



FGM IN NIGERIA: KEY FINDINGS

October 2016

In Nigeria, the estimated prevalence of FGM is 18.4%.
20 million women and girls in Nigeria have undergone FGM.
This represents 10% of the global total.



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v2 July 2021

FGM Prevalence

Refer to Country Profile pages 21 & 22.

Between 2008 and 2016/2017, the overall prevalence for women aged 15–49 fell from 29.6% to 18.4%. Due to the large age-range of women included, however, the overall prevalence alone may not fully reflect the progress that has been made in recent years. Breaking down the most recent data by age group shows that the prevalence for women aged 45–49 is 27.6%, while for the youngest age group this has fallen to 12.3%. Despite the fact that a small proportion of women may be cut after the age of 15, the data demonstrates a clear trend towards lower prevalences among younger women.¹ 20 million women and girls have undergone FGM in Nigeria, which represents 10% of the global total.²

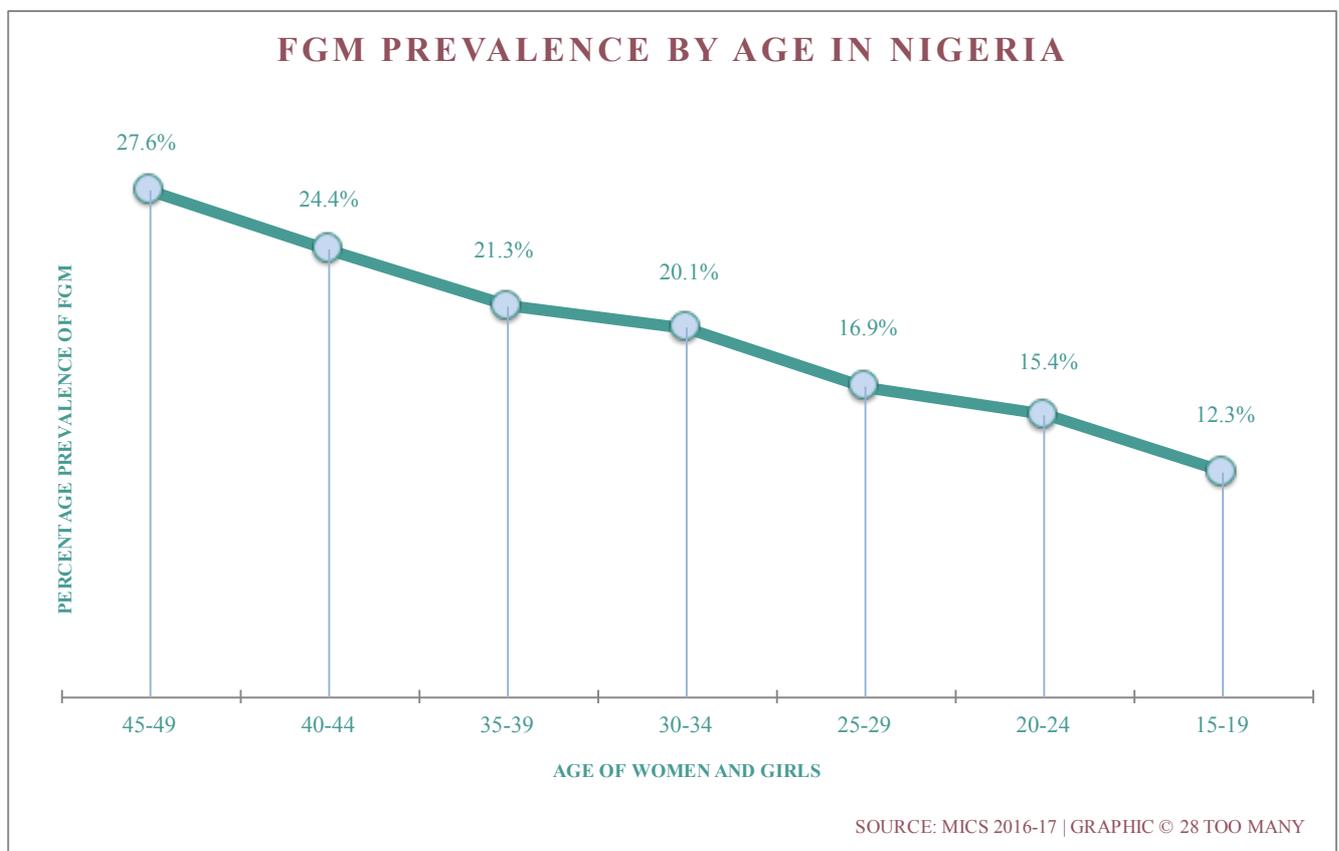


Figure 1: Prevalence of FGM in women aged 15-49, broken down by age-group³

Why

Refer to Country Profile page 42, 47- 50.

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)⁴.

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 script, 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.⁵

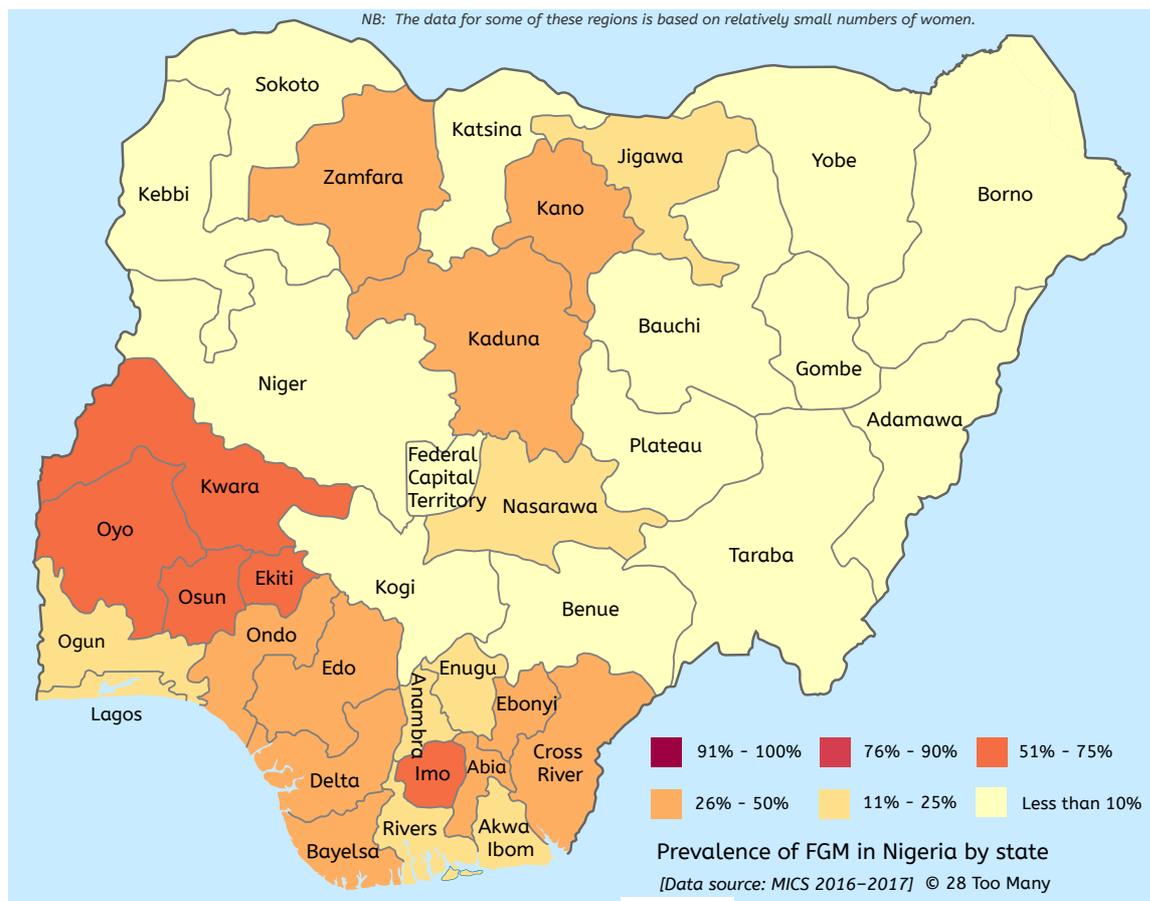
Where

Refer to Country Profile pages 23 & 24.

The Zones in Nigeria with the highest FGM prevalence are South East (32.5% of women aged 15–49) and South West (41.1%). The highest state prevalence is in Osun State, at 67.8%. The states Adamawa, Bauchi, Gombe, Kebbi, Niger, Sokoto and Yobe each have a prevalence below 1%.⁶ It should be noted, however, that the data for some regions is based on relatively small numbers of women.

The majority of Nigeria’s population (57%) lives in rural areas. The most densely populated Zone, with 30% of Nigeria’s population, is North West, where the FGM prevalence is 19.3%. It is often assumed that FGM is more likely to occur in rural areas, but in Nigeria 23.4% of women aged 15–49 and living in urban areas have undergone FGM, compared with 15.6% living in rural areas.⁷ However, in recent years this appears to be changing: 20.5% of daughters aged 0–14 living in urban areas have experienced FGM, compared to 28.8% of those living in rural areas.⁸

FGM prevalence is highest among women practising traditionalist religions (34.8% of women aged 15–49) and lowest among Muslim women (20.1%).⁹



Law

Refer to Country Profile pages 50–53

In May 2015, a federal law was passed in Nigeria banning FGM and other harmful practices, but this Violence Against Persons (Prohibition) Act 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.

Understanding and Attitudes

Refer to Country Profile page 47–48.

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

Approximately three-quarters of Christian women believe it should stop, compared to just under half of women who practise a traditionalist religion.¹¹ In most African countries, a mother's level of education is a determining factor in whether her daughters will be cut. The usual expectation is that a higher level of education is linked to a lower likelihood of FGM. However, Nigerian women aged 15–49 with 'no education' are the least likely to have undergone FGM (11.6%). Prevalence is highest (24.3%) among women with a primary-level education, and reduces among those with secondary or higher levels of education.¹²

A similar situation is noted in relation to women's economic statuses. 23.3% of women in Nigeria (aged 15–49) in the highest wealth quintile have undergone FGM, compared with 9.9% in the lowest quintile. Conversely, 14.4% of girls aged 0–14 and born to mothers in the wealthiest quintile have undergone FGM, compared with 43% in the lowest quintile. This indicates that, whereas wealthier, better-educated women aged 15–49 are more likely to have undergone FGM than poorer, less-educated women in the same age-range, girls born to wealthier and better-educated women in Nigeria today are less likely to be cut than girls born to poorer, less-educated women.¹³

Age & FGM Types

Refer to Country Profile page 22.

Girls in Nigeria are most likely to undergo FGM in their first five years, and this practice appears to be growing more common. 90.2% of young women (aged 15 to 19) who have had FGM recall being cut before they were five years old, and only 1.4% recall being cut after the age of 15. Of older women who have had FGM, those aged 45 to 49, 79.8% say they were cut before the age of five and 9.2% report being cut after the age of 15.¹⁴ Results such as these may of course be inaccurate if older women cannot correctly recall when they were cut.

Practitioners of FGM

Refer to Country Profile page 25.

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.¹⁵ Medical professionals (doctor, nurse/midwife, other health professional) cut 11.9% and 12.7% of these girls and women respectively.¹⁶

Work to end FGM

Refer to Country Profile pages 53–60.

Although Nigeria has signed up to CEDAW, the Convention Against Torture, and Rights of the Child, as well as the Maputo Protocol in 2003, which calls on African states to eliminate FGM, it was only in 2015 that a federal law, the VAPP, was passed, specifically criminalising FGM across the whole country. As a result, until now there has been no national institutional framework for coordinating resources and actions and, even with this Act in place, each of Nigeria's 36 states is required to put in place a mirror law, if there is not one in existence already.

Following the passing of the VAPP, in February 2016, a national programme was launched by Her Excellency Aisha Buhari, the First Lady of Nigeria. The programme is a collaboration between the Federal and State Governments and is supported by the UNJP. This is an opportunity to establish a national platform on which the campaign to end FGM can take hold across the country.

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.

Challenges Moving Forward

Refer to Country Profile pages [...].

What challenges remain for Nigeria in eliminating FGM?

- **The pervasiveness of cultural and social norms that support the continuation of FGM.** FGM remains a deeply-entrenched tradition in Nigeria that continues to be reinforced from generation to generation by family and community pressures.
- **The systemic failure of authorities to enforce the law** in a way that curbs the practice and prevents it being driven underground.
- **Poor physical infrastructure** (lack of roads, electricity, telecoms, schools and properly equipped clinics), which makes it difficult to outreach and work effectively in many rural communities.
- **One of the main challenges, however, is to persuade 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.**
- **Providing continued support to communities** that have started the abandonment process, and extending successful activities into new areas.
- **The security situation across many areas of Nigeria.** This ongoing insecurity impacts upon the ability of those working in both education and healthcare services to secure the welfare of women and girls in many regions, including the north and south-east of the country.
- **Putting in place transparent procedures and policies to counteract corruption.** NGOs are vulnerable to the impacts of corruption, and need to have good management, clear policies and the capacity to closely monitor and show how funds are spent if they are to continue receiving donor support.
- **Freedom and safety of the press.** There is an opportunity for the new Government to establish a greater freedom of the press and work to ensure the safety of journalists, where possible, so that the anti-FGM message may be more widely spread.
- **The need for further surveys gathering data on FGM prevalence and levels of abandonment, which take into account the illegality of the procedure and the effect this might have on accurate reporting.** The number of cases of FGM may be under-reported as awareness of the criminalisation of FGM in Nigeria spreads and is implemented further at state and regional levels. 28 Too Many has previously reported that this challenge exists in other countries where FGM laws have been introduced.

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- 1 (**'MICS'**): National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF) (2017) *Multiple Indicator Cluster Survey 2016–2017, Survey Findings Report*, p.237. Abuja, Nigeria: National Bureau of Statistics and United Nations Children's Fund.
 - 2 UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*. Available at http://www.unicef.org/publications/index_69875.html (accessed June 2016).
 - 3 **MICS 2016/2017**: National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF) (2017) *Multiple Indicator Cluster Survey 2016–2017, Survey Findings Report*, p.237. Abuja, Nigeria: National Bureau of Statistics and United Nations Children's Fund.
 - 4 **DHS 2008**, National Population Commission [Nigeria] and ICF Macro (2009) *Nigeria Demographic and Health Survey 2008*. Abuja: National Population Commission and ICF Macro. Available at http://www.unicef.org/nigeria/ng_publications_Nigeria_DHS_2008_Final_Report.pdf.
 - 5 **DHS 2013**, National Population Commission (NPC) [Nigeria] and ICF International (2014) *Nigeria Demographic and Health Survey 2013*, pp.352–353. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International. Available at <http://dhsprogram.com/pubs/pdf/FR293/FR293.pdf>, p.359
 - 6 MICS, pp.236–237.
 - 7 MICS, p.236.
 - 8 MICS, p.238.
 - 9 DHS, pp.349–350.
 - 10 *Ibid.*
 - 11 DHS 2013, p.361
 - 12 MICS, p.236.
 - 13 MICS, pp.236–239.
 - 14 DHS 2013, p.352.
 - 15 DHS 2013, p.357.
 - 16 DHS 2014, p.357.