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Female genital mutilation is a leading cause of death for girls where it's practised - new study

Wednesday 12 February 2025, by [FLOWE Heather D.](#), [GHOSH Arpita](#), [ROCKEY James](#) (Date first published: 6 February 2025).

Female genital mutilation or cutting (FGM/C) is a deeply entrenched cultural practice that affects around [200 million women and girls](#). It's [practised](#) in at least 25 African countries, as well as parts of the Middle East and Asia and among immigrant populations globally.

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FGM is prevalent in several African nations. Riccardo Mayer/Shutterstock

It is a [harmful traditional practice that involves](#) removing or damaging female genital tissue. Often it's "justified" by cultural beliefs about controlling female sexuality and marriageability. FGM/C causes immediate and lifelong physical and psychological harm to girls and women, including severe pain, complications during childbirth, infections and trauma.

We brought together our expertise in economics and gender based violence to examine excess mortality (avoidable deaths) due to FGM/C. [Our new research](#) now reveals a devastating reality: FGM/C is one of the leading causes of death for girls and young women in countries where it's practised. [FGM/C can result in death](#) from severe bleeding, infection, shock, or obstructed labour.

Our study estimates that it causes approximately 44,000 deaths each year across the 15 countries we examined. That is equivalent to a young woman or girl every 12 minutes.

This makes it a more significant cause of death in the countries studied than any other excluding infection, malaria and respiratory infections or tuberculosis. Put differently, it is a bigger cause of death than HIV/Aids, measles, meningitis and many other well-known health threats for young women and girls in these countries.

[Prior research](#) has shown that FGM/C leads to severe pain, bleeding and infection. But tracking deaths directly caused by the practice has been nearly impossible. This is partly because FGM/C is illegal in many countries where it occurs, and it typically takes place in non-clinical settings without medical supervision.

Where the crisis is most severe

The practice is particularly prevalent in several African nations.

In Guinea, our data show 97% of women and girls have undergone FGM/C, while in Mali the figure stands at 83%, and in Sierra Leone, 90%. The high prevalence rates in Egypt, with 87% of women and girls affected, are a reminder that FGM/C is not confined to sub-Saharan Africa.

For our study, we analysed data from the 15 African countries for which comprehensive “gold standard” FGM/C incidence information is available. Meaning, the data is comprehensive, reliable and widely accepted for research, policymaking and advocacy efforts to combat FGM/C.

We developed a new approach to help overcome previous gaps in data. We matched data on the proportion of girls subjected to FGM/C at different ages with age-specific mortality rates across 15 countries between 1990 and 2020. The age at which FGM occurs varies significantly by country. In Nigeria, 93% of procedures are performed on girls younger than five years old. In contrast, in Sierra Leone, most girls undergo the procedure between the ages of 10 and 14.

Since health conditions vary from place to place and over time, and vary in the same place from one year to the next, we made sure to consider these differences. This helped us figure out if more girls were dying at the ages when FGM/C usually happens in each country.

For example, in Chad, 11.2% of girls undergo FGM/C aged 0-4, 57.2% at 5-9 and 30% at 10-14. We could see how mortality rates changed between these age groups compared to countries with different FGM patterns.

This careful statistical approach helped us identify the excess deaths associated with the practice while accounting for other factors that might affect child mortality.

Striking findings

Our analysis revealed that when the proportion of girls subjected to FGM in a particular age group increases by 50 percentage points, their mortality rate rises by 0.1 percentage points. While this may sound small, when applied across the population of affected countries, it translates to tens of thousands of preventable deaths annually.

The scale is staggering: while armed conflicts in Africa caused approximately 48,000 combat deaths per year between 1995 and 2015, our research suggests FGM/C leads to about 44,000 deaths annually. This places FGM among the most serious public health challenges facing these nations.

Beyond the numbers

These statistics represent real lives cut short. Most FGM/C procedures are performed without anaesthesia, proper medical supervision, or sterile equipment. The resulting complications can include severe bleeding, infection and shock. Even when not immediately fatal, the practice can lead to long-term health problems and increased risks during childbirth.

The impact extends beyond physical health. Survivors often face psychological trauma and social challenges. In many communities, FGM/C is deeply embedded in cultural practices and tied to marriage prospects, making it difficult for families to resist the pressure to continue the tradition.

Urgent crisis

FGM/C is not just a human rights violation – it's a public health crisis demanding urgent attention. [While progress has been made in some areas](#), with [some communities abandoning the practice](#), our research suggests that current efforts to combat FGM/C need to be dramatically scaled up.

The [COVID-19 pandemic has potentially worsened the situation](#), owing to broader impacts of the pandemic on societies, economies and healthcare systems. The UN estimates that the pandemic may have led to 2 million additional cases of FGM/C that could have been prevented. Based on our mortality estimates, this could result in approximately 4,000 additional deaths in the 15 countries we studied.

The way forward

Ending FGM/C requires a multi-faceted approach. Legal reforms are crucial – the practice remains legal in five of the 28 countries where it's most commonly practised. However, laws alone aren't enough. Community engagement, education, and support for grassroots organisations are essential for changing deeply held cultural beliefs and practices.

Previous research has shown that information campaigns and community-led initiatives can be effective. For instance, studies have documented reductions in FGM/C rates following [increased social media reach in Egypt](#) and the use of [educational films](#) showing different views on FGM/C.

Most importantly, any solution must involve the communities where FGM/C is practised. Our research underscores that this isn't just about changing traditions – it's about saving lives. Every year of delay means tens of thousands more preventable deaths.

Our findings suggest that ending FGM/C should be considered as urgent a priority as combating major infectious diseases. The lives of millions of girls and young women depend on it.

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Heather Flowe is Professor of Psychology at the University of Birmingham. Heather's primary

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