GOAL 5

Achieve gender equality and empower all women and girls

TARGET 5.3

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

Target overview

SDG monitoring

SDG Target 5.3 is tracked by the following indicators, both of which are addressed in this briefing note:

- 5.3.1: Proportion of women aged 20-24 years who were first married or in union before age 15 and before age 18
- 5.3.2: Proportion of girls and women aged 15-49 years who have undergone female genital mutilation, by age

Broader monitoring context

Child marriage and female genital mutilation (FGM) are harmful practices which violate the rights and impair the wellbeing of children. In communities in which they are practiced, both can be seen as a direct manifestation of gender inequality, reflecting societal values that hold girls in low esteem and deprive them of agency. Thus in the SDG framework the target of eliminating harmful practices is placed under the goal for gender equality.

Both the issue of child marriage and FGM are addressed in a number of international conventions and agreements, and are prohibited by national legislation in many countries. The prevalence, or extent to which child marriage and FGM are practiced across the population, is tracked by the SDG indicators.

Data on child marriage have been collected for decades through household surveys such as MICS and DHS, as well as in other population-level data collection instruments which capture demographic information including age at first marriage. Data collection on the prevalence of FGM was first done at the national level in the 1990s, prior to which only small-scale anthropological studies were available. Nationally representative data are now available for 30 countries in which the practice is concentrated, primarily from MICS and DHS.

Over the years, the MICS and DHS survey programmes have worked to standardize data collection on child marriage and FGM, and their modules have been fully harmonized. Importantly, these modules include relevant questions beyond those needed to calculate the SDG indicators and thus permit a more nuanced understanding of these topics and a range of programmatically useful information.

Given the extent to which harmful practices are upheld by tradition and social norms, measures of the prevalence of these practices are often accompanied by measures of attitudes and beliefs, which may indicate either readiness or resistance to change in practicing populations. Efforts are ongoing to establish a conceptual framework on social norms around harmful practices, and to set measurement standards.

UNICEF role in monitoring

In UNICEF Strategic Plan 2018-2021, child marriage (among boys and girls) and female genital mutilation are impact indicators under Goal Area 3: Every child is protected from violence and exploitation, and specifically link to Outcome Statement 3: Girls and boys, especially the most vulnerable and those affected by humanitarian situations, are protected from all forms of violence, exploitation, abuse and harmful practices.

UNICEF has been monitoring Indicators 5.3.1 and 5.3.2 for many years and is the custodian agency for both. UNICEF supports countries to collect and report on these data through the MICS survey programme.

General information and resources

- UNICEF data: https://data.unicef.org/
- UNICEF Multiple Indicator Cluster Surveys (MICS): http://mics.unicef.org
- SDG indicators: https://unstats.un.org/sdgs/

For further information, please contact the Child Protection and Development focal point at the Data & Analytics Section at UNICEF HQ via: data@unicef.org

INDICATOR 5.3.1

Proportion of women aged 20-24 years who were first married or in union before age 15 and before age 18

Description

Definition and key terms

Proportion of women aged 20-24 years who were first married or in union before age 15 and before age 18.

Numerator: Number of women aged 20-24 years who were first married or in union before age 15 (or before age 18)

Denominator: Total number of women aged 20-24 years in the population

Key terms:

- Both formal (i.e., marriages) and informal unions are covered under this indicator. Informal unions are generally defined as those in which a couple lives together as if married but for which there has been no formal civil or religious ceremony (i.e., cohabitation).
- The term 'child marriage' is used to refer to unions in which a girl or boy lives with a partner as if married before the age of 18, though the SDG indicator captures only child marriage among girls.

National data sources

The main sources of such data are national household surveys, predominantly MICS and DHS. The prevalence of child marriage can also be measured in population-level data collection instruments like censuses, if the age at first marriage is captured. In a small number of countries this information is available through marriage registers.

The MICS and DHS survey programmes have worked to harmonize survey questions on child marriage. This standard approach is based on a series of questions asked of all women of reproductive age (15-49), including if they are currently married or "living together with someone as if married", if they have ever been married, current marital status, and what month and year the woman started living with her (first) husband/partner. In countries in which marriage and cohabitation do not typically occur at the same time, the age at first marriage and age at first cohabitation should both be included in questionnaires.

Depending on the country, surveys collecting these data may be conducted every 3-5 years, or possibly at more frequent intervals.

Using the indicator

Interpretation

Child marriage violates the rights of children in a way that often leads to a lifetime of disadvantage and deprivation, especially for girls. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, limiting her life opportunities and increasing her risk of experiencing domestic violence. Typically, child brides have little decision-making power within the household, especially when married to older men.

This indicator is measured by ascertaining when the respondent was first married or began a cohabiting union. Note that this indicator captures only the dimension of age at first marriage, and does not reflect all "forced" marriages or unions, which could include unions occurring among women age 18 and older.

Data are also collected on the age of the spouse, and whether the spouse has additional partners. This information can be used to shed light on the type of unions child brides are entering, whether they be polygynous and/or with spouses who are substantially older.

MICS and DHS also collect data on the marital status and age at first marriage for boys and men, thus allowing for estimation of the prevalence of child marriage among boys, though the social dynamics and drivers of child marriage among boys are not yet well understood.

Trends in the prevalence of child marriage can be assessed using estimates from successive data sources over time, or by comparing estimates across age groups within a single data source. The age group method is preferred because it minimizes the effect of any variations across surveys. Using this method, the level of child marriage among women aged 20-24 years can be considered the most recent estimate, as this is the age group which most recently completed exposure to the risk period. This level can be compared with the same estimate among older women, for example aged 45 to 49, which would represent the risk of marrying in childhood 25 years prior to the survey.

Disaggregation

Standard background characteristics include place of residence, geographic location, wealth, and education. Additionally, depending on the data source it may also be possible to disaggregate by ethnicity and/or religion.

Common pitfalls

The measure of child marriage is retrospective in nature by design, capturing age at first marriage among a population which has completed the risk period (i.e. adults). While it is also possible to measure the current marital status of girls under age 18, such measures would provide an underestimate of the level of child marriage, as girls who are not currently married may still do so before they turn 18.

Monitoring and reporting

National

National Statistical Offices (in most cases)

Global

Agencies: UNICEF

Process: UNICEF maintains the global database on child marriage that is used for SDG and other official reporting. UNICEF HQ updates the database annually through its collaboration with Country Offices, through the CRING process. Before the inclusion of any data point in the database, it is reviewed by sector specialists 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 is included in the databases. UNICEF HQ also updates the database on a rolling basis throughout the year by searching for additional sources of data that are vetted by the COs before they are included in the global database.

Timing: New country level data, together with global and regional averages, are released annually both as part of State of the World's Children and on UNICEF's dedicated website for statistics (data.unicef.org). The Secretary-General's report on the SDGs, which includes latest available country, regional and global estimates on child marriage, is typically released every year in May/June.

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

Key resources

Indicator information and cross-country comparable estimates:

- UNICEF Data: http://data.unicef.org/topic/child-protection/child-marriage/
- SDG metadata: https://unstats.un.org/sdgs/metadata/

Tools and measurement guidance:

- MICS modules:
  - Women: http://data.unicef.org/wp-content/uploads/2017/12/MICS6-Marriage-module_Women.pdf
  - Men: http://data.unicef.org/wp-content/uploads/2017/12/MICS6-Marriage-module_Men.pdf

INDICATOR 5.3.2

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

Description

Definition and key terms

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

Numerator: Number of girls and women aged 15-49 years who have undergone FGM

Denominator: Total number of girls and women aged 15-49 years in the population

Key terms:

- 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"[1]
- The term "female circumcision" is often used interchangeably with FGM, although some object to this term as it erroneously suggests that female circumcision is analogous to male circumcision.

National data sources

Nationally representative data on FGM are mainly available from MICS and DHS surveys, in a module which is included by countries in which the practice is concentrated. In some countries, data have been collected through other nationally representative household surveys.

The MICS and DHS survey programmes have worked to fully harmonize survey questions on FGM. This standard approach is based on a series of questions asked of all women of reproductive age (15-49), which include whether the respondent has heard of FGM, whether or not the respondent herself has been cut, the type of FGM performed, at what age they were cut and by whom. Most surveys include additional questions related to women's – and in some cases men's – attitudes surrounding FGM. Female respondents are also asked about the FGM status of all of their daughters under age 15.

Depending on the country, surveys collecting these data may be conducted every 3-5 years, or possibly at more frequent intervals.

Using the indicator

Interpretation

FGM is a violation of girls' and women's human rights and is condemned by many international treaties and conventions, as well as by national legislation in many countries. 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. Yet, where it is practised FGM is performed in line with tradition and social norms to ensure that girls are socially accepted and marriageable, and to uphold their status and honour and that of the entire family.

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 topic 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. In the case of a country where girls are cut before 1 year of age, for example, most girls age 15-19 are reporting on an event that took place 14-18 years previously. Thus there is a time lag between when changes in the practice occur and when they are reflected in the data.

The SDG indicator may thus be best interpreted in conjunction with other data from the survey, including prevalence estimates among daughters age 0-14 (although prevalence among this age group should be considered an underestimate, as additional girls may still be subject to the practice once they reach the customary age at cutting) and attitudes toward FGM, both of which are included in the standard MICS and DHS modules.

Trends in the prevalence of FGM can be assessed using estimates from successive data sources over time, or by comparing estimates across age cohorts within a single data source. The age cohort method is preferred because it minimizes the effect of any variations across surveys. Using this method, the level of FGM among women aged 15-19 years can be considered the most recent estimate, as this is the age cohort which most recently completed exposure to the risk period (assuming all cutting occurs before age 15, which should be assessed on a country by country basis). This level can be compared with the same estimate among older women, for example aged 45-49, which would represent the prevalence of FGM among young women 30 years prior to the survey.

1 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

Disaggregation

Standard background characteristics include place of residence, geographic location, wealth, and education. Additionally, depending on the data source it may also be possible to disaggregate by ethnicity and/or religion. Ethnicity is an important determinant for FGM and so data should be disaggregated by this characteristic, if possible.

Common pitfalls

As detailed in the "Interpretation" section above, this indicator needs to be interpreted with caution. A particular challenge is examining trends, particularly when trying to establish a connection between programmatic activities and changes in prevalence levels over time, due to the time lag in reporting and the geographic concentration of both the practice and programming. Furthermore, in terms of understanding the prevalence it may be misleading to focus on national-level estimates, as in many countries FGM is practiced by specific ethnic groups which may be concentrated in certain geographic locations in the country.

In MICS and DHS, questions about FGM are only included in a subset of countries where the practice is concentrated. Thus, it is important to note that even in countries with no FGM data, the practice still may exist. This may include high-income countries that are destinations for migrants from countries where the practice still occurs, as well as certain low- and middle-income countries in which FGM exists among specific population groups.

Monitoring and reporting

National

National Statistical Offices (in most cases)

Global

Agencies: UNICEF

Process: UNICEF maintains the global database on FGM that is used for SDG and other official reporting. UNICEF HQ updates the database annually through its collaboration with Country Offices, through the CRING process. Before the inclusion of any data point in the database, it is reviewed by sector specialists 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 is included in the databases. UNICEF HQ also updates the database on a rolling basis throughout the year by searching for additional sources of data that are vetted by the COs before they are included in the global database.

Timing: New country level data and aggregate analysis are released annually both as part of State of the World's Children and on UNICEF's dedicated website for statistics (data.unicef.org). The Secretary-General's report on the SDGs, which includes latest available country, regional and global estimates on FGM, is typically released every year in May/June.

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

Key resources

Indicator information and cross-country comparable estimates:

- UNICEF Data: http://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/
- SDG metadata:https://unstats.un.org/sdgs/metadata/

Tools and measurement guidance:

- MICS: http://data.unicef.org/wp-content/uploads/2017/12/MICS6-FEMALE-GENITAL-MUTILATION-module.pdf