28 TOO MANY
FGM...
let's end it.

FGM IN NIGER: SHORT REPORT

February 2020

Key Findings and Indicators[1]

***Prevalence*:** In Niger, the prevalence of FGM in women aged 15–49 is 2.0%*

***Geography*:** Tillaberi, in the south-west, has the highest prevalence

Age: 75.7% of women aged 15–49 who have undergone FGM were cut before the age of five

Type: 'Cut, flesh removed' is the most common type of FGM practised

Agent: 84.4% of FGM cases are carried out by traditional cutters

***Attitudes*:** 82.4% of women and 85.7% of men (aged 15–49) believe that FGM should be stopped

HDI Rank: 189 out of 189 countries (2018)

SDG Gender Index Rating: 125 out of 129 countries (2019)

Population: 21,430,597 (as at 8 June 2017), with a 3.22% growth rate (2016 est.)

Infant Mortality Rate: 57 deaths per 1,000 live births (2015)

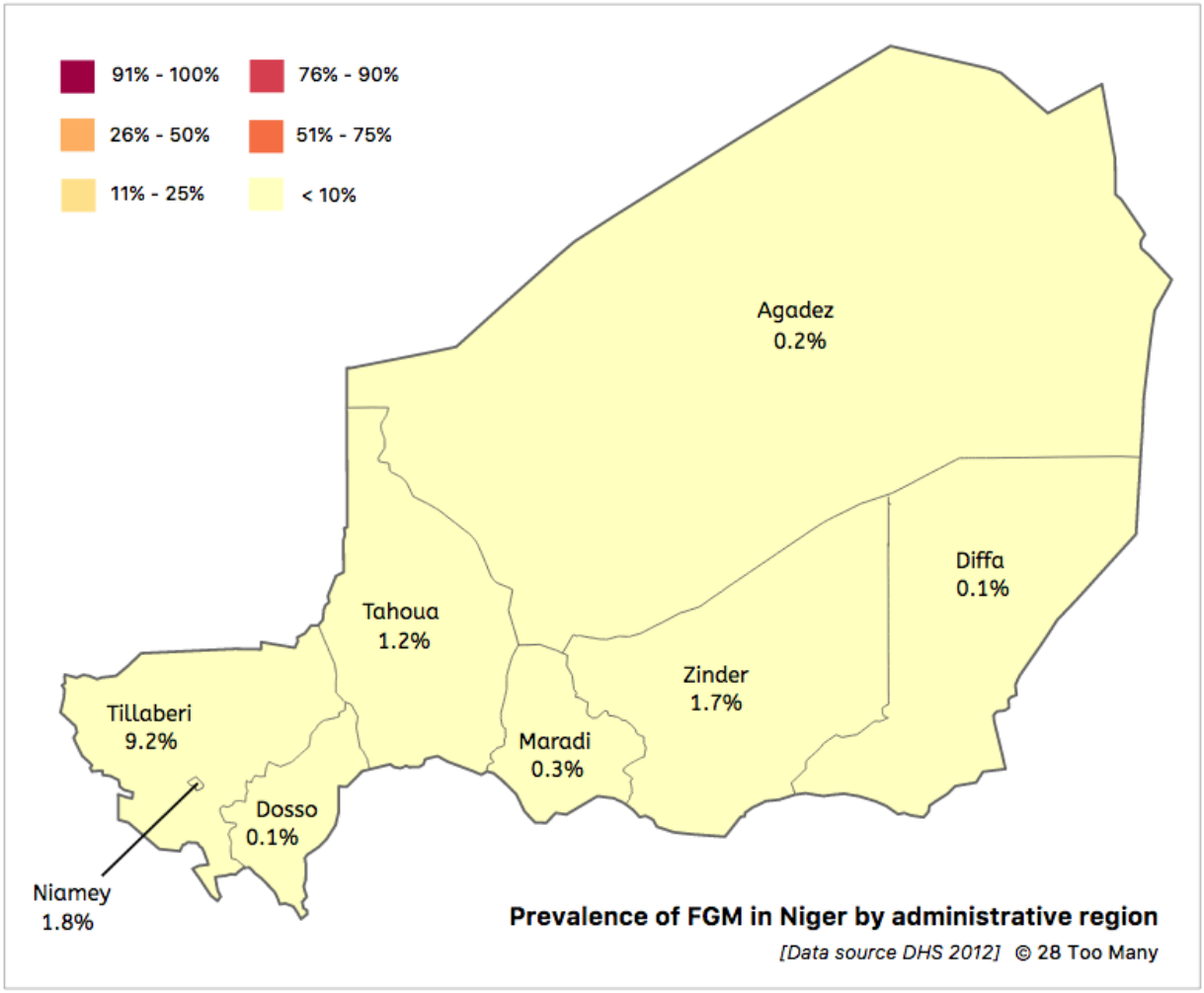
Maternal Mortality Ratio: 553 deaths per 100,000 live births (2015)

Literacy: 19.1% of the total population aged 15 and over can read/write

** Please note that, due to the low prevalence of FGM in Niger, very few surveyed women have been cut. Therefore, detailed breakdowns by region, age, education, etc. should be treated with caution.*

Prevalence of FGM

Although the overall prevalence of FGM in Niger is low, at 2.0%, there are distinct regional and ethnic differences. The region in Niger with the highest prevalence is Tillaberi (9.2% of women aged 15–49). Tillaberi is situated in the south-west of the country. All other regions have a prevalence lower than 2%. Women aged 15–49 who live in rural areas are more likely to undergo FGM (2.1%) than those who live in urban areas (1.2%). Prevalence in the capital city of Niamey is 1.8%.[2] Approximately two-thirds of women from the Gourmantche ethnic group have had FGM.[3]



In Niger, as well as the most commonly practised type of FGM – clitoridectomy – the practice of *Dangouria* is reported (removal of the hymen or enlargement of the vaginal opening).

85.1% of women and 85.7% of men aged 15–49 do not believe that FGM is a requirement of their religion. The belief that FGM is a religious requirement, as well as overall support for the practice, appears to be highest in the Tahoua and Zinder regions. Support for the continuation of FGM is generally higher in the rural areas of Niger.[4]

Trends in FGM Prevalence

Survey data from 2006 and 2012 suggests that the overall prevalence for women aged 15–49 fell from 2.2% to 2% during that period; however, that drop is not statistically significant. One should therefore assume that the prevalence of FGM remained constant at around 2%.[5]

In 2006, 88.9% of women and 86.2% of men aged 15–49 who had heard of FGM stated that they believed FGM should be stopped; in 2012, those figures were 82.4% and 90.6% respectively.[6]

Cross-Border FGM

In some countries where FGM has become illegal, the practice has been pushed underground and across borders to avoid prosecution. There is a lack of information as to what extent movement across national borders for the purpose of FGM is an issue in Niger.

It is clear, however, that FGM in Niger is mainly practised in areas bordering neighbouring countries in which FGM prevalence remains high and the existence and enforcement of laws varies widely. That includes the Tillabery region, near the border with Burkina Faso and Mali, and the Diffa region, near Chad and Nigeria.[7] Previous reports from the United Nations have identified the movement of traditional cutters across the Niger–Burkina Faso border to carry out FGM.[8]

Medicalised FGM

Medicalised FGM is not widespread in Niger, according to available information. Almost all FGM continues to be carried out by traditional practitioners.[9]

Legislation

The main law prohibiting FGM in Niger is **Law No. 2003-025** (the **Penal Code**).[10] It was adopted in June 2003 and criminalises FGM in Niger as follows:

- **Article 232.1** defines FGM as 'any assault on the female genital organ by total or partial removal of any of its parts, by excision, infibulation, desensitisation or by any other means.'
- **Article 232.2** criminalises and sets out the punishments for anyone performing, attempting or assisting in the practice of FGM, including when the act causes the death of the victim.
- **Article 232.3** criminalises and sets out the punishments for FGM when the perpetrator is a member of the medical or paramedical profession.

The Penal Code does not directly criminalise the failure to report FGM or cross-border FGM.

There have been few prosecutions for FGM in Niger. Case details are very limited, and information about whether sentences were followed through is not widely available.

Work to End FGM

The Ministry for the Advancement of Women and Child Protection is the government department responsible for the coordination of work to end FGM in Niger. It supports the **National Committee on Harmful Traditional Practises in Niger** (*CONIPRAT*) in leading the national response.

The Government and CONIPRAT, in partnership with UNICEF and other development partners and NGOs, have had a social-change strategy in place since 2007. They run regional campaigns to increase awareness of the harmful consequences of FGM among opinion leaders (including political authorities and local and religious leaders), children and parents. Following these awareness-raising campaigns, many FGM-practising villages have publicly declared abandonment. CONIPRAT has also facilitated retraining and alternative-livelihood schemes for traditional practitioners (for example, gardening schemes).

An innovative approach to reaching remote communities has been the use of 'awareness caravans', which take information on FGM (as well as other topics) around the country. Judges also accompany these caravans to give advice to women who are victims of wider gender-based violence (for example, according to UNICEF, Niger has the highest rate of child marriage in the world: 76% of girls are married by the age of 18 and 28% by age 15).[11]

Another important strategy in the work to end FGM is the use of media, particularly community radio, broadcasting in local languages, and televised debates involving key religious leaders.[12]

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2 DHS, pp.285 & 289

3 **('DHS 2006'):** Institut National de la Statistique (INS) et Macro International Inc. (2007) *Enquête Démographique et de Santé et à Indicateurs Multiples du Niger 2006*, p.280. Calverton, Maryland, USA : INS et Macro International Inc. Available at http://dhsprogram.com/pubs/pdf/FR193/FR193-NI06.pdf (accessed 27 January 2020).

4 DHS, pp.285 & 288.

5 - DHS, p.285.
- DHS 2006, p.280.

6 - DHS, p.289.
- DHS 2006, p.292.

7 UNICEF (undated) *Priorities in Child Survival, Education and Protection*. Available at https://www.unicef.org/wcaro/WCARO_Niger_Factsheet-11.pdf.

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9 DHS, p.287.

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12 UN Convention on the Elimination of All Forms of Discrimination against Women (2007) *38th Session of the Committee on the Elimination of Discrimination against Women – Summary record of the 789th meeting*, 24 July. Available at https://digitallibrary.un.org/record/606307/files/CEDAW_C_SR.789-EN.pdf.

Cover image: ILRI/Stevie Mann (2009) *Adolescent girl in village near Fakara in Niger.* Available at https://flic.kr/p/746vU2. CCL: https://creativecommons.org/licenses/by-nc-sa/2.0/.

Please note that the use of a photograph of any girl or woman in this report does not imply that she has, nor has not, undergone FGM.

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Email: info@28toomany.org