



FGM IN NIGERIA: KEY FINDINGS

October 2016

In Nigeria, the estimated prevalence of FGM among women aged 15 to 49 is **24.8%**.ⁱ

20 million women and girls in Nigeria have undergone FGM.

This represents **10%** of the global total.ⁱⁱ

WHERE

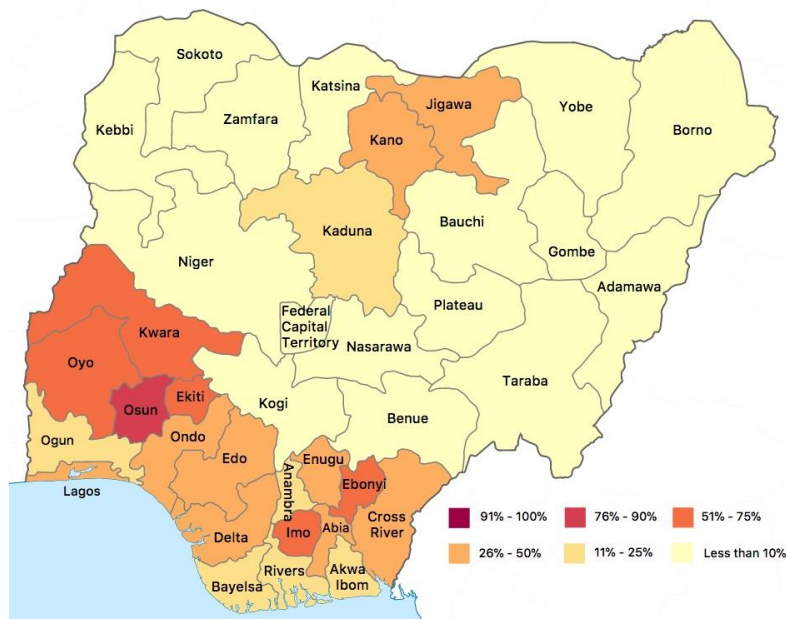
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Zones in Nigeria with the **highest FGM prevalence** are South East (49%) and South West (47.5%). Osun State records the highest prevalence at 76.6%.

North East Zone has the **lowest prevalence** (2.9%) and the State of Katsina in North West Zone records the lowest prevalence at 0.1%.

(DHS 2013, pp.349-50)

FGM prevalence by State (© 28 Too Many):



However, prevalence figures according to **place of residence** may not be an indicator of where FGM has actually taken place.

Data shows that 32.3% of Nigerian women aged 15 to 49 living in urban areas have undergone FGM, compared to 19.3% of women living in rural areas.

Prevalence of FGM among girls under 14, however, is almost equal between those living in urban areas (16.8%) and those in rural areas (17%).

(DHS 2013, pp.349 & 354)

WHY

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The main reason that is given for practising FGM in Nigeria is to '**preserve virginity/prevent extra-marital sex**'. This was cited by 11.2% of women and 17.3% of men who had heard of FGM in Nigeria, particularly in the oldest age-group (45 to 49).

Women then cited '**social acceptance**' and '**better marriage prospects**' as reasons for practicing FGM. '**More sexual pleasure for a man**' was also cited by men.

Although FGM is **not** required by any religious scriptⁱⁱⁱ, overall, 15% of women and 23.6% of men believe it is required by their religion, particularly men (39.9%) and women (33.1%) practising traditionalist religions and men (30%) practising Islam.

ⁱⁱⁱ See page 42 of Country Profile

(DHS 2008, pp.306-7; DHS 2013, p.359)

AGE

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FGM is most likely to take place in Nigeria before a girl reaches the age of five. Girls are less likely to be cut after the age of 15.

Many girls are cut as infants (16% of girls aged 0 to 14 undergo FGM before their first birthday), and most women (82%) aged 15 to 49 who have had FGM state that they were cut before the age of five.

(DHS 2013, pp.352-3)

FGM TYPES

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‘Cut, flesh removed’ is the **most common type of FGM** reported in Nigeria:

Cut, no flesh removed/nicked	5.8%
Cut, flesh removed	62.6%
Sewn closed (infibulation/Type III FGM)	5.3%
Undetermined/Not sure/Don't know	26.3%

% distribution of FGM types for Nigerian women aged 15 to 49 who have had FGM (DHS 2013, p.350)

It is possible that some of the 26.3% of women who do not know what type of FGM they have had have undergone Type IV (‘Other’/‘Unclassified’), of which some forms are distinct to Nigeria. Of women aged 15 to 49 who have experienced unclassified/Type IV FGM:

- 24.9% have experienced **angurya** (scraping of tissue surrounding the opening of the vagina);
- 5.1% have experienced **gishiri** (cutting of the vagina); and
- 5.1% have experienced the use of **corrosive substances**.

(DHS 2013, p.351)

Among girls aged 0 to 14 who undergo FGM, 2.7% are ‘sewn closed’ (i.e. infibulated – Type III).

Type III is highest among Catholic, other Christian and traditionalist women; *angurya* and *gushiri* (Type IV) are most common among Muslim women.

(DHS 2013, pp.247-9 & 357)

PRACTITIONERS

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86.6% of girls and 79.5% of women are cut by ‘**traditional agents**’. The majority of these agents are what the DHS calls ‘traditional circumcisers’. However, 2.5% of these girls and 7% of these women were cut by ‘traditional birth attendants’. Of girls and women who have undergone FGM, **medical professionals** (doctors, nurses/midwives and other health professionals) cut 11.9% and 12.7% respectively. Such figures suggest that ‘traditional agents’ may now be used slightly more often.

(DHS 2013, p.357)

LAW

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In May 2015, a federal law was passed in Nigeria banning FGM and other harmful traditional practices, but this **Violence Against Persons Prohibition Act (VAPP)** only applies to the Federal Capital Territory 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 remains an inconsistency between the passing and enforcement of laws.

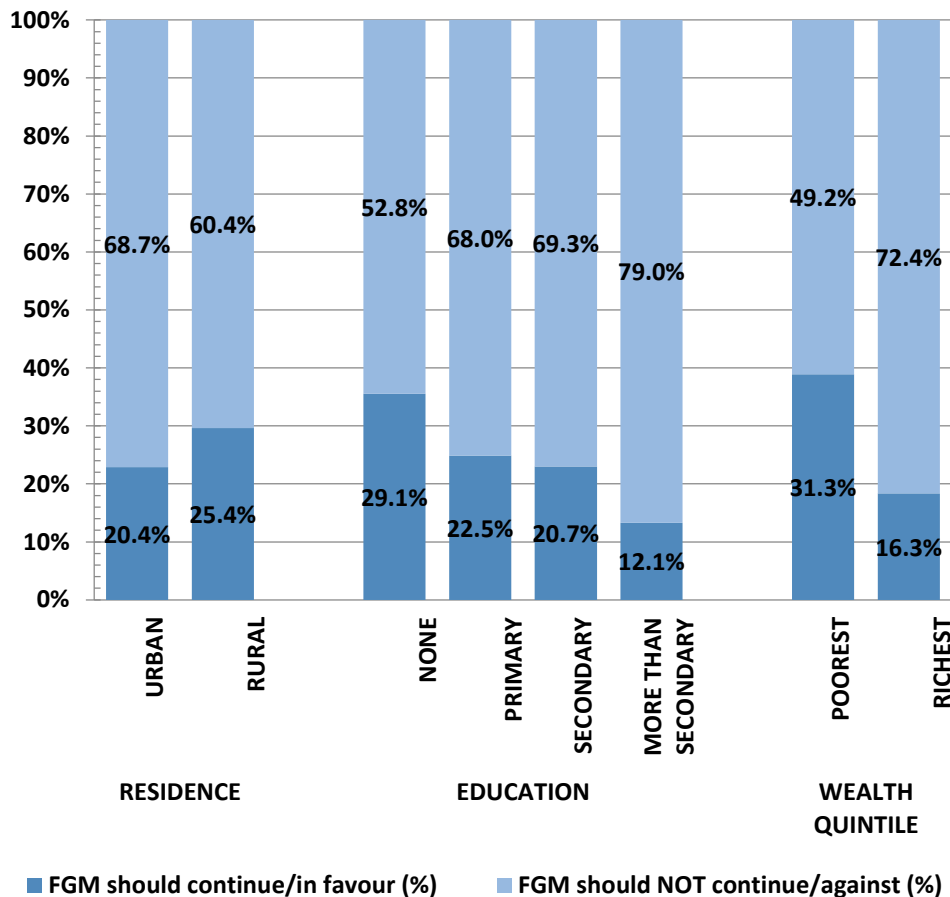
ATTITUDES

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Overall, **64.3% of women and 62.1% of men believe that FGM should be stopped in Nigeria.**

The strongest support among women for an end to the practice is from those who have not undergone FGM (76.2%), when compared with those who have (50%).

Attitudes towards FGM among women aged 15 to 49 also vary according to residence, education and wealth:



(DHS 2008, pp.361-2)

MOST AT RISK

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Although from available data the prevalence of FGM appears to be highest among wealthier, better-educated Nigerian women who live in urban areas, these same women are the least likely to have their daughters cut before the age of 15. This same group of women is also most in favour of ending the practice.

Conversely, although the prevalence of FGM appears to be lowest among poorer Nigerian women with little or no education who live in rural areas, these women are more likely to have their daughters cut. In other words, this cohort is the most likely to continue the practice, and shows the highest level of support for its continuation.

NEXT STEPS

What do anti-FGM programmes need to consider?

- The Nigerian population is becoming increasingly mobile, both socially and economically, resulting in increased intermarriage and a blurring of traditional places of residence, ethnicity and religious distinctions in the practice of FGM.
- There is now a large, young population with increased access to information through mobile phones, and an increased use of social media offers new opportunities for transmitting information about the dangers of FGM.
- Expanding the use of media tools and involving key public figures in the anti-FGM movement, including from the entertainment and sports sectors, is key to appealing to the younger generation.
- Including FGM in the school curriculum is essential to ensure approved information and education tools are used.
- Awareness-raising should take place among men and boys as well as women and girls, and be supported by engaging those in public office (at all levels).
- Faith leaders and traditional leaders are critical to the process of raising awareness in communities where religion is cited as a reason for the continuation of FGM.
- A major challenge is to persuade and support the traditional practitioners of FGM to give up a practice that continues to be an important part of their livelihood and status in Nigerian communities.
- 28 Too Many has been unable to find a network that brings organisations together in Nigeria. Setting up such a network at a federal level, with state-level subsidiaries, would facilitate exchanges of information and ideas as to what works most effectively to achieve the abandonment of FGM.

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Front cover image:

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This image has been altered from its original format (cropped and made transparent).

Please note that the use of the photograph of this girl does not imply that she has, nor has not, undergone FGM.

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v2 November 2017