Changes since previous report

1. The previous report was based on data from the 2001 census and the new report is based on data from the 2011 census. There were many changes between 2001 and 2011.

2. Changes in the population:
The numbers of women of all ethnic groups born in FGM practising countries increased by 101,000 from 182,000 in 2001 and 283,000 in 2011. The numbers of women from the countries in the Horn of Africa where FGM is almost universal and type III is commonly practised increased by over 34,000 to over 56,000. The numbers born in countries in West and East Africa where FGM is almost universal and Types I and II and usually practised increased by over 10,000 over the same period. The numbers of women born in Kenya, Uganda and Tanzania decreased by over 20,000 as South Asian women who had arrived from those countries in the 1970s moved into the 50 and over age group.

3. Availability of data about prevalence of FGM in FGM-practising countries
Since 2007, many more surveys have been done so that age-specific data are available for all included countries. In general, data are more up to date and in a number of countries there have been more than one survey, making it possible to assess whether there have been changes over time. A survey was done in Iraq, showing that FGM is practised extensively in Iraqi Kurdistan but not elsewhere in Iraq. No data are available about parts of Kurdistan which lie in Iran, Turkey or Syria.

4. Trends in the prevalence of FGM
Age specific data from surveys are shown in Appendix 1 of the report. Marked decreases in prevalence can be seen in Benin, the Central African Republic and Kenya. In a number of other countries, lower rates in the 15-19 age group suggest that prevalence may have started to decline in a number of countries, including Egypt, Eritrea, Ethiopia, Tanzania and Yemen.

5. Changes in countries included
The Democratic Republic of Congo was included in our previous report, with an assumed prevalence of 5.0 per cent overall. It is now believed that FGM is not practised in this country, so the prevalence was assumed to be zero. Iraq has been included in the new report, but was not included in the previous report.

6. Changes in age groups included
The previous report produced an estimated number of women aged 15-49 with FGM born in countries where it is practised. In the new report, we have produced an updated estimate of numbers of women aged 15-49 and also estimates of numbers of women aged 50 and over and of girls aged 0-14.

7. Methods of analysis
For the previous report, ONS provided an aggregated table of data giving numbers of women born in FGM practising countries enumerated in the 2011 census, subdivided into five year age groups. It also provided total numbers of girls born to women born in each country from 1993 to 2004. For the new survey, ONS provided anonymised individual census records and data from birth registration records for girls born from
2005 to 2011 which could be used for analysis in its Virtual Microdata Laboratory (VML).

8. **Residents of England and Wales included**
   As ethnicity is recorded in the census and we had access to individual records, we were able to exclude women from South Asian, white and other ethnic groups who were born in FGM practising countries but do not practise FGM. Ethnicity is not recorded at birth registration, so we used the census data to estimate a multiplying factor for each country of birth and age group.

9. **Comparability of estimates of numbers of women with FGM for 2001 and 2011**
   Because of the improvements in the new estimates, the estimates for 2001 are not directly comparable. In particular, as we were unable to exclude South Asian and other women from our earlier estimate, the estimated 66,000 aged 15-49 with FGM in 2001 was likely to be a substantial overestimate, so the increase between 2001 and 2011 will have been correspondingly larger.

10. **Comparability of estimates of numbers**
    The estimates of girls ‘at risk’ in 2001 were simply based on numbers of girls born to women in countries in Groups 1.1 and 1.2. For the new report, adjusted age-specific prevalence rates were used to estimate numbers of girls aged 0-14 born to others with FGM. For girls born before 2005, only aggregated data from the previous study were available.

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