SDG indicator metadata

(Harmonized metadata template - format version 1.1)

0. Indicator information (SDG_INDICATOR_INFO)

0.a. Goal (SDG_GOAL)

Goal 5: Achieve gender equality and empower all women and girls

0.b. Target (SDG_TARGET)

Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

0.c. Indicator (SDG_INDICATOR)

5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation, by age

0.d. Series (SDG_SERIES_DESCR)

0.e. Metadata update (META_LAST_UPDATE)

2023-03-31

0.f. Related indicators (SDG_RELATED_INDICATORS)

The prevalence of female genital mutilation can be interpreted alongside other indicators about women's well-being, including those on women's health under Goal 3, those on the status of women under Goal 5, and those around violence against women under Goal 16.

0.g. International organisations(s) responsible for global monitoring (SDG_CUSTODIAN_AGENCIES)

United Nations Children's Fund (UNICEF)

1. Data reporter (CONTACT)

1.a. Organisation (CONTACT_ORGANISATION)

United Nations Children's Fund (UNICEF)

2. Definition, concepts, and classifications (IND_DEF_CON_CLASS)

2.a. Definition and concepts (STAT_CONC_DEF)

Definition:

Proportion of girls and women aged 15-49 years who have undergone female genital mutilation.

This indicator can be measured among smaller age groups, with the experience of younger women representing FGM/C that has occurred more recently and the experience of older women representing levels of the practice in the past. At the regional and global level, this indicator is currently being reported as the proportion of adolescent girls aged 15-19 years who have undergone female genital mutilation.

Concepts:

Female genital mutilation (FGM) refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons" (World Health Organization, Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p.4)

2.b. Unit of measure (UNIT_MEASURE)

Proportion

2.c. Classifications (CLASS_SYSTEM)

The indicator captures all experiences of FGM, regardless of type.

3. Data source type and data collection method (SRC_TYPE_COLL_METHOD)

3.a. Data sources (SOURCE_TYPE)

Household surveys such as UNICEF-supported MICS and DHS have been collecting data on this indicator in low- and middle-income countries since the late 1980s. In some countries, such data are also collected through other national household surveys.

3.b. Data collection method (COLL_METHOD)

UNICEF undertakes a wide consultative process of compiling and assessing data from national sources for the purposes of updating its global databases on the situation of children. Up until 2017, the mechanism UNICEF used to collaborate with national authorities on ensuring data quality and international comparability on key indicators of relevance to children was known as Country Data Reporting on the Indicators for the Goals (CRING).

As of 2018, UNICEF launched a new country consultation process with national authorities on selected child-related global SDG indicators it is custodian or co-custodian to meet emerging standards and guidelines on data flows for global reporting of SDG indicators, which place strong emphasis on technical rigour, country ownership and use of official data and statistics. The consultation process solicited feedback directly from National Statistical Offices, as well as other government agencies responsible for official statistics, on the compilation of the indicators, including the data sources used, and the application of internationally agreed definitions, classification and methodologies to the data from that source. Once reviewed, feedback is made available to countries on whether or not specific data points are accepted, and if not, the reasons why.

3.c. Data collection calendar (FREQ_COLL)

UNICEF will undertake an annual country consultation likely between December and January every year to allow for review and processing of the feedback received in order to meet global SDG reporting deadlines.

3.d. Data release calendar (REL_CAL_POLICY)

March 2021

3.e. Data providers (DATA_SOURCE)

National Statistical Offices (in most cases)

3.f. Data compilers (COMPILING_ORG)

UNICEF

3.g. Institutional mandate (INST_MANDATE)

UNICEF is responsible for global monitoring and reporting on the wellbeing of children. It provides technical and financial assistance to Member States to support their efforts to collect quality data on FGM, including through the UNICEF-supported MICS household survey programme. UNICEF also compiles FGM statistics with the goal of making internationally comparable datasets publicly available, and it analyses FGM statistics which are included in relevant data-driven publications, including in its flagship publication, *The State of the World's Children.*

4. Other methodological considerations (OTHER_METHOD)

4.a. Rationale (RATIONALE)

FGM is a violation of girls' and women's human rights. There is a large body of literature documenting the adverse health consequences of FGM over both the short and long term. The practice of FGM is a direct manifestation of gender inequality

FGM is condemned by a number of international treaties and conventions. Since FGM is regarded as a traditional practice prejudicial to the health of children and is, in most cases, performed on minors, it violates the Convention on the Rights of the Child. Existing national legislation in many countries also include explicit bans against FGM.

4.b. Comment and limitations (REC_USE_LIM)

There are existing tools and mechanisms for data collection that countries have implemented to monitor the situation with regards to this indicator. The modules used to collect information on the circumcision status of girls aged 0-14 and girls and women aged 15-49 in the DHS and MICS have been fully harmonized.

Data on FGM inform policymakers of critically important variables in an effort to better understand the practice and develop policies for its abandonment. That said, these data must be analysed in light of the extremely delicate and often sensitive nature of the topic. Self-reported data on FGM need to be treated with caution for several reasons. Women may be unwilling to disclose having undergone the procedure because of the sensitivity of the issue or the illegal status of the practice in their country. In addition, women may be unaware that they have been cut or of the extent of the cutting, particularly if FGM was performed at an early age.

Data users should also keep in mind the retrospective nature of these data, which results in this indicator not being sensitive to recent change. For more details on interpretation and common pitfalls for this indicator, see: *A Generation to Protect: Monitoring violence exploitation and abuse of children within the SDG framework* (UNICEF 2020).

4.c. Method of computation (DATA_COMP)

Number of girls and women aged 15-49 who have undergone FGM divided by the total number of girls and women aged 15-49 in the population multiplied by 100

4.d. Validation (DATA_VALIDATION)

A wide consultative process is undertaken to compile, assess and validate data from national sources. The consultation process solicited feedback directly from National Statistical Offices, as well as other government agencies responsible for official statistics, on the compilation of the indicators, including the data sources used, and the application of internationally agreed definitions, classification and methodologies to the data from that source. The results of this country consultation are reviewed by UNICEF as the custodian agency. Once reviewed, feedback is made available to countries on whether or not specific data points are accepted, and if not, the reasons why.

4.e. Adjustments (ADJUSTMENT)

4.f. Treatment of missing values (i) at country level and (ii) at regional level (IMPUTATION)

- **At country level**

When data for a country are entirely missing, UNICEF does not publish any country-level estimate

- **At regional and global levels**

Regional aggregates are only published when at least 50 per cent of the regional population for the relevant age group are covered by the available data.

4.g. Regional aggregations (REG_AGG)

Global aggregates are not presented for this indicator as data are only collected in a subset of countries where the practice is sufficiently widespread to warrant national-level data collection. Regional aggregates are weighted averages of countries with available data within the region.

4.h. Methods and guidance available to countries for the compilation of the data at the national level (DOC_METHOD)

Countries gather data on FGM through household surveys such as UNICEF-supported MICS or Demographic and Health Surveys. In some countries, such data are also collected through other national household surveys.

4.i. Quality management (QUALITY_MGMNT)

The process behind the production of reliable statistics on FGM is well established within UNICEF. The quality and process leading to the production of the SDG indicator 5.3.2 is ensured by working closely with the statistical offices and other relevant stakeholders through a consultative process.

4.j Quality assurance (QUALITY_ASSURE)

UNICEF maintains the global database on FGM/C that is used for SDG and other official reporting. Before the inclusion of any data point in the database, it is reviewed by technical focal points at UNICEF headquarters to check for consistency and overall data quality. This review is based on a set of objective criteria to ensure that only the most recent and reliable information are included in the databases. These criteria include the following: data sources must include proper documentation; data values must be representative at the national population level; data are collected using an appropriate methodology (e.g., sampling); data values are based on a sufficiently large sample; data conform to the standard indicator definition including age group and concepts, to the extent possible; data are plausible based on trends and consistency with previously published/reported estimates for the indicator.

4.k Quality assessment (QUALITY_ASSMNT)

Data consistency and quality checks are regularly conducted for validation of the data before dissemination

5. Data availability and disaggregation (COVERAGE)

Data availability:
Nationally representative prevalence data are currently available for 30 low- and middle-income countries

Time series:
At the country level, the latest available data for indicator 5.3.2 are published. At the regional level, time series estimates for indicator 5.3.2 (as measured among adolescent girls aged 15-19 years) are published for 5-year intervals beginning from 2000.

Disaggregation:
Age (15-49 years at the national level, 15-19 years at the regional level)

6. Comparability / deviation from international standards (COMPARABILITY)

Sources of discrepancies:

The estimates compiled and presented at global level come directly from nationally produced data and are not adjusted or recalculated.

7. References and Documentation (OTHER_DOC)

URL:

data.unicef.org

References:

https://data.unicef.org/topic/child-protection/female-genital-mutilation/https://data.unicef.org/resources/a-generation-to-protect/