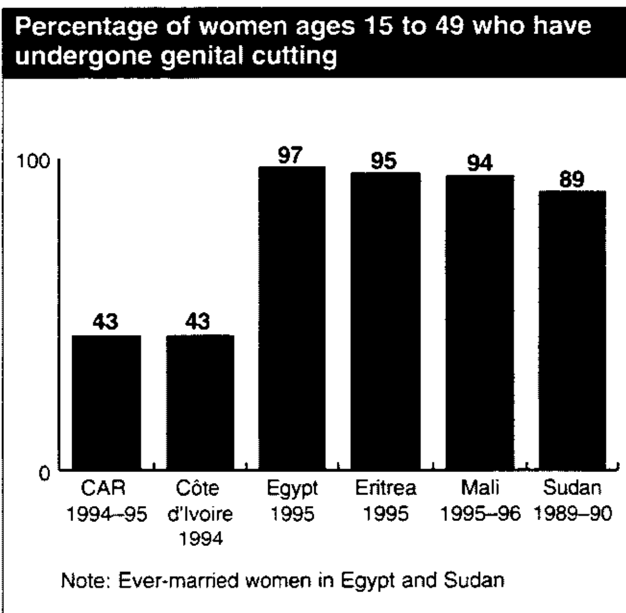
Prevalence

Female genital cutting is common in the countries surveyed

In the countries studied, female genital cutting is widespread. These procedures are nearly universal among women in Egypt, Eritrea, and Mali and widely practiced in northern Sudan. The lowest levels of prevalence are found in the Central African Republic (CAR) and Côte d'Ivoire. Even in these countries, however, two of five women have undergone genital cutting. Prevalence data were not collected for women in Yemen.

Prevalence levels are higher in Egypt and Mali and lower in CAR and Côte d'Ivoire than previous estimates indicated

Except for northern Sudan, these figures represent the first reliable national prevalence estimates on genital cutting for the countries surveyed. In the absence of national data, previous estimates of prevalence were based primarily on community-level studies or anecdotal evidence (Toubia, 1995). DHS results indicate that the level of genital cutting among Egyptian and Malian women is higher than previously thought, while levels in CAR and Côte d'Ivoire are lower than prior estimates indicated. Before the surveys were conducted, prevalence was estimated to be 50 percent in CAR, 60 percent in Côte d'Ivoire, 80 percent in Egypt and Mali, and 90 percent in Eritrea (Toubia, 1995).



Millions of women are affected

Nearly 30 million women ages 15 and older have undergone genital cutting in the countries surveyed based on population estimates for 1995. At current prevalence levels, approximately 20 million girls under the age of 15 are also potentially affected, having undergone genital cutting already or likely to undergo cutting in the near future.

Estimated number of women who have undergone cutting

Country	Approximate number of women who: Have undergone genital cutting or are "at risk" of cutting (less than 15 years old)	Have undergone genital cutting (age 15 and older)
Central African Republic	306,160	429,570
Côte d'Ivoire	1,499,840	1,523,060
Egypt	11,338,330	18,624,000
Eritrea	736,250	953,800
Mali	2,165,760	2,472,858
Sudan	4,324,688	5,638,328
Total	**20,371,028**	**29,641,616**

Note: These estimates are based on the United Nations medium variant population projections for 1995 (United Nations, 1995). To obtain these figures, the DHS prevalence levels for women 15 to 49 were applied to the population projections for all women under 15, between 15 and 49, and over the age of 49 in each country studied. In calculating these figures, two assumptions have been made: (1) Prevalence levels for women 15 to 49 also reflect the experiences of those under the age of 15 and over the age of 49; and (2) Prevalence levels for never-married and ever-married women in Egypt and northern Sudan are equivalent.

Children at risk

Many women undergo cutting as infants in Côte d'Ivoire, Eritrea, and Mali

A significant number of women in Côte d'Ivoire, Eritrea, and Mali underwent genital cutting in their first year of life, one of the most physically vulnerable times for children. Eritrea has the highest level of infant girls undergoing these procedures. Among Eritrean women who have been cut, slightly more than two out of five reported that they underwent the procedure before their first birthday (Moore, 1996). Urban and more educated respondents tend to have undergone cutting during infancy, as have women from the Saho and Tigrigna ethnic groups. The differences based on religion in Eritrea are particularly striking, with 61 percent of Christian women cut before one year of age, compared with 18 percent of Muslim women (see Appendix Table 3).

Percent distribution of women who have undergone cutting, by age at cutting							
Country	Infancy (first year of life)	Ages 1-4	Ages 5-14	Ages 15+	Don't know	Median age at cutting[a]	Number of women
CAR	0	2	88	9	0	10.8 years	2,555
Côte d'Ivoire	16	9	55	11	10	9.7 years	3,459
Egypt	1	2	89	1	7	9.8 years	14,330
Eritrea	44	16	12[b]	na	28[c]	1.8 months	4,775
Mali	29	13	41	2	17	6.3 years	9,097

Note: Rows may not add to 100% because of rounding.
na = not available
[a] Age by which half of women reported undergoing genital cutting.
[b] Refers to age 5 and older.
[c] Includes missing responses.

In Mali, a substantial number of women also reported undergoing genital cutting in the first year of life, with nearly 30 percent of respondents experiencing these procedures during infancy. Women from Bamako and those who have attended at least some secondary school tend to undergo cutting early in life, with median ages at cutting of 1 and 0.9 years respectively. Other groups of women with median ages at cutting under age 1 include residents of Kayes region and members of the Sarakolé/Soninké ethnic groups (see Appendix Table 4).

The age at which Malians undergo these procedures appears to be decreasing. The median age at cutting for women 45 to 49 is 8.8 years, compared with 4.3 years among women 15 to 19. The comparison between women and eldest daughters reveals an even more striking age difference. The median age at cutting for women 15 to 49 is 6.3 years, compared with 2.1 years for eldest daughters. This decline, while substantial, may be somewhat overstated since 17 percent of Malian women didn't know or remember when they underwent cutting. At least some of these women are likely to have undergone these procedures as infants.

Variations in practice among different groups of women

Some women are more likely than others to undergo genital cutting, depending on their religion, ethnicity, education, and residence. The patterns, however, are not always consistent across countries. The next sections will examine variations in prevalence among different groups of women.

Religion

Prevalence levels are higher among Muslim women

Among the countries surveyed by DHS, Muslim women are more likely to have undergone genital cutting than their Christian counterparts. Although

it is not a requirement of Islam, genital cutting appears to be a strong cultural tradition among many Muslim women. This may in part be due to the association of "sunna," which suggests required practice for Muslims, with one form of genital cutting, the so-called "sunna" circumcision (Gordon, 1991). This association may have contributed to the perception, especially in Egypt and Sudan, that these practices are recommended for Muslims.

Religious differences in prevalence are largest in Côte d'Ivoire and Sudan

The differences between Muslims and Christians are most striking in Côte d'Ivoire and Sudan. Around 80 percent of Muslim women have been cut in Côte d'Ivoire, compared with 16 percent of Christian women. In Sudan, 90 percent of Muslim women have been cut, compared with 47 percent of Christian women.[1]

Religious differences related to cutting are statistically significant in Côte d'Ivoire and Sudan

In Côte d'Ivoire and Sudan, multivariate analysis was used to explore the strength of the association between religion and genital cutting. The findings indicate that the relationship between religion and genital cutting in both countries remains statistically significant after controlling for women's age, educational attainment, and region of residence. Religion appears to be a powerful predictor of whether or not a woman

Percentage of women who have been cut, by religion

	Muslim		Christian		Traditional/Other	
Country	Percent	Number of women	Percent	Number of women	Percent	Number of women
CAR	50	522	43	5,270	42	92
Côte d'Ivoire	80	2,639	16	3,446	39	2,015
Egypt	98	13,981	88	795	*	*
Eritrea	99	1,893	92	3,133	*	*
Mali	94	8,794	85	290	90	620
Sudan	90	5,745	47	111	*	*

* Fewer than 20 cases

[1] The percentage of Christian women who have undergone cutting is based on a relatively small number of respondents.

[2] In Sudan, the relationship appears to grow stronger after controlling for these background variables. Logistic regression results from Sudan indicate that Muslim women are at least 51 times more likely to undergo cutting than Christian women (Odds ratio= 51.8; p<.01). Similarly, in Côte d'Ivoire, the findings reveal a strong relationship with religion, with Muslim women at least 17 times more likely to undergo cutting (Odds ratio= 17.4; p<.01) than Christian women. Neither country equation, however, controlled for ethnicity since this information was not collected in Sudan or computed in Côte d'Ivoire. Instead, region was used to roughly approximate ethnicity. The inclusion of ethnic group in the equation might have affected the explanatory power of religion.

undergoes cutting.[2] Muslim women in Côte d'Ivoire, for instance, are at least 17 times more likely to undergo cutting than Christian women.

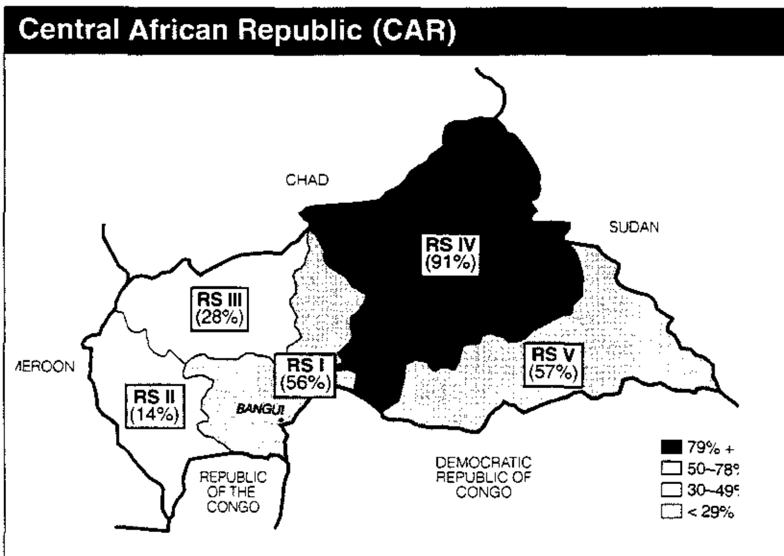
Ethnic and regional patterns of prevalence

Ethnic affiliation is considered to be an explanatory factor for the pattern of genital cutting practice across Africa (Toubia, 1995). In CAR and, to a lesser extent, Mali, differences in prevalence exist among women based on ethnic group (see Appendix Table 2). Ethnic information was not collected or tabulated for surveys in Côte d'Ivoire, Egypt, and Sudan. In these countries, the regional patterns may indirectly provide information about prevalence levels among different ethnic groups (see Appendix Table 1).

CAR. The largest differences in prevalence based on ethnic group and regional residence exist in CAR. Prevalence among women ranges from 3 percent among the Yakoma-Sango and Mboum to 84 percent among the Banda, one of the country's larger ethnic groups. The prevalence of cutting among CAR's largest ethnic group, the Gbaya, is 32 percent. Nearly one in four women belongs to an ethnic group with a prevalence level under 10 percent (Mboum, Ngbaka-Bantou, Yakoma-Sango, and Zandé-Nzakara).

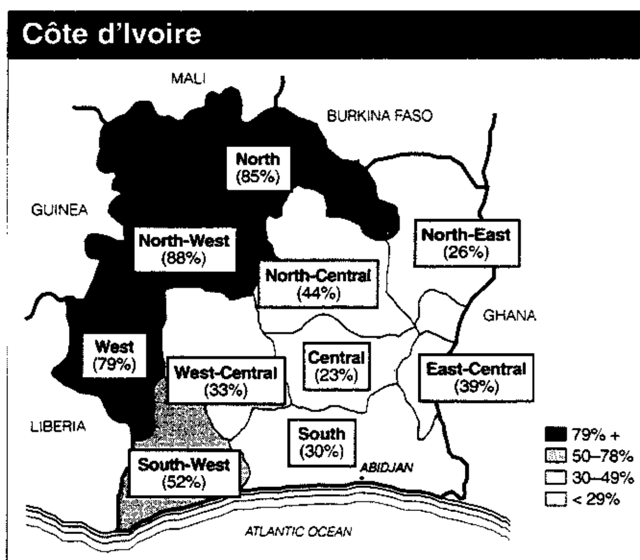
Similarly striking differences in prevalence, probably rooted in ethnicity, exist by region. Nine of 10 women underwent cutting in region RS IV, with major borders facing Chad and Sudan. In contrast, fewer than 30 percent experienced these procedures in the western regions of RS II (14 percent) and RS III (28 percent), bordering Cameroon and Chad, respectively.

Côte d'Ivoire. In most parts of the country, prevalence ranges from 20 to 40 percent. Prevalence levels are exceptionally high in three regions, the West (79 percent), North-West (88 percent), and North (85 percent), which neighbor Liberia, Guinea, Mali, and Burkina Faso. Multivariate analysis suggests that region of residence is a major factor in determining genital cutting status for women in these areas even when age, education, and religion are held constant.[3] This suggests



[3] Logistic regression indicates that residence in the West, North-West, and North is strongly associated with genital cutting after controlling for age, education, and religion. Compared with those in the Center region, women are 25 times more likely in the West (Odds ratio= 25.0; p<.01), 15 times more likely in the North-West (Odds ratio= 14.7; p<.01), and 18 times more likely in the North (Odds ratio= 18.3; p<.01) to have undergone cutting.

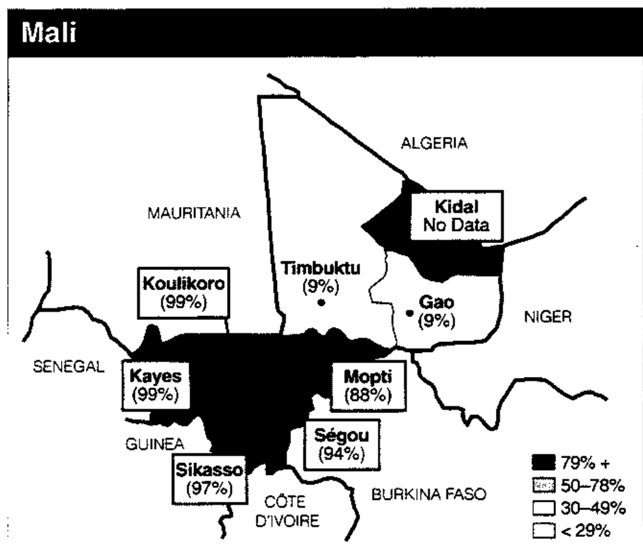
that other factors such as ethnic affiliation, bordering countries, or community norms may be strongly associated with cutting practices in the West, North-West, and North. The predominant ethnic groups in these regions are the Sénoufo, Malinké, Dan, Toura, and We (Ahonzo et al., 1984).



Egypt. The prevalence of cutting exceeds 92 percent among women in nearly all regions of Egypt. Women from the sparsely populated Frontier Governorates are least likely to have undergone genital cutting. Even among these women, however, three of four have been cut.

Eritrea. In Eritrea, the differences by ethnic group and region are minor. All groups have prevalence levels above 90 percent. Little variation in prevalence exists among women living in different parts of the country. At least nine of 10 women throughout Eritrea are likely to have undergone genital cutting.

Mali. Genital cutting is nearly universal among Mali's most populous ethnic groups, including the Bambara, Sarakolé/Soninké, and Peulh. The prevalence levels among women are higher than 85 percent in nearly all regions of the country, except for the two small, relatively isolated desert cities of Timbuktu and Gao (9 percent). The majority of inhabitants in these cities are Sonraï or Tamachek. Women belonging to these ethnic groups are substantially less likely than others to undergo genital cutting. Sonraï or Tamachek women, however, who reside outside of Timbuktu or Gao have higher prevalence levels. In Bamako, for instance, 75 percent of Sonraï women have undergone genital cutting.



Sudan. Except for two regions, at least 95 percent of women throughout Sudan have undergone genital cutting. Women in the Darfur region (65 percent) and, to a lesser extent, the Eastern region (87 percent), are less likely to have undergone cutting. The lower prevalence levels in Darfur suggest that genital cutting is not a universal practice among some of this region's ethnic groups.

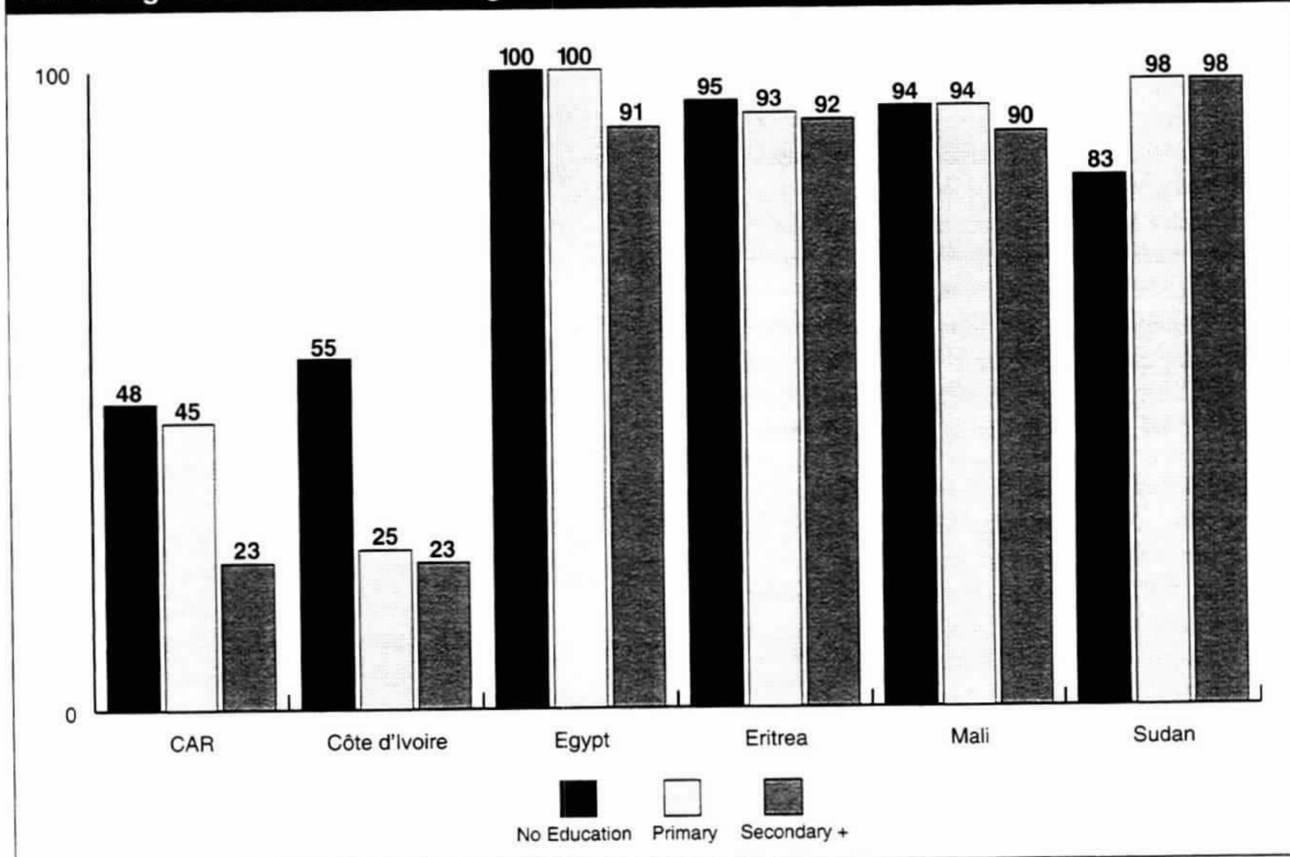
Prevalence among urban and educated women

Prevalence among educated women varies in some countries, but is uniformly high in others

Women usually undergo genital cutting at too young an age for education to have any influence on the likelihood of their being cut. Educational attainment, however, can serve as a proxy for family wealth and women's status within a household. In many of the countries surveyed, male or female attendance of secondary school often signals higher socioeconomic status. Overall, very few women in most of the countries studied have had access to a secondary-level education.[4]

In some countries, women with at least some secondary-level education are less likely to have undergone genital cutting. The most striking differences in prevalence based on education exist in CAR and Côte d'Ivoire. In CAR prevalence is lower only among the country's most educated women. In contrast, women with any level of education in Côte d'Ivoire appear less likely to have undergone cutting than women with no formal education.

Percentage of educated women ages 15 to 49 who have undergone genital cutting



[4] According to DHS findings, women ages 15 to 49 who have attended some secondary school total 14 percent in Central African Republic, 14 percent in Côte d'Ivoire, 31 percent in Egypt, 10 percent in Eritrea, 7 percent in Mali, and 15 percent in northern Sudan. Many women have never been to school, including 52 percent in CAR, 60 percent in Côte d'Ivoire, 44 percent in Egypt, 66 percent in Eritrea, 81 percent in Mali, and 58 percent in northern Sudan.

In Egypt, Eritrea, Mali, and Sudan, the most educated women are about as likely—or in the case of Sudan, somewhat more likely—to undergo genital cutting than their less educated counterparts. Education seems to make little difference in prevalence levels among women in Egypt, Eritrea, and Mali. In Sudan, however, prevalence levels are somewhat higher among the most educated women. This is at least partly due to the ethnic groups in western Sudan who do not practice cutting. Historically, these women have had less access to educational opportunities than their counterparts in the rest of the country.

Genital cutting is about equally common among urban and rural women

Although often portrayed as a practice most common in rural areas, prevalence levels differ little by urban-rural residence. Across most of the countries surveyed, women in urban areas are only slightly less likely than their rural counterparts to have experienced genital cutting. Except for Sudan, the rural prevalence levels are no more than 5 or 6 percentage points higher than urban levels. The type of cutting a woman undergoes, however, can vary by urban-rural residence (see discussion of Eritrea findings, "Types" section).

The urban-rural differences may be somewhat understated due to rural to urban migration. Many of the countries studied are becoming increasingly urbanized. The influx of girls from rural areas, where prevalence levels are generally higher, into urban areas may obscure the urban-rural differences in prevalence.

Percentage of women who have undergone genital cutting, by residence