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## Exploring the association between female genital mutilation/ cutting and early/child marriage

Evidence to End FGM/C Programme Consortium

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## Exploring the Association Between Female Genital Mutilation/Cutting and Early/Child Marriage

Female genital mutilation/cutting (FGM/C) has been frequently linked to marriageability and is thought to be related to the marriage of girls younger than age 18, known as early/child marriage. These practices threaten the health of girls and women in sub-Saharan Africa, their development, and quality of life. Few rigorous studies exist that can clarify the relationship between these two practices. More such research is needed to inform policymaking and initiatives aimed at ending FGM/C and early/child marriage, both targets of the global Sustainable Development Goals.

To fill this gap, the Evidence to End FGM/C programme examined the association between FGM/C and early/child marriage in contexts where both are practised by conducting:

- A rigorous review of existing research literature.<sup>1</sup>
- An analysis of data from recent Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) reflecting a nationally representative sample of women in 10 sub-Saharan African countries.<sup>2</sup>

This report summarizes the programme's findings on the relationship between the two practices, highlighting what we know and what we still need to understand.

### Evidence Based on a Review of Existing Research

The literature review involved a thorough search of the English-language peer-reviewed academic research and the grey literature (that is, unpublished studies or those published by an agency or organisation). The review used criteria established by the United Kingdom's Department for International Development (DFID) to identify studies that met minimum quality standards.<sup>3</sup>

Only six existing studies met the DFID criteria. The studies were all conducted in sub-Saharan Africa, including Ethiopia, Niger, Senegal, Somaliland, and Tanzania. None was quantitative. The literature review examined the direct and indirect associations between FGM/C and early/child marriage suggested by the six studies and outlined a conceptual framework illustrating these associations (see Figure 1, page 2).

Although the review covered only six studies, some interesting findings emerged:

- Evidence from three studies conducted in Ethiopia and Somaliland demonstrates a direct association between the two practices—FGM/C serves as a rite of passage from childhood to adulthood, leading to early/child marriage in some of the communities examined.

**The Evidence to End FGM/C programme consortium generates evidence to inform and influence investments, policies, and programmes for ending female genital mutilation/cutting in different contexts.**

Population Council  
*Lead Institution*

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Global Research and  
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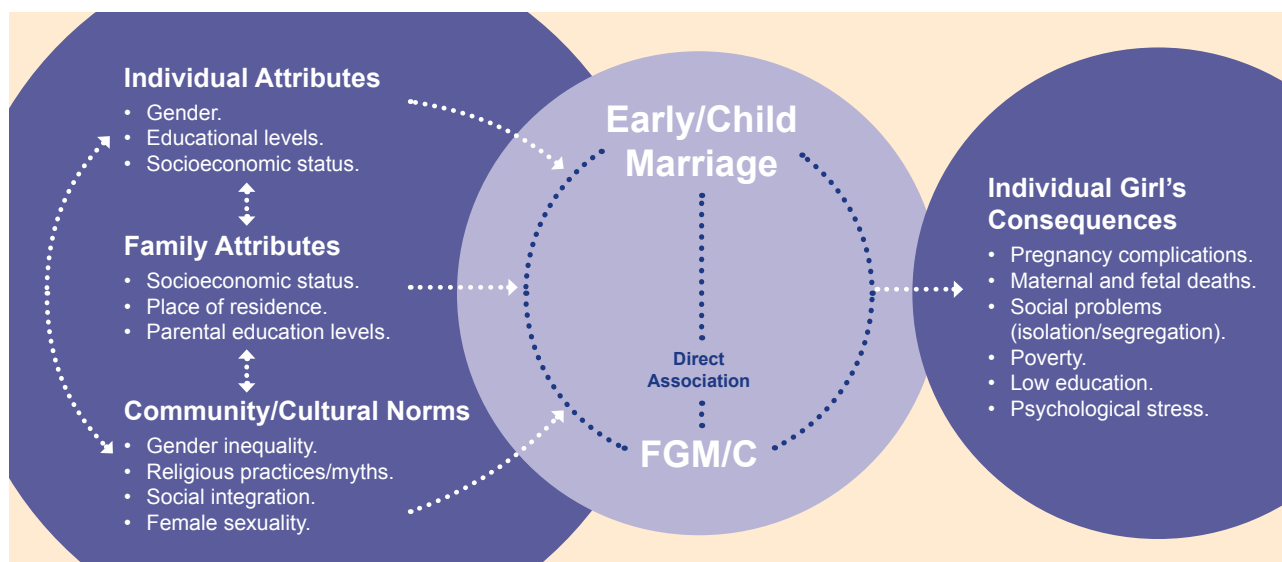
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**Figure 1**

## Female genital mutilation/cutting and early/child marriage share similar contexts and consequences.

Conceptual mapping of the associations between FGM/C and early/child marriage based on the literature review



- All studies reported an indirect association between the two practices based on similar causes and underlying intentions. FGM/C and early/child marriage both are thought to protect girls from social and economic risks; they are driven by poverty and lack of economic opportunity for girls in the areas where they are practised. Parents believe that marriage provides a financially stable future for girls, and that circumcised girls are more desirable candidates for marriage.

The qualitative research examined in the literature review also provided evidence that both practices share a similar social context. Both practices occur in many of the same places and among the same subgroups. Social and cultural norms and beliefs sustain both practices, which tend to be related to controlling women and girls' sexuality and maintaining traditions and family honor. In addition, both FGM/C and early/child marriage often result in similar negative consequences, including the potential for maternal and newborn deaths, birth complications, stigmatization or social isolation, and domestic or intimate partner abuse.

## Evidence Based on an Analysis of National Survey Data

The statistical analysis examined the associations between FGM/C and early/child marriage using

recent data from the DHS and MICS for nationally representative samples of women ages 15 to 49 in 10 sub-Saharan African countries (see Box). The analysis's main findings include:

- Overall, the prevalence of early/child marriage and FGM/C vary greatly by country (see Figure 2, page 3) and by region and ethnic group within countries.
- Among women reporting early/child marriage, the percentage of cut women was higher than uncut. This difference was statistically significant in Burkina Faso, Egypt, Kenya, Senegal, and Sierra Leone. Among women reporting early/child marriage in Nigeria, the percentage of *uncut* women was higher than cut women, and the difference was statistically

### Box

## Country Surveys

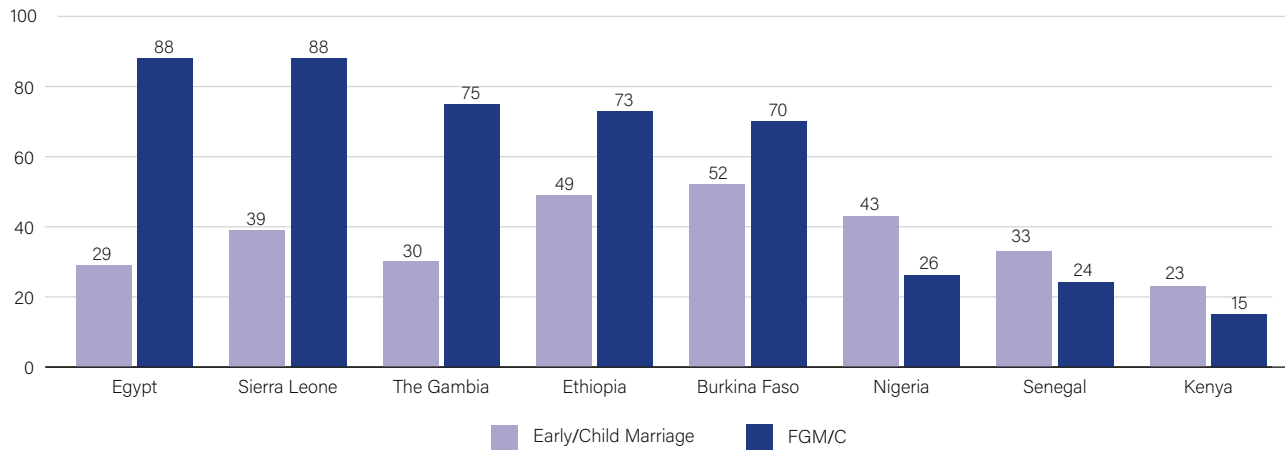
The quantitative analysis used recently collected data from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) in 10 sub-Saharan African countries:

Burkina Faso (2010)	Egypt (2014)
Ethiopia (2005)	The Gambia (2013)
Kenya (2014)	Nigeria (2014)
Senegal (2014)	Sierra Leone (2013)
Somalia (2014)	Sudan (2014)

**Figure 2**

## The prevalence of early/child marriage and female genital mutilation/cutting vary greatly by country.

Percentages of early/child marriage and FGM/C among women ages 20 to 24



**Source:** David Gathara and Jamlick Karumbi, “Associations Between Female Genital Mutilation/Cutting and Early/Child Marriage: A Multi-Country DHS/MICS Analysis” (New York: Population Council, forthcoming).

significant. The researchers suggest that among women who report experiencing both FGM/C and early/child marriage, FGM/C may be a prerequisite for marriage in some countries, though not in Nigeria.

- More than 50 percent of respondents in Kenya and Senegal did not experience either FGM/C or early/child marriage, compared with less than 5 percent of respondents in Sudan and Somali (see Figure 3, page 4).
- In Burkina Faso, Ethiopia, Somalia, and Sudan, women who report both FGM/C and early/child marriage comprise the largest population subgroup, and women who report FGM/C but not early/child marriage make up the second largest subgroup. In these four countries, the researchers suggest that FGM/C could be a prerequisite for early/child marriage (see Figure 3, page 4).
- Early/child marriage is declining in most countries except Somalia and Sudan, where it appears to be increasing.
- Women ages 20 to 24 who had an early/child marriage appeared to undergo FGM/C at a much younger age than women who did not marry early—under age 10 in all countries except Egypt and Nigeria. Early FGM/C may reflect changing trends in response to increased advocacy and enactment of legislation aimed at ending FGM/C.

- After adjusting for social and demographic characteristics and other factors linked to early/child marriage (multivariate analysis), the association between FGM/C and early/child marriage is statistically significant only in Senegal. However, in unadjusted (bivariate) analysis, the association between FGM/C and early/child marriage is statistically significant in four of the 10 countries studied, with cut women facing higher odds of early/child marriage than uncut women in Burkina Faso, Kenya, Senegal, and Sierra Leone. The difference between the unadjusted and adjusted findings suggests that the two practices are reinforced by similar social norms and often coexist in those countries but are not directly associated.
- After adjusting for social and demographic characteristics and other factors linked to early/child marriage, including FGM/C (multivariate analysis), women who report low or no education, rural residence, and low household income were more likely to have an early/child marriage.

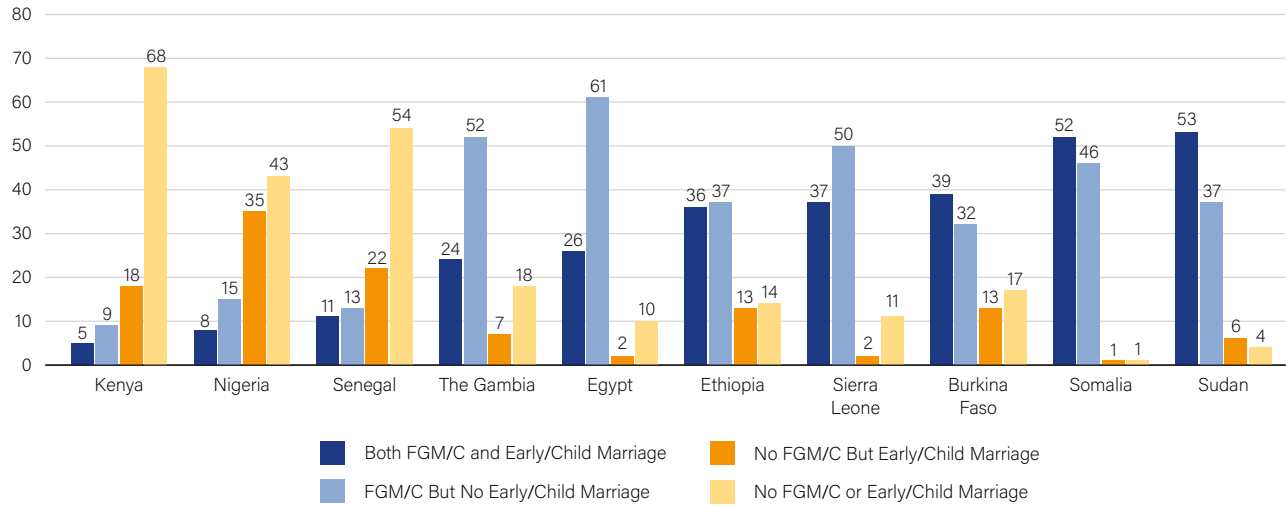
## What We Know

FGM/C and early/child marriage often occur in the same places and among the same subgroups, driven by the same social norms and traditions that aim to ensure girls’ social and economic security. But the dynamics of both practices vary greatly by country. For this reason, interventions addressing

**Figure 3**

## Female genital mutilation/cutting may be a prerequisite for early/child marriage in countries where most cut women were also married early.

Percentages of both early/child marriage and FGM/C among women ages 20 to 24



**Source:** David Gathara and Jamlick Karumbi, “Associations Between Female Genital Mutilation/Cutting and Early/Child Marriage: A Multi-Country DHS/MICS Analysis” (New York: Population Council, forthcoming).

them must take local context into account and consider the unique local drivers of each practice.

Rural, uneducated, poor women and girls face the highest chances of early/child marriage. Interventions directly targeting both FGM/C and early/child marriage may need to be paired with activities that promote education and socioeconomic empowerment to be effective.

## What We Still Need to Understand

While FGM/C and early/child marriage may be held in place by similar norms, statistical analysis of recent data shows subnational and ethnic variations and differing trends. Knowledge gaps remain in our understanding of the links between child marriage and FGM/C in relation to other indicators, such as education, empowerment, violence, migration, civil strife, and war. **National mappings** to better describe specific factors for these practices can inform more focused, targeted, and contextualised interventions.

**Analysis of trends over time** within countries can confirm whether FGM/C and early/child marriage are declining or increasing. The data

used in the statistical analysis come from cross-sectional surveys that are not adequate for confirming the drivers of change. Research that examines trends over time can provide evidence as to whether families are abandoning FGM/C and early/child marriage. Such research can also document the impact of advocacy campaigns and improved girls’ education.

Evidence is also needed from **rigorously evaluated programmes** that demonstrate the impact, sustainability, and cost effectiveness of initiatives designed to promote the abandonment of both FGM/C and early/child marriage.

Additional **qualitative research** is needed to explore why some communities are abandoning one practice while sustaining the other. The studies examined in the literature review relied heavily on self-reporting, which could lead to underreporting of FGM/C and early/child marriage in countries where the practices are illegal or that lack a strong civil registration system. **Improved measurement and data triangulation** (that is, using a variety of research methods and sources), especially in contexts where marriages and births are registered, would greatly enhance the validity and reliability of studies.

## Acknowledgments

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- Jamlick Karumbi, David Gathara, and Jacinta Muteshi, “Exploring the Association Between FGM/C and Child Marriage: A Review of the Evidence,” *Evidence to End FGM/C: Research to Help Women Thrive* (New York: Population Council, May 2017).
- David Gathara and Jamlick Karumbi, “Associations Between Female Genital Mutilation/Cutting and Early/Child Marriage: A Multi-Country DHS/MICS Analysis” (New York: Population Council, forthcoming).

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- 1 Jamlick Karumbi, David Gathara, and Jacinta Muteshi, “Exploring the Association Between FGM/C and Child Marriage: A Review of the Evidence,” *Evidence to End FGM/C: Research to Help Women Thrive* (New York: Population Council, 2017).
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