



Home Office

Country Policy and Information Note

Nigeria: Female Genital Mutilation (FGM)

Version 1.0
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Preface

This note provides country of origin information (COI) and policy guidance to Home Office decision makers on handling particular types of protection and human rights claims. This includes whether claims are likely to justify the granting of asylum, humanitarian protection or discretionary leave and whether – in the event of a claim being refused – it is likely to be certifiable as ‘clearly unfounded’ under s94 of the Nationality, Immigration and Asylum Act 2002.

Decision makers must consider claims on an individual basis, taking into account the case specific facts and all relevant evidence, including: the policy guidance contained within this note; the available COI; any applicable caselaw; and the Home Office casework guidance in relation to relevant policies.

Country information

The COI within this note has been compiled from a wide range of external information sources (usually) published in English. Consideration has been given to the relevance, reliability, accuracy, objectivity, currency, transparency and traceability of the information and wherever possible attempts have been made to corroborate the information used across independent sources, to ensure accuracy. All sources cited have been referenced in footnotes. It has been researched and presented with reference to the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the [European Asylum Support Office’s research guidelines, Country of Origin Information report methodology](#), dated July 2012.

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email [the Country Policy and Information Team](#).

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The Independent Advisory Group on Country Information (IAGCI) was set up in March 2009 by the Independent Chief Inspector of Borders and Immigration to make recommendations to him about the content of the Home Office’s COI material. The IAGCI welcomes feedback on the Home Office’s COI material. It is not the function of the IAGCI to endorse any Home Office material, procedures or policy. IAGCI may be contacted at:

Independent Chief Inspector of Borders and Immigration,
5th Floor, Globe House, 89 Eccleston Square, London, SW1V 1PN.

Email: chiefinspector@icinspector.gsi.gov.uk

Information about the IAGCI’s work and a list of the COI documents which have been reviewed by the IAGCI can be found on the Independent Chief Inspector’s website at <http://icinspector.independent.gov.uk/country-information-reviews/>

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Policy guidance

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1. Introduction

1.1 Basis of claim

- 1.1.1 Fear of persecution or serious harm by non-state agents either because:
- (a) the person will be subjected to female genital mutilation (FGM); or
 - (b) the person is a parent who is opposed to the procedure being carried out on their minor child in a place where there is a real risk of it being carried out.

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1.2 Points to note

- 1.2.1 The World Health Organisation defines FGM as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'.
- 1.2.2 Sources use various terms to refer to FGM, including female circumcision, female genital circumcision or female genital cutting. It can be abbreviated as FGC or FGM/C. However, for the purposes of this note, the practice is referred to as FGM.
- 1.2.3 For more general information on women in Nigeria, see the country policy and information note on [Nigeria: Women fearing gender-based violence](#).
- 1.2.4 Decision makers must also consider the [Asylum Instruction on Gender Issues in Asylum Claims](#)

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2. Consideration of issues

2.1 Credibility

- 2.1.1 For information on assessing credibility, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).
- 2.1.2 Decision makers must also check if there has been a previous application for a UK visa or another form of leave. Asylum applications matched to visas should be investigated prior to the asylum interview (see the [Asylum Instruction on Visa Matches, Asylum Claims from UK Visa Applicants](#)).
- 2.1.3 Decision makers should also consider the need to conduct language analysis testing (see the [Asylum Instruction on Language Analysis](#)).

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2.2 Particular social group

- 2.2.1 Women in Nigeria, including those in fear of FGM, form a particular social group (PSG) within the meaning of the 1951 Refugee Convention. This is because they share a common characteristic – their gender – that cannot be changed and have a distinct identity which is perceived as being different by

the surrounding society as evidenced by widespread discrimination in the exercise of their fundamental rights.

- 2.2.2 Although females in Nigeria fearing FGM form a PSG, this does not mean that establishing such membership will be sufficient to be recognised as a refugee. The question to be addressed in each case is whether the particular person will face a real risk of persecution on account of their membership of such a group.
- 2.2.3 Where a child is granted asylum, the accompanying parents may be eligible for a grant of leave. The act of enforced FGM on a child, where the parents are opposed to the act could result in persecution of the parent. Decision makers should consider whether, on the facts of the case, accompanying parents would qualify for asylum on the basis of a well founded fear of persecution. Each case must be considered on its individual merits.
- 2.2.4 For further information on particular social groups, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

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2.3 Assessment of risk

- 2.3.1 A female will not be entitled to protection on the basis of risk of FGM if they have already undergone FGM. Assessment of risk must be future-facing, i.e. the likelihood that a person will be subjected to FGM (or further FGM) on return.
 - a. **Women and girls fearing FGM**
- 2.3.2 Although against the law and in decline, FGM continues to be practiced in Nigeria. Most FGM is carried out on girls between the ages of 0 and 15 years. A 2013 UNICEF report found that overall 27% of women had undergone FGM, although in the last 20 years the prevalence among adolescent girls has dropped by a half – with 15% of adolescent girls having undergone FGM compared to 36% of those now aged over 35 years (see [Prevalence: Overview](#) and [Prevalence: By age](#)).
- 2.3.3 However prevalence varies across all regions, ethnic groups and religions. Women living in urban areas are reported to be almost twice as likely to have undergone FGM, compared with women living in rural areas. There is also variation across different regions of Nigeria. The highest prevalence rates are in the south east and south west of the country (49% and 47.5% respectively). This compares with the north east of the country which has the lowest prevalence (2.9%), with Katsina State having a prevalence of just 0.1% (see [Prevalence: By region](#)).
- 2.3.4 Although FGM is more common in the southern, predominantly Christian regions, it is practiced within both Christian and Muslim communities across the country (see [Prevalence: By religion](#)).
- 2.3.5 Nigeria is ethnically diverse, with over 250 ethnic groups and societal mobility has blurred the lines between ethnic groups and the parts of the country they now occupy. Broadly speaking, of the main ethnic groups, the Hausa-Fulani (who constitute 30% of the population) are located in north east and north west regions, the Yoruba (21% of the population) in south

west, north central and central regions, and the Igbo (18% of the population) in south and south east. FGM prevalence among Yoruba and Igbo women is roughly 50%, and among Hausa-Fulani combined it is less than 20%. By comparison FGM is virtually unknown among Igala and Tiv women who mostly live in the south and central belt of the country (see [Prevalence: By ethnic group](#)).

2.3.6 The factors to be taken into account by decision makers when assessing risk include but are not limited to:

- the ethnic background of the person taking into account high levels of intermarriage;
- the prevalence of FGM amongst the extended family, as this may increase or reduce the relevant risk which may arise from the prevalence of the practice amongst members of the ethnic group in general;
- the region of Nigeria she lived before coming to the UK;
- whether she lived in an urban or rural area before coming to the UK;
- her age;
- her and her parents' education;
- the practice of the ethnic group and extended family into which she has married (if married).

b. [Parents who resist/oppose FGM for their minor children](#)

2.3.7 Studies show that Nigerian mothers generally have ambivalent perceptions of the practice of FGM but many in society believe that uncircumcised females will become sexually promiscuous (see [Societal attitude to FGM](#)).

2.3.8 A person who is the parent of a minor child who is opposed to them undergoing FGM within communities that practice it may face societal discrimination and ostracism for going against cultural or family traditions. Decision makers need to consider each case on its facts. However, in general, this treatment is unlikely to reach the threshold to constitute persecution or serious harm.

2.3.9 For further information on assessing risk, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

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2.4 Protection

2.4.1 The Violence against Persons (Prohibition) Act 2015 prohibits FGM making it a federal offence and provides for proportionate penalties. There is however variation amongst states enacting their own laws to follow the federal law. There are low rates of reporting and prosecution (see [Laws](#)).

2.4.2 Implementation of the law varies across the country and depends on state and federal police capacity and willingness. The laws are reportedly harder to enforce in rural areas where there is limited police presence and activity (see [Law enforcement](#)).

- 2.4.3 The police force is, however, working with other agencies to improve its response and attitude to gender-based violence generally, including establishing sexual assault referral centres and a dedicated unit to deal with gender-based crimes. There are also many women's advocacy groups some offering practical help to women (see the country policy and information note on [Nigeria: Women fearing gender-based violence](#)).
- 2.4.4 Prominent public figures such as the President's wife, the Minister of State for Health and some State Governors have all spoken out against FGM demonstrating the authorities willingness to tackle the issue (see [State attitude to FGM](#)).
- 2.4.5 There are also non-governmental organisations in Nigeria who are active in FGM matters and can potentially assist the person to avail themselves of the protection of the state (see [Support groups](#)).
- 2.4.6 In general, effective state protection is likely to be available. Each case will need to be considered on its particular circumstances taking into account factors such as the person's age, socio-economic circumstances, education and ethnicity. A person's reluctance to seek protection does not mean that effective protection is not available. The onus is on the person to demonstrate that the state is not willing and able to provide them with effective protection.
- 2.4.7 See also the country policy and information note on [Nigeria: Background information including actors of protection and internal relocation](#).
- 2.4.8 For further information on assessing the availability of state protection, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

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2.5 Internal relocation

- 2.5.1 Decision makers must give careful consideration to the relevance and reasonableness of internal relocation on a case-by-case basis taking full account of the individual circumstances of the particular person.
- 2.5.2 The constitution and law provide for freedom of internal movement for all regardless of age or gender. At times freedom of movement can be restricted by the imposition of curfews in areas experiencing terrorist attacks and ethno-religious violence. . Women's and children's freedom of movement in Muslim communities in northern areas is however more restricted (see [Freedom of movement](#) and also the country policy and information notes on [Nigeria: Background information including actors of protection and internal relocation](#) and [Nigeria: Women fearing gender-based violence](#)).
- 2.5.3 In general, it will not be unduly harsh for child with accompanying family to internally relocate to escape localised threats from other members of their family or other non-state actors. Internal relocation for a lone child without any accompanying family member may on the other hand be unduly harsh especially if there is no other support network. The individual circumstances of each case must be taken into account.

- 2.5.4 For further information on considering internal relocation, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

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2.6 Certification

- 2.6.1 Nigeria is listed as a designated state under section 94 of the Nationality, Immigration and Asylum Act 2002 in respect of men only.
- 2.6.2 Where a claim made by a woman (or girl) on the basis of fear of FGM is refused, it is unlikely to be certifiable as 'clearly unfounded' under section 94 of the Nationality, Immigration and Asylum Act 2002.
- 2.6.3 For further guidance on certification, see the appeals instruction on [Certification of Protection and Human Rights claims under section 94 of the Nationality, Immigration and Asylum Act 2002 \(clearly unfounded claims\)](#)

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3. Policy summary

- 3.1.1 Less than half of women in Nigeria have undergone FGM and the evidence suggests the practice is declining. There are, however, variations by region, religion, ethnicity and education status which may increase, or reduce the risk, and these must be considered alongside the individual circumstances of the person concerned.
- 3.1.2 In general effective state protection is likely to be available. FGM is unlawful in Nigeria.. However implementation of the law is uneven. There also appears to be reluctance on the part of the population to report instances of FGM. However, this is not necessarily indicative of a general inability or unwillingness of the state to provide effective protection. The onus is on the person to demonstrate that in their particular circumstances the state is not willing and able to provide them with effective protection.
- 3.1.3 If a person is at real risk of FGM in their home area, in general they will be able to relocate to another area of Nigeria where they would not be at risk, and in general it will not be unduly harsh for them to do so.
- 3.1.4 Where a claim is refused, it is unlikely to be certifiable as 'clearly unfounded' under section 94 of the Nationality, Immigration and Asylum Act 2002.

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4. Types of FGM

- 4.1.1 The World Health Organisation (WHO) has a definition of the 'types' of female genital mutilation/cutting (FGM/C) which is commonly used.¹

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5. Country background

- 5.1.1 The Nigeria Demographic and Health Survey of 2013 noted:

'Female genital cutting (FGC), also known as female circumcision or female genital mutilation, is practiced in many societies in Nigeria and is present throughout the country. In many cultures, FGC is a recognised and accepted practice that is considered important for the socialisation of women, curbing their sexual appetites and preparing them for marriage. This practice is considered part of a ritual initiation into womanhood that includes a period of seclusion and education about the rights and duties of a wife. Despite its cultural importance, FGC has drawn considerable criticism because of the potential for both short- and long-term medical complications, as well as harm to reproductive health and infringement on women's rights.'²

- 5.1.2 An English summary of a 2012 Landinfo report noted:

'Female genital mutilation (FGM) is a phenomenon found in large parts of Nigeria, but there is great variation in how it is practised. There is a clear tendency that the share of girls and young women subjected to FGM is decreasing with every generation. FGM is practised by all larger ethnic groups in Nigeria, but other social factors influence the practise and cause great variation within these ethnic groups.'³

- 5.1.3 An Annals of Medical and Health Sciences Research paper from 2012 noted:

'...FGM is still deeply entrenched in the Nigerian society where critical decision makers are grandmothers, mothers, women, opinion leaders, men...Mothers chose to subject their daughters to the practice to protect them from being ostracized, beaten, shunned, or disgraced...FGM was traditionally the specialization of traditional leaders' traditional birth attendants or members of the community known for the trade.

¹ World Health Organisation, 'Female genital mutilation fact sheet', updated February 2016, <http://www.who.int/mediacentre/factsheets/fs241/en/>. Date accessed: 3 November 2016.

² National Population Commission - Nigeria Demographic and Health Survey of 2013 (p.345), published June 2014 <http://dhsprogram.com/publications/publication-FR293-DHS-Final-Reports.cfm> date accessed: 4 November 2016

³ Landinfo - 'Nigeria: Kjønnslæstelse av kvinner', 14 November 2012 http://landinfo.no/asset/2214/1/2214_1.pdf date accessed: 15 November 2016

'...Practice of FGM has no relationship with religion. Muslims and Christians practice it, but it is more widely spread in Christian predominated parts of Nigeria.'⁴

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6. Legal context

6.1 Laws

6.1.1 The Library of Congress Global Legal Monitor noted: 'On May 25, 2015, as one of his last acts in office, former Nigerian President Goodluck Jonathan signed into law the Violence Against Persons Bill.'⁵

6.1.2 The Violence against Persons (Prohibition) Act 2015 prohibits female circumcision, making it a federal offence, with the following penalties:

'6(2) A person who performs female circumcision or genital mutilation or engages another to carry out such circumcision or mutilation commits an offence and is liable on conviction to a term of imprisonment not exceeding 4 years or to a fine not exceeding N200,000.00 or both.

'6(3) A person who attempts to commit the offence provided for in subsection (2) of this section commits an offence and is liable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding N100,000.00 or both.

'6(4) a person who incites, aids, or counsels another person to commit the offence provided for in subsection (2) of this section commits an offence and is liable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding N100,00.00 or both.'⁶

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6.2 Enforcement of the law

6.2.1 The 28 Too Many FGM in Nigeria Country Profile noted:

'In May 2015, a federal law was passed banning FGM and other harmful traditional practices (HTPs), but this Violence Against Persons Prohibition Act (VAPP) only applies to the Federal Capital Territory (FCT) of Abuja. It is up to each of the 36 states to pass similar legislation in its territory. 13 states already have similar laws in place; however, there is an inconsistency between the passing and enforcement of laws, the improvement of which depends on state and federal police capacity and willingness.

⁴ Annals of Medical and Health Sciences Research – An Overview of Female Genital Mutilation in Nigeria, June 2012 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3507121/>, date accessed: 3 November 2016

⁵ Library of Congress/Global Legal Monitor – 'Nigeria: Bill on Elimination of Violence Against Persons Enacted into Law', 4 June 2015 <http://www.loc.gov/law/foreign-news/article/nigeria-bill-on-elimination-of-violence-against-persons-enacted-into-law/>, date accessed: 4 November 2016

⁶ Nigeria: Violence Against Persons (Prohibition) Act, 2015 (VAPP) [Nigeria], 25 May 2015, <http://www.refworld.org/docid/556d5eb14.html>. Date accessed: 4 November 2016

‘...These laws may be hard to enforce in rural areas where there is limited police activity, and where girls and women may be unable to leave their villages to seek help and escape FGM, due to lack of transport or restrictions placed on their movements by male relatives.

‘Corruption is also a barrier to effective law enforcement and inhibits the flow of money to education, public health and other development issues that would help tackle FGM. It also affects the views of donors and suppliers of ongoing aid.

‘...Speaking at a recent meeting on violence against women organised by New Initiative for Development, its Executive Director, Abiodun Oyeleye, said, ‘There is a general apathy on the issue of violence against women on the part of the police institution.’ He was supported in this view by Wale Adebajo of the British High Commission, who said that the challenge of the domestic violence law (the VAPP) is that it is not yet known to the people. ‘[C]itizens have no access to the law including the justice sector stakeholders which makes it very difficult to enforce,’ he said...’⁷

6.2.2 The US State Department 2015 Human Rights Report noted: ‘Federal law criminalizes female circumcision or genital mutilation, but the federal government took no legal action to curb the practice. While 12 states have banned FGM/C, but once a state legislature criminalizes FGM/C, NGOs found they had to convince local authorities that state laws apply in their districts.’⁸

6.2.3 A Nigeria Observer News article from June 2016 noted:

‘The Chief Judge while advising that emphasis be laid on sensitizing the people on the health implications of the practice however noted that the challenge of enforcement of the law stems from the fact that the practice is accepted by some traditions and customs as a rite of passage.

‘...the commissioner of Police, Edo State, Mr. Chris Ezike represented by DCP Walter Inyang rebuffed the allegation that the police had failed in arresting offenders of the FGM law. He stressed that the major reason the police were yet to either charge or convict anyone guilty of FGM, was because there have been no reported complaints from anyone on the issue as the police cannot act in vacuum in such regard. However, there have been some claims that even where such incidents have been reported to the police in the past, they have been inclined to perceive such as issues within traditional domains that are better resolved without police intervention.’⁹

⁷ 28 Too Many – Country Profile: FGM in Nigeria (p8, p52 and p63), October 2016
http://28toomany.org/media/file/profile/Nigeria_Country_Profile_-_compressed_1.pdf date accessed: 4 November 2016

⁸ US State Department - 2015 Human Rights Report, released April 2016
<http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper> date accessed: 4 November 2016

⁹ Nigeria Observer News – ‘Female Genital Mutilation: Growing Incidence Generates Fresh Concern’, 3 June 2016 <https://nigerianobservernews.com/2016/06/female-genital-mutilation-growing-incidence-generates-fresh-concern/> date accessed: 4 November 2016

6.2.4 An English summary of a 2012 Landinfo report noted:

'FGM is a criminal offence in a number of Nigerian states, but no cases of legal prosecution of people who have subjected girls or women to FGM have been recorded.'¹⁰

6.2.5 The Freedom House 2016 Freedom in the World Report noted: 'Despite the existence of strict laws against rape, domestic violence, female genital mutilation, and child marriage, these offenses remain widespread, with low rates of reporting and prosecution.'¹¹

6.2.6 An Immigration and Refugee Board of Canada response to information request from January 2016 noted:

'The Regional Director for Africa of the ICRW [International Center for Research on Women] stated that "evidence of [the VAPP's] enforcement since it came into force has not yet emerged" and that "[t]he most significant impact [of the law] has been in the form of publicity"... According to the same source however, [c]riminalisation of entrenched cultural practices has its limitations. While legal safeguards are an important step towards ending FGM, they are not enough to eliminate it. Ending violence against women and girls requires investment, not just laws written in statute books.'¹²

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7. Prevalence of FGM in Nigeria

7.1 Overview

7.1.1 According to the 2013 NDHS [Nigeria Demographic and Health Survey] findings, 25 percent of Nigerian women are circumcised.¹³

7.1.2 The 2013 Unicef FGM Statistical Overview report categorised Nigeria as a 'moderately low prevalence country' for FGM. The report showed that 19.9million (27%) of girls and women had undergone FGM in Nigeria. The executive summary of the report analyses prevalence and trends in female genital mutilation/cutting in 29 countries. Drawing on data from more than 70 nationally representative surveys over a 20-year period, the report finds that the practice has declined in Nigeria, with the prevalence among adolescent girls dropping by about half.¹⁴

¹⁰ Landinfo – 'Nigeria: Kjønnslæstelse av kvinner', 14 November 2012 http://landinfo.no/asset/2214/1/2214_1.pdf date accessed: 15 November 2016

¹¹ Freedom House – 2016 Freedom in the World Report, released 2016 <https://freedomhouse.org/report/freedom-world/2016/nigeria> date accessed: 15 November 2016

¹² Immigration and Refugee Board of Canada response to information request – 'Nigeria: Application and enforcement of the May 2015 ban on female genital mutilation (FGM) (May 2015-January 2016)', 25 January 2016 <http://www.irb-cisr.gc.ca/Eng/ResRec/RirRdi/Pages/index.aspx?doc=456351&pls=1> date accessed: 20 December 2016

¹³ National Population Commission - Nigeria Demographic and Health Survey of 2013 (p345), published June 2014 <http://dhsprogram.com/publications/publication-FR293-DHS-Final-Reports.cfm> date accessed: 4 November 2016

¹⁴ Unicef – Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change (p27), July 2013 <http://data.unicef.org/resources/female-genital-mutilationcutting-statistical-overview-exploration-dynamics-change/> date accessed: 9 November 2016

7.2 By type

- 7.2.1 An Oxford Journals 2014 study noted that 'The types of FGM commonly practiced in Nigeria are Types I, II and III, with Type II reported to be the most common. Type IV is practiced more in the north as 'Gishri'* cuts.'¹⁵
- 7.2.2 The Nigeria 2013 Demographic and Health Survey noted that the most common type of FGM in Nigeria is Type II (some flesh removed), with 62.6% of women who undergo FGM experiencing this type. Type I (clitoris nicked, no flesh removed) is experienced by 5.8% of women who undergo FGM, and Type III (sewn closed, infibulation) is experienced by 5.3% of women who undergo FGM. 'Angurya'* cuts are performed on 24.9% and 'gishiri' cuts on 5.1% of women who experience 'other' or 'unclassified' types of FGM. Among girls aged 0 to 14 who undergo FGM, 2.7% are 'sewn closed' (i.e. infibulated – Type III).¹⁶
- 7.2.3 A 2008 World Health Organisation interagency statement on Eliminating Female Genital Mutilation defined 'gishiri' and 'angurya' cuts (mentioned in the previous paragraph):
- '...reference was made to 'gishiri' cuts and 'angurya' cuts, which are local terms used in parts of Nigeria 'Gishiri' cuts are generally made into the vaginal wall in cases of obstructed labour. The practice can have serious health risks, including fistula, bleeding and pain. It differs from most types of female genital mutilation, as it is not routinely performed on young girls but more as a traditional birthing practice. 'Angurya' cuts are a form of traditional surgery or scraping to remove the hymen and other tissue surrounding the vaginal orifice.'¹⁷

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7.3 By age

- 7.3.1 The United Nations Population Fund noted in a December 2015 report: 'In some areas, FGM is carried out during infancy – as early as a couple of days after birth. In others, it takes place during childhood, at the time of marriage, during a woman's first pregnancy or after the birth of her first child. Recent reports suggest that the age has been dropping in some areas, with most FGM carried out on girls between the ages of 0 and 15 years.'¹⁸
- 7.3.2 The Nigeria 2013 Demographic and Health Survey noted:

¹⁵ Oxford Journals – Mothers' perceptions of female genital mutilation, 16 July 2014 <http://her.oxfordjournals.org/content/early/2014/01/10/her.cyt118.full> date accessed: 11 November 2016

¹⁶ National Population Commission - Nigeria Demographic and Health Survey of 2013 (p350, 351 and 357), published June 2014 <http://dhsprogram.com/publications/publication-FR293-DHS-Final-Reports.cfm> date accessed: 14 November 2016

¹⁷ World Health Organisation - interagency statement on Eliminating Female Genital Mutilation, 2008 http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf date accessed: 15 November 2016

¹⁸ United Nations Population Fund – FGM frequently asked questions, December 2015 http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#age_performed date accessed: 14 November 2016

'In Nigeria, female circumcision occurs mostly during infancy...four in five women (82 percent) who have been circumcised had their circumcision before their fifth birthday. Four percent of circumcised women underwent the procedure between age 5 and age 9, 5 percent were circumcised between age 10 and age 14, and 7 percent were circumcised at age 15 or older. The results show variations among ethnic groups in age at circumcision. Ninety-two percent of Hausa women underwent the procedure before age 5, while 38 percent of Ijaw/Izon women were circumcised at age 15 or older. By zone, 90 percent of women in the South East were circumcised before age 5, while 34 percent in the North East were circumcised at age 15 or older (this may be the result of a ritual for initiation into womanhood). Almost all women in Imo, Enugu, and Abia were circumcised before their fifth birthday, as compared with 11 percent in Benue.'¹⁹

7.3.3 The 2013 Nigeria Demographic and Health Survey contained a table setting out more detail of prevalence of FGM by age (Table 18.2, p.349 and p.350) [Nigeria 2013 Demographic and Health Survey](#).

Percentage of women age 15-49 who have been circumcised and percent distribution of circumcised women by type of circumcision, according to background characteristics, Nigeria 2013

Background characteristic	Percentage of women circumcised	Number of women	Type of circumcision				Total	Number of circumcised women
			Cut, no flesh removed	Cut, flesh removed	Sewn closed	Don't know/missing		
Age								
15-19	15.3	7,820	5.8	62.8	3.6	27.8	100.0	1,197
20-24	21.7	6,757	6.6	60.4	5.8	27.2	100.0	1,465
25-29	22.9	7,145	6.2	62.5	5.1	26.2	100.0	1,635
30-34	27.4	5,467	5.0	63.5	5.8	25.6	100.0	1,500
35-39	30.4	4,718	6.5	61.8	4.8	26.9	100.0	1,435
40-44	33.0	3,620	5.8	64.3	6.9	23.0	100.0	1,194
45-49	35.8	3,422	4.7	63.2	5.3	26.8	100.0	1,226

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7.4 By region

7.4.1 The 28 Too Many FGM in Nigeria Country Profile, largely using the Nigeria 2013 DHS figures, noted:

'Specific practices in relation to FGM and its prevalence vary across all regions, ethnic groups and religions in Nigeria. There is a variation in FGM prevalence according to place of residence, with 32.3% of women living in urban areas having undergone FGM, compared with 19.3% of women living in rural areas. There is also variation across Nigeria's six Zones and 36 states. South East and South West Zones have the highest prevalence (49% and 47.5% respectively). This is further evidenced by Ebonyi State in South East and Osun State in South West having the highest prevalence by state (74.2% and 76.6% respectively). North East is the Zone with the lowest prevalence, at 2.9%, and Katsina (in North West Zone) is the state with the lowest prevalence, at 0.1%.²⁰

¹⁹ National Population Commission - Nigeria Demographic and Health Survey of 2013 (p351), published June 2014 <http://dhsprogram.com/publications/publication-FR293-DHS-Final-Reports.cfm> date accessed: 14 November 2016

²⁰ 28 Too Many – Country Profile: FGM in Nigeria (p8), October 2016

7.4.2 The 2013 Nigeria Demographic and Health Survey contained a table setting out more detail of prevalence of FGM by region (Table 18.2, p.349 and p.350) [Nigeria 2013 Demographic and Health Survey](#)

Percentage of women age 15-49 who have been circumcised and percent distribution of circumcised women by type of circumcision, according to background characteristics, Nigeria 2013

Background characteristic	Percentage of women circumcised	Number of women	Type of circumcision				Total	Number of circumcised women
			Cut, no flesh removed	Cut, flesh removed	Sewn closed	Don't know/missing		
State								
North Central								
FCT-Abuja	6.1	315	(2.2)	(69.4)	(3.4)	(25.0)	100.0	19
Benue	8.4	1,240	0.0	84.7	12.5	2.7	100.0	104
Kogi	1.7	704	*	*	*	*	100.0	12
Kwara	53.3	596	3.2	50.5	2.5	43.9	100.0	318
Nasarawa	9.0	594	3.5	61.2	22.3	13.0	100.0	53
Niger	2.5	1,462	(0.0)	(60.5)	(16.1)	(23.4)	100.0	37
Plateau	1.7	662	*	*	*	*	100.0	11
North East								
Adamawa	1.0	828	*	*	*	*	100.0	8
Bauchi	5.2	1,161	10.6	59.1	0.0	30.3	100.0	60
Borno	2.3	1,412	*	*	*	*	100.0	33
Gombe	2.9	550	(65.4)	(12.5)	(0.0)	(22.1)	100.0	16
Taraba	2.8	844	(13.2)	(42.9)	(6.5)	(37.4)	100.0	24
Yobe	2.6	971	(9.9)	(45.9)	(1.2)	(43.0)	100.0	26
North West								
Jigawa	39.4	1,353	5.7	74.8	3.3	16.2	100.0	534
Kaduna	25.1	2,136	36.2	37.1	21.1	5.5	100.0	536
Kano	40.9	3,189	1.9	27.0	3.1	67.9	100.0	1,303
Katsina	0.1	1,525	*	*	*	*	100.0	1
Kebbi	2.6	1,244	(10.7)	(14.8)	(19.3)	(55.2)	100.0	32
Sokoto	3.0	1,098	(3.5)	(2.7)	(0.0)	(93.8)	100.0	33
Zamfara	1.7	1,332	*	*	*	*	100.0	23
South East								
Abia	31.9	518	0.3	68.2	13.7	17.8	100.0	165
Anambra	23.4	1,052	6.6	47.6	5.4	40.5	100.0	246
Ebonyi	74.2	1,122	1.9	89.9	3.3	4.9	100.0	833
Enugu	40.3	951	1.1	89.9	5.7	3.3	100.0	384
Imo	68.0	833	16.4	70.2	5.1	8.3	100.0	567
South South								
Akwa Ibom	11.0	864	2.8	72.0	9.4	15.7	100.0	95
Bayelsa	16.2	364	12.7	63.6	20.1	3.7	100.0	59
Cross River	32.2	703	1.6	73.6	2.7	22.1	100.0	227
Delta	40.3	993	4.3	70.0	7.4	18.4	100.0	400
Edo	41.6	742	1.1	69.6	3.6	25.8	100.0	308
Rivers	14.6	1,276	5.5	45.4	8.2	41.0	100.0	186
South West								
Ekiti	72.3	326	4.9	44.1	2.0	49.0	100.0	236
Lagos	34.8	1,964	2.3	70.8	4.4	22.4	100.0	684
Ogun	11.2	883	19.6	68.8	1.2	10.3	100.0	99
Ondo	45.0	808	4.1	50.2	1.1	44.6	100.0	363
Osun	76.6	765	3.4	85.2	2.9	8.5	100.0	586
Oyo	65.6	1,568	1.2	73.7	2.8	22.3	100.0	1,030

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http://28toomany.org/media/file/profile/Nigeria_Country_Profile_-_compressed_1.pdf date accessed: 14 November 2016

7.5 By religion

7.5.1 The Harvard University Divinity School Religious Literacy Project Nigeria country profile (undated) noted:

'In Nigeria FGM is slightly more common in the southern, predominantly Christian regions, but it is practiced within both Christian and Muslim communities across the country. The ban of FGM in Nigeria was reached by culmination of the efforts of organizations such as the Inter-African Committee, UNICEF, and the World Health Organization (WHO), together with Muslim and Christian groups. Christians belonging to the Seventh Day Adventist tradition in Nigeria have been particularly outspoken against FGM, and cite the Bible in their rejection of the practice.'²¹

7.5.2 The 2013 Nigeria Demographic and Health Survey contained a table setting out prevalence of FGM by religion (Table 18.2, p.349) [Nigeria 2013 Demographic and Health Survey](#)

Percentage of women age 15-49 who have been circumcised and percent distribution of circumcised women by type of circumcision, according to background characteristics, Nigeria 2013

Background characteristic	Percentage of women circumcised	Number of women	Type of circumcision				Total	Number of circumcised women
			Cut, no flesh removed	Cut, flesh removed	Sewn closed	Don't know/missing		
Religion								
Catholic	31.4	4,316	5.3	73.2	6.7	14.7	100.0	1,355
Other Christian	29.3	13,922	3.9	69.3	6.5	20.3	100.0	4,081
Islam	20.1	20,149	8.2	51.6	3.6	36.6	100.0	4,051
Traditionalist	34.8	359	1.3	82.3	6.1	10.3	100.0	125

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7.6 By ethnic group

7.6.1 The 28 Too Many FGM in Nigeria Country Profile, largely using the Nigeria 2013 DHS figures, noted:

'Nigeria is ethnically diverse, with over 250 ethnic groups, ten of which comprise 80% of the country's population...Social and physical mobility have blurred the lines between ethnic groups and the parts of the country they now occupy. Broadly speaking, the Hausa-Fulani (who constitute 30% of the population) are located in North East and North West Zones, the Yoruba (21%) in South West, North Central and Central Zones, and the Igbo (18%) in South and South East Zones. FGM prevalence among Yoruba women aged 15 to 49 is 54.5%, among Igbo it is 45.2%, and among Hausa-Fulani combined it is approximately 16.3%. FGM is virtually unknown among Igala (0.5%) and Tiv women (0.3%).'²²

Deleted: South

7.6.2 The 2013 Nigeria Demographic and Health Survey contained a table setting out more detail of prevalence of FGM by ethnicity. (Table 18.2, p.349 and figure 18.1, p.350) [Nigeria 2013 Demographic and Health Survey](#)

²¹ The Harvard University Divinity School Religious Literacy Project - Nigeria country profile, undated <http://rlp.hds.harvard.edu/nigeria-overview> date accessed: 14 November 2016

²² 28 Too Many – Country Profile: FGM in Nigeria (p8), October 2016 http://28toomany.org/media/file/profile/Nigeria_Country_Profile_-_compressed_1.pdf date accessed: 14 November 2016

Percentage of women age 15-49 who have been circumcised and percent distribution of circumcised women by type of circumcision, according to background characteristics, Nigeria 2013

Background characteristic	Percentage of women circumcised	Number of women	Type of circumcision				Total	Number of circumcised women
			Cut, no flesh removed	Cut, flesh removed	Sewn closed	Don't know/missing		
Ethnic group								
Ekoi	(56.9)	22	*	*	*	*	100.0	13
Fulani	13.2	2,565	2.6	57.5	2.0	37.9	100.0	338
Hausa	19.4	10,699	11.9	38.4	3.6	46.2	100.0	2,074
Ibibio	12.8	841	2.1	71.4	9.4	17.2	100.0	108
Igala	0.5	371	*	*	*	*	100.0	2
Igbo	45.2	5,636	5.7	74.9	5.4	14.0	100.0	2,546
Ijaw/Izon	11.0	751	9.2	65.8	18.8	6.2	100.0	82
Kanuri/Berberi	2.6	680	*	*	*	*	100.0	18
Tiv	0.3	836	*	*	*	*	100.0	3
Yoruba	54.5	5,482	3.2	67.4	3.0	26.4	100.0	2,989
Others	13.4	11,002	3.8	66.0	12.2	18.1	100.0	1,470
Don't know/missing	14.8	64	*	*	*	*	100.0	9

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7.7 Actors of harm

7.7.1 The 28 Too Many FGM in Nigeria Country Profile, largely using the Nigeria 2013 DHS figures, noted:

'For girls (aged 0 to 14) and women (aged 15 to 49) who have undergone FGM, the most common type of practitioner is the 'traditional agent' (86.6% for girls; 79.5% for women). The majority of these 'traditional agents' are 'traditional circumcisers', but 'traditional birth attendants' cut 2.5% and 7% of these girls and women respectively. This suggests that 'traditional agents' are now being used slightly more often. Medical professionals (doctor, nurse/midwife, other health professional) cut 11.9% and 12.7% of these girls and women respectively, which is not a significant enough difference to definitively conclude from those figures that there has been a decrease over time in the number of medical professionals performing FGM.'²³

7.7.2 A Premium Times report from May 2016 noted:

'The Circumcision Descendants Association of Nigeria have advocated the provision of alternative means of livelihood for their members as a way of curbing Female Genital Mutilation practice in south-west Nigeria.

'At a Summit to End FGM in Nigeria held in Ibadan, Monday, the group said the FGM agenda would be difficult to achieve without the "full involvement" of their members.

'... "Government should also consider a programme for the circumciser's family to limit the effect on the loss of revenue."

'Money is the reason.'

'Gift Abu, a nurse and activist, said native customs contribute to the practice of FGM across the country.

"The circumcisers are the issues," Ms. Abu told Premium Times.

²³ 28 Too Many – Country Profile: FGM in Nigeria (p8), October 2016
http://28toomany.org/media/file/profile/Nigeria_Country_Profile_-_compressed_1.pdf date accessed: 14 November 2016

“So if we get to them first, and get their consent for them to drop their knives and accept the campaign, then FGM will be history.”

‘Ms. Abu said the campaign succeeded in convincing about 70 percent of the circumcisers to stop the practice, with the remaining ones being reluctant to follow suit.’²⁴

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8. State attitudes to FGM

8.1.1 A February 2016 article in the Nigerian Guardian noted:

‘Wife of the president, Mrs. Aisha Buhari has thrown her support behind efforts being made by United Nations Population Fund (UNFPA), the United Nations Children Fund (UNICEF) to end Female Genital Mutilation and Circumcision (FGM/C) in Nigeria.

‘As part of efforts to accelerate the abandonment of FGM/C, the president’s wife on Tuesday launched the national response to eliminate the practice in Abuja. Joining in the fresh efforts to eliminate the practise were state governors in states with high FGM prevalence, relevant ministries and the civil society organizations.

‘Mrs Buhari said at the launch: “I also urge the wives of governors, particularly those from states where this harmful practice is rampant, to be the voice of the campaign to end FGM/C in their various states.

“We are mothers and women and have the primary role to use our privileged positions to make lives better for Nigerians, especially women and girls. I urge you to be vocal on the need for FGM/C to end in Nigeria and take action that will enable this to happen.”²⁵

8.1.2 A Nigeria Daily News article from February 2016 noted:

‘The minister of state for health, Osagie Ehanire stated this at the presidential villa in Abuja, on Tuesday, February 9 during the launch of the national campaign for the abandonment of FGM in Nigeria...

‘...’Nigeria is also faced nowadays with the problem of medicalization of FGM in which disinfectants and sterile cutting instruments are utilized to reduce the rate of infection or death. The medicalization of this process involves medical health professionals in the practice of female genital mutilation.”

“The World Health Organisation (WHO) has unequivocally advised against the institutionalization and performance of FGM by health professionals in any setting. The federal ministry of health is addressing this issue in

²⁴ Premium Times, ‘Nigerian genital cutters give conditions for ending Female Genital Mutilation’, 24 May 2016, <http://www.premiumtimesng.com/news/headlines/204040-nigerian-genital-cutters-give-conditions-ending-female-genital-mutilation.html>. Date accessed: 14 November 2016.

²⁵ The Guardian (Nigeria) – ‘Aisha Buhari, UNFPA/UNICEF push against female genital mutilation’, 11 February 2016 <http://guardian.ng/news/aisha-buhari-unfpa-unicef-push-against-female-genital-mutilation/> date accessed: 15 November 2016

collaboration with the Society of Gynecology and Obstetrics of Nigeria to combat the medicalization of FGM by health practitioners in the country.”

‘...The minister described FGM as a serious human right violation of the female population of Nigeria that could have grave consequences adding that practice exposes to infections and potential adverse mental health effects.

‘He said that punishment for offenders had been outlined in the Violence Against Persons Prohibition Act, 2015, making FGM now punishable by law. He noted that the ministry had reviewed the 2002 national FGM policy and developed a costed plan of action which would last from 2010 to 2017 for the elimination of the practice in Nigeria. According to him, the plan would address the problem of sectorial collaborations between the ministries of women affairs, education, community and religious leaders and the media.’

²⁶

8.1.3 A This Day report from June 2016 noted:

‘...the Governor of Oyo state, Sen. Abiola Ajimobi, said the administration is highly committed to tackling the issue, noting that the state would not hesitate to bring the full force of the law to bear on anyone found guilty of any acts of mutilation, harmful traditional practice or act of violence.

‘Ajimobi stressed that the elimination of FGM is a specific target under Goal 5 of the Sustainable Development Goals (SDGs), adding that his government would ensure that all the requisite laws and policies are put in place and enforced in order to achieve this goal.

‘...“Let me state here that even though the legal framework has been put in place to fight this menace, we must now support it with deliberate action by seriously advocating for a culture shift. Community leaders have a role to play in bringing this issue to its knees.

““We must also take note that while advocating for a culture shift, the advocates of this gruesome act must also have a rethink and a mind reset in order for the laws passed to become effective. They must have a change in attitude stemming from a personal conviction of the incalculable harm that is done to victims of these acts of mutilation.”’ ²⁷

8.1.4 The 28 Too Many FGM in Nigeria Country Profile noted:

‘...Speaking at a recent meeting on violence against women organised by New Initiative for Development, its Executive Director, Abiodun Oyeleye, said, ‘There is a general apathy on the issue of violence against women on the part of the police institution.’...’ ²⁸

²⁶ Nigeria Daily News – ‘FG issues stern warning to health workers in Nigeria’, 10 February 2016 <http://www.nigeriadailynews.news/news/248348-fg-issues-stern-warning-to-health-workers-in-nigeria.html> date accessed: 15 November 2016

²⁷ This Day – Female Genital Mutilation: Another Hindrance to Devt, 23 June 2016 <http://www.thisdaylive.com/index.php/2016/06/23/female-genital-mutilation-another-hindrance-to-devt/> date accessed: 15 November 2016

²⁸ 28 Too Many – Country Profile: FGM in Nigeria (p63), October 2016

- 8.1.5 An Immigration and Refugee Board of Canada request response from 2012 noted the results of correspondence: 'The CWSI [Centre for Women Studies and Intervention] representative added that "the law does not go into communities where [FGM is practiced] to monitor and punish offenders". Okeke [Okeke, Uju Peace] indicated that "[m]ost likely, police will also consider it a family affair and refuse to interfere".'²⁹
- 8.1.6 Another 2016 Immigration and Refugee Board of Canada response to information request noted:
 '[academic] sources report that in cases of refusal to take part in ritual practices, it is possible to turn to state actors and civil society organizations... as well as religious institutions as a means of protection... According to [a] Lecturer [professor of African history], women seeking recourse against a forced FGM procedure may seek assistance from the police, the Lagos State Ministry of Social Welfare, the Office of the Public Defender, numerous NGOs, churches/mosques, and community leaders... The doctoral candidate added that it is possible to seek counselling from traditional rulers, priests, and pastors.'³⁰
- 8.1.7 A Punch article from May 2016 noted:
 'The Nigeria Police Force had created a 'public friendly' gender unit across the country to prosecute anyone culpable of Sexual and Gender-Based Violence... According to [The Inspector General of Police] the project is scheduled to cover the six geo-political zones and with pilot schemes done in, Kano, Imo, Edo, Ondo, Lagos and Borno States and the FCT respectively. The North-West, South-West, North Central, South-South and North-East had been covered, using Kano, Imo Edo and Gombe States as well as the FCT for their pilot schemes...'³¹
- 8.1.8 The 2016 Bertelsmann Stiftung Transformation Index Nigeria country profile noted that: 'Concerning women and girls, in particular of lower status, the state still lacks the capacity to protect them against violence, including... female circumcision and abuse by customary law.'³²

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http://28toomany.org/media/file/profile/Nigeria_Country_Profile_-_compressed_1.pdf date accessed: 14 November 2016

²⁹ Immigration and Refugee Board of Canada - Nigeria: Whether parents can refuse female genital mutilation for their daughters; protection available to the child, 21 November 2012

<http://www.refworld.org/docid/50c84b9c2.html> date accessed: 15 November 2016

³⁰ Immigration and Refugee Board of Canada response to information request - Nigeria: Prevalence of female genital mutilation (FGM), including ethnic groups in which FGM is prevalent, particularly in Lagos State and within the Edo ethnic group; consequences for refusal; availability of state protection; the ability of a family to refuse a ritual practice such as FGM (2014-September 2016), 13 September 2016 <http://www.irb-cisr.gc.ca/Eng/ResRec/RirRdi/Pages/index.aspx?doc=456691&pls=1> date accessed: 20 December 2016

³¹ Punch – Police inaugurates gender unit to fight sexual, gender-based violence, 13 May 2016

<http://punchng.com/57036-2/> date accessed: 20 December 2016

³² Bertelsmann Stiftung Transformation Index – 2016 Nigeria Country Profile, 1 January 2016 https://www.bti-project.org/fileadmin/files/BTI/Downloads/Reports/2016/pdf/BTI_2016_Nigeria.pdf date accessed: 20 December 2016

9. Societal attitudes to FGM

- 9.1.1 The 28 Too Many FGM in Nigeria Country Profile, largely using the Nigeria 2013 DHS figures, noted:

'Attitudes towards FGM are varied among women aged 15 to 49. 50% of women who have undergone FGM believe the practice should cease, compared to 76.2% of women who have had not had FGM. Overall, 64.3% of women want to see FGM stopped, indicating a slight improvement from 62.1% in the DHS 2008. Among men, however, there has been a slight decrease in the number who want to see FGM stopped, from 64.2% in the DHS 2008 to 62.1% in the DHS 2013. Approximately three-quarters of Christian women believe it should stop, compared to just under half of women who practise a traditionalist religion. Continuation is supported by almost a third of Hausa-Fulani and Yoruba women.'³³

- 9.1.2 A 2014 published Oxford Journals study noted:

'Many reasons have been documented for the continued practice of FGM in Nigeria. They are mainly sociocultural and vary from one community to the other. They include the preservation of virginity or prevention of premarital sex, the prevention of promiscuity, spiritual satisfaction, social acceptance, family honour, cleanliness or hygiene, aesthetic reasons, increased sexual pleasure for the husband, enhancing fertility and increasing marriageability. A local myth among some Ibos in the south-east region of Nigeria is that if a baby's head touches the clitoris, the baby will die or the breast milk will be poisonous. Another possible reason for the continued practice of FGM may be lack of awareness and knowledge of the health problems associated with FGM.

'...Findings show that the mothers had ambivalent perceptions of the practice of FGM. To illustrate this, the majority of participants (56.8%) reported that they do not perceive the practice as being beneficial to the female, yet almost half of them (44.2%) thought that uncircumcised females will become sexually promiscuous. This latter finding is similar to that of another Nigerian study, which found that mothers were of the opinion that FGM prevents sexual promiscuity.'³⁴

- 9.1.3 A Nigeria Observer News report from June 2016 noted:

'...investigations have revealed that FGM is an acceptable traditional practice observed by the female gender in most communities in Nigeria, Edo State inclusive, which is believed to prepare the female gender, culturally, for a fulfilled womanhood and motherhood. And there are elements in every community that are determined to ensure that this illicit practice continues in perpetuity despite legislative prohibition. Normally, those who refuse to

³³ 28 Too Many – Country Profile: FGM in Nigeria (p63), October 2016
http://28toomany.org/media/file/profile/Nigeria_Country_Profile_-_compressed_1.pdf date accessed: 15 November 2016

³⁴ Oxford Journals – Mothers' perceptions of female genital mutilation, 16 July 2014
<http://her.oxfordjournals.org/content/early/2014/01/10/her.cyt118.full> date accessed: 14 November 2016

subject their infant children and wards to this practice are regarded as renegades who are invariably targeted for primitive punishments and attacks.

'Although it negates global best practices, the level of obduracy of the adherents of Female Genital Mutilation is alarming and today; it seems as if there is a violent clash of culture and tradition with the law on FGM as passed by the State Assembly.'³⁵

- 9.1.4 An Immigration and Refugee Board of Canada information response from 2012 noted the results of correspondence: 'The CWSI [Centre for Women Studies and Intervention] representative indicated that people's attitude toward FGM being practiced is "'it's not my business' and so no one is reported"... She also indicated that laws that ban FGM are not used because it is a "cultural belief and widely accepted by people".'³⁶

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10. Freedom of movement

- 10.1.1 The US State Department 2015 Human Rights Practices Report noted: 'The constitution and law provide for freedom of internal movement, foreign travel, emigration, and repatriation, but security officials restricted freedom of movement at times by imposing curfews in areas experiencing terrorist attacks and ethnoreligious violence.'³⁷

- 10.1.2 The 2016 Nigeria Gender Index noted:

'The Constitution and law provide for freedom of movement and access to public space and married and unmarried women may apply for passports and national ID cards in the same way as a man. In addition, under Constitutional law, women have the same right to choose their domicile and confer their citizenship in the same way as men. However, decision-making data from the 2008 Demographic and Health Survey (DHS) shows that husbands primarily make decisions regarding their wives visits to family and relatives (44.4%), although many couples also make this decision jointly (43.6%).'³⁸ (See also the country policy and information notes on [Nigeria: Background information including actors of protection and internal relocation](#) and [Nigeria: Women fearing gender-based violence](#)).

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³⁵Nigeria Observer News – 'Female Genital Mutilation: Growing Incidence Generates Fresh Concern', 3 June 2016 <https://nigerianobservernews.com/2016/06/female-genital-mutilation-growing-incidence-generates-fresh-concern/> date accessed: 14 November 2016

³⁶ Immigration and Refugee Board of Canada - Nigeria: Whether parents can refuse female genital mutilation for their daughters; protection available to the child, 21 November 2012 <http://www.refworld.org/docid/50c84b9c2.html> date accessed: 17 November 2016

³⁷ US State Department - 2015 Human Rights Report, released April 2016 <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper> date accessed: 15 November 2016

³⁸ Social Institutions and Gender Index – Nigeria Country Profile, 2016 <http://www.genderindex.org/country/nigeria> date accessed: 15 November 2016

11. Support groups

11.1.1 The 28 Too Many FGM in Nigeria Country Profile noted:

'Although there are many NGOs active in particular areas of Nigeria to eliminate FGM through the education of traditional and religious leaders, working with health professionals, and talking to women and girls about the dangers of FGM, 28 Too Many has been unable to find a national or state level network that brings these organisations together. The setting up of such a network at a federal level, with state-level subsidiaries, would help facilitate exchanges of information and ideas as to what works most effectively to achieve abandonment of the practice.'³⁹

11.1.2 The 28 Too Many FGM in Nigeria Country Profile provided information about a number of international, national and local organisations supplying wide-ranging assistance in the country.⁴⁰ (See also the country policy and information note on [Nigeria: Women fearing gender-based violence](#)).

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³⁹ 28 Too Many – Country Profile: FGM in Nigeria, October 2016
http://28toomany.org/media/file/profile/Nigeria_Country_Profile_-_compressed_1.pdf date accessed:
15 November 2016

⁴⁰ 28 Too Many – Country Profile: FGM in Nigeria (p54-60), October 2016
http://28toomany.org/media/file/profile/Nigeria_Country_Profile_-_compressed_1.pdf date accessed:
15 November 2016

Version control and contacts

Contacts

If you have any questions about this note and your line manager, senior caseworker or technical specialist cannot help you, or you think that this note has factual errors then [email the Country Policy and Information Team](#).

If you notice any formatting errors in this note (broken links, spelling mistakes and so on) or have any comments about the layout or navigability, you can [email the Guidance, Rules and Forms Team](#).

Clearance

Below is information on when this note was cleared:

- version **1.0**
- valid from **27 February 2017**

Changes from last version of this note

Split and expanded from CIG/CPIN on women to create first specific version in CPIN format.

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