European Institute for Gender Equality

Estimating the number of women with FGM in Belgium

FGM prevalence figures from the most recent Demographic and Health Surveys (DHSs) and Multiple Indicator Cluster Surveys (MICSs) were applied to all migrant women in Belgium originating from countries where FGM is being practiced and to their daughters born in Belgium since 1998. To estimate the migrant female population in Belgium, four sources of information were included.

Data Collection

Author(s)

Dominique Dubourg, Fabienne Richard, Els leye, Samuel Ndame, Tine Rommens and Sophie Maes

Year of data collection

2010

Study population

Women with FGM; women (girls) at risk of FGM

Prevalence data on FGM

Female migrant population originating from countries where FGM is practiced: 22.840; from these 6.260 have most probably undergone a FGM and 1.975 are thought to be at risk for FGM.

Disaggregated data per country of origin

80% of the women concerned are from 10 African countries: Guinea (1812), Somalia (912), Egypt (694), Nigeria (651), Ethiopia (645), Ivory Coast (521), Sierra Leone (370), Senegal (331), Burkina Faso (307) and Mali (286). Other countries: Djibouti (279), Sudan (238), Mauritania (233), Liberia (163), Kenya (161), Gambia (127), Ghana (115), Chad (82), Togo (76), Cameroon (54), Benin (45), central African Republic (36), Guinea-Bissau (34), Tanzania (25), Eritrea (15), Yemen (12), Niger (9), Uganda (1)

Disaggregated data per age

1.190 girls aged 0-5 years who are at risk or, for those born in FGM countries, who probably were mutilated; 1690 girls aged 5-19 years; women aged 20-49 years: 4.905; women older than 50 years: 450.

Other disaggregation

The population of women concerned is unequally distributed over Belgium. About 3550 women and girls are living in the Flemish region, and almost 45% of them are living in the province of Antwerp. This is to a large extent related to the fact that 60% of migrants in Flanders originate from countries with a very high overall prevalence (above 70%).

Limitations of study

There is a lack on information on the ethnicity of women who migrate to Belgium; as FGM is more linked to ethnicity than to nationality, this might have biased the results. In addition, this study did not take into account the influence of migration on the practice of FGM. Another limitation is the lack of information living illegally in Belgium, and on the number of women enrolled in the Waiting Register. Finally for the years prior to 1998, there are no comprehensive data on all female children with Belgian nationality at birth, whose mothers originate from a country where FGMs are being practiced.

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