

Guidelines Ministry of Health

Estimate calculated by projecting DHS or Unicef prevalence indexes in African countries to the migrant women's population from the same countries who are legally resident in Italy. Considering that migration impacts on behaviours and usually leads to a gradual integration and thus abandoning the practice, the previous estimate is further reduced, although without explicating according to what specific rate/index.

Data Collection

Author(s)

Ministero della Salute

Year of data collection

2006

Study population

Migrant women legally resident in Italy from countries where FGM are prevalent are 188.047;

Prevalence data on FGM

93.809 women

Disaggregated data per country of origin

According to prevalence indexes applied to legal female migrants: Benin 222; Burkina Faso 4.197; Cameroon 592; Central Africa 26; Chad 38; Congo 162; Ivory Coast 4391; Egypt 44.497; Emirates 0; Eritrea 6126; Ethiopia 4001; Gambia 335; Ghana 2760; Djibouti 28; Guinea 1377; Guinea Bissau 0; Equatorial Guinea 352; Liberia 567; Mali 423; Mauritania 415; Niger 33; Nigeria 4517; Oman '0; Papua New Guinea 0; Democratic Republic of Congo 48 ; Senegal 12997; Sierra Leone 512; Somalia 3515; Sudan 1170; Tanzania 115; Togo 305; Uganda 18; Yemen 24; Zambia 0; Zimbabwe 0. TOTAL 93.809

Disaggregated data per age

Of the 188.047 women legally resident in Italy, of them 125.421 (66,7%) are aged 19-40, 54.738 (29,1%) are over 40 years old; 7.070 (3,8%) are aged 14-18 and 818 girls aged less than 13 (0,4%). The study further reduces prevalence data according to a hypothetical reduction of the phenomenon due to migration, and it calculates that small children (less than 13) at risk would be reduced to 409, girls aged 14-18 to 3.535; women 19-40 to 62.710 and 26.098 women over 40.

Other disaggregation

It is mentioned that figures on illegal migrant women should be included but it is stated that according to professionals from the Health Care National System* these shall be very small numbers. * (Health Care National System: Sistema Sanitario Nazionale, the overall National Structure for Health Care Policies and Services, centrally coordinated by the Ministry for Health and regionally decentralized)

Limitations of study

Estimates are presented as partially and limited, "not really scientific"; major limitation is the reduction of the prevalence index due to the impact of migration, neither explicated or fully argued (see Column N). Non legal migrants are not taken into account.

Source

Istituto Nazionale Protezione Salute Popolazioni migranti e contrasto malattie della Povertà (National Institute for the Protection of Migrant People's Health and contrast to Poverty related illnesses, INMP), http://www.salute.gov.it/imgs/C_17_pubblicazioni_769_allegato.pdf

Metadata

TYPE: Database

LANGUAGE: Italian

TYPES OF GBV: Female Genital Mutilation

KEYWORDS: [female genital mutilation](#), [gender-based violence](#), [data collection](#)