AHA FOUNDATION STUDY FINDINGS ON FEMALE GENITAL MUTILATION IN THE U.S.

MARYLAND

STATE DATA

Based on 2015-2019 American Community Survey population estimates.

101,243
STUDY POPULATON:
Women and girls with ancestral ties to countries where FGM/C is practiced

24,709
Women and girls who were likely **LIVING WITH** FGM/C

1,027
Girls who were likely **AT RISK** of FGM/C

STATE LEGISLATION AND POLICY LANDSCAPE

STATUS
Deficient Existing Legislation[1], Needs Strengthening

IMPROVE BY ADDING
Education and Outreach; Comprehensive Expanded Definition of FGM/C; Prohibition of Transporting for FGM/C; Civil Cause of Action; Extended Civil Statute of Limitations; Specification of Mandatory Reporting; Annual Statistical Reporting; Mandatory Training for Law Enforcement; Mandatory Revocation of Medical License

1 https://bit.ly/3E1x445

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SUMMARY

FGM/C prevalence was estimated at 25.4% within the study population in Maryland with over 60% of the impacted population in the state identifying as Ethiopian (27.6%), Nigerian (23.9%) or Sierra Leonian (15.8%).

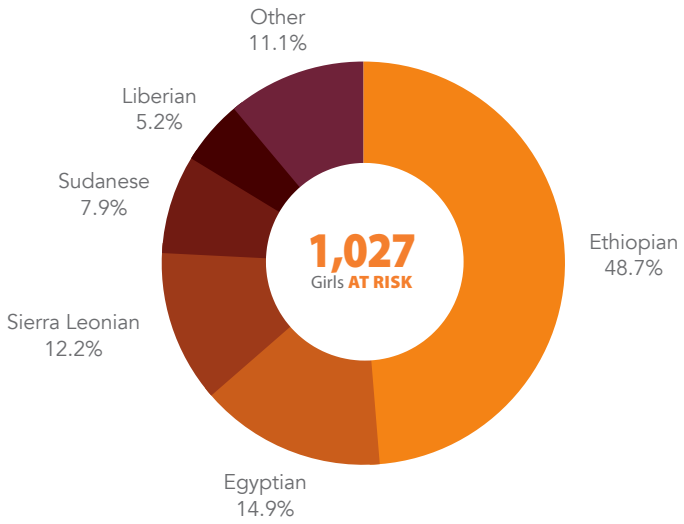
It is estimated that **2,230** women were living with Type 3 FGM/C in Maryland. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Most of those impacted by FGM/C in Maryland live in the greater Washington-Arlington-Alexandria, Philadelphia-Camden-Wilmington and Baltimore-Columbia-Towson metropolitan areas.

An estimated 240 women and girls from the **Dawoodi Bohra** community live in Maryland and are not included in the population extrapolation calculation.

ETHNIC BREAKDOWN

Ethnic breakdown of girls most likely to be AT RISK of FGM/C in Maryland



NOTE: Nigerian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.

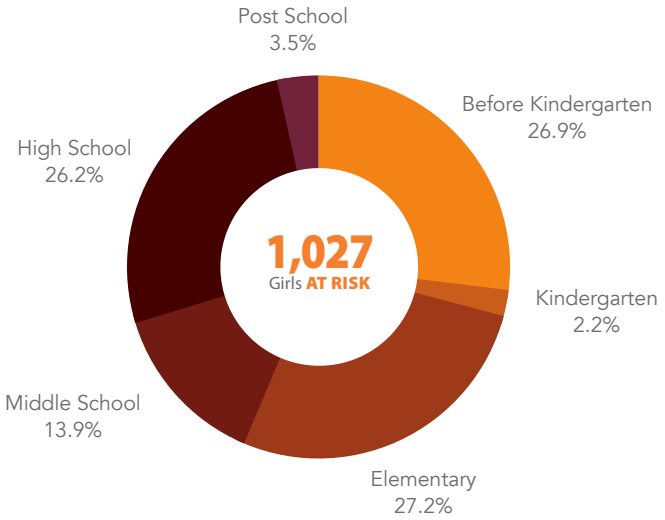
STATE PREVALENCE RANKING

LOW	MEDIUM	HIGH	HIGHEST
LESS THAN 100 PER STATE AT RISK	BETWEEN 100 AND 500 AT RISK	BETWEEN 500 AND 1,000 AT RISK	BETWEEN 1000 AND 10,000 AT RISK

MD

AGE DISTRIBUTION

Distribution of girls most likely to be AT RISK of FGM/C in Maryland



SPATIAL DISTRIBUTION

Counties with the highest STUDY POPULATION | LIVING WITH | AT RISK population

	STUDY POPULATION	LIVING WITH	AT RISK
Montgomery	33,669	9,289	536
Prince George's	33,348	7,861	150
Baltimore	13,351	2,844	168
Howard	5,346	1,421	35
Baltimore city	5,297	1,054	54
Anne Arundel	3,774	762	36
Harford	962	311	3
Frederick	1,907	297	9
Charles	914	215	3
Washington	1,002	185	19

Metropolitan Areas with the highest STUDY POPULATION | LIVING WITH | AT RISK population

	STUDY POPULATION	LIVING WITH	AT RISK
Washington-Arlington-Alexandria, DC-VA-MD-WV	133,213	39,001	2,008
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	36,502	9,054	583
Baltimore-Columbia-Towson, MD	29,006	6,452	295
Salisbury, MD-DE	1,001	275	12

CALL TO ACTION

Interventions tailored to the specifics of the context.

State legislators should prioritize strengthening existing legislation.

Prevention and response interventions should focus on the greater Washington-Arlington-Alexandria, Philadelphia-Camden-Wilmington and Baltimore-Columbia-Towson metropolitan areas.

Child Protection should focus on **Ethiopian** girls throughout their childhood and adolescence; **Egyptian** girls between the ages of 6 and 14; **Sierra Leonean** girls between the ages of 10 and 19; and **Sudanese** girls between the ages of 5 and 15.

All estimates are subject to both sampling and nonsampling error.

For more granular prevalence data contact **info@theahafoundation.org**

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