A METHODOLOGICAL CONTRIBUTION TO MEASURE THE PREVALENCE OF FEMALE GENITAL MUTILATION/CUTTING IN EUROPE

Amalia Gómez-Casillas[1] - agomez@ced.uab.es
Antonio López-Gay[2] - tlopez@ced.uab.es
Montserrat Solsona-Pairó[3] - msolsona@ced.uab.es

EXTENDED ABSTRACT PREPARED FOR THE EUROPEAN POPULATION CONFERENCE 2016

Abstract

This study presents a methodological proposal to estimate the prevalence of female genital mutilation/cutting (FGM/C) in the diaspora of 29 Sub-Saharan and Middle East countries where FGM/C is traditionally practiced. Previous studies have mainly used indirect methods to measure the prevalence of FGM/C in the diaspora countries because of the difficulties of measuring it through surveys or clinical records in this migration context. The results of studies conducted in European countries are not comparable due to the wide variety of approaches used to estimate the FGM/C prevalence. Estimating it is crucial to develop effective policies and actions, according to organizations such as the European Institute for Gender Equality.

The aim of this study is to present a methodology based on a critical review of studies conducted in Europe. Our estimates are based on the probabilities of FGM/C according to the characteristics of the woman's background and we have identified the affected population according to the design of scenarios of low, medium and high prevalence of FGM/C. Census microdata grants us the possibility to assess the probabilities of FGM/C taking into account the following variables: country of birth and nationality of the woman, country of birth of her father and mother, cohort, age, year of migration and the educational attainment of the woman. The design of scenarios compensates one of the main drawbacks of the indirect method: the underlying hypothesis that female migration flows follow the country patterns concerning the prevalence of FGM/C and "generational transmission" of the practice. As a result, our methodology allows us to consider the complexity of FGM/C in the migration context and its impact on the overall prevalence of this practice. We then apply the proposed method to estimate FGM/C prevalence in Spain.

Keywords: Female Genital Mutilation/Cutting; FGM/C; Female Genital Cutting; Female circumcision; Migrant health; International migration

[1]Amalia Gómez Casillas is PhD candidate on Demography at the Department of Geography and Centre for Demographic Studies of the Universitat Autònoma de Barcelona.

[2]Antonio López Gay is researcher at the Centre for Demographic Studies of the Universitat Autònomade Barcelona.

[3]Montserrat Solsona Pairó is Professor at the Department of Geography of the Universitat Autònoma de Barcelona and researcher at the Centre for Demographic Studies

Extended abstract

Context and aim of the study

Female genital mutilation/cutting (FGM/C) is traditionally practiced and its prevalence is measured in 29 countries across Africa and the Middle East. FGM/C has become a policy matter in North America and Europe due to the migration of women who have undergone the practice in their country of origin who may have daughters, the so-called second generation, that could be at risk of being mutilated. Although prevalence is decreasing in most of countries, it is estimated that over 125 million women and girls have undergone FGM/C and 30 million girls are at risk in the next decade (UNICEF, 2013).

In the countries where FGM/C is traditionally practiced, its prevalence is estimated by nationally representative surveys as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). Studies show that surveys are feasible to measure the prevalence in contexts where FGM/C is socially accepted (Equality Now et al., 2012; Jackson et al., 2003; Askew, 2005). The stigma and legal implications of FGM/C in host societies make it difficult to measure the prevalence in the destination countries by surveys among migrant female population.

As a result, FGM/C prevalence in the diaspora countries has mainly been estimated by indirect methods based on census data. The most commonly used method is the "extrapolation of FGM/C-practicing countries prevalence data method". This method consists of estimating the number of women with FGM/C in diaspora countries through the extrapolation of the prevalence rates from DHS or MICS of their FGM/C practicing country of origin. In Hungary (Köszeghy, 2014), Ireland (Bansal et al., 2013) and Spain (Moriana et al., 2012), it has been estimated using the overall prevalence rate of the country of origin. In the studies conducted in Belgium (Dubourg et al., 2011) and England and Wales (Dorkenoo et al., 2007), the main contribution is the extrapolation of FGM/C prevalence by five year age groups. In a study conducted in France, different scenarios were designed based on different hypothesis (Andro & Lesclingrand, 2007). In Germany, the proposal is to estimate the median age of suffering FGM/C for every country where FGM/C is traditionally practiced (Terre des Femmes, 2013). In Italy, the prevalence is adjusted according to the opinion of experts that were interviewed (Istituto Piepoli, 2009). A study was recently published proposing a method that takes into account the Migrants' Selection Hypothesis to estimate FGM/C, and the prevalence has been estimated for the Italian region of Lombardy (Ortensi et al., 2015).

Based on a critical review of the studies conducted before, we designed a methodological proposal that consists of a version of the "extrapolation of FGM/C-practicing countries prevalence data method" that intends to overcome the drawbacks identified in the previous studies. The strengths of our method is that the overall prevalence is estimated based on the woman's probabilities of being affected by FGM/C according to the characteristics of the background we identify in the microdata and the design of lowest, medium and highest prevalence of FGM/C.

Data sources

The affected population was estimated based on the FGM/C prevalence data provided by the most recent DHS, MICS, Sudan Household Health Survey (SHHS) and The Pan Arab Program for Family Health (PAPFAM), Population and Health Survey (PHS) and other sources for the 29 countries where FGM/C is prevalent (UNICEF, 2013). The prevalence of the women aged 15 to 49 was provided through the women's self-report about their FGM/C status. The prevalence of girls under 15 years old was estimated according to the women's report about their daughters' FGM/C status when this information was available. We apply our methodology to estimate the FGM/C prevalence in Spain, as a case of study, using the Census 2011.

Variables to estimate the probabilities of being affected by FGM/C

We assess the specific situation of the woman regarding its impact in the probabilities of being affected by FGM/C. We take into account the variables of the microdata that correspond to the different dimensions concerned in FGM/C prevalence estimation in the migration process: the country of origin of the woman, cohort, age and year of migration and educational background.

1. Country of origin: FGM/C prevalence varies among countries and among regions within countries. Prevalence of FGM/C is more correlated to ethnicity and region of origin but this data is not available in European population sources (EIGE, 2013; UNICEF, 2013). Consequently, we take into account the women's country of birth and

nationality and the country of birth of her father and the mother. This approach allows us to consider a wide variety of situations regarding the woman's national background and its impact on the probabilities of having suffered FGM/C.

2. Cohort: the policies and prevention programmes as well as the community resistance to abandon the practice of FGM/C in the countries where it is traditionally practiced has altered the prevalence over time (UNICEF, 2013), which has an impact on the prevalence of the different cohorts. To capture this cohort effect, we use the five year age group-specific prevalence rates.

3. Age and year of migration: FGM/C is mainly practiced during childhood and the age of FGM/C varies among countries (UNICEF, 2013). Accordingly, we assume that when migration occurs during childhood, the probabilities of FGM/C decreases. We estimate the prevalence of FGM/C during childhood in order to provide adequate probabilities of being affected by FGM/C when migration occurs.

4. Educational background: the Migrants' Selection Hypothesis asserts that migrant population is not a random selection of the population of origin. This aspect has been considered to assess the impact in the prevalence of FGM/C in a previous study (Ortensi et al., 2015). We take this into account by incorporating the level of education of the woman to assess our results.

The core analysis to assess the probability of FGM/C of the woman was conducted with the above-mentioned variables in consideration. However the analysis would be incomplete without the consideration of prevalence variation within country and "generational transmission" of FGM/C. We are going to include these aspects in the scenarios designed.

Scenarios of FGM/C prevalence

The two main drawbacks of the "extrapolation of FGM/C-practicing countries prevalence data method" are (i) the underlying hypothesis that female migration flows follow the country patterns concerning the prevalence of FGM/C and (ii) the "generational transmission" of the practice underpinned by the parental support of FGM/C (EIGE, 2013). Aiming to overcome these weaknesses, we have designed scenarios of lowest, medium and highest prevalence that are described following.

1. Lowest scenario of FGM/C prevalence: we design this scenario under the assumption that FGM/C is prevalent among first generation migrant women and we suppose that these women and her parents were born in the regions with the lowest FGM/C prevalence of the country of origin. We assume that the first generation of migrants completely abandoned FGM/C practice upon migration.

2. Medium scenario of FGM/C prevalence: we estimate that the prevalence of FGM/C among first generation migrant women, taking into account the average prevalence for the whole country of origin at the age of migration.

3. Highest scenario of FGM/C prevalence: we estimate the prevalence of FGM/C among first generation migrant women and their daughters, namely second generation. In the analysis of first generation we assume that the woman and her parents were born in the regions of highest FGM/C prevalence of the country of origin. We assume that FGM/C is also prevalent in second generation, and in this case we suppose that the mother or/and the father were born in the regions of highest FGM/C.

The policy implications of estimating FGM/C prevalence in the European Union

The European Institute for Gender Equality (EIGE) highlights that it is necessary to map the prevalence of FGM/C within the European Union Member States for developing effective policies and legislation, allocating funding and evaluating the results of actions taken to eradicate FGM/C (EIGE, 2013).

Although there are limitations to indirect methods for estimating FGM/C prevalence, it is a vital first step in the estimation of FGM/C prevalence in diaspora countries (Leye et al., 2014). Due to the wide variety of approaches, definitions, research techniques and data sources, the results of the previous studies estimating FGM/C prevalence in European countries are not comparable. Based on the lessons learned from a critical review of the studies conducted before, we propose a methodology to estimate FGM/C prevalence in the European countries. We apply this method in Spain and its results will enable us to inform policy makers about FGM/C prevalence.

References

Andro, A. & M. Lesclingrand, (2007) "Les mutilations sexuelles féminines: Le point sur la situation en Afrique et en France" in *Population & Sociétés.* 2007; 438, pp. 1–4.

Askew, I., (2005) "Methodological Issues in Measuring the Impact of Interventions against Female Genital Cutting" in *Cult Health Sex* 2005;7(5), pp. 463–477.

Bansal, S.; Breckwoldt, M.; O'Brien Green, S. et al., (2013) *Female Genital Mutilation/Cutting. Information for Health-Care Professionals Working in Ireland*. Dublin, Akidwa.

Dorkenoo, E.; Morison, L. & A. Macfarlane, (2007) *A statistical study to estimate the prevalence of Female Genital Mutilation/Cutting in England and Wales*. London, Foundation for Women's Health, Research and Development (FORWARD).

Dubourg, D.; Richard F.; Leye, E. et al., (2011) "Estimating the number of women with Female Genital Mutilation/Cutting in Belgium" in *Eur J of Contracept and Reprod Health Care.* 2011; 16 (4), pp. 248–257.

EIGE - European Institute for Gender Equality, (2015) *Estimation of girls at risk of female genital mutilation in the European Union Report*. Vilnius, European Institute for Gender Equality.

EIGE - European Institute for Gender Equality, (2013) *Female Genital Mutilation/Cutting in the European Union and Croatia*. Vilnius, European Institute for Gender Equality.

Equality Now, City University London, Institute for Women's Health et al., (2012) *Research Methodological Workshop Report: Estimating the prevalence of FGM/C in England and Wales*. London, Equality Now.

Istituto PiepoliSRL, (2009)*Valutazione quantitativa e qualitativa del fenomeno delle mutilazioni genitali femminili in Italia*. Rome, Ministero delle Pari Opportunità. Available at http://www.osservatoriopedofilia.gov.it/dpo/resources/cms/documents/report_mgf_piepoli.pdf [Accessed: 11 March 2014]

Jackson, E.F.; Akweongo P. & E. Sakeah, (2003) "Inconsistent Reporting of Female Genital Cutting Status in Northern Ghana: Explanatory factors and analytical consequences" in *Stud Fam Plann*, 2003; 34(3), pp. 200–210.

Köszeghy, L., (2014) *FGM/C prevalence in Hungary - estimation*. [Budapest: MONA – Magyarországi Noí Alapítvány] Available at http://mona-alapitvany.hu/wp-content/uploads/2012/11/FGM/C-prevalence-in-hungary-estimation.pdf [Accessed: 11 March 2014]

Leye E.; Mergaert L.; Arnaut C. et al., (2014) "Towards a better estimation of prevalence of Female Genital Mutilation/Cutting in the European Union: interpreting existing evidence in all EU Member States" in *Genus – Journal of Population Studies* 2014; 70(1), pp. 99−121.

Moriana, M.B.; Sánchez, M.E.; Martínez, E. et al., (2012) "Mapa de riesgo de Mutilación Genital Femenina en España" in *II Congreso de la Asociación de Matronas de la Región de Murcia (AMRM) & XI Congreso de la Federación de Asociaciones de España (FAME). AMRM y FAME*, pp. 381−382.

OrtensiL.E.; Farina P & A. Menonna, (2015) "Improving estimates of the prevalence of Female Genital Mutilation/Cutting /Cutting among migrants in Western countries" in *Demographic Research*.2015; 32(18), pp. 543−562.

Terre des Femmes, (2013) *Dunkelzifferstatistik zur weiblichen Genitalverstümmelung in Deutschland.* Available athttp://www.frauenrechte.de/online/images/downloads/FGM/C/Statistik-FGM/C.pdf[Accessed: 12 March 2014]

UNICEF, (2013) *Female Genital Mutilation/Cutting /Cutting: A statistical overview and exploration of the dynamics of change*. Nueva York, UNICEF.