

CHILD MARRIAGE AND FEMALE GENITAL MUTILATION/CUTTING

Child marriage and female genital mutilation/cutting (FGM/C) are both human rights violations. They are both rooted in gender inequality and share many of the same drivers. This thematic brief explores the prevalence, links, common drivers and recommendations to address both practices together and catalyse change for girls at every level.

PICTURED: Deboro leads a dialogue on FGM/C with women from her community in Samburu County, Kenya. Photo: Girls Not Brides/Thom Pierce



Key messages

- Child marriage and FGM/C are both human rights violations.
- They are both rooted in gender inequality and driven by social norms that aim to control female sexuality and maintain cultural, social and religious traditions. Child marriage is also closely linked to poverty and low levels of education, while FGM/C is sometimes – but not always – linked to economic pressures.
- Many communities only practice either child marriage or FGM/C. In communities where both are practiced, FGM/C is often linked to marriageability and may precede child marriage.
- Where child marriage and FGM/C coexist, solutions should be integrated and address the underlying – and gendered – social norms that perpetuate both practices. The end child marriage and FGM/C movements should work together to advocate for change at the community, national, regional and global level to increase momentum for change.

Background

- Globally, over 650 million girls and women alive today were married before the age of 18. Approximately 1 in 5 women aged 20-24 were married before 18, and 1 in 20 before age 15.¹
- In 31 countries with available data, 200 million women and girls are estimated to have undergone FGM/C.²
- Child marriage occurs all around the world and is present in many different countries, cultures, religions and ethnicities, while FGM/C is most prevalent in parts of Africa and parts of the Middle East and Asia.³
- Both **child marriage and FGM/C prevalence have declined substantially** in the past 30 years, but progress is uneven. In some countries and regions the proportion of girls and women who have experienced child marriage and/or FGM/C has decreased significantly; in others progress has stagnated.⁴
- Despite declines in prevalence, in at least 29 countries in Asia and sub-Saharan Africa, population growth means the **total number of girls who are at risk of child marriage and FGM/C is likely to increase**. In Somalia – where child marriage prevalence is 45% and FGM/C prevalence is 98% – the number of girls and women affected is projected to double by 2050. In Mali – where child marriage prevalence is 52% and FGM/C prevalence is 89% – the number is likely to triple.⁵
- The ongoing COVID-19 pandemic has created additional threats to progress:
 - 10 million more girls are projected to marry as children by 2030 because of school closures, economic shocks, and disruptions to services during the pandemic. This is in addition to the 100 million girls that were already projected to marry as children this decade.⁶
 - Disruptions to prevention programmes during the pandemic could lead to 2 million more girls undergoing FGM/C over the next decade; these cases would otherwise have been averted.⁷

Why child marriage and FGM/C should be considered together

- In many places where child marriage is prevalent, FGM/C is not practiced. However, **in many places where FGM/C is common, child marriage is also common**. The four countries with the highest prevalence of FGM/C are Somalia, Guinea, Djibouti

PICTURED: Asia is working to end FGM/C in Sudan.
Photo: Steph Moor/Department for International Development (now the Foreign, Commonwealth and Development Office)



and Mali.⁸ Somalia, Guinea and Mali are also among the 10 countries with the highest prevalence of child marriage.⁹

- There are ten countries among the top 20 in prevalence of both practices:^a Burkina Faso, the Central African Republic, Ethiopia, Eritrea, Guinea, Liberia, Mali, Mauritania, Nigeria and Somalia.¹⁰
- In most countries where both child marriage and FGM/C are practiced, most women only experience one or neither practice. However, **in Somaliland and Sudan most women aged 20-24 experience both**.¹¹
- Women of the same age are most likely to have undergone both child marriage and FGM/C in Sudan (53%), Somaliland (52%), Burkina Faso (39%), Sierra Leone (37%) and Ethiopia (36%).¹²
- FGM/C is not only common in Africa. In Indonesia, 49% of girls aged 0-14 have undergone FGM/C.¹³
- Both practices reflect social norms linked to **controlling girls' and women's sexuality and maintaining cultural and religious traditions**.¹⁴ Parents may see either practice as a way to protect their daughters, ensuring their status in their community and avoiding stigmatisation and social sanction.
- Both child marriage and FGM/C can lead to **serious health consequences for girls and women**. Girls who marry as children and/or undergo FGM/C are more likely to experience other forms of gender-based violence (GBV) throughout their lives.¹⁵
- Both practices can also **cause girls to drop out of school, limiting their education and future economic opportunities**.¹⁶

The common drivers of child marriage and FGM/C

Multiple overlapping factors put the most marginalised girls most at risk:

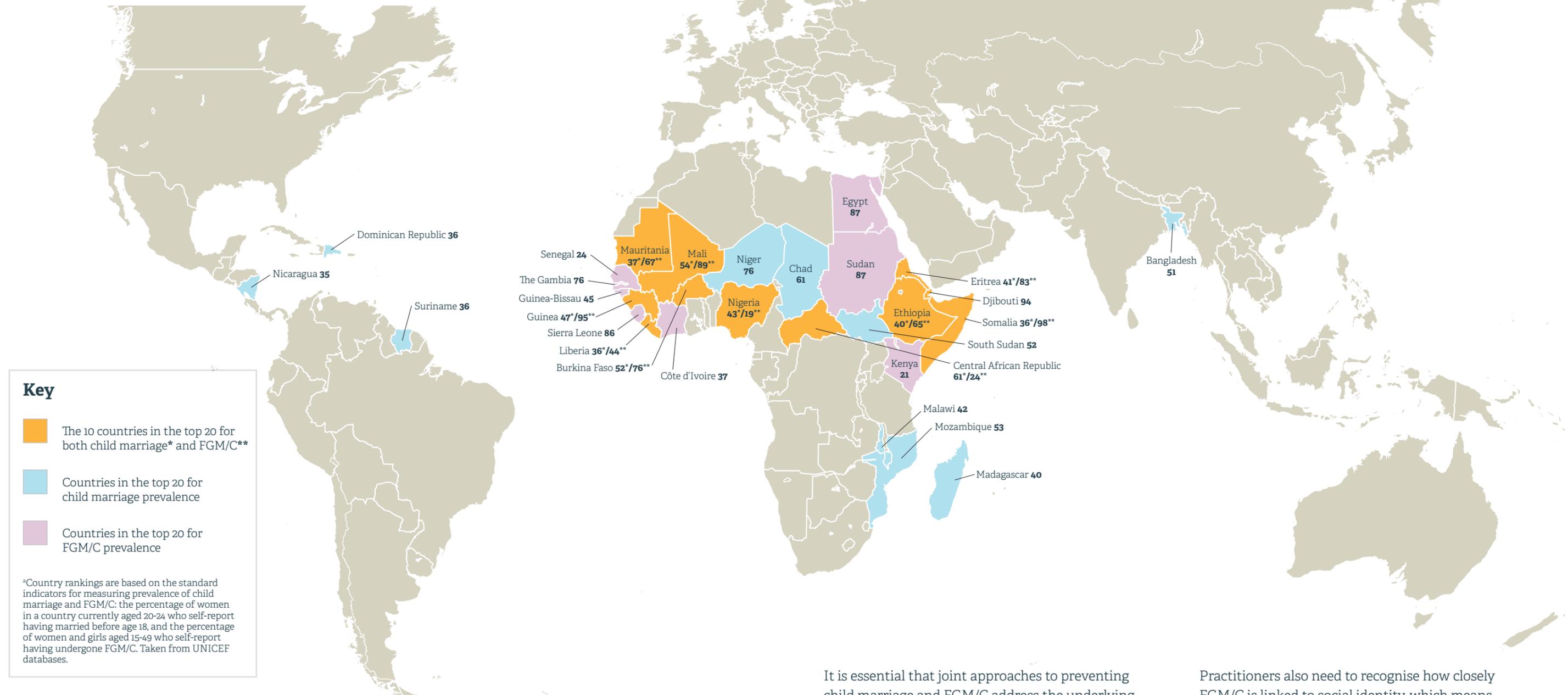
- Globally, both child marriage and FGM/C are more common among poor, rural girls and women with limited education. **Those who have experienced both practices are likely to be among the most deprived individuals; they are likely to be both poor and have limited education** (as opposed to one or the other).¹⁷
- Among women who have undergone FGM/C, **having limited education** is the strongest predictor of a woman also having experienced child marriage.¹⁸
- Among women who married as children, their **ethnicity** is most likely to determine whether they have also undergone FGM/C.¹⁹
- In some contexts, **having undergone FGM/C can make a girl more likely to experience child marriage**. In Senegal – after accounting for all demographic characteristics – girls and women who undergo FGM/C are 1.4 times more likely to marry/have married as children.²⁰

Both child marriage and FGM/C are driven by interrelated cultural and socio-economic factors. The drivers of both practices – and the relationship between them – vary between countries and cultures.^{21,22} Each practice has its own distinct drivers,²³ but where communities practice both, they are often **driven by some of the same social norms and traditions**:

- Both child marriage and FGM/C are often seen as a way of **controlling female sexuality and preventing pre-marital sex**, and therefore assuring girls' social standing within their communities. The desire to control female sexuality and preserve virginity before marriage is driven by gender norms that primarily value girls and women for their domestic roles as wives and mothers, and that stigmatise sex and pregnancy outside of marriage.²⁴
- In some contexts – including parts of Ethiopia, Kenya and Sierra Leone – FGM/C takes place in early adolescence and is seen as an important **rite of passage** in the transition from childhood to adulthood. In such contexts, FGM/C is often a **precursor or prerequisite for marriage**.²⁵
- In around half of all countries where FGM/C is prevalent, cutting takes place at younger ages, with most affected girls cut before the age of five.²⁶ In such contexts, it is not an immediate precursor to marriage but may still be considered important for a girls' social status and **marriage prospects later in life**. In Somalia, for example, men often consider FGM/C essential for marriage, and in Tanzania – where most girls who undergo FGM/C are cut by age nine – in certain ethnic groups a girl's father may not be able to demand a **bride price** if his daughter is not cut.²⁷ In other contexts – like Nigeria, where fewer women who marry as children are cut – FGM/C is not likely to be closely linked to perceptions of a girl's marriageability.²⁸
- In many countries where FGM/C is prevalent, the proportion of women who have experienced both child marriage and FGM/C varies significantly between ethnic groups.²⁹ Some analyses find that **FGM/C is more closely associated with ethnicity than any other single characteristic**; FGM/C serves as a marker of belonging to a community and a proxy for shared norms, values and traditions related to sexuality, marriage and other codes of conduct.³⁰ In some communities – including some in Kenya, Senegal, Sierra Leone, Sudan and The Gambia – **decisions about FGM/C are taken not by the girl or her parents, but by elder women** in the family (aunties or grandmothers) or members of the wider community who act as the custodians of traditional culture.³¹
- There is often a **strong social obligation for girls to undergo FGM/C** to preserve local traditions and cultural practices.³² In such contexts, girls who refuse to undergo FGM/C – and their families – often face social sanctions. This can include verbal and physical bullying and harassment, limitations to their participation at community events and – for girls – more limited marriage prospects.³³ In Ethiopia, there is evidence that the pressure is so great that girls themselves have arranged their own circumcision in defiance of their parents and the illegality of the practice.³⁴ In some settings, similar norms also contribute to the perpetuation of child marriage.
- **No religion endorses child marriage or FGM/C**, but some communities interpret their faith differently and consider both practices as a mark of religious identity.³⁵

Continued below map on p.4

Map showing the countries with the highest prevalence of child marriage and FGM/C



The common drivers of child marriage and FGM/C (continued)

- **Poverty** is a key driver of child marriage and – in some contexts – also puts girls at increased risk of FGM/C. Parents often see child marriage as an alternative when economic opportunities are limited, and – in communities where FGM/C is prevalent – girls who have undergone FGM/C are likely to have **better marriage prospects** and command a better bride price.³⁶
- Although there is an association between low levels of formal education and FGM/C, limited schooling is more closely associated with child marriage.³⁷

How to address child marriage and FGM/C together

There is evidence that addressing child marriage and FGM/C together is more effective than addressing them in isolation. Programmatic experience shows that in contexts where child marriage and FGM/C coexist and share the same drivers, if only one practice is addressed, the other may be retained or even increase.³⁸ So, campaigns and programmes that address child marriage must also address FGM/C, and vice versa. The drivers of child marriage and FGM/C are context specific, so interventions addressing them must consider the unique local drivers of each practice.

It is essential that joint approaches to preventing child marriage and FGM/C address the underlying social norms that perpetuate both practices, including gender norms that devalue girls. Evidence shows that advocacy which only focuses on the health impacts of FGM/C – excluding discussion of girls' and women's rights, bodily integrity and social norms – is ineffective³⁹ and can lead to the *medicalisation* of the practice.^b In 2020, one in four girls and women globally who had undergone FGM/C reported that they were cut by a medical professional. **In Egypt, 80% of girls who have undergone FGM/C were cut by medical professionals**, compared to only 17% of Egyptian women aged 45 to 49 years.⁴⁰

Practitioners also need to recognise how closely FGM/C is linked to social identity, which means that a total end to the practice cannot easily be achieved by individuals, but instead requires collective commitment to (social) change. Tostan's^c model of community engagement – which has been implemented in 11 countries – is among the best-known approaches for social norms change. It has been used to change attitudes and behaviours towards both child marriage and FGM/C, and has produced documented reductions in cutting among communities in Senegal.⁴¹

^bThe *World Health Organization* defines the "medicalisation" of FGM/C as situations in which FGM/C is practiced by any category of health professionals, whether in a public or a private clinic or home. It is often seen as a "safer" way of practicing FGM/C by both communities and health professionals, but is opposed in the strongest terms by the WHO, which instead urges all health workers to uphold the medical code of ethics to "do no harm."

^c*Tostan's Community Empowerment Programme* is a human rights-based approach that supports communities to make changes in their own lives, including programmes which lead to community declarations to discontinue FGM/C.

Recommended strategies for integrated efforts to address child marriage and FGM/C:

- **Work directly with families and communities to address the underlying – and gendered – social norms** that drive both practices. Families are less likely to discontinue FGM/C on their own because parents may not be the main decision makers and because the decision not to conform is often met with social sanctions. Programmes therefore need to engage with the wider community, including elders, grandparents and religious leaders.
- **Work with opinion leaders – especially religious and traditional leaders – to challenge the perceived religious requirement for child marriage and FGM/C.** Religious leaders have considerable power to change social norms by confirming that neither practice is condoned by religion and advocating for an end to the practices among their followers.
- **Provide young girls with mentorship and role models.** Seeing and knowing women who have not been cut and were not married as children but who are nonetheless integrated into community life can help girls to imagine a different future for themselves. This approach is used by *Girls Not Brides* member organisation *Msichana Empowerment Kuria* in Kenya.⁴²
- **Invest in initiatives that keep girls in school** and ensure their access to information on comprehensive sexuality education. Keeping girls in school is among the best strategies for delaying marriage; in settings where FGM/C precedes marriage, a delay in marriage may result in a delay or renouncement of cutting.
- **Implement legislation and improve enforcement of existing legislation.** There is evidence that while laws and policies may not lead to significant change when used in isolation, laws which set minimum ages of marriage and ban FGM/C can create an enabling environment for social norms change when used as part of a multi-pronged approach which includes community engagement.⁴³ Legal approaches should not be used in isolation as this can drive harmful practices underground; they should always be combined with social norms change initiatives. **In Ethiopia, significant reductions in both practices** in the last 10 years is attributed to the country's strong legal and policy framework, and the government's focus on improving girls' education, health care and employment opportunities.⁴⁴
- **Work with communities to deliver social change communication campaigns** grounded in a human rights approach to raise awareness of the harmful effects of child marriage and FGM/C. A study on the discontinuation of FGM/C among some communities in Egypt, Ethiopia, Kenya, Senegal and Sudan found that the media can be a powerful tool for change when used to complement community interventions and policy changes.⁴⁵ However, there is evidence that mass media campaigns are sometimes confusing and should therefore be contextualised at the community level and underpinned by a do-no-harm approach.
- **Strengthen formal child protection systems and informal reporting networks** present within communities to enable the enforcement of existing laws and to foster child protection opportunities for girls at risk of child marriage and FGM/C.
- **Engage young people in advocacy initiatives.** If young people are committed to ending child marriage and FGM/C in their generation, they can end these practices for their children. Adolescent girls are more likely than older women to oppose FGM/C – in Egypt, Guinea and Sierra Leone the difference is 50%.⁴⁶ Amplifying girls' voices brings legitimacy to work addressing child marriage and FGM/C. Initiatives should also engage boys and young men.
- **Integrate work to end child marriage and FGM/C into programmes with objectives related to gender equality,** such as initiatives to improve girls' education, sexual and reproductive health care programmes and advocacy, and GBV programming.

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PICTURED: Child's feet in Sumatra, Indonesia.
Photo: "Feet" by timekin is licensed under [CC BY-NC-ND 2.0](https://creativecommons.org/licenses/by-nc-nd/2.0/)



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WHERE BOTH PRACTICES COEXIST, SOLUTIONS SHOULD BE INTEGRATED AND ADDRESS THE SHARED DRIVERS

CHILD MARRIAGE AND FEMALE GENITAL MUTILATION/CUTTING

Girls Not Brides is a global partnership made up of more than 1,500 civil society organisations from over 100 countries committed to ending child marriage and enabling girls to reach their full potential.



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