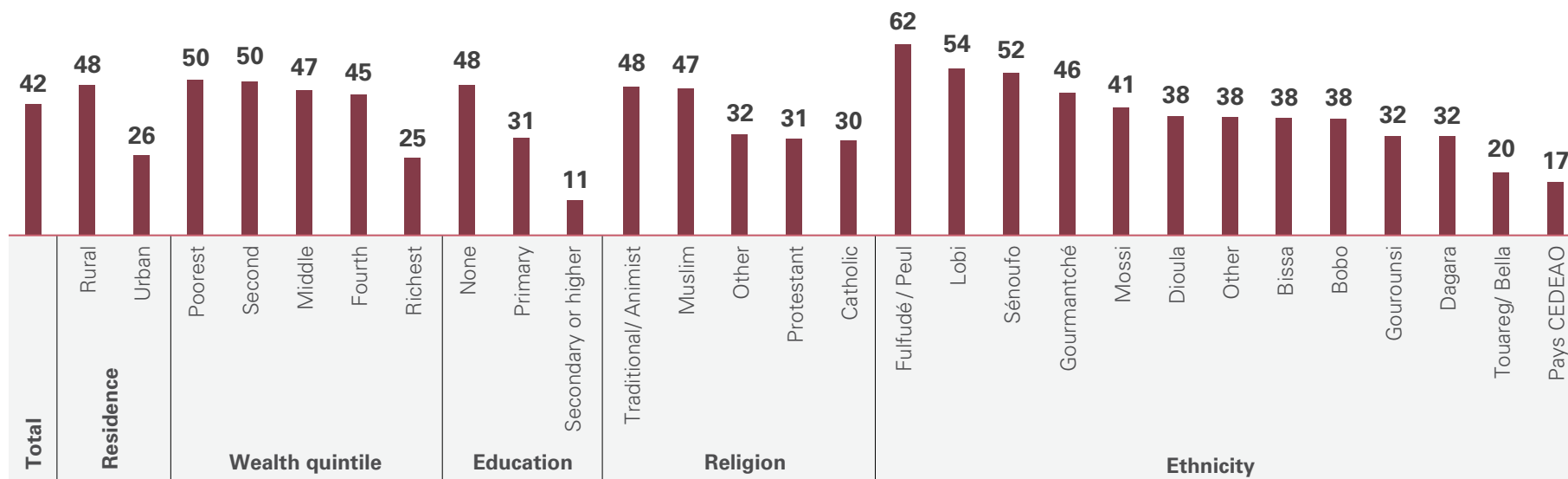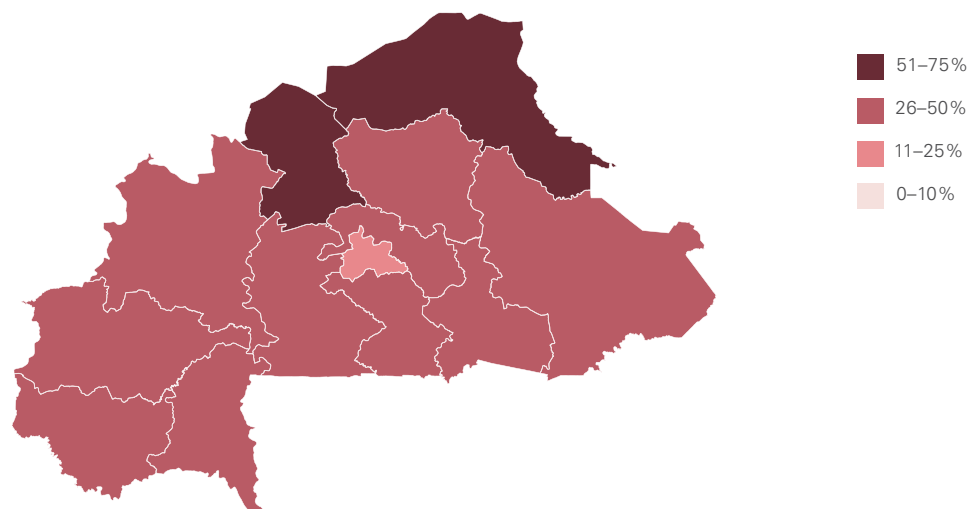
Note: Values presented here are based on at least 25 unweighted cases.

The experience of both child marriage and FGM in Burkina Faso is most common among those with no education, even among richer women

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Wealth quintile	None	Primary	Secondary or higher
Richest	39	24	10
Fourth	49	36	10
Middle	48	43	19
Second	51	35	(18)
Poorest	51	37	

Education

Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

The elevated risk of having experienced both practices in Burkina Faso is mainly explained by disparities in levels of child marriage, with little difference seen across population groups in terms of FGM prevalence

Ratios across groups of women aged 18 to 49 who experienced child marriage and FGM

▲ FGM   ▲ Child marriage   ▲ Both

	0.0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0

Poorest: Richest
- 1.1
- 2.0
- 2.0

No education: Secondary or higher
- 1.3
- 3.7
- 4.4

Rural: Urban
- 1.1
- 1.8
- 1.9

Equal across groups
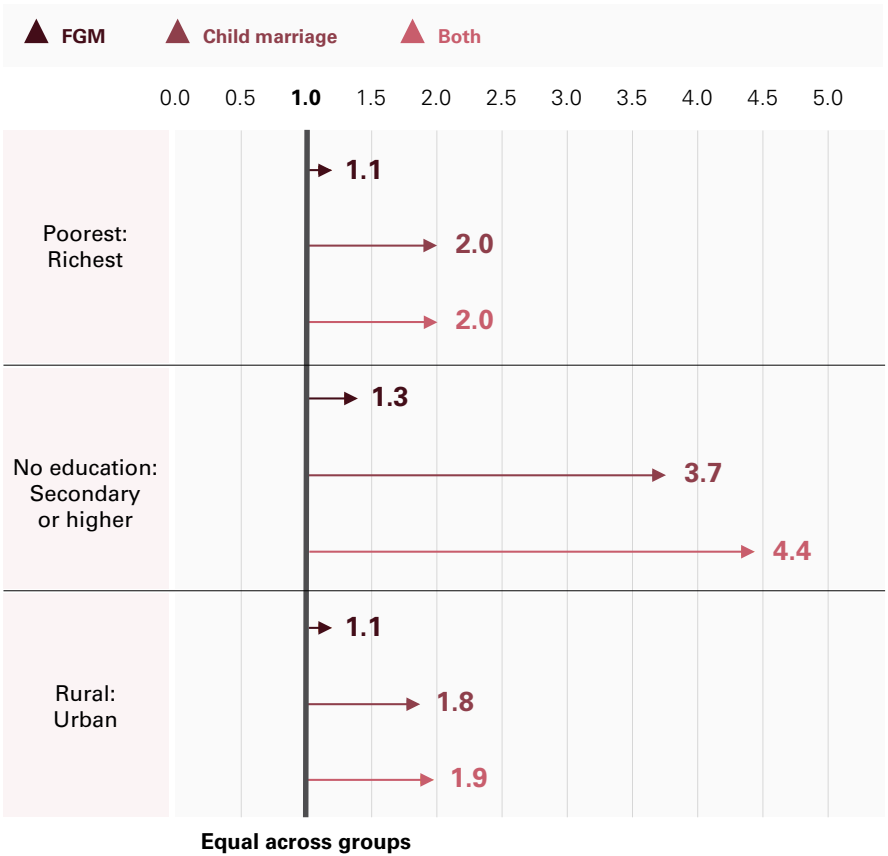
Women in rural areas are **1.1 times** more likely than women in urban areas to have experienced FGM, **1.8 times** more likely to have experienced child marriage, and **1.9 times** more likely to have experienced both.

Chad

In Chad, ethnicity is the strongest determinant of whether women will have experienced both FGM and child marriage

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Legend:
- 51–75%
- 26–50%
- 11–25%
- 0–10%

Chart values:

Category	Subcategory	Value
Total		28
Residence	Rural	28
Residence	Urban	28
Wealth quintile	Poorest	33
Wealth quintile	Second	30
Wealth quintile	Middle	28
Wealth quintile	Fourth	23
Wealth quintile	Richest	25
Ethnicity	Dadajo/ Kibet/ Mouro	72
Ethnicity	Arab	65
Ethnicity	Bidio/ Migami/ Kenga/ Dangléat	65
Ethnicity	Zaghawa/ Bideyat/ Kobé	55
Ethnicity	Ouadaï/ Maba /Massalit/ Mimi	53
Ethnicity	Boulala/ Médégo/ Kouka	35
Ethnicity	Sara	27
Ethnicity	Other ethnic groups of Chad	26
Ethnicity	Other nationalities	11
Ethnicity	Kanembou/ Bornou/ Boudouma	5
Ethnicity	Gorane	4
Ethnicity	Massa/ Mousseye/ Mousgoume	2
Ethnicity	Moundang	1
Education	None	33
Education	Primary	22
Education	Secondary or higher	11
Religion	Muslim	37
Religion	Catholic	28
Religion	Animist	(26)
Religion	Other Christian	(25)
Religion	Protestant	11
Religion	No religion/ Other	6

Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

Women in Chad with at least a secondary education are less likely to have experienced both practices, regardless of wealth

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Wealth quintile	None	Primary	Secondary or higher
Richest	38	25	11
Fourth	25	16	12
Middle	32	20	11
Second	33	29	9
Poorest	39	21	14

Education

Women in rural and urban areas of Chad are equally likely to have experienced both practices; disparities by level of education are higher for both practices than for either one individually

Ratios across groups of women aged 18 to 49 who experienced child marriage and FGM

▲ FGM   ▲ Child marriage   ▲ Both

	0.0 0.5 **1.0** 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0
Poorest: Richest	→ 1.2
	→ 1.2
	→ 1.3
No education: Secondary or higher	→ 1.8
	→ 1.8
	→ 2.9
Rural: Urban	← 0.9
	→ 1.2
	→ 1.0

Equal across groups

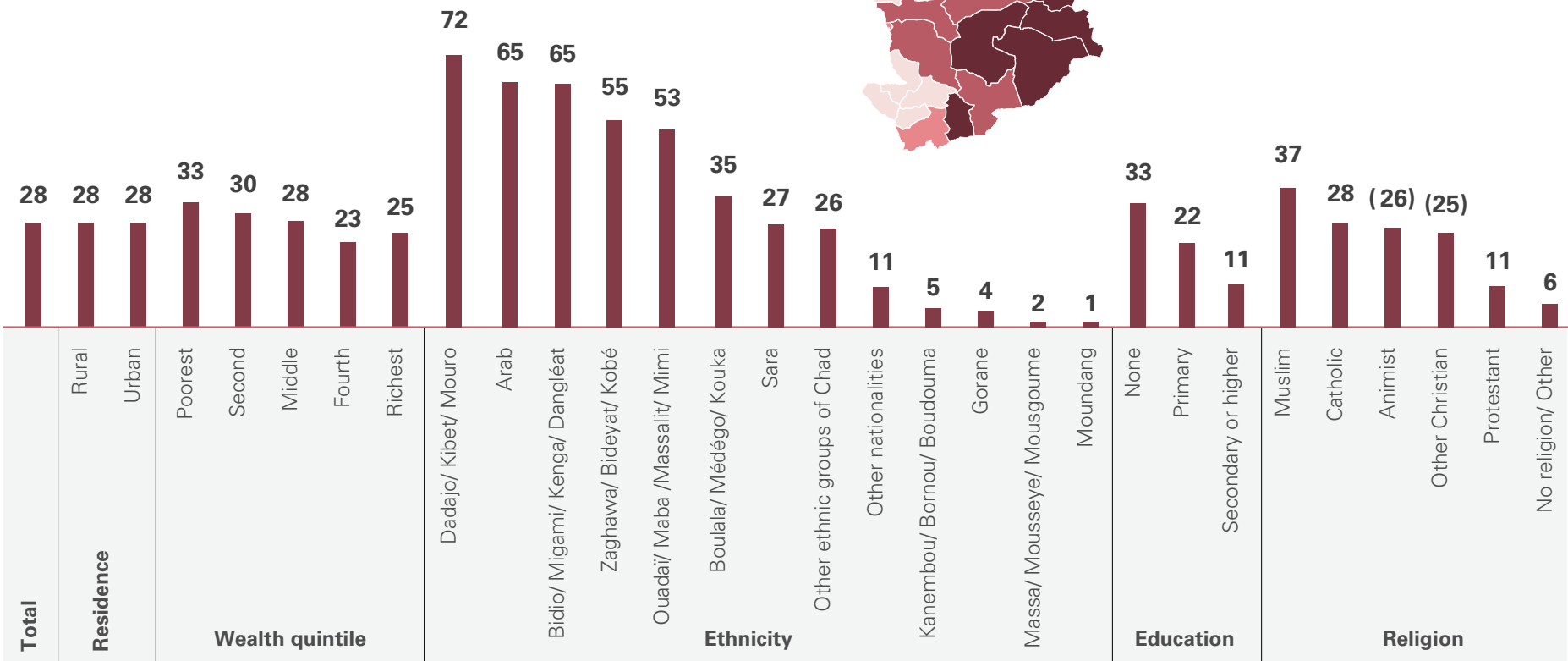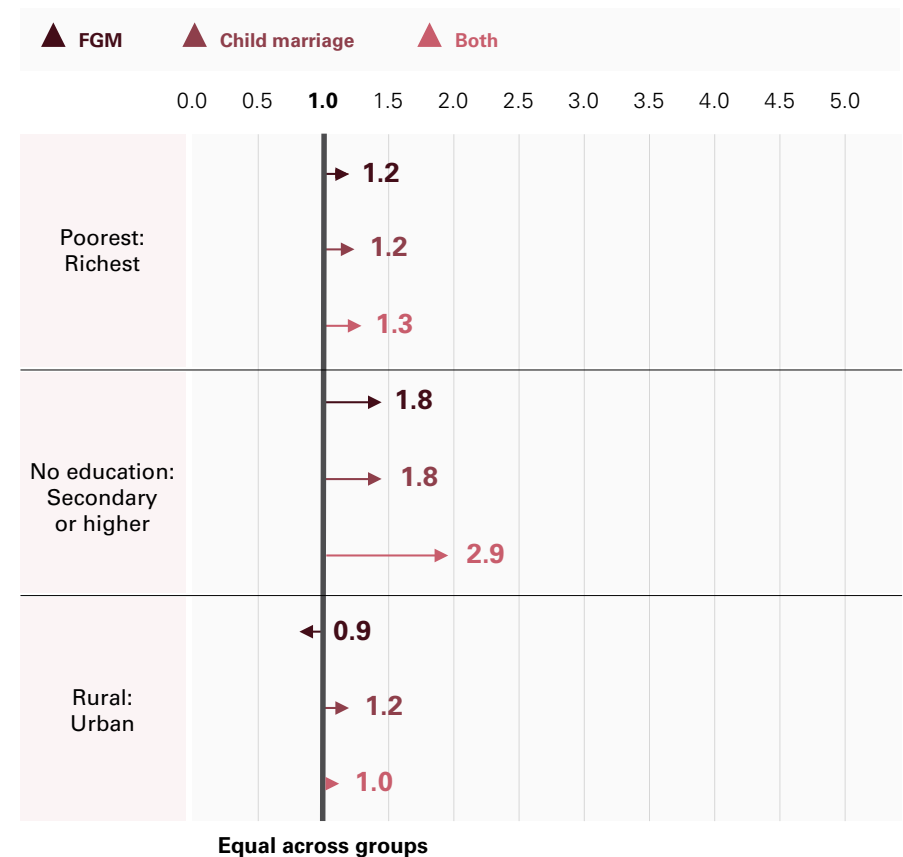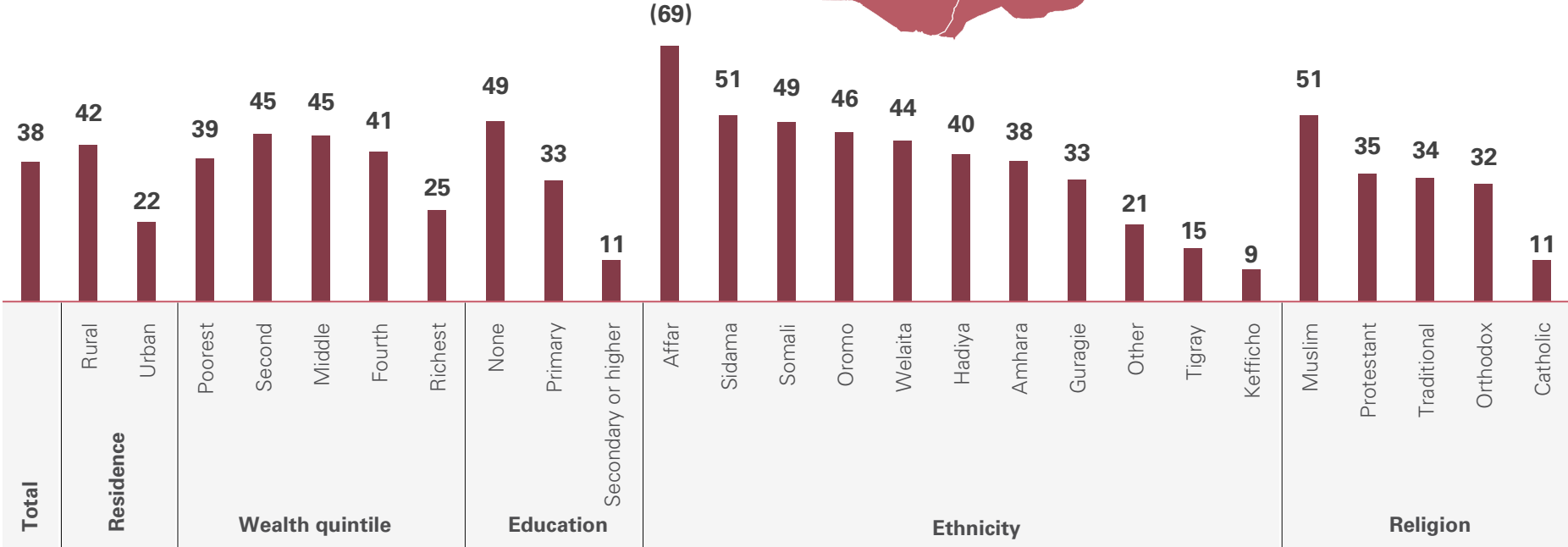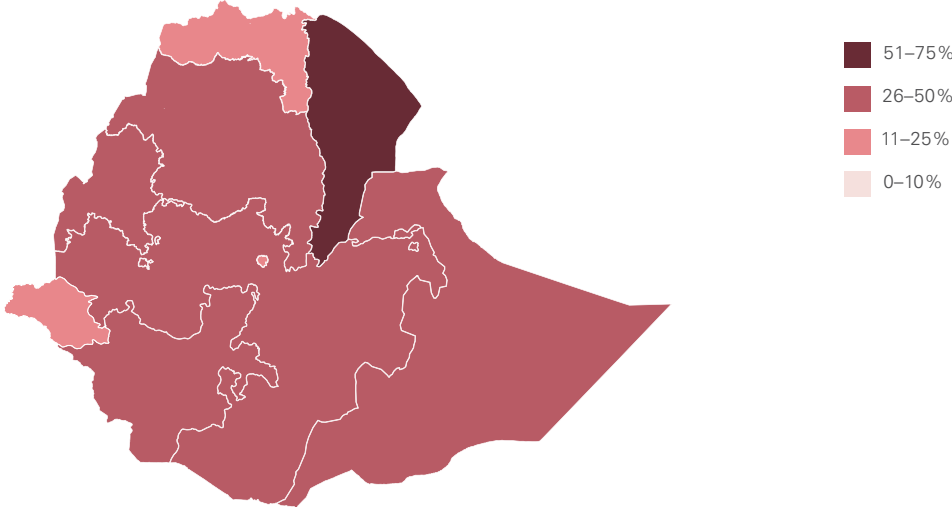Women in rural areas are **slightly less** likely than women in urban areas to have experienced FGM, **1.2 times** more likely to have experienced child marriage, and **equally** likely to have experienced both.

Ethiopia

The likelihood of having experienced both practices in Ethiopia varies substantially across ethnic groups

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Legend:
- 51–75%
- 26–50%
- 11–25%
- 0–10%

Category	Group	Value
Total	Total	38
Residence	Rural	42
Residence	Urban	22
Wealth quintile	Poorest	39
Wealth quintile	Second	45
Wealth quintile	Middle	45
Wealth quintile	Fourth	41
Wealth quintile	Richest	25
Education	None	49
Education	Primary	33
Education	Secondary or higher	11
Ethnicity	Affar	(69)
Ethnicity	Sidama	51
Ethnicity	Somali	49
Ethnicity	Oromo	46
Ethnicity	Welaita	44
Ethnicity	Hadiya	40
Ethnicity	Amhara	38
Ethnicity	Guragie	33
Ethnicity	Other	21
Ethnicity	Tigray	15
Ethnicity	Kefficho	9
Religion	Muslim	51
Religion	Protestant	35
Religion	Traditional	34
Religion	Orthodox	32
Religion	Catholic	11

Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

The experience of both child marriage and FGM in Ethiopia is most common among those with no education, even among richer women
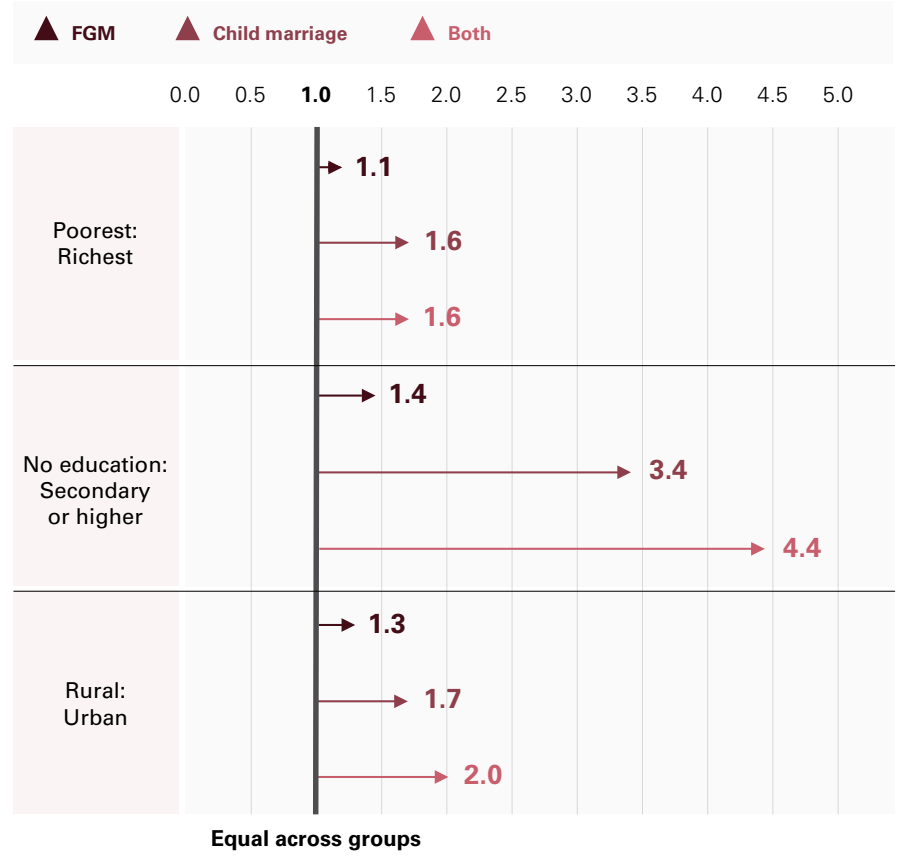
Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Wealth quintile	None	Primary	Secondary or higher
Richest	47	29	12
Fourth	52	35	7
Middle	53	35	6
Second	50	37	(20)
Poorest	42	27	(8)

Education

Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

The elevated risk of having experienced both practices in Ethiopia is mainly explained by disparities in levels of child marriage, with less difference seen across population groups in terms of FGM prevalence

Ratios across groups of women aged 18 to 49 who experienced child marriage and FGM

▲ FGM   ▲ Child marriage   ▲ Both

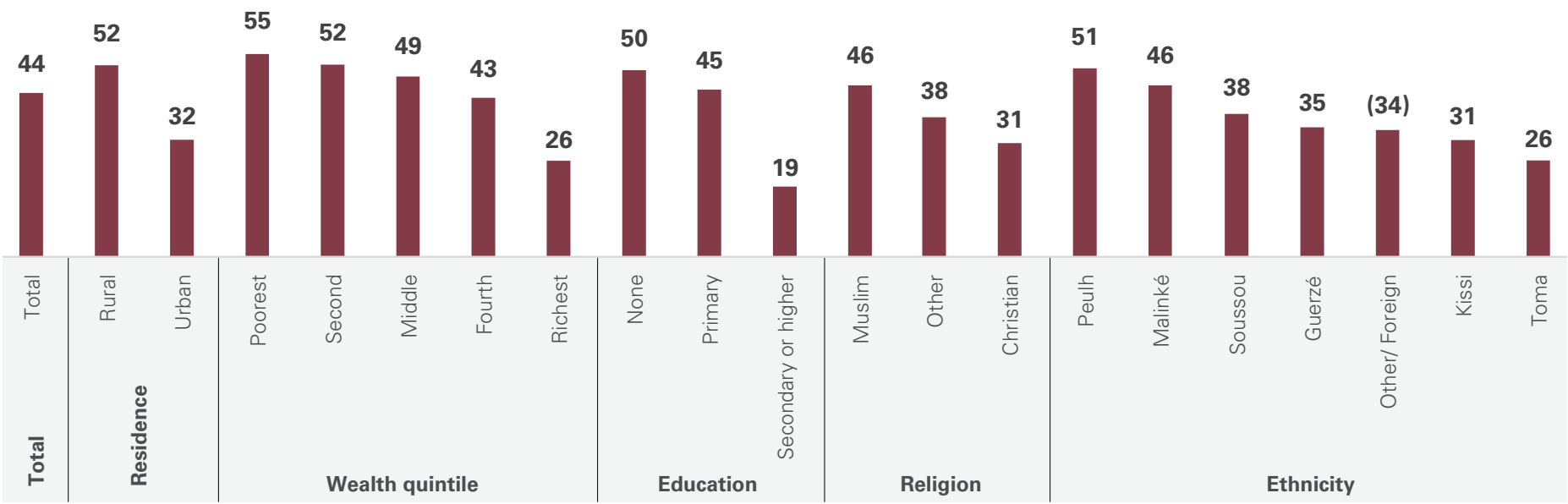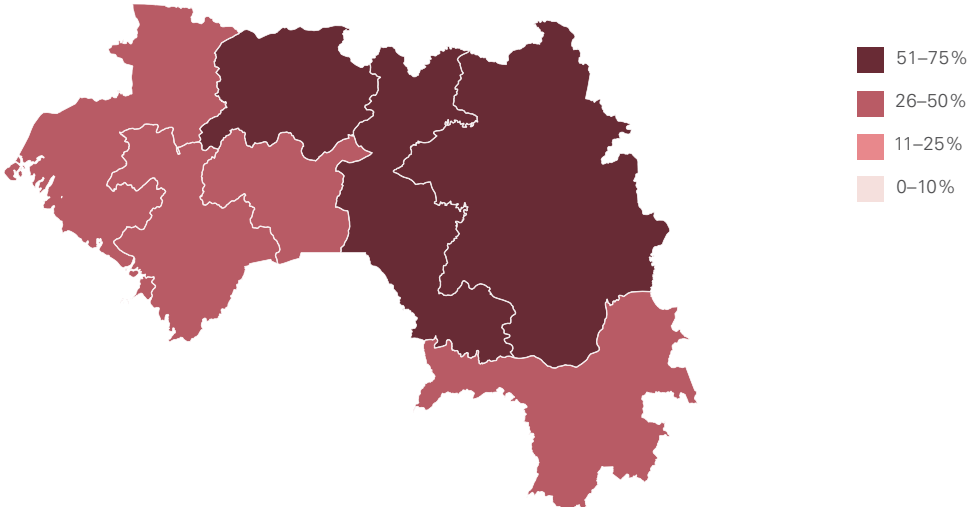|	FGM	Child marriage	Both
Poorest: Richest	1.1	1.6	1.6
No education: Secondary or higher	1.4	3.4	4.4
Rural: Urban	1.3	1.7	2.0

Equal across groups

Women in rural areas are **1.3 times** more likely than women in urban areas to have experienced FGM, **1.7 times** more likely to have experienced child marriage, and **2.0 times** more likely to have experienced both.

Guinea

Guinean women with no education are more than twice as likely to have experienced both FGM and child marriage as women with a secondary education or higher

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

- 51–75%
- 26–50%
- 11–25%
- 0–10%

Total	Total	44
Residence	Rural	52
	Urban	32
Wealth quintile	Poorest	55
	Second	52
	Middle	49
	Fourth	43
	Richest	26
Education	None	50
	Primary	45
	Secondary or higher	19
Religion	Muslim	46
	Other	38
	Christian	31
Ethnicity	Peulh	51
	Malinké	46
	Soussou	38
	Guerzé	35
	Other/ Foreign	(34)
	Kissi	31
	Toma	26

Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

The highest levels of both practices in Guinea are found among women who are both poor and have little education
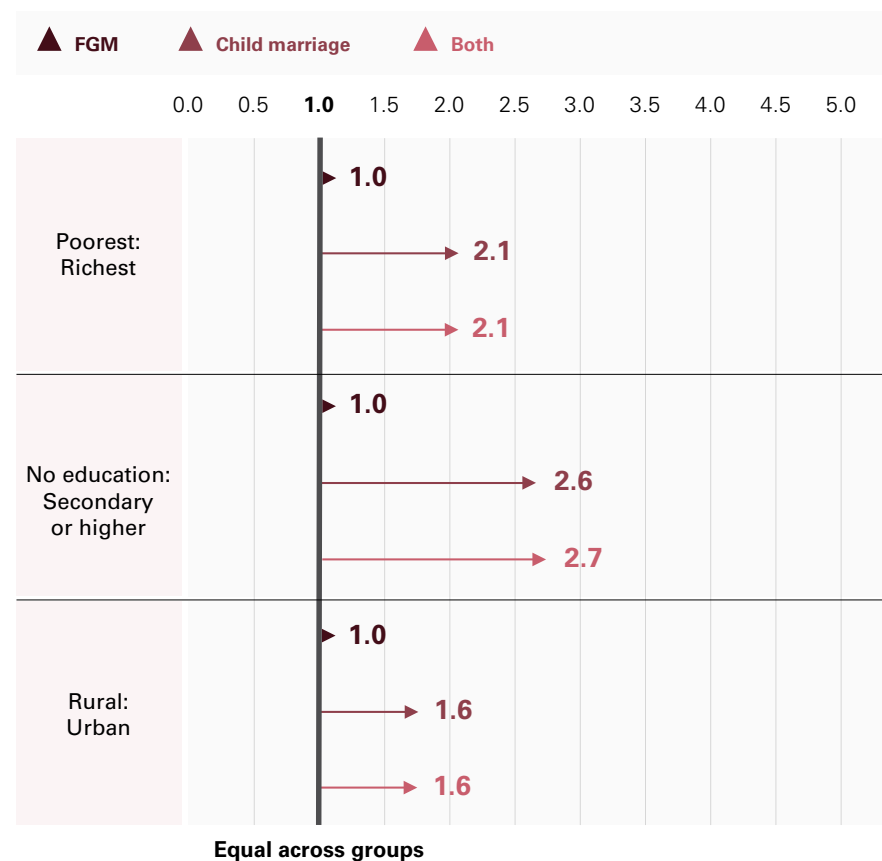
Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Wealth quintile	None	Primary	Secondary or higher
Richest	37	36	15
Fourth	49	43	24
Middle	50	46	33
Second	53	55	27
Poorest	55	56	(33)

Education

Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

The elevated risk of having experienced both practices in Guinea is mainly explained by disparities in levels of child marriage, with little difference seen across population groups in terms of FGM prevalence

Ratios across groups of women aged 18 to 49 who experienced child marriage and FGM

▲ FGM   ▲ Child marriage   ▲ Both

	0.0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0

Poorest: Richest
- FGM: 1.0
- Child marriage: 2.1
- Both: 2.1

No education: Secondary or higher
- FGM: 1.0
- Child marriage: 2.6
- Both: 2.7

Rural: Urban
- FGM: 1.0
- Child marriage: 1.6
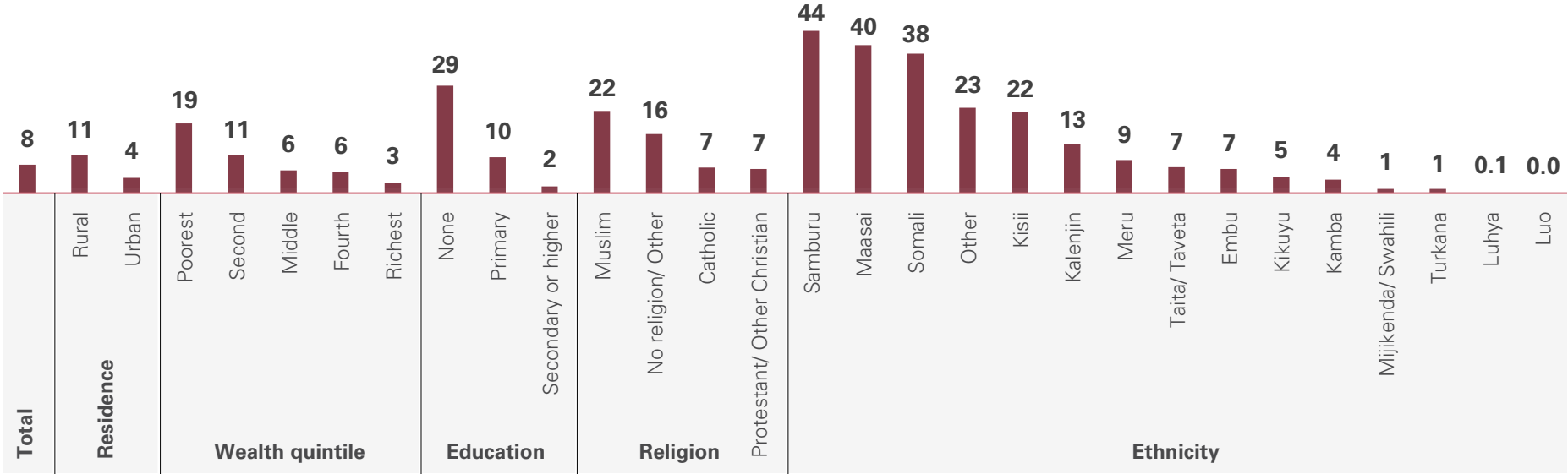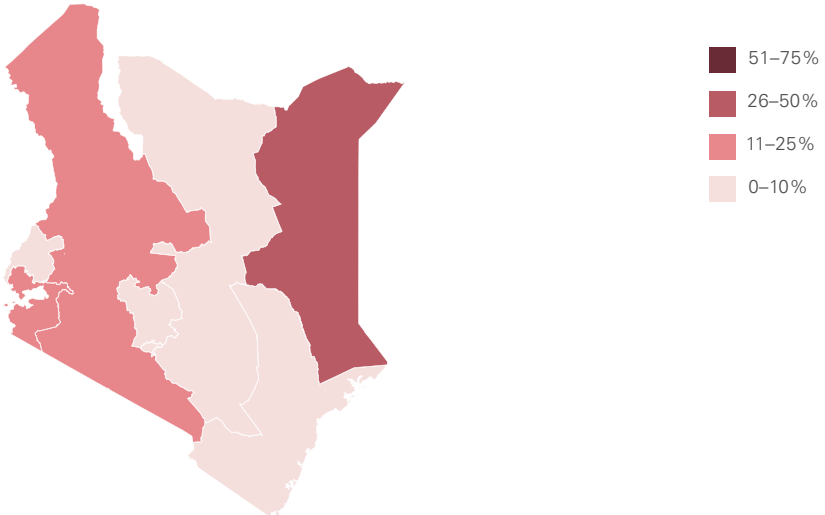- Both: 1.6

Equal across groups

Women in rural areas are **equally** likely as women in urban areas to have experienced FGM, **1.6 times** more likely to have experienced child marriage, and **1.6 times** more likely to have experienced both.

Kenya

Among the Samburu, Maasai and Somali ethnic groups in Kenya, more than one in three women experienced both FGM and child marriage

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

51–75%
26–50%
11–25%
0–10%

Bar chart data:

Total: 8

Residence: Rural 11, Urban 4

Wealth quintile: Poorest 19, Second 11, Middle 6, Fourth 6, Richest 3

Education: None 29, Primary 10, Secondary or higher 2

Religion: Muslim 22, No religion/ Other 16, Catholic 7, Protestant/ Other Christian 7

Ethnicity: Samburu 44, Maasai 40, Somali 38, Other 23, Kisii 22, Kalenjin 13, Meru 9, Taita/ Taveta 7, Embu 7, Kikuyu 5, Kamba 4, Mijikenda/ Swahili 1, Turkana 1, Luhya 0.1, Luo 0.0

Note: Values presented here are based on at least 25 unweighted cases.
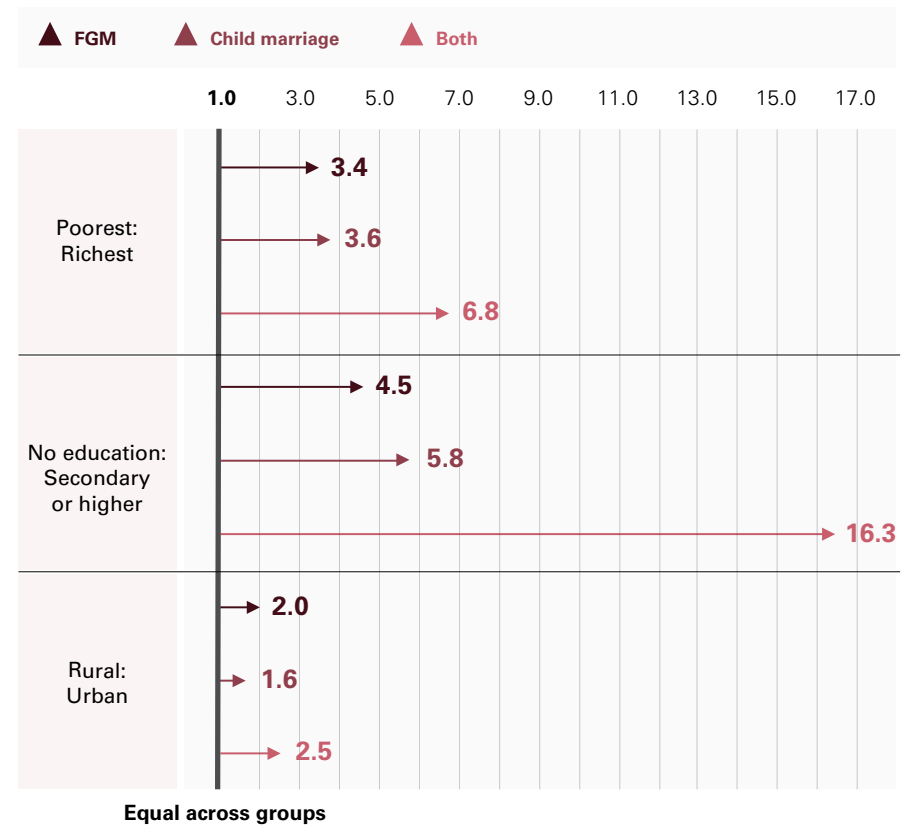
The experience of both child marriage and FGM in Kenya is most common among those with no education, even among richer women

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Wealth quintile	None	Primary	Secondary or higher
Richest	24	7	1
Fourth	18	9	2
Middle	19	8	2
Second	22	12	4
Poorest	33	13	3

Education

Kenyan women with no education are 16 times more likely than the most educated women to have experienced both practices, illustrating the compounding effect of disparities in each practice

Ratios across groups of women aged 18 to 49 who experienced child marriage and FGM

▲ FGM   ▲ Child marriage   ▲ Both

	FGM	Child marriage	Both
Poorest: Richest	3.4	3.6	6.8
No education: Secondary or higher	4.5	5.8	16.3
Rural: Urban	2.0	1.6	2.5

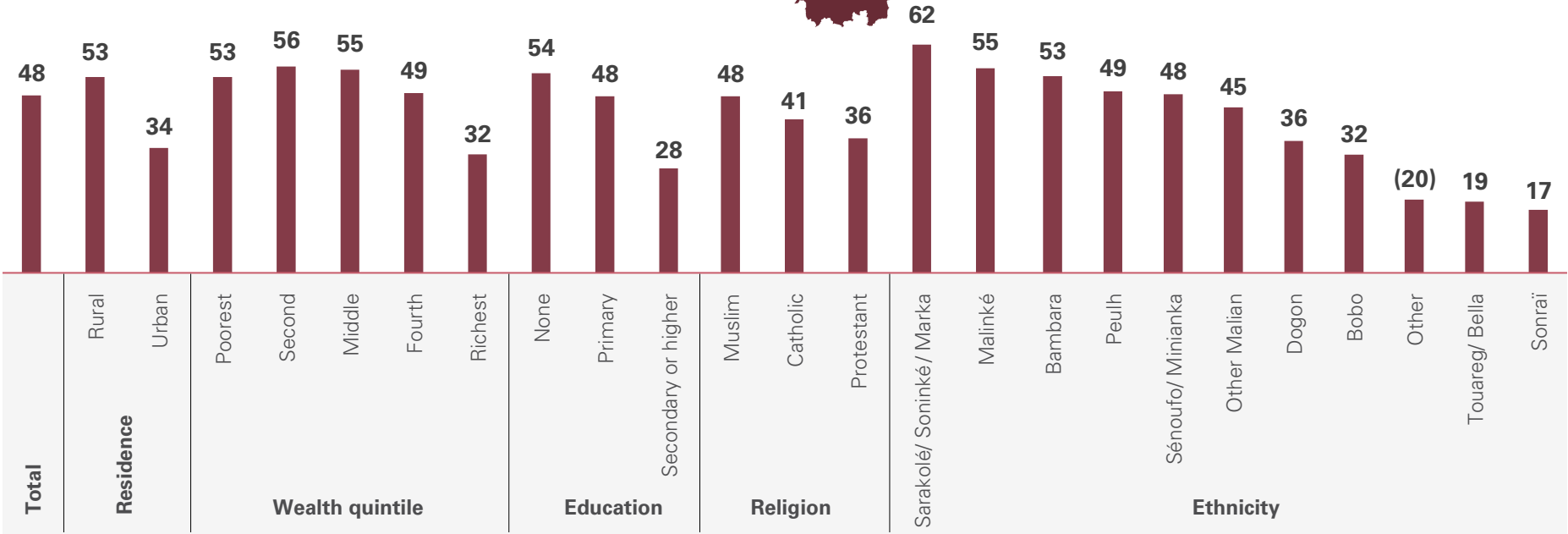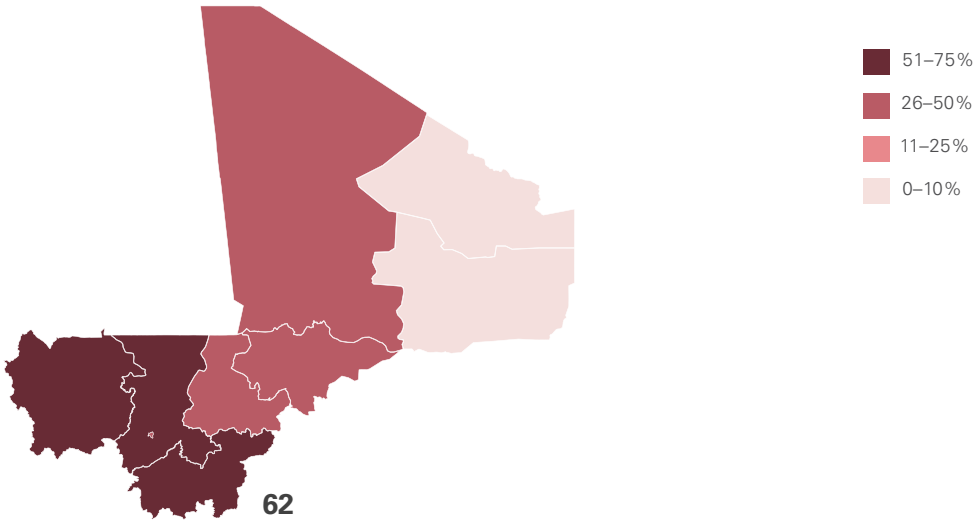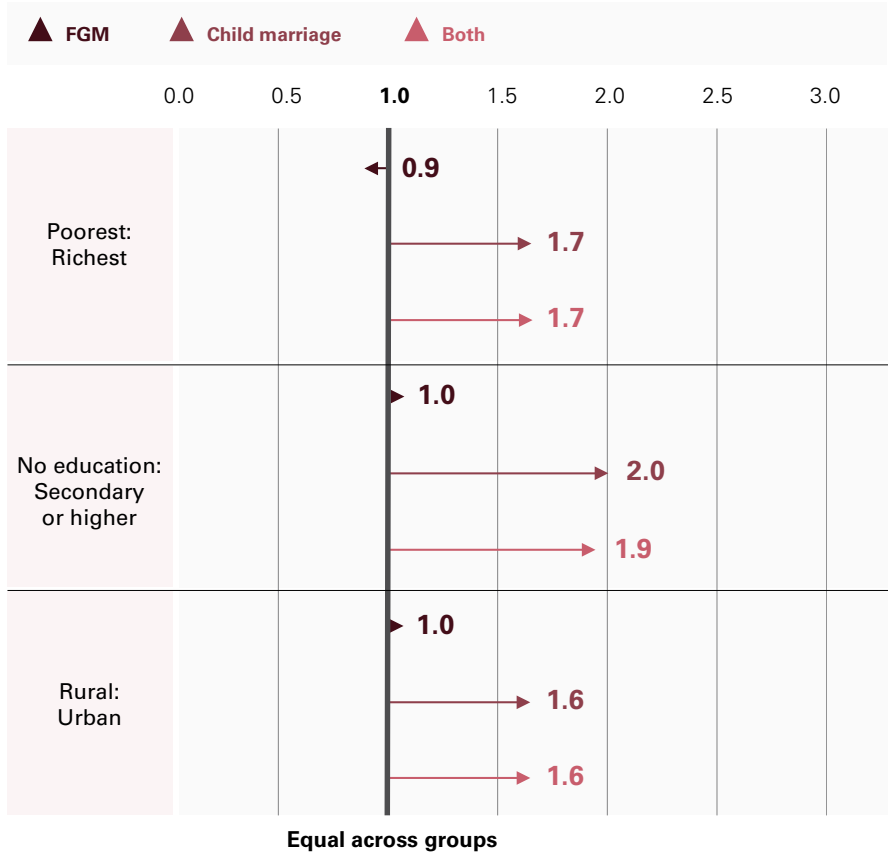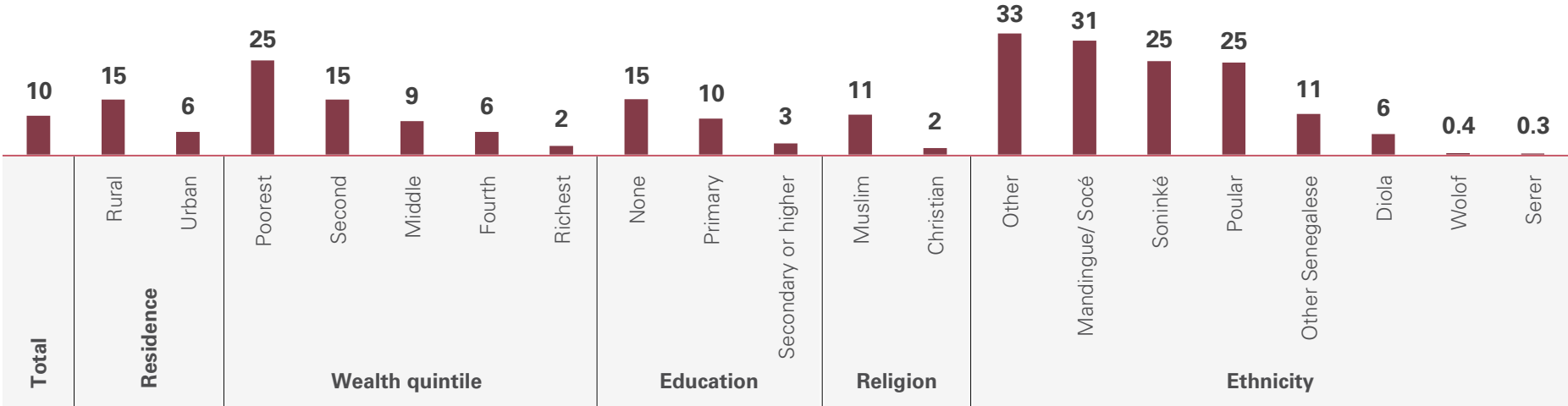Scale: 1.0 3.0 5.0 7.0 9.0 11.0 13.0 15.0 17.0

Equal across groups

Women in rural areas are **2.0 times** more likely than women in urban areas to have experienced FGM, **1.6 times** more likely to have experienced child marriage, and **2.5 times** more likely to have experienced both.

Mali

The likelihood of experiencing FGM and child marriage exceeds 50 per cent across several population groups in Mali

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Legend:
- 51–75%
- 26–50%
- 11–25%
- 0–10%

Category	Group	Value
Total	Total	48
Residence	Rural	53
	Urban	34
Wealth quintile	Poorest	53
	Second	56
	Middle	55
	Fourth	49
	Richest	32
Education	None	54
	Primary	48
	Secondary or higher	28
Religion	Muslim	48
	Catholic	41
	Protestant	36
Ethnicity	Sarakolé/ Soninké / Marka	62
	Malinké	55
	Bambara	53
	Peulh	49
	Sénoufo/ Minianka	48
	Other Malian	45
	Dogon	36
	Bobo	32
	Other	(20)
	Touareg/ Bella	19
	Sonraï	17

Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

Levels of both practices in Mali are high across nearly all levels of wealth and education

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Wealth quintile	None	Primary	Secondary or higher
Richest	46	38	21
Fourth	55	50	31
Middle	55	57	48
Second	57	50	(48)
Poorest	53	48	(57)

Education

Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

The elevated risk of having experienced both practices in Mali is mainly explained by disparities in levels of child marriage, with little difference found across population groups in terms of FGM prevalence

Ratios across groups of women aged 18 to 49 who experienced child marriage and FGM

▲ FGM ▲ Child marriage ▲ Both

	0.0	0.5	1.0	1.5	2.0	2.5	3.0

Poorest: Richest
- FGM: 0.9
- Child marriage: 1.7
- Both: 1.7

No education: Secondary or higher
- FGM: 1.0
- Child marriage: 2.0
- Both: 1.9

Rural: Urban
- FGM: 1.0
- Child marriage: 1.6
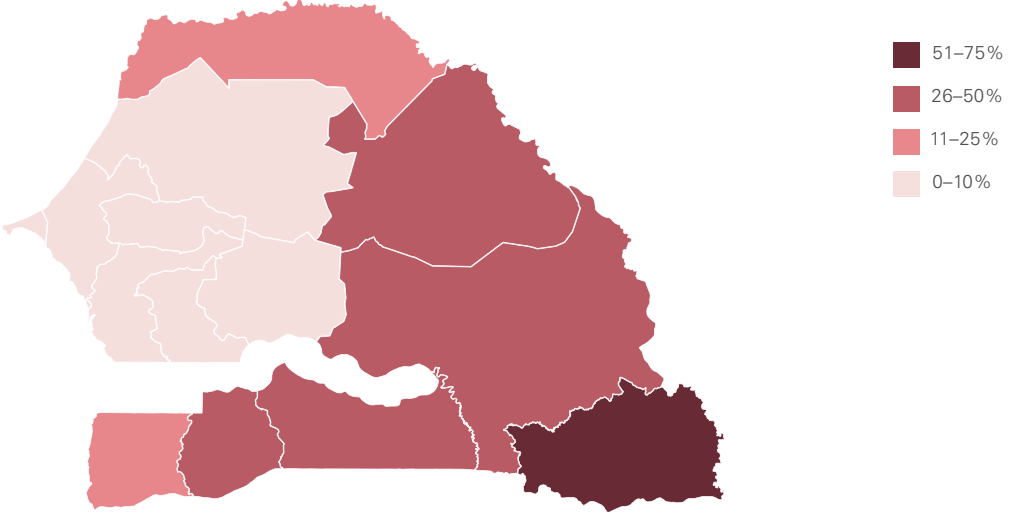- Both: 1.6

Equal across groups

Women in rural areas are **equally** likely as women in urban areas to have experienced FGM, **1.6 times** more likely to have experienced child marriage, and **1.6 times** more likely to have experienced both.

Senegal

Experiencing both FGM and child marriage is most likely among the poorest women in Senegal, and those from certain ethnic groups

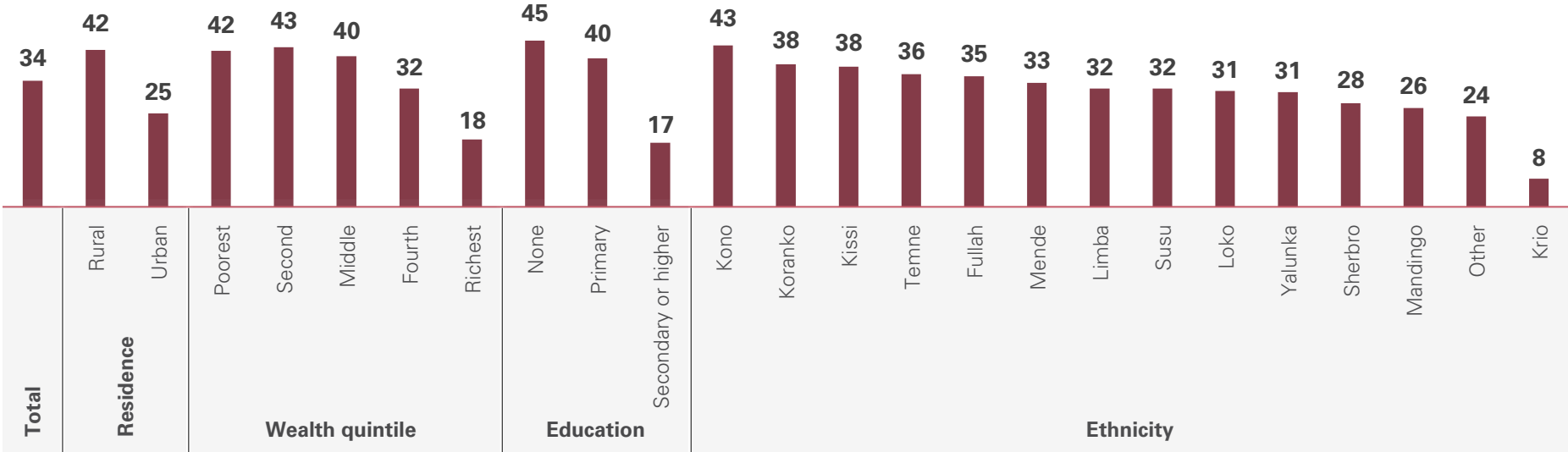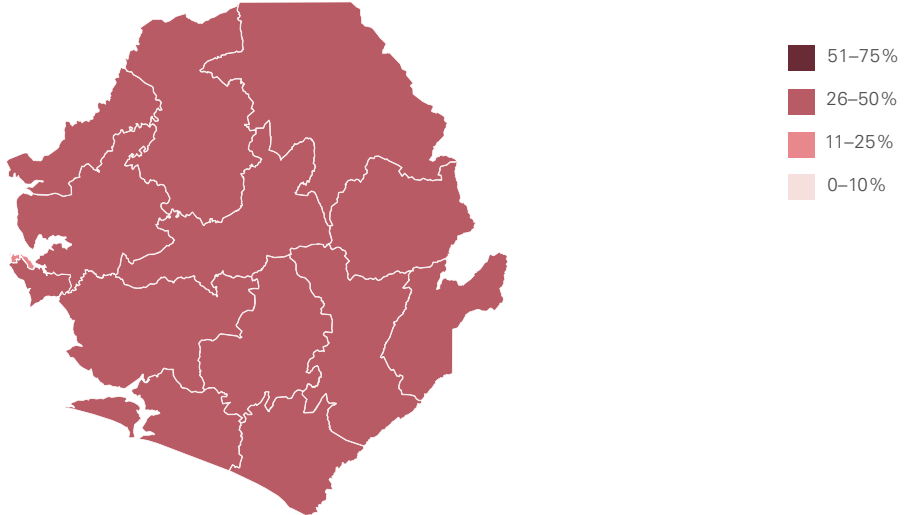Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Legend:
- 51–75%
- 26–50%
- 11–25%
- 0–10%

Total	Residence		Wealth quintile					Education			Religion		Ethnicity							
	Rural	Urban	Poorest	Second	Middle	Fourth	Richest	None	Primary	Secondary or higher	Muslim	Christian	Other	Mandingue/ Socé	Soninké	Poular	Other Senegalese	Diola	Wolof	Serer
10	15	6	25	15	9	6	2	15	10	3	11	2	33	31	25	25	11	6	0.4	0.3

Note: Values presented here are based on at least 25 unweighted cases.

The highest levels of both practices in Senegal are found among women who are both poor and have little education

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Wealth quintile	None	Primary	Secondary or higher
Richest	5	3	1
Fourth	8	7	2
Middle	10	11	5
Second	16	15	7
Poorest	26	30	15

Education

The poorest women in Senegal are 11 times more likely than the richest women to have experienced both practices, illustrating the compounding effect of disparities in each practice

Ratios across groups of women aged 18 to 49 who experienced child marriage and FGM

▲ FGM   ▲ Child marriage   ▲ Both

0.0 **1.0** 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0

Poorest: Richest
- 2.8
- 4.6
- 11.0

No education: Secondary or higher
- 1.3
- 4.6
- 4.9

Rural: Urban
- 1.4
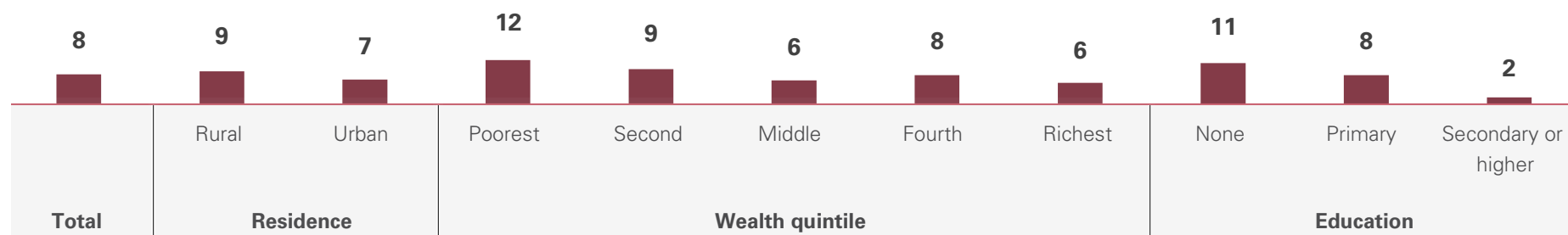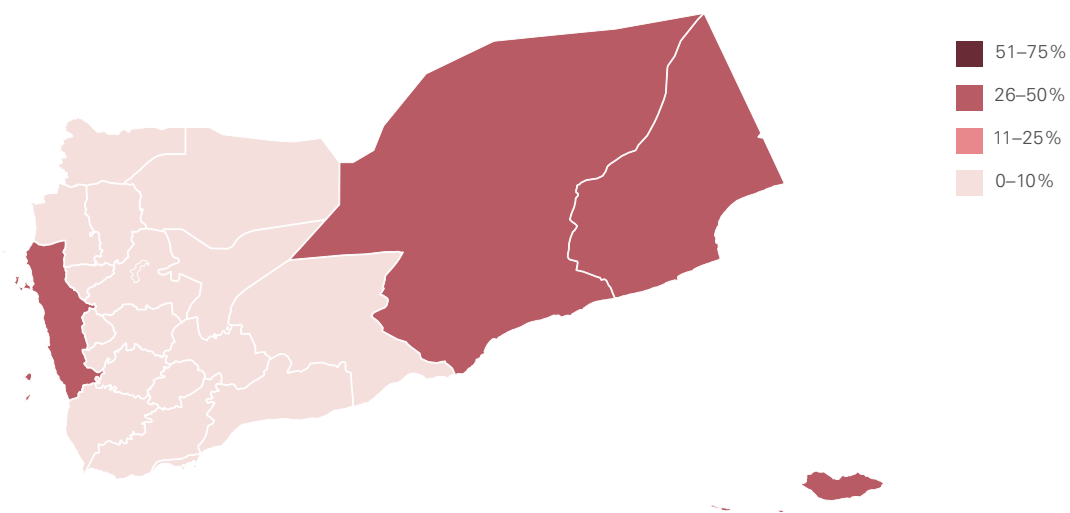- 2.3
- 2.4

Equal across groups
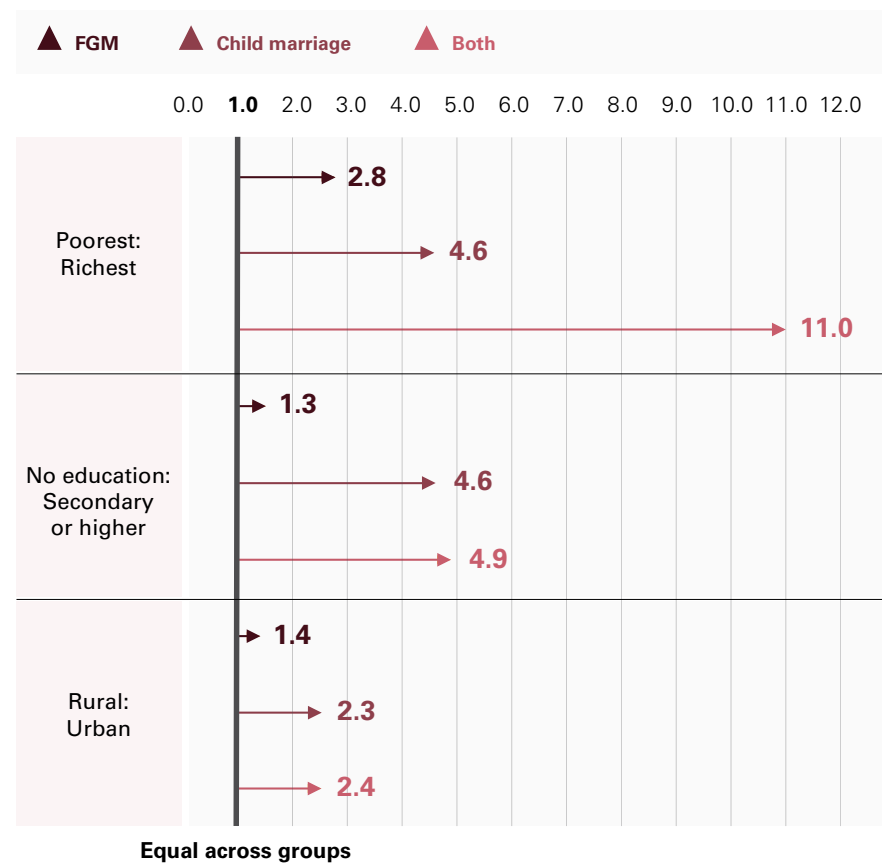
Women in rural areas are **1.4 times** more likely than women in urban areas to have experienced FGM, **2.3 times** more likely to have experienced child marriage, and **2.4 times** more likely to have experienced both.

Sierra Leone

Among all ethnic groups except the Krio, at least one in four women in Sierra Leone have experienced both FGM and child marriage

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

51–75%
26–50%
11–25%
0–10%

Total					
34					

Total: 34

Residence
Rural: 42
Urban: 25

Wealth quintile
Poorest: 42
Second: 43
Middle: 40
Fourth: 32
Richest: 18

Education
None: 45
Primary: 40
Secondary or higher: 17

Ethnicity
Kono: 43
Koranko: 38
Kissi: 38
Temne: 36
Fullah: 35
Mende: 33
Limba: 32
Susu: 32
Loko: 31
Yalunka: 31
Sherbro: 28
Mandingo: 26
Other: 24
Krio: 8

Note: Values presented here are based on at least 25 unweighted cases.

Women in Sierra Leone who have both a secondary education and are from wealthier households are least likely to have experienced both practices

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Wealth quintile	None	Primary	Secondary or higher
Richest	33	34	11
Fourth	46	37	19
Middle	47	46	24
Second	47	42	24
Poorest	44	39	30

Education

The elevated risk of having experienced both practices in Sierra Leone is mainly explained by disparities in levels of child marriage, with little difference seen across population groups in terms of FGM prevalence

Ratios across groups of women aged 18 to 49 who experienced child marriage and FGM

▲ FGM   ▲ Child marriage   ▲ Both

Group	FGM	Child marriage	Both
Poorest: Richest	1.2	2.2	2.3
No education: Secondary or higher	1.2	2.5	2.6
Rural: Urban	1.1	1.7	1.7

Equal across groups
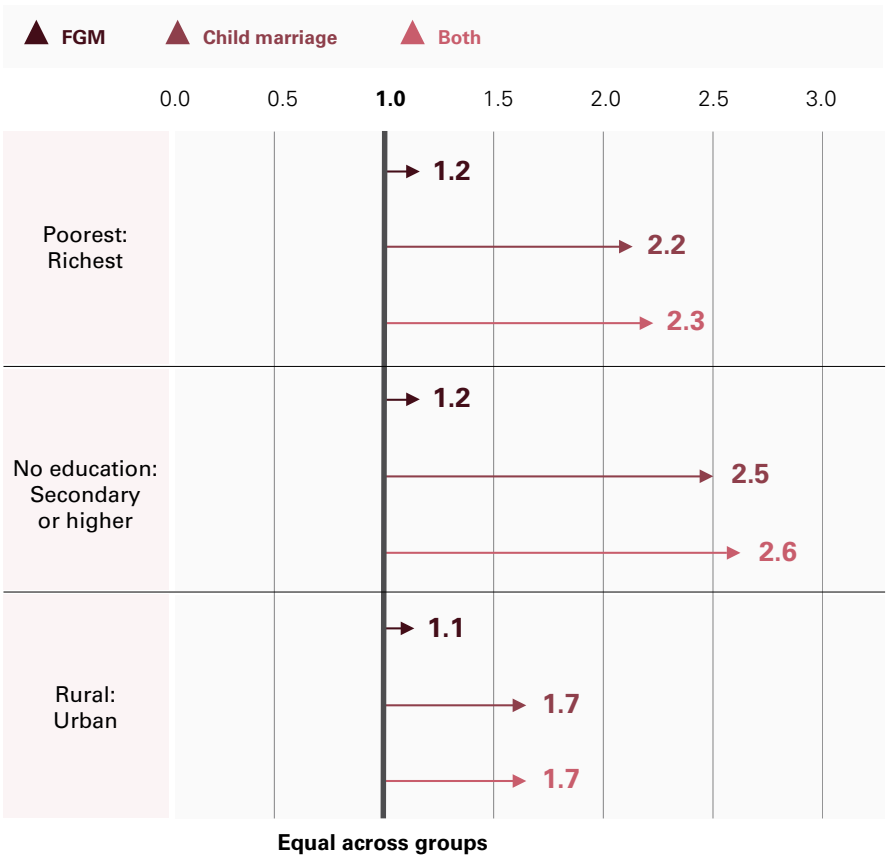
Women in rural areas are **1.1 times** more likely than women in urban areas to have experienced FGM, **1.7 times** more likely to have experienced child marriage, and **1.7 times** more likely to have experienced both.

Yemen

The poorest women in Yemen are twice as likely as the richest women to have experienced both FGM and child marriage

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

■ 51–75%
■ 26–50%
■ 11–25%
■ 0–10%

Total	Residence		Wealth quintile					Education		
	Rural	Urban	Poorest	Second	Middle	Fourth	Richest	None	Primary	Secondary or higher
8	9	7	12	9	6	8	6	11	8	2

Notes: Values presented here are based on at least 25 unweighted cases. Data on ethnicity are not presented since information on this background characteristic was not collected from respondents.

Yemeni women least likely to have experienced both child marriage and FGM are those with at least a secondary education

Percentage of women aged 18 to 49 years who experienced both child marriage and FGM

Wealth quintile	None	Primary	Secondary or higher
Richest	11	8	2
Fourth	10	10	2
Middle	8	6	3
Second	12	7	0.2
Poorest	13	7	5

Education

Women in Yemen with no education are six times more likely than the most educated women to have experienced both practices, illustrating the compounding effect of disparities in each practice

Ratios across groups of women aged 18 to 49 who experienced child marriage and FGM

▲ FGM   ▲ Child marriage   ▲ Both

	0.0	1.0	2.0	3.0	4.0	5.0	6.0	7.0

Poorest: Richest
- 1.8
- 1.3
- 2.1

No education: Secondary or higher
- 1.9
- 3.5
- 6.1

Rural: Urban
- 1.1
- 1.3
- 1.3

Equal across groups
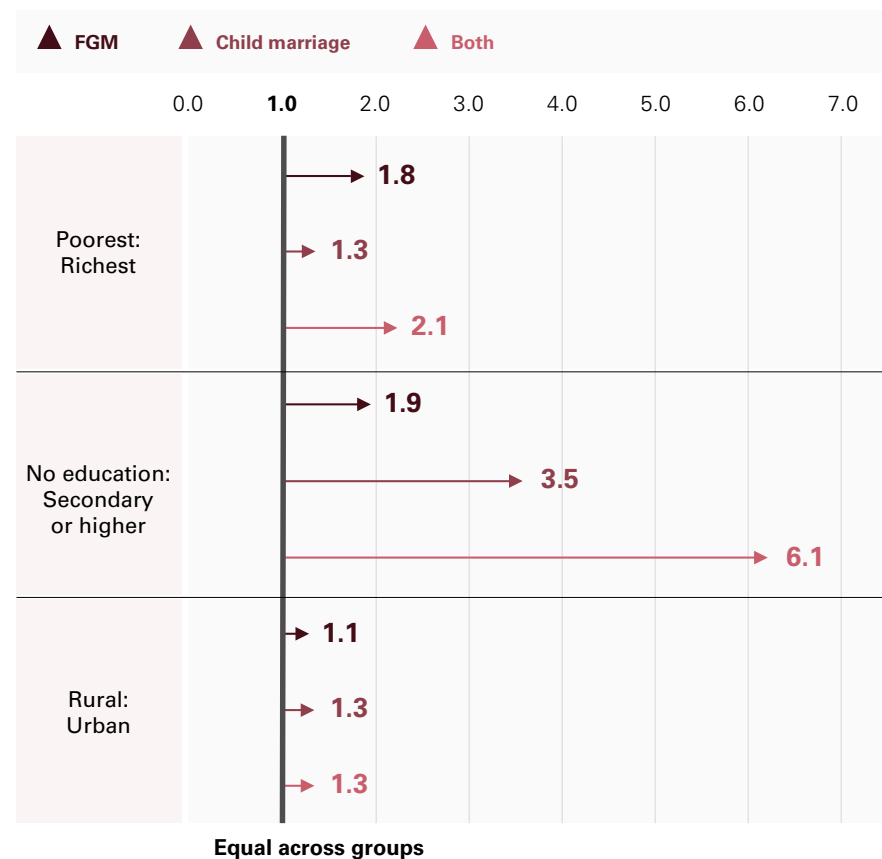
Women in rural areas are **1.1 times** more likely than women in urban areas to have experienced FGM, **1.3 times** more likely to have experienced child marriage, and **1.3 times** more likely to have experienced both.

TAKEAWAYS:

- Women in rural areas, with less education and from poorer households are more likely to have experienced both child marriage and FGM than their richer, more educated urban counterparts.

- This is not an unexpected finding given that each practice independently is more likely to be found among more remote and less privileged groups. However, in most cases, the effect is compounded across the two practices.

- In a clear illustration of the impact of multiple deprivations, in most countries the percentage of women who experienced both practices is higher among those who are both poor and uneducated compared to those who are either poor or uneducated.

- The share of women who experienced both child marriage and FGM varies substantially across ethnic groups. While the particular ethnic groups differed in each country, ethnicity remains an important factor across all contexts.

- While several background characteristics appear to contribute to higher risk, further analysis identified the most significant factors. Among women who have experienced child marriage, ethnicity was identified as the most significant factor in determining whether a woman had also undergone FGM. And among women who had experienced FGM, low levels of education were the strongest predictor of whether a woman had also married in childhood (results not shown).

Photo: UNICEF @UN0140867

Conclusion

Child marriage and FGM violate the human rights of girls and contribute to the persistence of gender inequality. Both of these harmful practices have become less common over time and have been targeted for elimination in the SDGs. However, substantial acceleration of progress is needed if the world is to meet the 2030 SDG target.

In countries where both child marriage and FGM are prevalent, an in-depth understanding of affected populations is fundamental to addressing, and ultimately eliminating, these practices. By quantifying both the intersection and divergence of child marriage and FGM, the analysis in this publication deepens that understanding. It illustrates that while the two practices may share common roots in gender norms that devalue girls and prize virginity and 'purity', these norms do not always manifest in child marriage or FGM. And while the practices do intersect, many girls experience only one or the other.

What this tells us is that programming to prevent child marriage and FGM must address the drivers that are common to both practices as well as those that are unique to one or the other. To the extent that child marriage and FGM are influenced by similar societal forces, some of the strategies to eliminate them are the same. They include: empowering girls, creating a supportive legislative and policy framework, disrupting harmful norms and garnering community support, improving access to multisectoral services,

promoting rights-based advocacy, and building a solid base of evidence.

That said, there are approaches to preventing child marriage and FGM that are better suited to each individual practice. As illustrated in this report, child marriage is more closely linked to low levels of education and more often driven by economic pressure. Thus, approaches to ending child marriage will more commonly feature interventions that help families mitigate these risks, including components such as financial support to girls and their families or incentives for completing schooling. On the other hand, since FGM is so closely tied to community expectations and in-group identity, high-visibility activities such as community declarations of abandonment and dialogues led by respected elders are more prominent features of programming. In addition, supporting girls' empowerment and rights may promote the longer-term intent of influencing their choices for their future daughters.

The analysis also reminds us of the particularly vulnerable group of girls who both underwent

FGM and were married in childhood. The analysis shows an elevated risk of experiencing both practices among those living in rural areas, from poorer households and with less education, but especially among certain ethnic groups. Investment is urgently needed in such communities to work towards elimination of these harmful practices and mitigate the negative impacts for women already affected.

As efforts to end both practices continue, the data presented in this report are a reminder that an averted case of child marriage or of FGM may not free a girl from experiencing harmful practices altogether. By understanding the extent to which child marriage and FGM occur together or independently, resources and programming can be targeted to populations that would benefit most. The findings add nuance to our understanding of these complex cultural practices, which are of deep concern to those invested in protecting girls' rights and improving gender equality.

Annex:
Methodology

Definitions

Child marriage is defined as a marriage or informal union in which one or both parties are under the age of 18. While boys may also marry in childhood, this report refers to child marriage among girls only. Female genital mutilation, also known as female circumcision or female genital cutting, 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."[7]

Data sources

This analysis draws upon data from Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), and other nationally representative household surveys that use comparable methodology. In these surveys, girls and women of reproductive age (15–49 years) in sampled households are requested to respond to individual questionnaires in which they are asked whether they have undergone FGM and if they have ever been married or lived together with someone as if married, among other topics. Those who respond affirmatively to the question on marriage are asked to provide the month and year they began living with their first partner and, as confirmation, their age at that time.

Data on FGM among girls and/or women of reproductive age are available for 31 countries where the practice is concentrated. Local and small-scale research studies indicate that FGM also occurs in communities in over 20 additional countries across Eastern Europe, Latin America, the Middle East and Asia; however, in almost all of these contexts, the practice affects only small pockets of the population and nationally representative data are not available. The practice is also found in destination countries (including in Europe and North America) for migrants from countries where the practice still occurs.[8] Data on child marriage are available for 128 countries. Countries without such data on child marriage are typically high-income countries in which the practice is not sufficiently common to warrant national-level data collection.[9]

Analytical approach

To assess how common child marriage and FGM are across countries, the analysis used two indicators: the percentage of women who were first married or in union by age 18 and the percentage of women who have undergone FGM. In the overview chapter, the percentage who experienced each practice is measured among the respective population groups used for standard global reporting, that is, women aged 20 to 24 years for child marriage and 15 to 49 years for FGM. For the remaining analysis on the intersection of the two practices, the age group 18 to 49 years is used.

The intersection of the two practices was assessed by analysing the proportion of women who fell into each of the following categories:

• Women who experienced neither harmful practice
• Women who experienced only child marriage
• Women who experienced only FGM
• Women who experienced both child marriage and FGM.

In addition to these four mutually exclusive groups, results are also shown (when relevant) for women who experienced either practice.

For a subset of nine countries (Burkina Faso, Chad, Guinea, Ethiopia, Kenya, Mali, Senegal, Sierra Leone and Yemen), in-depth analyses assessed the proportion of women who experienced both practices and their background characteristics.

A descriptive analysis was conducted to determine the demographic and socioeconomic characteristics of women in each of the four outcome categories described above, along with selected measures of women's empowerment and connection to society (results not shown). A multinomial regression was then conducted to evaluate the influence of selected predictors on the likelihood that women would experience both harmful practices.

Women who experienced both child marriage and FGM were compared to those who experienced only one of these practices. Since predictors could differ across generations, the regression analysis focused on women aged 18 to 24.

All analytical procedures accounted for the complex sampling of Demographic and Health Surveys. The analysis used the following datasets: 2010 DHS for Burkina Faso; 2014–2015 DHS for Chad; 2016 DHS for Ethiopia; 2018 DHS for Guinea; 2014 DHS for Kenya; 2018 DHS for Mali; 2017 DHS for Senegal; 2017 MICS for Sierra Leone; and 2013 DHS for Yemen. The analysis was conducted using Stata 15.

Limitations

The analysis, and our ability to draw conclusions from it, are limited in some ways by the available data. This begins with the sampling design of the household surveys, which are representative at the national level, for urban and rural areas and

for distinct geographic regions in each country. While the surveys capture other background characteristics, such as educational attainment, ethnicity and religion, the samples are not designed to be representative of these groups. For variables with a large number of categories – such as ethnicity, in some countries – results should be interpreted with caution.

The analysis of generational trends by comparison across age cohorts is a well-accepted method for these indicators, yet it has some known caveats. Most importantly, mortality rates can change the profile of successive cohorts of women, and to the extent that disadvantaged groups have higher mortality, the prevalence of each practice among the surviving women may begin to represent levels among the more advantaged segment of the population. This consideration is most relevant for countries with high mortality and shorter life expectancy.

The data are collected through women's self-reporting. While this is generally a reliable method, in communities where harmful practices are criminalized or taboo, women may be less inclined to disclose their experiences.

Lastly, since the data are cross-sectional, the analysis by background characteristics describes the situation of women at the time of the survey, and not at the time they experienced child marriage or FGM. While some characteristics may remain the same, others may have changed.

Endnotes

1   Amin, Sajeda, 'Programs to Address Child Marriage: Framing the problem', Promoting Healthy, Safe, and Productive Transitions to Adulthood series, Brief no. 14, Population Council, New York, 2011; United Nations Children's Fund, *Female Genital Mutilation/ Cutting: A statistical overview and exploration of the dynamics of change*, UNICEF, New York, 2013.

2   Cloward, Karisa, *When Norms Collide: Local responses to activism against female genital mutilation and early marriage*, Oxford University Press, New York, 2016.

3   Parsons, Jennifer, et al., 'Economic Impacts of Child Marriage: A review of the literature', *The Review of Faith & International Affairs*, vol. 13, no. 3, 23 October 2015, pp. 12–22.

4   UNICEF, 2013.

5   United Nations Children's Fund, *Child Marriage: Latest trends and future prospects*, UNICEF, New York, 2018.

6   United Nations Children's Fund, *Female Genital Mutilation: A new generation calls for ending an old practice*, UNICEF, New York, 2020.

7   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.

8   Cappa, Claudia, Luk Van Baelen and Els Leye, 'The Practice of Female Genital Mutilation across the World: Data availability and approaches to measurement', *Global Public Health*, vol. 14, no. 8, 6 February 2019, pp. 1139–1152.

9   UNICEF global database, 2020, <https://data.unicef.org/topic/child-protection/child-marriage>, accessed 1 December 2020.

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