

The Hidden Toll: A Girl Dies Every 12 Minutes as a Result of FGM/C

New Evidence Reveals FGM/C as a Leading Cause of Death



Executive Summary

Groundbreaking research¹ from the University of Birmingham has revealed female genital mutilation/cutting (FGM/C) as a leading cause of preventable death among girls and young women, claiming approximately 44,320 lives annually. This positions FGM/C alongside major causes of mortality such as enteric infections, respiratory infections, and malaria. However, unlike these diseases, which are caused by external factors, FGM/C is a result of intentional actions and is entirely avoidable.

With a girl dying every 12 minutes from FGM/C related complications, this new evidence demands an immediate reframing of FGM/C from a harmful traditional practice to a pandemic of violence and a critical public health emergency requiring urgent global intervention and funding.

Key Messages

→ FGM/C ranks as the 4th leading cause of death among girls and young women in practising countries in Africa, claiming 44,320 lives annually.

→ FGM/C accounts for more deaths in these countries than any cause other than enteric infections, respiratory infections, and malaria, surpassing deaths from HIV/AIDS, measles, and meningitis.

→ A girl dies every 12 minutes due to FGM/C-related complications. This necessitates reframing FGM/C as a life-threatening practice and a pandemic of violence that contributes significantly to global child mortality.

→ The cost of inaction is measurable in lives lost. The international community must act through increased investment, strengthened response to this extreme form of gender-based violence and stronger commitment to elimination efforts.

¹ Ghosh, A., Flowe, H. & Rockey, J. Estimating excess mortality due to female genital mutilation. *Sci Rep* 13, 13328 (2023). <https://doi.org/10.1038/s41598-023-38276-6>

What is at Stake?

Despite decades of advocacy and significantly increased awareness about FGM/C, the practice persists at alarming rates, with numbers continuing to rise. Over 230 million girls and women worldwide have already been subjected to FGM/C. Africa bears the largest share of this burden, with over 144 million survivors. Asia follows closely with

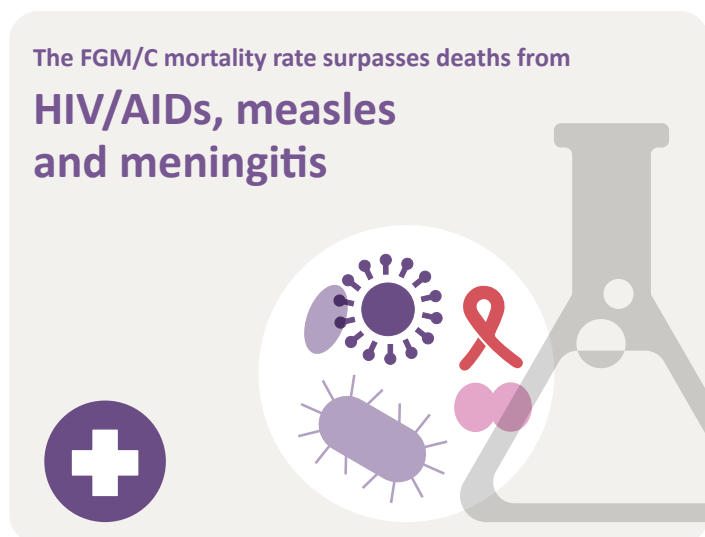
over 80 million, while the Middle East accounts for an additional 6 million².

The scale of this crisis has been dramatically underestimated. While survivors represent the visible face of FGM/C, this new research reveals the hidden toll of those who do not survive. The mortality rate surpasses deaths from HIV/AIDS, measles, and meningitis in practising countries, yet has remained largely invisible in global health statistics.

Rationale

While much is known about the immediate and long term complications of FGM/C — ranging from infections and childbirth complications to psychological trauma — there has been a lack of clear evidence linking the practice directly to mortality - until now.

This gap in understanding has limited the global response to FGM/C as a critical health emergency and a significant contributor to child mortality. The findings from the University of Birmingham research bridge this gap, establishing FGM/C as a significant yet preventable cause of death.



² UNICEF. (n.d.). Female genital mutilation. UNICEF. Retrieved January 13, 2025, from <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

Case Study: Nehlor, Liberia.

The Human Toll of FGM/C

(The name in this case study has been changed to protect the individual's identity)

Nehlor is a public health specialist and an activist in Liberia. “When I was 7 I was supposed to undergo FGM with two dear friends. Because my grandmother was a senior cutter, I was supposed to go last. When my two childhood friends were mutilated, they suffered haemorrhage and died. This spared me [from FGM] that year, but I had to live with that excruciating pain of witnessing girls being cut and in the process losing their lives according to the secrecy associated with the practice. When they announce these deaths, they always attribute it to witchcraft.”

Nehlor's experience illustrates how FGM/C related deaths go unreported and unspoken of.

“The silence on the death of girls around the practice of FGM is a summary of the practice itself. The cutters

present themselves as the goddesses. You are told if you express what has happened and what you witnessed, the ancestors from whom the practice is inherited watch over you and will come after you for revenge. You take an oath before graduation from the Sande ceremony including not to speak about it.”

Another recent example of the extent of secrecy and its impacts comes from Liberia. A group of girls got into a fight with each other whilst fetching water. All of them apart from one had undergone FGM/C already. The uncut girl was forcibly taken by the traditional leader and was cut as a punishment for getting into an argument with the girls who have been cut. As a consequence she suffered a haemorrhage and died.

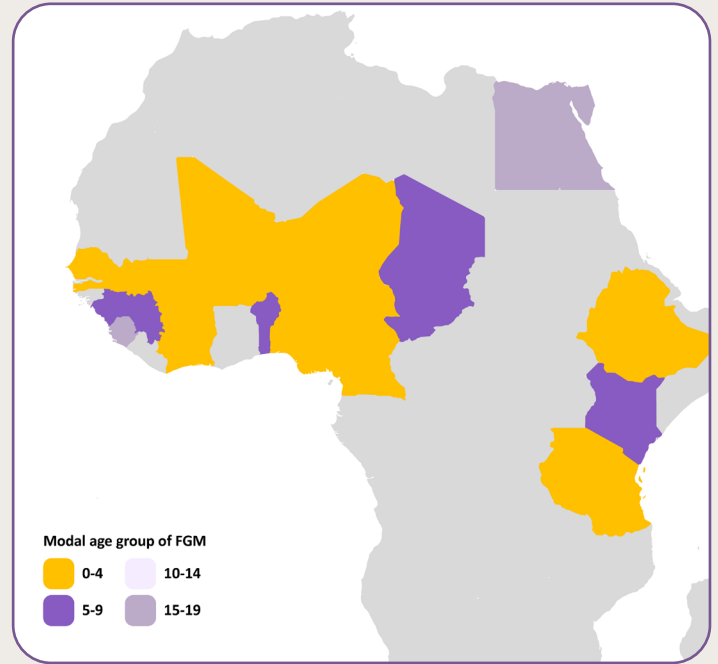
“There is no legal recourse if the grandmaster in the community has made and announced their decision on the Sande death situation. This is often done quickly, in this case, on the same night as these events took place. If the family would have gone to court afterwards, traditional leaders would have charged them for breach of traditional protocol and they would be in danger. The cutters are licensed by the Ministry of Internal Affairs.”

New Evidence: Research Findings

The University of Birmingham study analysed data from 15 countries in Africa over 3 decades (1990-2020), combining country-specific information on FGM/C prevalence with detailed age-specific mortality rates. The researchers isolated FGM/C's specific impact on mortality by comparing death rates between different age groups at the times when FGM/C typically occurs, while controlling for other factors.

The findings are stark. They indicate that FGM/C ranks as the 4th leading cause of death among girls and young women in practising countries, exceeded only by enteric infections, respiratory infections, and malaria. The annual death toll approaches that of armed conflicts in Africa, which average 48,400 combat-related deaths per year³. However, unlike this humanitarian crisis, which receives significant international attention, FGM/C-related deaths have remained largely invisible in global health responses.

³ Wagner, Z. et al. Armed conflict and child mortality in Africa: A geospatial analysis. *The Lancet* 392(10150), 857–865. [https://doi.org/10.1016/s0140-6736\(18\)31437-5](https://doi.org/10.1016/s0140-6736(18)31437-5) (2018).



Age at which FGM predominantly occurs

Urgent Action is Needed Now

The need for action is more pressing than ever. The Sustainable Development Goals (SDGs) call for eliminating harmful practices including FGM/C by 2030, yet current efforts fall far short of this target. With SDGs set to transition into a new framework after 2030, it is essential to prioritise FGM/C on the global

agenda and in future development strategies. Competition for resources will intensify as multiple major replenishment campaigns (Gavi, The Global Fund, Global Partnership for Education) seek funding from the same bilateral donors in 2024-2025. This challenge is compounded by a difficult geopolitical landscape and the rise of anti-rights movements.

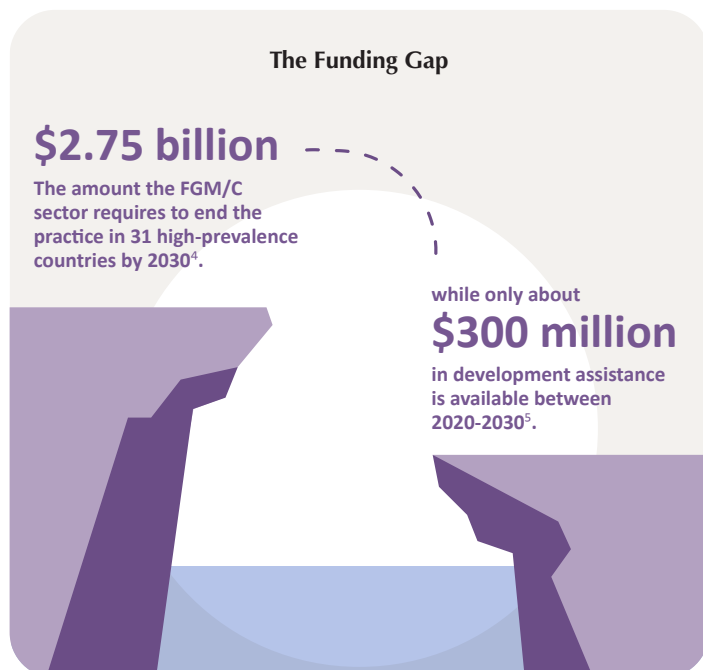
Reframing the Language

This compelling evidence creates momentum to reframe how we talk about FGM/C and harness political will to accelerate action.

Shifting the narrative

While traditionally seen as a harmful cultural practice and increasingly as a gender-based violence, this new data redefines FGM/C as a life-threatening practice and a global pandemic of violence contributing significantly to child mortality. The evidence establishes a direct, measurable, link between FGM/C prevalence and mortality rates.

Over the past decades, FGM/C has evolved from being viewed as a localised cultural practice constrained to Africa to being increasingly recognised as a human rights violation, and a form of gender-based violence occurring in over 90 countries. This shift, along with improved data



⁴ UNFPA. (2022). Investing in Three Transformative Results: Realising Powerful Returns [online]. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/Investment_report_8%20Nov_FINAL.pdf

⁵ UNFPA. (2020). Costing the Three Transformative Results [online]. Available at https://www.unfpa.org/sites/default/files/pub-pdf/Transformative_results_journal_23-online.pdf

and evidence, helped to elevate FGM/C onto the global agenda, including its inclusion as an SDG indicator. This latest evidence presents a pivotal opportunity to catalyse another critical shift in how FGM/C is defined and addressed, establishing it as a major public health emergency requiring immediate intervention.

Helping drive systemic change and strengthen national and local advocacy efforts

The data serves as a powerful tool for engaging communities, policymakers, and religious leaders, particularly in countering misinformation.

During the recent attempt to overturn The Gambia's FGM ban, opponents of the ban argued that the ban infringed on cultural values, and some prominent medical figures publicly asserted that FGM/C posed no significant medical risks. The findings from the University of Birmingham research challenge those claims, reinforcing the well-established evidence from institutions, such as the WHO, about the severe health consequences of FGM/C, as well as demonstrating that FGM/C is also a significant cause of preventable death.

FGM is a form of gender-based violence occurring in over



90 countries

Case Study: Jabou, The Gambia.

The Impact of Misinformation and Information Gaps on Advocacy Efforts

(The name in this case study has been changed to protect the individual's identity)

"In The Gambia, we have gone through a challenging year," says Jabou, an activist from The Gambia. In September 2023, the country witnessed its first-ever FGM conviction involving three women who performed FGM on eight adolescent girls. However, this milestone was followed by an attempt to repeal the law banning FGM.

"Proponents of the repeal relied on opinions from some medical professionals claiming FGM had no negative impacts." In local newspapers in The Gambia, a Head of Obstetrics and Gynecology was quoted as saying, "in my practice, I have not seen a major complication that cannot be solved." Comments such as these gave proponents of the repeal a push to continue their campaign.

"We were lucky that we could find medical practitioners who were vocal about the impacts of this practice." This truly highlights the dangers posed by misinformation, especially when heard from by trusted members of the society.

"As an activist, I now have evidence to rely on. My fellow activists and I can push the agenda forward. When I engage with communities to make interventions, people often ask for evidence about the complications of the practice —now, I have that evidence." Previously, there was limited data on FGM in The Gambia.

"This research needs to be widely disseminated to decision-makers, heads of state, and policymakers so they can learn about the harmful nature of FGM/C. Some of those making decisions in The Gambia lacked adequate information or understanding. It is critical for top-level decision-makers to access this data urgently. This research has come at the right time to save the lives of women and girls."

Recommendations for Action

International NGOs and Professional Health Organisations:

- Incorporate the new mortality evidence into advocacy and programme design, emphasising FGM/C's role as a leading cause of preventable death.
- Develop integrated health interventions addressing FGM/C alongside other major causes of child mortality, while strengthening data collection systems.
- Take a strong stand against FGM/C, including its medicalisation, emphasising its harmful consequences and advocating for its complete eradication. This includes educating healthcare professionals about the risks and ethical implications of performing medicalised FGM/C procedures.

Donor Governments and Key Funders:

- Recognise FGM/C as a major cause of preventable death requiring emergency response-level funding and attention, comparable to other leading causes of child mortality.
- Integrate FGM/C prevention into broader child survival, violence against children and public health strategies, with dedicated funding streams reflecting its documented impact on mortality rates.
- Establish a dedicated multi-stakeholder platform to collectively advance the global FGM/C agenda. For too long, FGM/C has been sidelined within gender-based violence and health sector initiatives. It requires a targeted and coordinated approach to drive meaningful progress.

National Governments:

- Include FGM/C prevention in national health strategies and mortality reduction targets, supported by appropriate resource allocation.

- Strengthen health monitoring systems to better track and respond to FGM/C-related deaths and complications.
- Adopt and enforce anti-FGM/C legislation and policy.

Conclusion

FGM/C is a silent epidemic that claims the life of a girl every 12 minutes. The evidence demands a fundamental shift in the global response to FGM/C. With 44,320 preventable deaths annually, the cost of inaction is measurable in lives lost. The international community must act through increased investment, strengthened health sector response to this extreme form

of gender-based violence and stronger commitment to elimination efforts. Female genital mutilation/cutting is not a cultural practice — it is a form of violence and a major cause of preventable death.

Inaction is no longer an option.

Acknowledgements

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It draws on key findings of the University of Birmingham paper "Estimating Excess Mortality due to Female Genital Mutilation".