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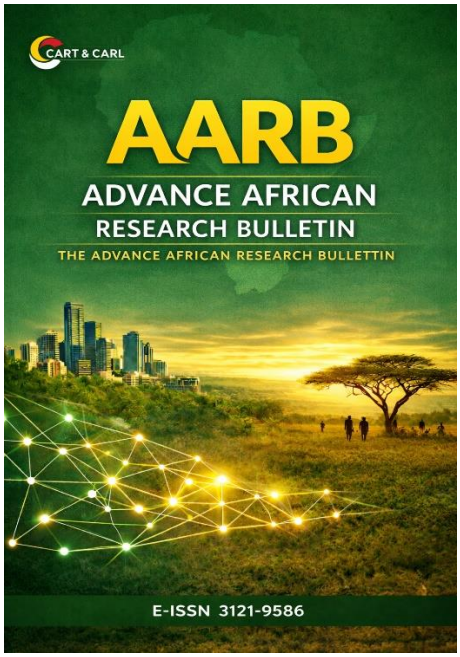

The Prevalence of Female Genital Mutilation in Africa

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Abstract

Female genital mutilation (FGM) remains a critical public health issue and a violation of the fundamental human rights of women and girls, particularly in Africa, where its prevalence is highest. This study examines the prevalence, distribution, and determinants of FGM across the African continent to provide a comprehensive understanding of the factors sustaining the practice. A systematic review approach was adopted, utilizing secondary data from peer-reviewed journal articles, demographic surveys, and institutional reports published between 2012 and 2025. Relevant studies were sourced from databases such as PubMed, Scopus, and Google Scholar using clearly defined inclusion and exclusion criteria. The findings reveal that FGM prevalence in Africa remains alarmingly high, with pooled estimates exceeding 50% in several regions. However, the practice varies significantly across countries and communities, reflecting diverse cultural, social, and economic contexts. Key determinants identified include low levels of education, poverty, rural residence, and deeply rooted cultural and religious beliefs. Social pressure and intergenerational transmission also play a major role in perpetuating the practice. Although there is evidence of a gradual decline in prevalence among younger generations, progress remains uneven and insufficient to meet global eradication targets. Population growth further contributes to the increasing number of affected individuals despite relative percentage declines. The study concludes that FGM is sustained by complex sociocultural and structural factors that require holistic, context-specific interventions. Efforts to eliminate the practice must go beyond legislation to include education, community engagement, and women's empowerment initiatives.

Keywords : Female Genital Mutilation, Africa, Cultural Practices, Public Health, Gender Inequality

Introduction

Female genital mutilation (FGM) constitutes a significant global public health and human rights concern, particularly within the African continent where the practice is most prevalent. FGM is defined as all procedures involving the partial or total removal of the external female genitalia or other injury to female genital organs for non-medical reasons. This practice has no therapeutic value and is associated with numerous adverse health outcomes, including severe pain, hemorrhage, infection, complications during childbirth, and long-term psychological trauma (World Health Organization [WHO], 2024). Consequently, FGM is internationally recognized as a violation of the fundamental rights of women and girls, reflecting deep-rooted gender inequalities and discrimination.

The global magnitude of FGM remains alarming, with recent estimates indicating that over 230 million girls and women have undergone the procedure worldwide. Of this number, Africa accounts for the largest proportion, with more than 144 million affected individuals (United Nations Children's Fund [UNICEF], 2024). The distribution of FGM across Africa is uneven, with prevalence rates varying widely between and within countries. In certain countries such as Somalia, Guinea, and Djibouti, the practice is nearly universal, affecting over 90% of women,

whereas in others such as Cameroon and Uganda, prevalence rates are significantly lower, often below 1% (UNICEF, 2024). These disparities highlight the influence of cultural, ethnic, and socio-religious factors that sustain the practice.

Despite sustained international and regional efforts to eliminate FGM, the practice remains deeply entrenched in many African societies. Approximately 3 million girls are estimated to be at risk annually, and millions of women continue to live with its consequences (WHO, 2024). Empirical studies further suggest that, in some African settings, the prevalence of FGM has historically exceeded 80%, underscoring its persistence as a long-standing cultural norm (Ayenew et al., 2024). While there is evidence of gradual decline in some regions due to increased awareness, legal interventions, and educational initiatives, progress remains inconsistent and insufficient to meet global eradication targets.

The persistence of FGM in Africa is largely driven by complex socio-cultural dynamics. In many communities, the practice is perceived as a rite of passage into womanhood, a prerequisite for marriage, or a means of preserving chastity and family honor. Social conformity plays a crucial role, as families often face intense pressure to adhere to tradition in order to avoid stigmatization and social exclusion (WHO, 2024). Additionally, the practice is sometimes perpetuated through its medicalization, whereby healthcare providers perform FGM under the misconception that it reduces associated risks, thereby complicating eradication efforts.

Although notable progress has been achieved in reducing FGM prevalence in some African countries, the overall rate of decline remains slow relative to population growth. This has resulted in an increasing absolute number of affected individuals, despite percentage reductions in certain regions (UNICEF, 2024). Achieving the global target of eliminating FGM by 2030, as outlined in the Sustainable Development Goals, will require intensified, culturally sensitive, and multi-sectoral interventions.

In summary, the prevalence of female genital mutilation in Africa reflects a complex interplay of cultural traditions, social norms, and demographic factors. While progress has been made, the practice remains widespread, necessitating sustained efforts to address its root causes and protect the rights and well-being of women and girls.

Literature Review

The scholarly literature on female genital mutilation (FGM) in Africa reflects a growing body of empirical and theoretical work that examines its prevalence, determinants, and persistence. Across disciplines such as public health, sociology, and gender studies, FGM is consistently identified as a widespread and deeply entrenched practice, particularly in Sub-Saharan Africa. Quantitative studies dominate the literature, with systematic reviews and meta-analyses providing robust estimates of prevalence. For example, a comprehensive meta-analysis reported a pooled prevalence of approximately 56.4% among women and girls in Africa, indicating that the practice remains highly prevalent across the continent (Ayenew et al., 2024). Similarly, cross-national analyses using Demographic and Health Survey (DHS) data across ten high-risk countries found a prevalence rate of 53.5%, reinforcing the conclusion that FGM is still a major public health concern in Africa (BMC Public Health, 2025).

The literature consistently highlights significant regional and national variations in prevalence. While some countries report near-universal practice, others show relatively low prevalence, suggesting that FGM is not a uniform phenomenon but one shaped by localized cultural and social dynamics. Despite evidence of gradual decline in certain regions, scholars argue that overall progress is slow and uneven, with population growth contributing to an increasing absolute number of affected individuals (Ayenew et al., 2024). This indicates that reductions in percentage prevalence do not necessarily translate into a reduced burden.

A central theme in the literature is the role of socio-demographic factors in influencing FGM prevalence. Age is a strong predictor, with older women more likely to have undergone FGM, reflecting generational changes in attitudes and practices (BMC Public Health, 2025). Education is widely recognized as a protective factor; women with higher levels of education are significantly less likely to experience FGM compared to those with no formal education (Ayenew et al., 2024). This relationship is attributed to increased awareness, empowerment, and exposure to anti-FGM campaigns. In addition, poverty and low socioeconomic status are consistently associated with higher prevalence rates, suggesting that economic disadvantage reinforces adherence to traditional practices (BMC Public Health, 2025).

Place of residence also plays a crucial role, as rural communities tend to exhibit higher prevalence rates than urban areas. This disparity is often explained by limited access to education, healthcare, and information in rural settings, as well as stronger adherence to traditional norms (Ayenew et al., 2024). These findings support the broader argument that FGM is not merely an individual choice but is embedded within structural inequalities and social contexts.

Beyond socio-demographic factors, the literature emphasizes the importance of cultural and social norms in sustaining FGM. Many studies adopt socio-ecological frameworks to explain how individual behavior is influenced by family, community, and societal pressures.

At the interpersonal level, family members—particularly older women—play a significant role in perpetuating the practice through intergenerational transmission (BMC Public Health, 2025). At the community level, FGM is often viewed as a rite of passage, a prerequisite for marriage, and a marker of social identity, thereby reinforcing its continuation.

Religious and cultural beliefs further complicate efforts to eliminate FGM. Although no major religion explicitly mandates the practice, it is often justified within religious contexts, contributing to its persistence in certain communities (Ayenew et al., 2024). The concept of social convention theory is frequently used in the literature to explain this phenomenon, suggesting that individuals conform to FGM practices due to social expectations and fear of exclusion rather than personal conviction.

The health consequences of FGM are extensively documented in the literature, with studies highlighting both immediate and long-term complications. These include severe pain, infections, obstetric complications, and psychological trauma, which collectively position FGM as a major public health issue. Consequently, many scholars frame FGM as a form of gender-based violence and a violation of human rights, calling for integrated healthcare and policy responses.

In terms of trends, the literature presents a mixed picture. While there is evidence of declining prevalence among younger generations, particularly in countries with strong policy interventions, the rate of decline remains insufficient to meet global eradication targets (Ayenew et al., 2024). Emerging challenges such as the medicalization of FGM and its clandestine practice further complicate efforts to measure and reduce its prevalence.

Intervention-focused studies emphasize the importance of culturally sensitive and community-based approaches. Legal frameworks alone are often insufficient, as enforcement is limited and practices may continue underground. Instead, successful interventions typically involve education, community dialogue, and the engagement of local leaders, including religious authorities (BMC Public Health, 2025). However, the literature also identifies gaps, particularly in the evaluation of intervention effectiveness and the need for more qualitative research to understand community perspectives.

In summary, the literature on FGM in Africa demonstrates that the practice is sustained by a complex interplay of socio-demographic, cultural, and structural factors. Although progress has been made in reducing prevalence, the persistence of FGM highlights the need for more comprehensive and context-specific strategies. Future research should focus on longitudinal analyses and intervention evaluations to better inform policies aimed at eliminating the practice.

Materials and Methods

Study Design

This study adopts a systematic review and meta-analytical design to examine the prevalence of female genital mutilation (FGM) in Africa. A systematic review approach is appropriate for synthesizing existing empirical evidence across multiple countries and contexts, while meta-analysis enables the quantitative estimation of pooled prevalence and associated factors. The study follows established guidelines such as the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), which enhance transparency, reproducibility, and methodological rigor (Ayenew et al., 2024).

Study Area

The study focuses on the African continent, with particular emphasis on countries where FGM is prevalent, including regions in West, East, and North-East Africa. These regions have been consistently identified in the literature as high-burden areas, with varying prevalence rates influenced by cultural, socio-economic, and demographic factors. The inclusion of multiple countries allows for comparative analysis and enhances the generalizability of findings.

Data Sources and Search Strategy

A comprehensive literature search was conducted using multiple electronic databases to ensure adequate coverage of relevant studies. The databases searched include:

i. PubMed
ii. Scopus
iii. Web of Science
iv. Google Scholar
v. ScienceDirect

The search strategy combined keywords and Boolean operators to identify relevant studies. Key search terms included:

i. “Female genital mutilation” OR “FGM”
ii. “prevalence”
iii. “Africa” OR “Sub-Saharan Africa”
iv. “determinants” OR “risk factors”

The search was limited to studies published between 2012 and 2025, reflecting contemporary data following increased global attention to FGM elimination. Reference lists of selected articles were also manually screened to identify additional relevant studies.

Inclusion and Exclusion Criteria

To ensure the quality and relevance of included studies, the following criteria were applied:

Inclusion Criteria:

i. Studies conducted in African countries
ii. Peer-reviewed articles reporting FGM prevalence and/or associated factors

iii. Observational studies (cross-sectional, cohort, and case-control)
iv. Studies published in English
v. Studies with accessible full texts

Exclusion Criteria:

i. Studies conducted outside Africa
ii. Qualitative studies without prevalence data
iii. Editorials, commentaries, and conference abstracts
iv. Duplicate publications
v. Studies with insufficient methodological details

Study Selection Process

The study selection process followed the PRISMA framework. Initially, all retrieved articles were screened based on titles and abstracts. Subsequently, full-text articles were assessed for eligibility based on the inclusion and exclusion criteria. Duplicate studies were removed during the screening process. The final selection included only studies that met all criteria and were deemed methodologically sound.

Data Extraction

Data were extracted using a standardized data extraction form to ensure consistency. The following variables were collected from each study:

i. Author(s) and year of publication
ii. Country and region of study
iii. Study design and sample size
iv. Age group of participants
v. Reported prevalence of FGM
vi. Types of FGM (where available)
vii. Associated socio-demographic factors (e.g., education, residence, income)

Data extraction was conducted systematically to minimize bias and ensure accuracy.

Quality Assessment of Studies

The methodological quality of included studies was assessed using the Newcastle-Ottawa Scale (NOS) for observational studies. This tool evaluates studies based on:

i. Selection of participants
ii. Comparability of study groups
iii. Outcome assessment

Studies were categorized as high, moderate, or low quality. Only studies with moderate to high quality were included in the final analysis to ensure reliability of findings (Ayenew et al., 2024).

Data Analysis

Quantitative data analysis was conducted using statistical software such as STATA or R. A random-effects model was applied to estimate the pooled prevalence of FGM due to expected heterogeneity across studies. Heterogeneity was assessed using:

i. I^2 statistics
ii. Cochran's Q test

Subgroup analyses were performed based on:

i. Region (West, East, North Africa)
ii. Age groups
iii. Urban vs rural residence

Additionally, meta-regression analysis was used to examine the influence of socio-demographic variables on FGM prevalence.

Limitations of Methodology

Despite efforts to ensure rigor, certain limitations are acknowledged:

i. Restriction to English-language publications may introduce language bias
ii. Variations in study design and measurement may contribute to heterogeneity
iii. Limited data availability in some African countries
iv. Potential publication bias due to underreporting of negative or null findings

Results and Discussion

From the Table 1, it is deduced that 228 or 85.8% have the view that the widespread of female genital mutilation is in south-south region while 8 or 1.8% say no and 28 or 12.3% indicated that they do not know. It can, therefore, be contended that the opinion of the majority of the respondents is an indication of the enormity of the prevalence of female genital mutilation in Nigeria.

Table 1: Female Genital Mutilation widespread in South-South, Nigeria

Response Alternative	Number of Respondents	Percentage (%)
Yes	228	85.5
No	8	1.8
Don't Know	12	12.3
Total	**248**	**100**

Following this, the study sought to discover the type of female genital mutilation that was carried out. Thus, the question; what is the type of mutilation? In responding 190(68.3%) of the respondents opined that it is culturally accepted traditional harmful practice/norm in this part of Nigeria. On the other hand 60.5 (30%) merely listed the various manifestations of the mutilation as women's human rights violation. this, to a greater extent demonstrates the level of appreciation of issues affecting women in this regard for those interviewed, as represented by Mrs. Hellen Ogbonna, the response was "it is not a violation of women's human rights to have a female mutilated, whether it is type 1, 11, 111, or iv ". This is an outright violation. To complement the above knowledge it was decided that the types of mutilation that are broadly known be taken into cognizance.

In responding 196 (92.3%) agreed that FGM can be broadly classified into various types:
Type I- removal of prepuce (clitoris glands)
Type II- removal of clitoris and labia minora
Type III- cutting and apposition of labia minora or labia majora which is called infibulations
Type IV- is a category that subsumes all other harmful or potentially harmful practices that are performed on the genitalia of girls and women.
From another interview conducted at Patani (Delta Ijaw) in Delta State, a reliable source and daughter of the soil, (Mrs. Alawari Osiobe) confirmed that this is a practice that is usually carried out by elderly women on girls, on women especially married women who are pregnant- they most undergo this operation so that their unborn children would not be taken as illegitimate children. Despite the fact that they are pregnant, they would be subjected to this horrible experience.
From the table above, 114 (6.7%) of the respondents merely did not respond to our question on the widespread of female genital mutilation in the South-South Zone of Nigeria, it can be deduced that once any category of FGM that means that there have been a violation of women's human rights irrespective of the type, category and or classification.
Sequence upon this realization, the investigation sought to know the various ways in which the female were mutilated. In the responses 170 i.e (63.7%) respondents held that mutilation in which ever form is a major means of violation/abuse, others just listed the manifestation of such act as scraping, pricking, incising, cutting or apposition, sealing etc. Based on the above analysis, questions bothering on whether the harmful cultural or traditional practice do not guarantee women human rights and if they are considered at all- following are the tabulations of various questions on female genital mutilation as a harmful socio-cultural practice.

Conclusion

Female genital mutilation (FGM) remains a deeply entrenched socio-cultural practice and a significant public health and human rights issue across many parts of Africa. This study has shown that, despite decades of interventions and increasing global awareness, the prevalence of FGM remains high in several African countries, with considerable regional and community-level variations. Evidence from existing literature indicates that FGM is sustained by a complex interplay of cultural traditions, social norms, gender inequalities, and socio-economic factors such as low levels of education, poverty, and rural residence (Ayenew et al., 2024; BMC Public Health, 2025).
Although there is evidence of a gradual decline in prevalence in some regions particularly among younger generations progress is uneven and insufficient to meet global targets for elimination. The persistence of FGM is largely driven by strong social pressures, intergenerational transmission, and misconceptions surrounding religion and cultural identity. Furthermore, emerging challenges such as the medicalization of FGM and its clandestine practice continue to hinder eradication efforts. Overall, the findings highlight that FGM is not merely an individual behavior but a collective social practice embedded within broader structural and cultural systems. Therefore, efforts to eliminate FGM must go beyond legal prohibitions and address the underlying socio-cultural and economic drivers that sustain the practice.
Based on the findings of this study, the following recommendations are proposed:

i. Governments and stakeholders should intensify public education campaigns aimed at increasing awareness of the health risks and human rights implications of FGM. Special emphasis should be placed on educating girls, women, and communities in rural areas where prevalence is highest. Education has been consistently identified as a key factor in reducing the practice.
ii. Policies that promote female education and economic empowerment should be prioritized. Educated and economically independent women are less likely to support or perpetuate FGM. Programs that enhance women's decision-making power within households and communities are essential.
iii. Interventions should be culturally sensitive and community-driven. Engaging traditional leaders, religious leaders, and community influencers can help challenge harmful norms and facilitate behavioral change. Community dialogue and participatory approaches are more effective than top-down strategies.
iv. While many African countries have enacted laws against FGM, enforcement remains weak. Governments should strengthen legal frameworks, ensure effective implementation, and provide protection for at-risk girls. However, legal measures should be complemented with community education to avoid driving the practice underground.
v. Strict regulations should be enforced to prevent healthcare providers from performing FGM. Health professionals should be trained to advocate against the practice and provide care for affected individuals.
vi. There is a need for more comprehensive and up-to-date data on FGM prevalence, particularly in under-researched regions. Governments and research institutions should support

longitudinal and community-based studies to monitor trends and evaluate intervention effectiveness.

vii. Multi-Efforts to eliminate FGM should involve collaboration among governments, non-governmental organizations, healthcare systems, educational institutions, and international bodies. A coordinated, multi-sectoral approach is essential for sustainable impact.

viii. Healthcare systems should provide accessible medical, psychological, and social support services for women and girls affected by FGM. This includes counseling, reproductive health services, and rehabilitation programs.

References

Ayenew, A. A., Mol, B. W., Bradford, B., & Abeje, G. (2024). Prevalence of female genital mutilation and associated factors among women and girls in Africa: A systematic review and meta-analysis. Systematic Reviews, 13(26). https://doi.org/10.1186/s13643-023-02428-6

Luoga, P., Paulo, H.A., Mbishi, J.V. et al. Prevalence and determinants of female genital mutilation: current insights from ten at-risk countries in Sub-Saharan Africa. BMC Public Health 25, 1031 (2025). https://doi.org/10.1186/s12889-025-22279-1

PRISMA Statement. (2020). Preferred reporting items for systematic reviews and meta-analyses (PRISMA) guidelines. Retrieved from http://www.prisma-statement.org/

United Nations Children's Fund (UNICEF). (2024). Female genital mutilation: Global and regional estimates. Retrieved from https://data.unicef.org/topic/child-protection/female-genital-mutilation/

United Nations Children's Fund (UNICEF). (2022). Towards ending harmful practices in Africa: A statistical overview of child marriage and female genital mutilation. Retrieved from https://data.unicef.org/resources/harmful-practices-in-africa/

World Health Organization (WHO). (2024). Female genital mutilation fact sheet. Retrieved from https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation

Zihan, X., Xinyue, C., Jianping, Y., & Hu, Y. (2025). Female Genital Mutilation/Cutting: A Systematic Review of Global Patterns, Sociocultural Drivers, and Health Consequences. Journal of Pediatric and Adolescent Gynecology. https://doi.org/10.1016/j.jpag.2025.09.009