



When will we achieve the goal of reducing FGM/C by half?

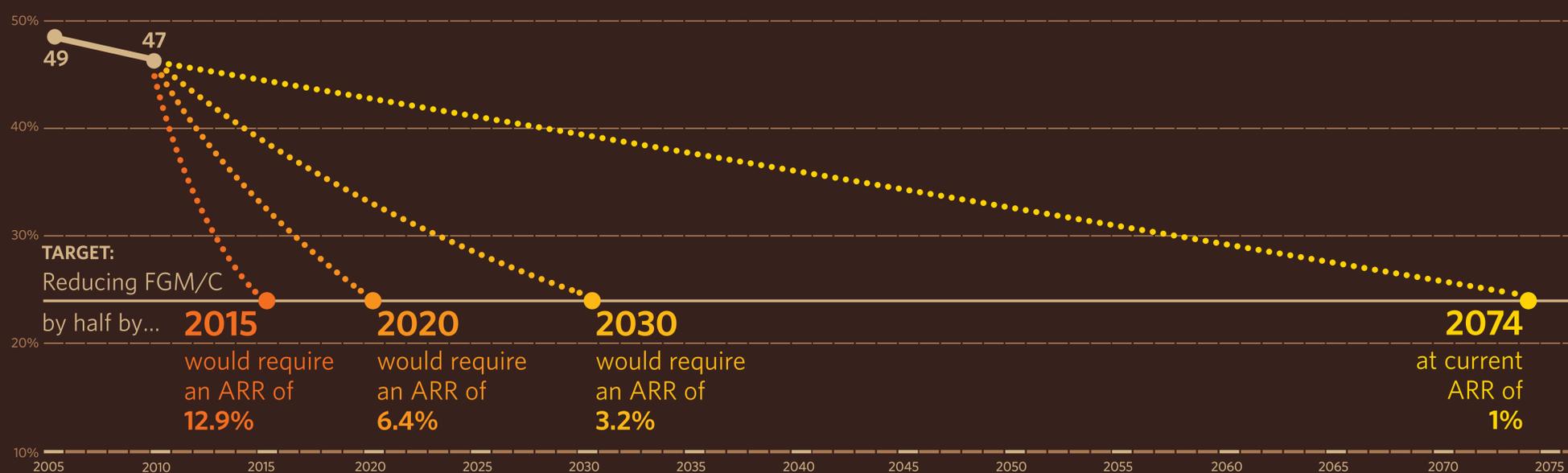
Currently, the annual rate of reduction (ARR) of FGM/C is 1%
 If this rate remains unchanged, it would take 60 more years until 2074 to achieve our goal.

But there are other options:

Reducing FGM/C by half by 2015 would require an ARR of 12.9%

Reducing FGM/C by half by 2020 would require an ARR of 6.4%

Reducing FGM/C by half by 2030 would require an ARR of 3.2%



PERCENTAGE OF GIRLS AND WOMEN AGED 15-49 WHO EXPERIENCE SOME FORM OF FGM/C and TARGET YEARS IN WHICH THE RATE WILL BE REDUCED BY HALF

(Weighted global estimates based on 22 countries)

Source: UNFPA, MDG5b+Info database using Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) data (<http://www.devinfo.org/mdg5b/>)



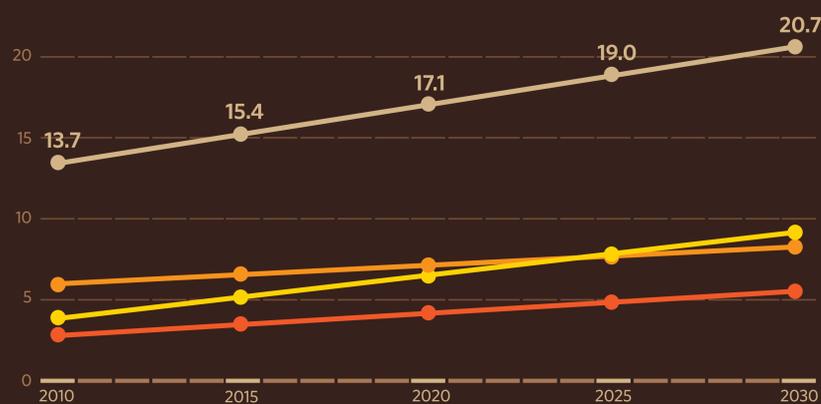
Delivering a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled



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 concentrated¹

How many more girls will experience FGM/C if the current prevalence rate remains unchanged?

PROJECTIONS OF NUMBER OF GIRLS AGED 15-19 WHO WILL EXPERIENCE SOME FORM OF FGM/C, By region, 2010-2030²



Worldwide by 2030, 20.7 million girls will experience some form of FGM/C.

This means: **7.8 million girls in West & Central Africa**
7.3 million girls in Arab States
5.6 million girls in East and Southern Africa

The indicator of prevalence of FGM/C among girls 15-19 only captures a certain point in time and these young girls might be cut a later stage in their lives. Estimates and projections of number of girls 15-19 experiencing FGM/C can be underestimated.

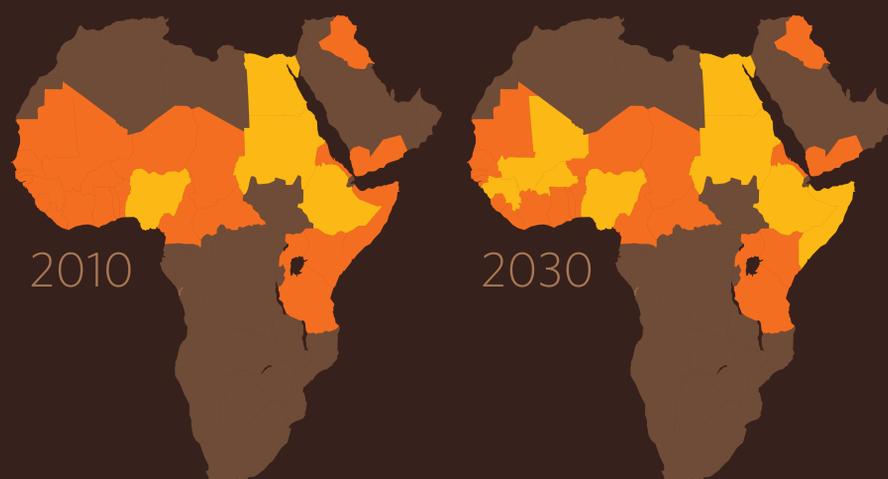
The sum of the number of girls who experience FGM/C by region may differ from the WORLD total due to rounding. The data on population used to calculate the number of girls who experience FGM/C is from *World Population Prospects: the 2012 Revision*.

Where are the girls that experience FGM/C?

By the end of 2010, of the 29 countries where FGM/C is prevalent, 4 countries had more than 800,000 girls that have experienced some form of FGM/C.

If current prevalence remains unchanged, in the year of 2030, 8 countries will have more than 800,000 girls that have experienced some form of FGM/C.

PROJECTIONS OF NUMBER OF GIRLS AGED 15-19 WHO WILL EXPERIENCE SOME FORM OF FGM/C, By country, 2010 and 2030²



More than 800,000 girls 15-19 who experience FGM/C live in these countries
Less than 800,000 girls 15-19 who experience FGM/C live in these countries
 FGM/C is not prevalent in these countries

1: UNICEF, 'Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change', July 2013
 2: UNFPA, MDG5b+Info database using Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) data (<http://www.devinfo.org/mdg5b/>)

Notes: Data not available for South Sudan. The potential increase in the number of girls experiencing FGM/C is determined by population dynamics.



Female genital mutilation/cutting is a gross violation of the *human rights* of women and girls

Poor, illiterate, living in a rural area... you are more likely to be mutilated. Female Genital Mutilation/Cutting is driven by INEQUALITY.

FGM/C is an infringement of the rights of women and girls, including:

- the right to be free from all forms of discrimination against women
- the right to physical and mental integrity, including freedom from violence
- the right to the highest attainable standard of health
- the right not to be subjected to torture or cruel, inhuman or degrading treatment or punishment
- the right to life
- the rights of the child

42 countries worldwide have legislation against FGM/C



Seven of the 15 countries supported by the Joint Programme on FGM/C have already enforced legislation against the practice



Accelerating the elimination of FGM/C is imperative for all countries that aim to comply with the obligations of human rights treaties.

Political will and legal commitments are crucial to ending FGM/C, but community support is also essential. The change must come from within.

"Legislation in Europe regarding FGM and the implementation of the law in Belgium, France, Spain, Sweden and the UK". Els Leye and Jessika Blonde, International Centre for Reproductive Health, Ghent University, April 2004.



Female genital mutilation/cutting imposes an **economic burden** on health care systems because of obstetric complications and loss of life

Obstetric complications associated with FGM/C:

Maternal haemorrhage

The need for infant resuscitation

Perinatal death

Caesarean section

Extended maternal hospital stays

The need for episiotomy

The annual medical cost of managing obstetric complications resulting from FGM/C is estimated at US \$3.7 million. However, this figure is underestimated.¹

1: The WHO study did not address the effects of FGM/C on a woman's mental health or any of the medical complications stemming from the initial procedure, namely pain, bleeding, and infection.

What about **other costs** of FGM/C that cannot be quantified?

Damage to the happiness of young girls

Isolation

Sexual dysfunction

Post-traumatic stress disorder

Psychological trauma

Anxiety disorders

Feelings of anger, guilt, shame or inadequacy

When women cannot participate in the workforce because of debilitating health and social problems related to FGM/C, the potential productivity of a country's economy cannot be fully realized.



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