0.a. Goal

Goal 5: Achieve gender equality and empower all women and girls

0.b. Target

Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

0.c. Indicator

Indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

0.g. International organisations(s) responsible for global monitoring

Institutional information

Organization(s):

United Nations Children's Fund (UNICEF)

2.a. Definition and concepts

Concepts and definitions

Definition:

Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting is currently being measured by the proportion of girls aged 15-19 years who have undergone female genital mutilation/cutting

Concepts:

Female genital mutilation/cutting (FGM/C) 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" (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)

4.a. Rationale

Rationale:

FGM/C is a violation of girls' and women's human rights. There is a large body of literature documenting the adverse health consequences of FGM/C over both the short and long term. The practice of FGM/C is a direct manifestation of gender inequality

FGM/C is condemned by a number of international treaties and conventions. Since FGM/C is regarded as a traditional practice prejudicial to the health of children and is, in most cases, performed on minors, it violates the Convention on the Rights of the Child. Existing national legislation in many countries also include explicit bans against FGM/C.

4.b. Comment and limitations

Comments and limitations:

There are existing tools and mechanisms for data collection that countries have implemented to monitor the situation with regards to this indicator. The modules used to collect information on the circumcision status of girls aged 0-14 and women aged 15-49 in the DHS and MICS have been fully harmonized.

4.c. Method of computation

Methodology

Computation method:

Number of girls and women aged 15-49 who have undergone FGM/C divided by the total number of girls and women aged 15-49 in the population multiplied by 100.

4.f. Treatment of missing values (i) at country level and (ii) at regional level

Treatment of missing values:

- At country level:

When data for a country are entirely missing, UNICEF does not publish any country-level estimate

- At regional and global levels:

Regional aggregates are only published when at least 50 per cent of the regional population for the relevant age group are covered by the available data.

4.g. Regional aggregations

Regional aggregates:

Global aggregates are weighted averages of all the countries with nationally representative prevalence data.

6. Comparability/deviation from international standards

Sources of discrepancies:

The estimates compiled and presented at global level come directly from nationally produced data and are not adjusted or recalculated.

4.h. Methods and guidance available to countries for the compilation of the data at the national level

Methods and guidance available to countries for the compilation of the data at the national level:

Countries gather data on FGM/C through household surveys such as UNICEF-supported MICS or Demographic and Health Surveys. In some countries, such data are also collected through other national household surveys.

4.j. Quality assurance

Quality assurance:

UNICEF maintains the global database on FGM/C that is used for SDG and other official reporting. Before the inclusion of any data point in the database, it is reviewed by technical focal points at UNICEF headquarters to check for consistency and overall data quality. This review is based on a set of objective criteria to ensure that only the most recent and reliable information are included in the databases. These criteria include the following: data sources must include proper documentation; data values must be representative at the national population level; data are collected using an appropriate methodology (e.g., sampling); data values are based on a sufficiently large sample; data conform to the standard indicator definition including age group and concepts, to the extent possible; data are plausible based on trends and consistency with previously published/reported estimates for the indicator.

As of 2018, UNICEF undertakes an annual consultation with government authorities on 10 of the child-related SDG indicators in its role of sole or joint custodian, and in line with its global monitoring mandate and normative commitments to advancing the 2030 Agenda for children. This includes indicator 5.3.2. More details on the process for the country consultation are outlined below.

3.a. Data sources

Data sources

Description:

Household surveys such as UNICEF-supported MICS and DHS have been collecting data on this indicator in low- and middle-income countries since the late 1980s. In some countries, such data are also collected through other national household surveys.

3.b. Data collection method

Collection process:

UNICEF undertakes a wide consultative process of compiling and assessing data from national sources for the purposes of updating its global databases on the situation of children. Up until 2017, the mechanism UNICEF used to collaborate with national authorities on ensuring data quality and international comparability on key indicators of relevance to children was known as Country Data Reporting on the Indicators for the Goals (CRING).

As of 2018, UNICEF launched a new country consultation process with national authorities on selected child-related global SDG indicators it is custodian or co-custodian to meet emerging standards and guidelines on data flows for global reporting of SDG indicators, which place strong emphasis on technical rigour, country ownership and use of official data and statistics. The

consultation process solicited feedback directly from National Statistical Offices, as well as other government agencies responsible for official statistics, on the compilation of the indicators, including the data sources used, and the application of internationally agreed definitions, classification and methodologies to the data from that source. Once reviewed, feedback is made available to countries on whether or not specific data points are accepted, and if not, the reasons why. More details on the consultation process can be found in the [guidance note](#).

5. Data availability and disaggregation

Data availability

Nationally representative prevalence data are currently available for 30 low- and middle-income countries

Disaggregation:

Age, income, place of residence, geographic location, ethnicity, education

3.c. Data collection calendar

Calendar

Data collection:

UNICEF will undertake an annual country consultation likely between December and January every year to allow for review and processing of the feedback received in order to meet global SDG reporting deadlines.

3.d. Data release calendar

Data release:

March 2019.

3.e. Data providers

Data providers

National Statistical Offices (in most cases)

3.f. Data compilers

Data compilers

UNICEF

7. References and Documentation

References

URL:

https://data.unicef.org

References:

https://data.unicef.org/topic/child-protection/female-genital-mutilation/