Estimating the risk of female genital mutilation in the EU

Study to develop and test a methodology for FGM risk estimation in selected EU Member States
Main Objective

Estimate the number of girls living in 3 EU Member States who are at risk of undergoing female genital mutilation

- Ireland
- Portugal
- Sweden
Specific Objectives

- Analyse and assess the methodological options
- Propose a methodology
- Test this methodology in 3 EU Member States
- Develop methodological recommendations
EC Commitment

• Strongly condemns all forms of violence against women and girls

• Common efforts to ban female genital mutilation in the EU and beyond
Definitions I

- **Female genital mutilation (FGM)** is the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO)

- **Country of Origin or FGM risk country** refers to the 29 countries where FGM is documented through national surveys.
• **Girls potentially at risk of FGM** refers to minor girls who originate from, or are born to mothers who originate from, FGM-practising countries.

• **FGM risk in an EU Member State** is defined as the number of minor girls who are actually at risk of FGM, expressed as a proportion of the number of *girls potentially at risk of FGM*.
4 Main Stages

1. Recent developments
   - Legal and policy frameworks
   - Prevalence/risk estimations

2. Literature review
   - Existing prevalence/risk estimations
   - Towards developing methodological approach

3. Pilot study
   - Risk estimations in Member (IE, PT and

4. Development of **methodological recommendations**
Recent Developments
Legal Framework

EU Member States with an FGM-specific criminal law (AT, BE, CY, DE, DK, ES, HR, IE, IT, MT, NL, SE and UK)
Legal Framework

• Criminal cases – **41 cases** in 6 Member States (DK, FR, IT, NL, ES and SE)

• Obtaining **data on cases** a major challenge

• Lack of national central **registration systems** (except in HR, DE, ES)

• **Child protection** law and **asylum** law – few specific provisions
Policy Framework

- **National Action Plans** – 9 MS (BE, ES, FI, FR, HR, IT, PT, SK, UK)
- Guidelines for **health professionals**
- Guidelines for **police**
- **Multi-agency** approach is best
Prevalence/Risk Research

• FGM Prevalence and/or risk - 10 Member States (BE, DE, FR, HU, IE, IT, NL, PT, SE and UK)

• FGM Risk - 5 Member States (BE, DE, IT, NL and UK)
Literature Review
Most recent FGM risk estimations in the EU

<table>
<thead>
<tr>
<th>Country</th>
<th>Title of most recent FGM risk estimations</th>
<th>Year of publication</th>
<th>No. of girls (and women) at risk of FGM</th>
</tr>
</thead>
<tbody>
<tr>
<td>BE</td>
<td>Study on the prevalence of female genital mutilation and risk for female genital mutilation in Belgium i</td>
<td>2014</td>
<td>4,084</td>
</tr>
<tr>
<td>DE</td>
<td>Estimations about Female Genital Mutilation in Germany ii</td>
<td>2013</td>
<td>2,500</td>
</tr>
<tr>
<td>IT</td>
<td>The right to be girls. Dossier on Female Genital Mutilation iii</td>
<td>2011</td>
<td>7,727</td>
</tr>
<tr>
<td>NL</td>
<td>Female Genital Mutilation in the Netherlands – Prevalence, incidence and determinants iv</td>
<td>2013</td>
<td>557 – 3,477</td>
</tr>
<tr>
<td>UK</td>
<td>A statistical study to estimate the prevalence of FGM in England and Wales v</td>
<td>2007</td>
<td>79,636</td>
</tr>
<tr>
<td>UK</td>
<td>Female genital mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk. Interim report on provisional estimates vi</td>
<td>2014</td>
<td>Not available yet</td>
</tr>
</tbody>
</table>
Similarities

- Extrapolation-of-FGM-practising-countries-prevalence-data method
- Irregular female migrant population – no data
- Lack of ethnicity information
Differences

- **Sources** of information – female migrant population
- **Median age**
- **Age cohorts** considered to be ‘at risk’
- **Qualitative component** – migration
- **Estimates** repeated over time (BE)
Methodology
Risk Estimation

Extrapolation-of-FGM-practising-prevalence-data method

Focus group discussions

Quantitative component

Qualitative component

Risk
Quantitative Component

Data from countries of origin
- Prevalence rates for 15-19 age cohort
- Age of FGM for women in 15-19 age cohort

Data from countries of destination
- Female migrant population
- Female live births
- Female asylum seekers, refugees and irregular migrants
- Other sources
Qualitative Component

Focus group discussions

- Assess the influence of migration on practices of FGM
- 3-4 focus group discussions per country
- 83-150 minutes per discussion
- Dublin, Lisbon and Örebro
- Separate male and female groups
- Separate first and second generation groups OR separate young and older groups
Qualitative Component

Focus group discussions

- **Demographic** information – written questionnaire
- One origin/several origins
- **Recruitment:** CSOs; active community members; ‘snowball technique’
- Discussion **guide**
- **Ethical concerns** – consent form; confidentiality; reporting procedure; referral pathway
Estimating Risk

• Apply extrapolation-of-FGM-practising-countries-prevalence-data method

Risk =

• National prevalence rate (age cohort 15-19) in country of origin

X

• Total number of girls originating from, or born to a mother originating from, an FGM-practising country

• ‘Migration and acculturation impact factor’ – binary variable 0 or 1
Risk Scenarios

**Very high**
- **All** female migrants from FGM-practising countries aged **0-18**
- Regardless of their resident status or generation

**High**
- Female migrant population
- Under **median age** of cutting
- Regardless their residence status and generation

**Medium**
- Female migrant population
- Aged **0-4, 5-9, 10-14 and over 15**
- Regardless of their resident status or generation

**Low**
- **First generation** female migrant population
- Under **median age** of cutting
- Second generation not at risk
The Pilot Countries

- Evidence of FGM prevalence and/or risk
- Absence of risk estimations
- Available data sources
- Visible efforts to combat FGM
Data Sources
Countries of Origin

• Source FGM prevalence – DHS (ICF International) and MICS (UNICEF)

• 15-19 age cohort

• Age of FGM (for 15-19 age cohort)
Countries of Destination

- **2011** EU-wide census – national statistical offices

- More recent data from 2012 and 2013:
  1. live births – Central Birth Registration Offices (IE, PT); National Statistical Office (SE)
  2. asylum seekers
  3. refugees
  4. irregular migrants
Results

<table>
<thead>
<tr>
<th>Country</th>
<th>Girls potentially at risk of FGM:</th>
<th>Girls at risk of FGM:</th>
<th>% girls at risk of FGM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
<td>14,577</td>
<td>between 158 and 1,632</td>
<td>between 1 % and 11 %</td>
</tr>
<tr>
<td>Portugal</td>
<td>5,835</td>
<td>between 269 and 1,365</td>
<td>between 5 % and 23 %</td>
</tr>
<tr>
<td>Sweden</td>
<td>59,409</td>
<td>between 2,016 and 11,145</td>
<td>between 3 % and 19 %</td>
</tr>
</tbody>
</table>
Main Findings
Collecting Quantitative Data

- Migrants’ region of origin unavailable
- Data on female asylum seekers and refugees – census data
- Data on irregular migrant population unavailable
Qualitative Component I

Changing significance of FGM in IE, PT and SE

- **Determinants:**
  1. Legal framework
  2. Awareness of consequences – prevention initiatives
  3. Better understanding of religious requirements
  4. Decreased social pressure
  5. Increased empowerment of young people
  6. Contact with other cultures
Qualitative Component II

- Taboo subject? – changing
- Who decides? – female family members
- Media: awareness-raising vs. stigmatisation
- Level of risk:
  - Lower in IE, PT and SE
  - Higher in rural than in urban areas
Methodological Recommendations
Challenges

• Results must be interpreted with caution
• Availability of data
• Census data 2011
• Qualitative research must be better incorporated
• Accuracy of risk estimation
Opportunities

• Mixed-method approach avoids over- and under-estimations
• Medical/hospital records as future sources of data
• Other options for qualitative research
• Include more FGM-practising countries
• Regular estimations – trends
Policy Recommendations
The 5 Ps

Prevention
Protection
Prosecution
Provision of services
Partnership
EIGE on FGM

- Female genital mutilation in the European Union and Croatia: Report
- Good practices in combating female genital mutilation
- Study to map the current situation and trends of FGM: Country reports

Resources on FGM
Methods and tools on FGM
Good practices in combating FGM
Let's talk

eige.europa.eu

https://twitter.com/eurogender

facebook.com/eige.europa.eu

youtube.com/user/eurogender

eige.europa.eu/newsletter

EuroGender Network

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