of women subjected to genital mutilation did not change – in both 2000 and 2004 it was recorded at around 45 per cent.

Female genital mutilation is more prevalent in older women

Findings that female genital mutilation appears to be less prevalent in young women as compared to older generations of women further substantiates the positive developments in quite a few countries. Figure 6.8 presents the ratio of two age-group values of FGM prevalence. A ratio closer to the value of 1 indicates that prevalence is almost identical in both age groups – 15–29 and 30–49 years of age. When the ratio exceeds the value of 1 it indicates that prevalence among women in the younger age group is lower than in the older group. Conversely, ratio values below 1 indicate that prevalence is higher in younger than in older women.

The figure indicates that in the majority of countries for which data were available the value of the ratio exceeds 1, thus showing that female genital mutilation is being performed less on younger generations of women and girls. In Kenya the ratio reached 1.7 as around 43 per cent of women aged 30–49 were subjected to the practice compared to only 26 per cent of women aged 15–29. Similar occurrences were noted in Benin, Central African Republic, Ghana and Nigeria and to a smaller extent in Burkina Faso, Cameroon, Chad, Côte d’Ivoire, Eritrea, Ethiopia and Senegal. There were no differences in prevalence in younger and older women in Egypt, Guinea, Mali and Mauritania, and in Niger there were actually proportionally more younger women undergoing these procedures than older ones. It should be emphasized, however, that the overall prevalence rate in Niger is relatively low – just around 5 per cent of all women aged 15–49.

There are many factors that influence the practice of subjecting women to genital mutilation, including education, place of residence (urban/rural), religion, ethnicity and household wealth. Establishing a relationship between a woman’s genital mutilation status and her educational level can often be difficult, however, as mutilation usually takes place before education is completed and often even before it commences. Findings do show though that prevalence levels are generally lower among women with higher education, indicating that circumcised girls are also likely to grow up with lower levels of educational attainment. Mothers’ level of educational attainment, moreover, appears to be a significant determinant of the genital mutilation status of their daughters. It is generally observed that women with higher education are less likely to have their daughters subjected to genital mutilation than women with lower or no formal education.

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26 In producing the ratio of female genital mutilation, the first step is to compute the unweighted average of percentage of women subjected to female genital mutilation for three age groups: 15–19, 20–24 and 25–29. The second step is to compute the unweighted average of percentage of women subjected to female genital mutilation for the remaining four age groups: 30–34, 35–39, 40–44 and 45–49. In the last step, the older group average is divided by the younger group average.


28 Ibid.