

## STATE DATA

Based on 2015-2019 American Community  
Survey population estimates.

# 12,515

### STUDY POPULATION:

Women and girls  
with ancestral ties to  
countries where FGM/C  
is practiced

# 2,939

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

# 358

Girls who were likely  
**AT RISK** of FGM/C

## STATE LEGISLATION AND POLICY LANDSCAPE

### STATUS

Deficient **Existing Legislation**<sup>1</sup>,  
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

<sup>1</sup> <https://bit.ly/3YFCIIT>

## SUMMARY

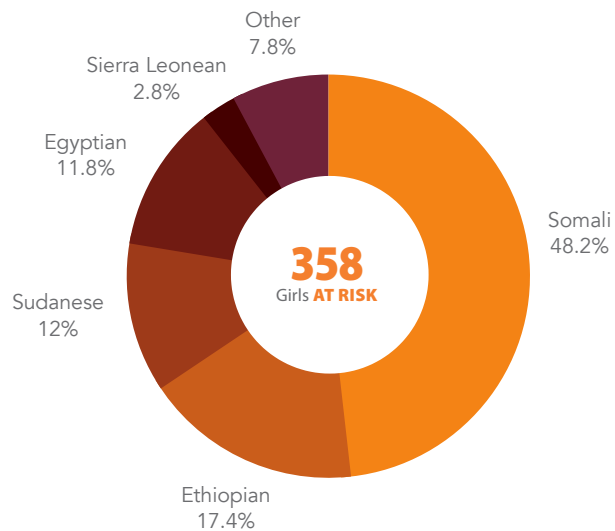
FGM/C prevalence was estimated at 26.3% within the study population in Missouri with over 60% of the impacted population in the state identifying as Somali (22.1%), Ethiopian (13.9%), Nigerian (13.9%) or Egyptian (10.5%).

It is estimated that **607** women were living with Type 3 FGM/C in Missouri. 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 Missouri live in the greater Kansas City and St. Louis metropolitan areas.

## ETHNIC BREAKDOWN

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



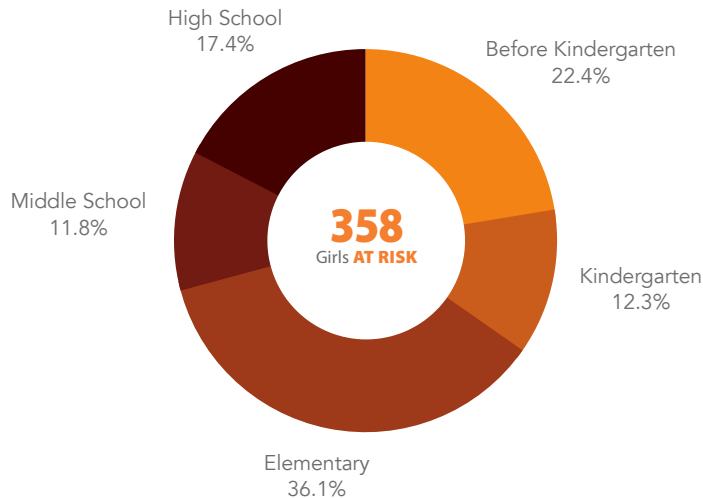
NOTE: Nigerian and Indonesian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.

## STATE PREVALENCE RANKING



## AGE DISTRIBUTION

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



## SPATIAL DISTRIBUTION

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

St. Louis	<b>3,408</b>	<b>723</b>	<b>95</b>
Jackson	<b>2,562</b>	<b>651</b>	<b>76</b>
St. Louis city	<b>2,003</b>	<b>383</b>	<b>88</b>
Clay	<b>927</b>	<b>311</b>	<b>4</b>
Boone	<b>709</b>	<b>218</b>	<b>7</b>
Platte	<b>585</b>	<b>154</b>	<b>13</b>
St. Charles	<b>582</b>	<b>98</b>	<b>10</b>
Greene	<b>587</b>	<b>93</b>	<b>34</b>
Buchanan	<b>48</b>	<b>46</b>	-
Jefferson	<b>72</b>	<b>43</b>	-

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

Kansas City, MO-KS	<b>8,073</b>	<b>2,163</b>	<b>208</b>
St. Louis, MO-IL	<b>6,943</b>	<b>1,295</b>	<b>218</b>
Columbia, MO	<b>709</b>	<b>218</b>	<b>7</b>
Springfield, MO	<b>597</b>	<b>94</b>	<b>33</b>
Fayetteville-Springdale-Rogers, AR-MO	<b>381</b>	<b>78</b>	<b>10</b>
St. Joseph, MO-KS	<b>65</b>	<b>62</b>	-
Jefferson City, MO	<b>172</b>	<b>8</b>	-

## 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 Kansas City and St. Louis metropolitan areas.

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

*All estimates are subject to both sampling and nonsampling error.*

For more granular prevalence data contact [info@theahafoundation.org](mailto:info@theahafoundation.org)

scan to access the full report

