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

WESTERN REGIONS
LOW PREVALENCE STATES DATA

COMBINED STATE DATA

Based on 2015-2019 American Community Survey population estimates.

10,020
STUDY POPULATON:
Women and girls with ancestral ties to countries where FGM/C is practiced

2,534
Women and girls who were likely **LIVING WITH** FGM/C

246
Girls who were likely **AT RISK** of FGM/C

STATE LEGISLATION AND POLICY LANDSCAPE

STATUS
Alaska, Hawaii, Montana, and **New Mexico** have No Existing Legislation

Idaho[1] and **North Dakota**[2] have Deficient Existing Legislation that Needs Strengthening

Wyoming[3] has Strong Existing Legislation

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1 https://bit.ly/3skpyif
2 https://bit.ly/47zTGq3
3 https://bit.ly/3ElwzlP

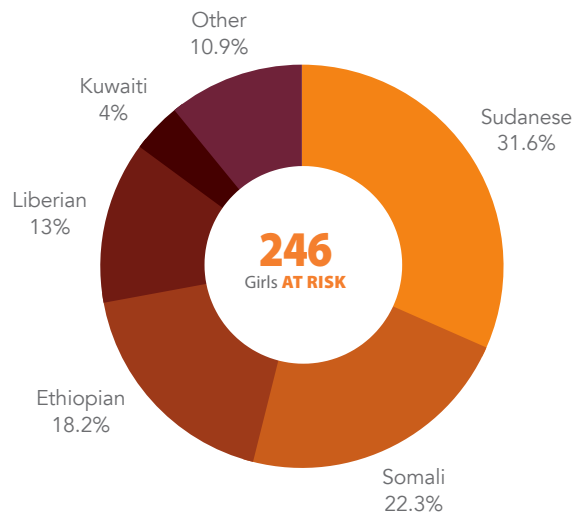*ahafoundation*
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SUMMARY

FGM/C prevalence was estimated at 27.7% within the study population in Alaska, Hawaii, Idaho, Montana, New Mexico, North Dakota and Wyoming. Significant impacted populations across these low prevalence western states identify as Sudanese (resident in Alaska and Idaho), Somali (resident in North Dakota) and Indonesian (resident in Hawaii, New Mexico and Idaho).

It is estimated that **750** women were living with Type 3 FGM/C in Alaska (23.2%), Hawaii (0.4%), Idaho (8.7%), Montana (0.1%), New Mexico (5.2%), North Dakota (62.3%) and Wyoming (0.1%). 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 Alaska, Hawaii, Idaho, Montana, New Mexico, North Dakota and Wyoming live in the greater Anchorage, AK, Albuquerque, NM, Boise City, ID and Urban Honolulu, HI metropolitan areas.

ETHNIC BREAKDOWN

Ethnic breakdown of girls most likely to be AT RISK of FGM/C in Alaska, Hawaii, Idaho, Montana, New Mexico, North Dakota, and Wyoming

Other 10.9%
Kuwaiti 4%
Liberian 13%
Ethiopian 18.2%
Somali 22.3%
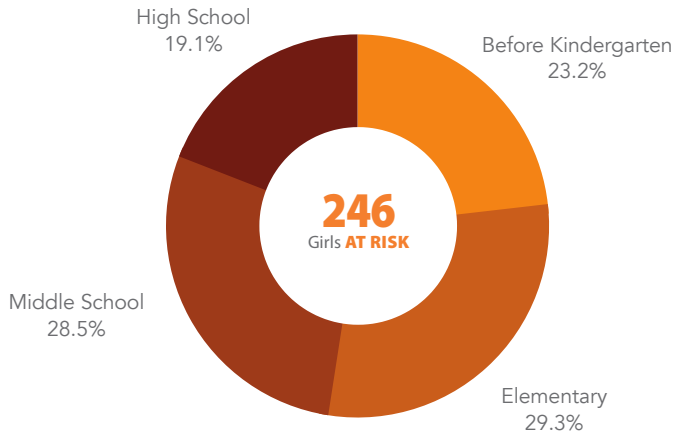Sudanese 31.6%

246 Girls **AT RISK**

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

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

AGE DISTRIBUTION

Distribution of girls most likely to be **AT RISK** of FGM/C in Alaska, Hawaii, Idaho, Montana, New Mexico, North Dakota, and Wyoming

High School
19.1%

Before Kindergarten
23.2%

246
Girls **AT RISK**

Middle School
28.5%

Elementary
29.3%

SPATIAL DISTRIBUTION

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

	STUDY POPULATION	LIVING WITH	AT RISK
Cass, ND	2,367	644	92
Anchorage Borough, AK	1,295	316	53
Honolulu, HI	832	272	3
Bernalilo, NM	651	173	-
Ada, ID	796	141	21
Grand Forks, ND	205	158	-
Dona Ana, NM	403	87	-
Kootenai, ID	94	54	-
Santa Fe, NM	241	46	3
Gallatin, MT	175	46	-

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

	STUDY POPULATION	LIVING WITH	AT RISK
Anchorage, AK	1,398	328	53
Boise City, ID	1,022	171	35
Albuquerque, NM	864	209	9
Urban Honolulu, HI	832	271	3
Las Cruces, NM	403	87	-
Coeur d'Alene, ID	92	54	-
Santa Fe, NM	243	46	3
Bismarck, ND	190	24	2

CALL TO ACTION

Interventions tailored to the specifics of the context.

Prevention and response interventions should focus on the greater Anchorage, AK, Albuquerque, NM, Boise City, ID and Urban Honolulu, HI metropolitan areas.

Child Protection should focus on **Sudanese** and **Somali** girls between the ages of 5 and 15; **Ethiopian** girls throughout their childhood and adolescence; and **Liberian** girls from birth throughout their adolescence.

State legislators in AK, HI, MT, and NM should prioritize passing comprehensive anti-FGM/C legislation, while Idaho and ND state legislators should prioritize strengthening existing legislation.

ID Improve Legislation by Adding: Education and Outreach; Comprehensive Expanded Definition of 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

ND Improve Legislation 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

All estimates are subject to both sampling and nonsampling error.

For more granular prevalence data contact
info@theahafoundation.org

scan
to access
the full report